

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.

Situated in the heart of Northern Arizona at the southern gateway to the Colorado Plateau, Coconino County Public Health Services District (CCPHSD) serves Coconino County. Geographically, Coconino County is the second-largest county in the contiguous United States (US), covering a land area larger than New Hampshire and Vermont combined (18,661 square miles), with just over seven persons per square mile (*US Census Bureau, 2010*). CCPHSD is primarily funded by property taxes and grants, with additional support from the County General Fund; the County Board of Supervisors convene as the CCPHSD Board of Directors. CCPHSD is based in Flagstaff, the county seat. Besides Flagstaff, Sedona and Williams are the only cities, in addition to the incorporated towns of Fredonia, Page, and Tusayan. Coconino County's landscape is characterized by rugged mountains, deep canyons, and thick forests spread out over US Forest Service, state, tribal, and privately-owned lands. Over a third of the jurisdiction is homeland to federally-recognized tribes: Navajo, Hopi, Havasupai, Hualapai, Kaibab Paiute, and San Juan Southern Paiute. Countless visitors from around the world are drawn to the region's natural beauty, cultural diversity, and recreation opportunities including attractions such as the Grand Canyon and Mount Humphreys (the highest point in Arizona). Coconino County's population of 137,894 is 61% White, 26% American Indian or Alaska Native, 15% Hispanic or Latino, 2% Black or African American, 2% Asian, and 6% other races (*Claritas, December 2013*)(this total exceeds 100% due to a representation of *both* race and ethnicity). 23% of the population is under 18 years of age while 10% is over age 65 (*US Census Bureau, 2012*). 22% of people residing in Coconino County live below the federal poverty level (*American Community Survey, 2008-1012*).

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.

First, CCPHSD created a **detailed written description of the strategic planning process used and membership of strategic planning group** which can be found in **DELIVERABLE #1**. In mid-February our Chief Health Officer (CHO) invited key staff members, primarily from the *Senior Management Team*, to participate in a *strategic planning group* which would be responsible for driving the strategic planning process. This group met during a time slot already reserved for what is known as *Big Picture Meetings*. An *Accreditation Coordinator* (serving on the strategic planning group) was appointed by the CHO and researched strategic planning methodologies ranging from our

previously-utilized *Mobilizing for Action through Planning and Partnerships (MAPP)* approach (a community-driven strategic planning process for improving community health) and tools available through the online *NACCHO Toolbox*, *Institute of Cultural Affairs (ICA) in the U.S.A.'s Technology of Participation® (ToP®)*, to resources available through partnership with the *Arizona Department of Health Services (ADHS)*. A meeting of the strategic planning group was convened by the Accreditation Coordinator who presented her findings; ultimately, a combination of ICA's ToP® *Participatory Strategic Planning* (which would involve four separate workshops, each with its own particular objective: *Practical Vision*, *Underlying Contradictions*, *Strategic Directions*, and *Focused Implementation*), along with an ADHS-provided process gleaned from a partnership they had with *TSI Consulting Partners, Inc.* (a management consulting firm dedicated to building strategic effectiveness and helping leaders and organizations set goals and consistently achieve them), was chosen as a way to move forward with strategic planning. Meeting dates were set and an internal implementation plan to carry out what became known as the *Accreditation Preparation Project* was created. By the first week of March, the Accreditation Coordinator developed a project overview PowerPoint presentation to train key staff on the value of accreditation, as well as to launch the project. Then, in April, a public health professional already employed by Coconino County was brought in to assist the project part-time as a *Strategic Planning Documentation Specialist*. Deliverables achieved include: strategic planning group membership list, strategic planning group action plan, strategic planning group assumed leadership role in guiding pre-accreditation activities with CPHSD staff, a part-time Accreditation Coordinator and part-time Strategic Planning Documentation Specialist were hired, documentation to meet PHAB Measure 5.3.1 A was gathered, and CPHSD leadership had a renewed commitment to pursue voluntary national accreditation, with a tangible plan on how to do so.

