

## 2012-2013 Accreditation Support Initiative (ASI) for Large Metropolitan Local Health Departments

### FINAL REPORT

#### 1. **Community Description**

*Briefly characterize the community(ies) served by your health department (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.*

Since 1919, the Cuyahoga County Board of Health (CCBH) has implemented large-scale health promotion programs for this diverse and multi-cultured Northeastern Ohio area serving over 850,000 citizens and guided by a mission to *Prevent Disease and Injury, Promote Positive Health Outcomes and Provide Critical Services to Improve the Health Status of the Community*. Over the past ninety years, CCBH has been recognized for traditional environmental health, epidemiologic, nursing and community health services through both state mandated and locally adopted programs orchestrated through a network of academic, non-profit, governmental, philanthropic and faith-based partnerships. The agency also provides population and community-based services in the county and Northeast Ohio. These programs and services aim to improve health status and eliminate health disparities in health outcomes of people who live, learn, work and play in our communities. The services provided vary from community-based direct service programming to population-based system, environmental and policy change interventions.

Cuyahoga County is a large urban county with a population of 1,280,122, according to the 2010 Census. The population is racially and ethnically diverse with 61.4% White; 29.3% African-American; 4.8% Hispanic; 2.5% Asian; and 0.2% American Indian and Alaska Native. Cleveland is the county seat and is the county's largest city, with a population of 396,815 (city of Cleveland not included in our jurisdiction). Not unlike many metropolitan regions, Cuyahoga County's inequities are geographically concentrated in the urban core (city of Cleveland and the Inner Ring Suburbs) of the county. It is in these low income communities where we see the highest concentration of African-Americans and Hispanics, as well as the highest concentrations of poverty. The county poverty rate is at 16.4%. Recent U.S. Census data show that poverty is becoming more prevalent throughout the County as shown by a 40% increase in county residents who received food stamps from 2002-2007; the suburban rate of food stamp recipients nearly doubled during this period. Cuyahoga County is experiencing a trend of escalating chronic disease rates associated with obesity, overweight, sedentary lifestyle and tobacco use. Chronic diseases including heart disease, cancer, chronic lower respiratory disease and stroke are the leading causes of death in our county at 60% of all deaths. Minority and ethnic communities suffer disproportionately from these chronic diseases, leading to disparities in health and mortality in these disadvantaged communities.

## 2. **Work Plan Overview**

*Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-July 2013 under the auspices of this grant, and the key activities you 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. \*Note: Work with connector sites will be addressed in question #8.*

NACCHO ASI funding enabled us to work on two of the accreditation prerequisites, the community health assessment and the community health improvement plan. During this project period, we completed the Community Health Status Assessment (See Appendix: Community Health Status Assessment) and took steps towards completing the community health improvement plan.

Our community health improvement planning process (<http://www.hipcuyahoga.org/>) is locally known as the Health Improvement Partnership- Cuyahoga (HIP-C)-. It is a community-driven, multi-sector partnership with the goal to develop a health improvement plan which addresses issues at the root of poor health, engages the community, maximizes and leverages resources and takes into account the unique circumstances and needs of Cuyahoga County. The Mobilizing for Action through Planning and Partnership (MAPP) strategic approach was identified as the best practice for guiding our local process (<http://www.naccho.org/infrastructure/mapp/>). With funding, we were able to complete activities related to the selection of strategic issues/key priorities and the selection of goals for each of the key priorities to serve as the guide for the final development of our community health improvement plan.

To aid in the selection of both the strategic issues/key priorities and the goal selection, we utilized our multi sector Leadership Team and Planning Committee, and an outside contractor, CommonHealth ACTION (<http://www.commonhealthaction.org/>). On March 21, 2013, CommonHealth ACTION facilitated a conference/planning meeting where 52 participants were introduced to Health Equity 101 and used criteria, small group discussions, and a voting process to select a final list of four key priorities related to our two broad strategic issues (create safe and supportive environments and create access to quality and equitable care). The four key priorities that were selected include: 1.) Eliminate racism as a social determinant of health; 2.) Improve nutrition and physical activity; 3.) Improve chronic disease management; and 4.) Improve coordination between clinical care and public health (See Appendix: Strategic Issues-4 Key Priorities).

After the four key priorities were selected, we gained community input and feedback on what changes community members thought must happen to achieve the four priorities, and how they thought the selected priorities should be addressed. Between May-June, 2013, we were able to conduct three community conversations with a total of 56 community members. In addition to gaining their input/feedback, we were able to recruit 19 of them to be more integrally involved and engaged in our community health improvement planning process, by volunteering to be a member of the HIP-C Planning Committee.

On July 16-17, 2013, we held a two day HIP-C event; day 1 (59 participants) included a Health Equity and Racism Knowledge Workshop and day 2 (53 participants) included a goal-setting and

strategic approach meeting. Again, CommonHealth ACTION facilitated both events. The purpose of the Health Equity Workshop was to build the knowledge and capacity of the participants to address structural racism as a priority, as well as providing a framework for making good decisions or developing effective strategies understanding the role that structural racism plays in creating inequities that lead to disparities. Based on the knowledge gained during the Health Equity Workshop, we worked on developing goals and strategic approaches for the four key priorities. To aid in this process we utilized information collected from the community conversations and the environmental scan survey. Through interactive discussions, small group work and a voting process, we developed goals for each priority area, focused both on public health infrastructure and the community at large. Additionally, we brainstormed, did not finalize, strategic approaches to achieve the goals under each priority (See Appendix: Final Goals). At the end of the day, participants volunteered to serve on a Priority Area Subcommittee to finalize the strategic approaches for the goals; to ultimately develop the action plan for the priority area. These activities have brought us another step closer to the development of Cuyahoga County's Community Health Improvement Plan.

