

2013-2014 Accreditation Support Initiative (ASI) for Local Health Departments

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your agency (location, population served, jurisdiction type, organization structure, etc.). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

The Georgia Department of Public Health has 18 health districts. Within each health district, there are counties, each county has a County Board of Health. The Coastal Health District is located in extreme Southeast Georgia and spans the entire length of the Georgia coast. While there are eight counties within the Coastal Health District, three counties: Camden, Glynn and McIntosh counties were chosen for this particular project. Glynn county has a population of over 81,000 while McIntosh county has a population of just less than 14,000. Camden county has a population of over 51,000. The African-American population makes up on average 25% of the population of each county.

The mission of the Coastal Health District is to improve the health of those who live, work and play in our counties by preventing illness and injury; promoting health behaviors and; protecting from harm.

2. **Project Overview**

Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed between January 2014-May 2014 and the key activities engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

The Coastal Health District personnel collaborated with community partners to conduct community health assessments (CHAs) which were completed in December 2013. NACCHO ASI funding allowed for the design of a plan to communicate the findings of the CHAs and to complete community health improvement plans (CHIPs) in three targeted Georgia counties: Camden, Glynn, and McIntosh. The Coastal Health District provided leadership and technical assistance to these counties allowing key stakeholders to assist in designing the activities necessary to complete their required assessments,

and strategize how to address common health care concerns systematically.

Stakeholders included community citizens, academic institutions, elected officials, faith-based organizations, local health departments, and community-based organizations.

Obtaining such a diverse group of stakeholders created a foundation for the CHAs and CHIPs to improve the health status and reduce safety concerns of residents. The CHIPs were based on the crafted vision and goals the stakeholders believed would promote healthy living among county residents.

CHA findings were distributed to all county community partners through multiple outlets. An executive summary comprised of the demographics, education, health status, mortality, morbidity, health utilization, health information, risk factors, and environmental factors of each county was distributed to the community leaders by mail and email. In addition, presentations (see attachment of Camden CHA highlights) were made to each of the three County Boards of Health and additional organizations such as Camden Community Alliance and Resource members, Coastal Region Commission, Camden County Board of Commissioners, Coastal Community College, Glynn Family Connections, Glynn County Chamber of Commerce, Glynn County Joint Planning Authority, McIntosh Family Connections, Brunswick City Commissioners, McIntosh County Commissioners, Darien City Council, McIntosh Sustainable Environment and Economic Development, McIntosh Chamber of Commerce, McIntosh Rotary Club, and County Mayors.

Flash drives and portable document formats (PDFs) containing the process and results of the CHAs were provided to community leaders and members within each of the counties. Also, the URL links of the CHAs findings were placed on the county and district Public Health websites. Bound copies of the findings were made available to the local public libraries within each of the target counties. Elected officials were briefed on the results of the CHAs. After the CHAs were conducted, meetings regarding future actions with the county and municipal leadership were held.

A press release of the CHAs findings were distributed through several media outlets including newspapers, Facebook, and radio and television stations. Press releases were also distributed at hospitals, grocery stores, medical offices, and county events. The Project Coordinator used emails, news releases, and radio public service announcements to engage community leaders and organizations in the process and advertise the surveys and focus groups. The community leaders in all counties were asked to assist in distribution of surveys and participate in a focus group to share their perceptions of the county's health and safety concerns.

After the dissemination of the CHAs findings, invitations to participate in constructing the counties CHIPs were sent to county residents and partners from the Coastal Health District and Project Coordinator. The Project Coordinator was responsible for communicating the development of the CHIPs. The Project Coordinator emailed community members and organizations. In addition, a digital meeting was held using Survey Monkey to receive input and selection of the preferred vision and priority goals of the CHIPs from community participants and stakeholders. The feedback helped refined the problem statements, goals, and logic models of the CHIPs and new activities and partners were added. The drafts of the CHIPs integrated logic models to demonstrate the relationships between resources, activities, outputs, and outcomes. The drafts were widely circulated to all community participants and stakeholders.

After review of the drafts, final input was obtained from the Steering Committee which is comprised of the Board of Health, Public Health, and community leaders. The final draft of the CHIPs were distributed on flash drives, emailed as portable document formats (PDFs), and presented in PowerPoint format to community partners, the Board of Health, and elected officials in each of the respective county. The URL links of the CHIPs were placed on the county and district Public Health websites for community input. Press releases of the CHIPs were distributed as well.