Next, we prepared a **detailed written description of the process for developing a vision, mission and guiding principles/values**, which can be found in **DELIVERABLE #2**. All CPHSD staff members were surveyed via SurveyMonkey, to attain their perspectives on what is at the heart of their work (please see *Appendix A – CPHSD Survey*). The strategic planning group then reviewed these responses and incorporated them into a *Practical Vision Workshop* (which was carried out via two separate sessions), from which a draft vision statement emerged and ongoing, internal dialogue ensued. Additionally, this group reviewed CPHSD's *Community Health Assessment* and *Community Health Improvement Plans* in detail, to ensure inclusion of critical facets and continuity of needs-based service planning. Next, CPHSD's Policy Analyst was trained in ToP® Participatory Strategic Planning, both to support professional development and also to have an in-house trained facilitator. ToP® techniques were then used to conduct *Participatory Strategic Planning* via a series of two additional workshops: *Underlying Contradictions* and *Strategic Directions*. This process helped CPHSD's diverse group think, talk and work together by embracing our facilitator's structured methods to recognize and honor the contributions of all participants, deal with myriad ideas in real-time, pool individual contributions into larger, more inclusive patterns, and use diversity as an asset. Overall, the effort yielded a greater commitment and ability to implement strategies and solutions, innovation, and a common framework for decision-making, communication, planning, and problem-solving, as well as encouragement of initiative and responsibility and ultimately a revision of CPHSD's vision, mission, and guiding principles/values. [Here is a summary of each workshop facet:](#)

- 1) **Practical Vision:** *“What do we want to see in place in three-five years as a result of our actions?”* This two-part workshop built cohesiveness and fostered creativity as diverse perspectives were honored – we shared hopes and dreams that are real to us, arising from experience (yet which have remained elusive). As a follow-up to these sessions, the Accreditation Preparation Project PowerPoint was shown at a training given to District Development Team members (a group of program managers from all levels of our organization), after which potential Domain Teams were created (that staff signed up for via a document posted to our shared drive) to conduct future accreditation-related documentation work. All sessions were conducted by a program manager (who served as the initial Accreditation Coordinator on this project) trained in ToP® Group Facilitation Methods. More vision input was solicited from staff through email following these sessions.
- 2) **Underlying Contradictions:** *“What is blocking us from moving toward our vision?”* This two-hour workshop was conducted with CCPHSD’s strategic planning group by the staff member trained in ToP® Participatory Strategic Planning.
- 3) **Strategic Directions:** *“What innovative, substantial actions will deal with the underlying obstacles and move us toward our vision?”* This two-hour workshop was conducted with our strategic planning group by the staff member trained in ToP® Participatory Strategic Planning and shifted our thinking toward action.

As a result, we revised our vision and mission statements, crafted new guiding principles/values, and developed the framework for CCPHSD’s strategic plan. We also gathered partial documentation to meet PHAB Measure 5.3.2 A, made it possible for one staff member to become trained as a ToP® Participatory Strategic Planning Facilitator, and increased overall CCPHSD staff buy-in as to why we are at the perfect juncture to embrace a new strategic plan.

Lastly, CCPHSD developed a **detailed written description of the process for identifying agency strategic priorities, goals and objectives with measurable and time-framed targets**, which can be found in **DELIVERABLE #3**. We utilized colleagues at ADHS to conduct a *Strengths, Opportunities, Weaknesses, and Threats (SWOT) Analysis*, as well as create a *Strategic Map* with staff members who were subject matter experts from all levels of our organization. After a full day of intense engagement, we wrapped up by discussing ways to market our map to both internal and external stakeholders. Moreover, CCPHSD will host a **Focused Implementation** workshop soon, asking: **“What will be our specific, measurable accomplishments for the first year?”** This multiple-hour workshop will focus on priorities and be conducted with our strategic planning group at a Senior Management Team Meeting by the staff member trained in ToP® Participatory Strategic Planning. These efforts resulted in a partially-completed strategic plan, partial documentation to meet PHAB Measure 5.3.2 A, and a plan of action to attain documentation that fully meets PHAB Standard 5.3.2 A. Most importantly, CCPHSD staff have an increased awareness of what a comprehensive, results-driven strategic plan entails and feel a vital part of the process necessary to create one.

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.*

Healthy Coconino 2012 was the last strategic plan CCPHSD created, back when we were still known as the Coconino County Health Department. This plan was for a five-year period (2007-2012); it was adopted by the Coconino County Board of Health in April 2007 and by our Board of Supervisors in May of 2008. Then, in the fall of 2013, Coconino County welcomed District 1 Supervisor Art Babbott (whom also serves as one of five members on our District’s Board of Directors), County Manager Cynthia Seelhammer, and Chief Health Officer Marie Peoples, all within months of each other. This shift in leadership necessitated suspending previous pre-accreditation efforts (CCPHSD had participated as a PHAB Beta Test Site 2009-2010), to ensure all efforts align with our new leadership’s vision. An internal reorganization of CCPHSD began in the fall of 2013 and continues evolving (please see Appendix B – CCPHSD Organizational Chart), creating internal changes that affect accreditation preparation efforts. Moreover, Coconino County is still recovering from the recent economic downturn and has struggled to do more with less. Our initial project timeline has been tweaked many times, in response to shifting priorities. Additionally, the subtleties between “vision” and “mission” and grant-dictated deliverables versus PHAB requirements proved confusing for many staff; therefore, we took extra time to convey essential project elements in meaningful, understandable ways. Lastly, our project’s initial Accreditation Coordinator attained a new job partway through the project; our CHO then selected a new Accreditation Coordinator.