ASI funding also provided salary support for our accreditation coordinator. Our accreditation coordinator was new to this role in January. She was able to complete the PHAB online orientation and familiarize herself with the PHAB guides and documents. She began presenting to our staff to increase engagement in the process and developed new tracking tools and guidance to utilize during our process.

Overall, ASI funding assisted CCBH greatly in preparing for accreditation. Having the opportunity to connect with other health departments (accredited and not accredited) and PHAB at the Public Health Improvement Training was an invaluable experience. After attending the event, it was evident that we needed to re-evaluate our process and to reassess our readiness to apply for accreditation. The information and materials shared was utilized to restructure our accreditation team and process. The information received saved us wasted time and effort in preparing to apply.

### 3. **Challenges**

*Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please **do** include them here as well.*

An initial challenge included getting our HIP-C Partnership to choose the top issues/priorities to move forward with first in our community health improvement plan. This was a challenging task when you live, work, and play in an environment where there are many issues, competing priorities, and limited resources. We had to move our partners to a point where the thinking had to shift from traditional public health to more upstream issues that look at social and economic factors and their impact on health. But, with the expertise and guidance of CommonHealth ACTION, we were able to show our Partnership how to look at issues through a health equity lens, and to consider priorities that will provide optimal health for all people in our county.

#### 4. **Facilitators of Success**

*Describe factors or strategies that helped to facilitate completion of your work. These may be conditions at your organization that generally contributed to your successes, or specific actions you took that helped make your project successful or mitigated challenges described above.*

The ability to contract with CommonHealth ACTION to educate and facilitate activities with our partners that led to the selection of our four key priorities and goals. Having priorities and goals that are more upstream, will eventually lead to strategic approaches and an action plan that will address the root causes of poor health, that will make the healthy choice the easiest choice for all individuals within our county.

Additionally, we have a committed group of Leadership Team and Planning Committee members who have dedicated themselves to this process. Locally there is a lot of momentum and excitement around HIP-C and we have the responsibility to ensure that this continues by making this process and its activities relevant for everyone.

#### 5. **Lessons Learned**

*Please describe your overall lessons learned from participating in the ASI. These may be things you might do differently if you could repeat the process, or the kinds of advice you might give to other health departments who are pursuing similar types of funding opportunities or technical assistance activities.*

We have now engaged the community, community residents, in this process, but we should have made more of a concerted effort at the very beginning of this process to engage them. We are honest with the community and have admitted that weakness, but have also explained that we are committed to engaging them now and throughout the process. We will not only gain their feedback and input, but they will also be used in leadership capacities. Again, in hindsight, this should have occurred in the beginning- authentic community engagement.

Additionally, in preparing for accreditation overall, the agency should have put more effort in developing an infrastructure and system to guide our process. We have spent a few years working towards accreditation; however, we are beginning to gain more traction by having a cohesive system developed.

#### 6. **Funding Impact**

*Describe the impact that the ASI funding has had on your health department. In other words, thinking about the work you have done over the last eight months, how has this funding advanced your health department's accreditation readiness or quality improvement efforts?*

The funding has enabled us to have the time of staff used to complete the Community Health Status Assessment.

Additionally, the funding afforded us the opportunity to contract with CommonHealth ACTION to facilitate a workshop and large planning meetings where we finalized priorities and goals for our community health improvement plan (CHIP). This has allowed us to get more work completed on

our CHIP in a shorter amount of time had we not been able to purchase their services. For one, they have expertise in group facilitation and equipping communities with the tools to create conditions for optimal health, but it also gave staff at CCBH the time to focus on other areas of the process.

Lastly, the funding provided us the opportunity to attend the Public Health Improvement Training. The training provided many valuable resources and learnings that assisted us in refining our process and therefore, advanced our readiness for accreditation.

## 7. **Next Steps**

*What are your health department's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?*

Our overall goal is to have a final community health improvement plan by the end of the first quarter of 2014 (March 2014). This will be accomplished by building subcommittees for each of the four priority areas. Each subcommittee will be responsible for selecting the strategic approaches for the goals and for developing the action plan (August 2013-January 2014). The subcommittee work will form the basis of the draft CHIP which is to be completed by the end of January/February 2014. The remaining time leading up to March 2014, will be used to gain community input and to refine the plan.

Over the next few months, we will continue to engage staff and the new accreditation and domain teams will begin to meet. We plan to update our quality improvement plan and strategic plan by mid 2014 (after the completion of the CHIP). We plan to apply for accreditation by June 30, 2014.

## 8. **Working With Connector Sites**

*Describe your health department's work with your connector site(s) during this initiative. Include the following:*

- *How did you identify your connector site(s)?*
- *What type of TA or resources did you provide to the site(s)?*
- *How do you think this TA helped advance the site's accreditation readiness?*
- *What benefits did you experience?*
- *What challenges did you face?*

We had a pre-existing relationship with our connector site, the Cleveland Department of Public Health (CDPH), prior to this funding opportunity. Being that we represent two of the three health districts within our county, we have historically and currently, collaborated on many public health initiatives. Even prior to this opportunity, leadership from CDPH were involved in the community health improvement planning process. HIP-C is being led by the Public Health Collaborative, which includes both CCBH and CDPH.

CDPH has access to all the resources that we have utilized in the community health improvement planning process. With CDPH being involved and being a part of the leadership in the community health improvement planning process, they have what they need to replicate these activities in

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their respective jurisdiction.

We met with CDPH in June to discuss our accreditation process to date. We provided materials including: PHAB guidance and documents, and our internal team process and timeline guidance. CDPH verbalized that the technical assistance provided was very beneficial as they begin to develop their process. We believe they were able to learn from our successes as well as challenges.