

2014-2015 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.

Custer Health is a five county multi-district local health department providing health services to the people of Mercer, Oliver, Grant, Morton, and Sioux Counties located in North Dakota. The health department serves a rural/frontier population (with the exception of Morton County which is classified as urban) of 44,288 residents with a staff of approximately 26 full-time equivalents (FTE) across 6,445 square miles. The Standing Rock Indian Reservation straddles the North and South Dakota border and spans across all of Sioux County which is served by Custer Health.

Public health services provided are environmental health, nursing services, and the WIC (women, infants, and children) program. Each of these programs provides a wide variety of services in order to accomplish the mission of public health, which is to assure that North Dakota is a healthy place to live and each person has an equal opportunity to good health. To accomplish this mission, Custer Health is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality health care services for the people of North Dakota.

2. **Project Overview**

Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed during the ASI project period 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.

Community health assessments (CHAs) were completed for Custer Health's five counties in January 2014. With the completion of these assessments, it was necessary to communicate the findings of the CHAs and to complete community health improvement plans (CHIPs) for each county.

CHA findings were distributed through multiple outlets. The completed reports were emailed to stakeholders involved in the CHA process, posted on Custer Health's website and Facebook page, discussed at quarterly Board of Health meetings, and passed out/discussed at coalition meetings. Press releases highlighting the findings of the assessments and how to access the final reports were sent to two local newspapers. The press releases prompted many phone calls from one community and helped to garner extra participation in the CHIP process.

After dissemination of the CHA findings, an already established committee representing Mercer and Oliver County residents, the Population Health/Behavioral Health committee, became the community group that worked diligently to develop a CHIP for Mercer and Oliver Counties. This committee is comprised of members from Sakakawea Medical Center (SMC), Coal Country

Community Health Center (CCHC), Mercer County Ambulance, Mercer County Extension Services, and Custer Health. A process was developed by the Project Coordinator to prioritize needs, develop goals and objectives, and create an action plan for each priority need. The three needs identified during the 2012 CHA were re-evaluated and determined to still be priority needs. Therefore, Obesity, Mental Health—Excessive Drinking, and Tobacco Use were the focus of the Mercer/Oliver Counties CHIP. Monthly meetings were held from December 2014 to April 2015 to develop goals, objectives, and an action plan related to the three priorities. Approval and adoption of the final CHIP report was granted by the Custer Health Board of Health as well as the SMC and CCCHC Board. All stakeholders involved in the CHIP process have received a copy of the CHIP report as well as all board members. The CHIP will be widely disseminated after the completion of CHIP processes in Grant, Morton, and Sioux Counties.

The CHIP is already being implemented by partner organizations. The Population Health/Behavioral Health committee continues to hold monthly meetings where CHIP implementation will continue to be monitored.

An opportunity from the Center for Rural Health at the University of North Dakota will provide us with technical assistance to complete CHIPs for Grant, Morton, and Sioux Counties. This opportunity fell outside the timeline for the NACCHO ASI grant but has provided Custer Health with the capacity to complete a comprehensive CHIP for the entire district. The first community meeting for the comprehensive CHIP was held in April and the same three priorities, Obesity, Mental Health—Excessive Drinking, and Tobacco Use, were chosen by the large community group. This comprehensive process is proposed to be completed in September 2015 and will be combined with the CHIP from Mercer and Oliver Counties.

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 biggest challenge was the timeframe. When applying for the ASI award, completing a CHIP for each county in Custer Health's jurisdiction seemed feasible however once the process in Mercer and Oliver Counties started, it was obvious more time and technical assistance would be necessary.

Custer Health received word in February that we were chosen to work with the Center for Rural Health at the University of North Dakota to develop a district wide CHIP. The timeline for this project is March 2015 through September 2015 which was outside of the ASI project timeframe. This is the same group that Custer Health contracted with to complete community health assessments so we knew they would be able to provide us with the assistance required to complete the district wide CHIP. Because of this opportunity, a CHIP was only completed for Mercer and Oliver Counties and CHIPs for the remaining counties are the focus of the project with the Center for Rural Health.

There was a minor barrier with a local newspaper that was hesitant to publish a press release on the Grant County CHA without going through the hospital's media expert. The CHA was a collaborative effort with the local critical access hospital in Grant County. The coordinator found it difficult to contact the hospital's media expert and the local newspaper which made publishing a press release difficult.

Another challenge that was first seen with the CHA process is the lack in community engagement. Attendance at the coalition meetings in Sioux County always varies and there is never an ideal show rate. There is a similar response to community meetings in Morton and Grant Counties. Many key stakeholders are invited to the meetings by letter/email and then contacted by phone and they still do not respond or show up to the meetings. Serving food at the community meetings increases participation sometimes but not always.

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 medical facilities in Mercer and Oliver County are highly involved in the community and all committee members are engaged at the monthly meetings. This made facilitation of the CHIP in this area a highly successful process.

Publishing the news release in Grant County describing the results of the assessment and next steps to complete a CHIP proved to be a great way to solicit community participation from people that had been missed during the CHA.

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.

It takes time to engage community members. Also, it is hard to know if you are reaching everyone in the community that wants to be involved. Relying on one source to create a list of community members that should be included in the CHIP process will produce a biased list of community members. It is important to utilize many venues to make sure a wide variety of community members are involved. The press release that Custer Health published about the findings of the assessment resulted in several phone calls. In all of these calls, the person was disappointed that they were not invited to be involved in the CHA process. They are now excited to be involved in the CHIP process. During the next round of CHAs and CHIPs, a wider range of resources will be utilized to invite as many community members to the table as possible.

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 made it possible to effectively disseminate the CHA reports to key stakeholders. It was also beneficial for travel purposes to coalition meetings. The large size of Custer Health's service area makes travel distances long. Without this funding, attendance at monthly coalition meetings during the project period would not have been possible and it would have been hard to complete the CHIP without attending meetings regularly.

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?

Work on the comprehensive CHIP with the Center for Rural Health will continue until September 2015. After this time, Custer Health will have a PHAB ready CHIP document and implementation will start. This work will be sustained through the Population Health/Behavioral Health committee in Mercer and Oliver Counties which will continue to meet monthly. The Promoting Healthy Lifestyles Coalition in Sioux County will continue meeting monthly in the fall and will be another way to sustain the CHIP.

An initiative apart from ASI work that is going to be starting in June 2015 is the beginning of a quality improvement process that is working towards utilizing customer satisfaction surveys for the different Custer Health programs. The pilot survey will be given to Home Health clients during the month of June. Feedback will be analyzed and a quality improvement plan drafted based on the results of the analysis.

Custer Health hopes to apply for accreditation in 2016 and therefore work on a department wide strategic plan will start after the completion of the CHIP. Once the district wide CHIP and the strategic plan are completed, Custer Health will have the three prerequisites ready for the accreditation application process.