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.

CCPHD has been flexible in its approach to achieving voluntary national accreditation, to honor vital staffing changes and their associated effects on our organization. First, our progress toward preparing for accreditation stalled in 2013 while we searched for a new CHO, as interim management was unsure of the direction CCPHSD’s new CHO would want to take. However, since our new CHO welcomes PHAB accreditation, we have once again dedicated staff and resources toward this endeavor (as evidenced by our two external accreditation preparation grants). Next, our part-time Accreditation Coordinator, Allie Stender, became a full-time Reproductive Health Program Manager in April. At that juncture, the Accreditation Coordinator position workload was split between two new CCPHSD roles: Diana Abele, Finance Senior Manager, who assumed project leadership as the Accreditation Coordinator (bringing relevant project management experience) and Sara Wagner, Coconino County Grant Writer, who was brought in (who served a prior role as the CCPHSD Accreditation Coordinator during the PHAB Beta Test) to assist the project part-time as a Strategic Planning Documentation Specialist. Meanwhile, our existing Policy Analyst, Angela Horvath (recently trained as a ToP® Participatory Strategic Planning Facilitator), allocated 10 hours

each week toward project planning and facilitation of strategic planning workshop sessions. Finally, tapping ADHS colleagues to facilitate both the SWOT Analysis and Strategic Map enabled us to utilize valuable resources for free (as they recently invested around \$15,000 to hire outside consultants to learn this very process).

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.

CCPHSD learned that viewing and using project examples and webinars created by partner agencies (and posted on websites) spared us having to "reinvent the wheel" and therefore saved us lots of time. We were also reminded of the value of project templates in clarifying expectation and reducing anxiety for staff.

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?

NACCHO funding has enabled us to hire staff dedicated to moving CCPHSD toward achievement of national public health standards. In turn, this frees up other staff involved in the process to focus upon their primary duties (while still supporting overall CCPHSD pre-accreditation efforts).

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?

On May 14th several members of our strategic planning group attended a 7.5-hour Quality Improvement (QI) training hosted by ADHS that helped staff understand how QI intersects with performance initiatives such as strategic planning, community health improvement planning, accreditation, and performance management. Tools to implementing an effective organizational QI culture were learned, offering ideas toward approaching the creation of a QI Plan. Moreover, CCPHSD has informed our County Manager and other inter-departmental staff that we have embarked upon updating our strategic plan, in order to address evolving public health priorities; by gathering input from all levels of staff, we are now energized to create a plan that reflects our collective work and builds a culture that recognizes and appreciates individual contributions toward attaining national standards in our daily work. Communication of this sort will continue on a regular basis. CCPHSD will send out an informational one-pager called the *Benefits of Public Health Accreditation* as well as the intent of our *Accreditation Preparation Project* to the *Coconino County Public Health Services District Board of Directors* and *Public Health Services District Advisory*

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Board in mid-June. Finally, we plan to utilize the Public Health Accreditation Board (PHAB)'s *Readiness Checklists* to chart a course of action to prepare various aspects and activities in preparation for voluntary national accreditation. First, we will complete and finalize our strategic plan in tandem with finalizing our *Community Health Improvement Plan*. Next, we will establish a *Workforce Development Plan* (to address performance management), and craft and implement a *QI Plan* (to identify and address opportunities for improvement). Concurrently, we will update our policy manual and begin collecting documentation that conforms to *PHAB Standards and Measures, Version 1.5*. Toward that end, we may also procure color hard copies of *PHAB's Guide to National Public Health Department Accreditation Version 1.5, Standards and Measures Version 1.5, Acronyms and Glossary of Terms*, and *National Public Health Department Accreditation Documentation Guidance Version 1.5*, as we feel these materials will help our future *Accreditation Team* members clearly understand the overall process for selecting the best possible documentation to demonstrate how we meet conformity with PHAB's Standards and Measures. Our strategic planning group will eventually convene as our Accreditation Team once we submit a *Statement of Intent* to PHAB (which we plan to do next summer).