Additional information about the CHIPs:

The Process: Planning for a Healthier Community

A team from Public Health shared the Community Health Needs Assessment (CHNA) with collaborative members in January 2014. The Community Health Improvement Planning steps were as follows:

- After learning more about the CHNA, in January 2014, collaborative members were asked to make suggestions about a vision for a healthier community and were invited to discuss and recommend goals to improve community health.
- Using the goals derived from the January session, in late January and February 2014, a “digital meeting” was held using Survey Monkey to provide opportunity for additional input and selection of the preferred vision and priority goals.
- These goals, as prioritized by collaborative participants with consideration of the CHNA findings, were grouped together to reflect broad-based problem statements that reflect priority order of public concerns. The problem statements reflect awareness that social determinants of health must be addressed in order for change to take place.
- In February 2014 at the collaborative meeting, collaborative members reviewed the vision, problem statements, and goals and set to work to build a plan through identification of activities and resources/inputs, establishment of benchmarks for outputs, and identification of potential outcomes and the long-term impact of implementation of the identified goals. During March 2014, this work was used to create logic models for each goal recommended.
- The draft Community Health Improvement Plan was built using logic models to demonstrate the relationships among partners/resources, outputs, outcomes, and impacts. This document was widely circulated to all participants and invited community stakeholders in late March and April for feedback and commentary. Feedback helped refine the goals, and new activities and partners were added.
- In April, the plan was reviewed and final input was obtained from the Steering Committee.
- Beginning in June 2014, a Community Health Coalition of stakeholders, led by Public Health, will begin the process of implementing the CHIP and will create

more formal timelines and assigned responsibilities and set up a schedule for performance review.

3. **Challenges**

*Describe any challenges or barriers encountered as your agency worked to complete the selected deliverables. These can be challenges your agency may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities and completing your deliverables. If challenges were noted in your interim report, please **do** include them here as well. Please include both tangible (e.g., natural disaster, leadership change) and intangible (e.g., lack of staff engagement) challenges.*

The main challenge has been time. It takes significant time to bring community members together and conduct multiple meetings (especially in three different communities). Initially in one of our focus counties, there was some resistance with community collaboration. Persistence and engaging alternative stakeholders were key in moving forward with the development of the CHIP. Additionally, we needed more “grass-roots” community members to actively participate in the CHIP process. Many community groups and populations were represented, but “grass-roots” participation could have been better.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your agency’s work. These can be conditions at your agency that contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above. Please include both

tangible (e.g., influx of funds from another source) and intangible (e.g., staff or leadership engagement) facilitators.

The use of a contractor who could exclusively devote time to this initiative and personally meet with various community stakeholders was very successful. The contractor was able to meet and share highlights of our recently completed CHAs. Public health employees were fully engaged in the process and often called upon community relationships to make this project a success.

Additional successes include:

- Increased awareness of community health status and needs among community members.
- Increased active input among community members.
- Pledge by community members to continue work on goals and objectives by community members.
- Establishment of Community Health Improvement steering committees in Camden, Glynn and McIntosh counties.

5. **Lessons Learned**

Please describe your agency's overall lessons learned from participating in the ASI. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

Perhaps the biggest lesson learned is that you must engage all community members. Most high level stakeholders will participate in well advertised community meetings. Getting "grass roots" community members is a much harder challenge. You must spend significant time reaching out and engaging "grass-roots" community members.

6. **Funding Impact**

Describe the impact that this funding has had on your agency. How has this funding advanced your agency's accreditation readiness or quality improvement efforts?

The funding has enabled us to effectively disseminate our recently completed CHA findings and complete three county CHIPs.

7. Next Steps and Sustainability

What are your agency's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement? How will the work completed as part of the ASI be sustained moving forward?

The Coastal Health District has been actively recruiting a Quality Improvement/Accreditation Coordinator. The District is developing and implementing standardized forms. The District has been actively producing a PHAB compliant Epidemiology Standard Operating Guide. Additionally, the District has been participating in numerous webinars and monthly calls with the Georgia Public Health Practice Based Research Network (which generally include PHAB and QI updates).

Currently, the CHIPs are dynamic documents which effectively detail evidence-based practices and recommends resources and performance targets for activities. Some activities are unfunded; however, community partners share a belief and commitment that the proposed CHIPs can be implemented in the next five years. Additional modifications of the CHIPs will occur in the upcoming months to ensure successful implementation. The Coastal Health District will engage internal and external partners for strategic planning to further align goals with resources ensuring performance standards are appropriate for the targeted population and measure the progress of the performance indicators.

Beginning in June 2014, a Community Health Coalition of stakeholders in each county, led by the Coastal Health District, will begin the process of implementing the CHIPs and will create formal timelines, assign roles and responsibilities, and create a schedule for performance review. Quarterly meetings will occur with the coalitions to discuss and monitor progress. Goals established for the coalitions over the next five years include the following: 1) holding meetings with stakeholders; 2) working to ensure sustainability of the CHIPs mission; 3) providing trainings to community partners; and 4) collaborating with new partners and different sectors. Furthermore, the coalition will select five priorities based on community member's rankings then monitor these priorities using a participatory mixed methods evaluation. This evaluation will be conducted by community members. Therefore, the success of implementing the CHIPs depend on the collective action of the community members and partners.