

2015-2016 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.

Organized in 1916, the Woodbury County Health Department was originally responsible for improving health services and providing community education throughout Woodbury County, Iowa. The County and City Boards of Health voted to dissolve in 1978 and created Iowa's only district health board and department. The Siouxland District Health Department (SDHD) was established under the authority of Chapter 137 of the Code of Iowa. The SDHD is the largest local public health department in western Iowa and is recognized as a leader by surrounding smaller counties, as we serve our county residents with a population of 102,172. Sioux City, the largest and most urban city has a population of 82,684, while the remaining 16 communities vary in population from 106 to 4,227 residents.

Siouxland District Health Department is governed by the Siouxland District Board of Health (BOH) whose members are appointed by the Woodbury County Board of Supervisors. The representation on the BOH includes a physician, a board of supervisor member, and five community members that reflect a variety of backgrounds and experiences.

SDHD has a health director that oversees the operations of the five - division health department. Each division includes a director with reporting staff. There are 65 employees at SDHD, including nurses, dieticians, lab workers, health planners, administrative specialists, interpreters, environmental inspectors, etc.

Through the coordination and the team efforts of the Divisions of Nursing, Environmental Health, Laboratory, Nutrition, Administration and Health Planning, SDHD has implemented a variety of programs that serve public health needs of individuals and families living in Woodbury County, Iowa. A core service of SDHD since its inception has been the provision of health services to women, children and families, first through the Childhood Immunization Program and growing to a wide array of offerings including the Special Supplemental Nutrition Program for Women, Infant, and Children (WIC); Childhood Lead Poisoning Prevention Program; Healthy Opportunities for Parents to Experience Success (HOPES); I-Smile™ Oral Health Program; and the Title V MCH Program.

Additional SDHD programs include adult and travel immunizations; sexually transmitted disease and HIV detection and treatment; communicable disease surveillance and investigation; West

Nile Virus and influenza surveillance; tuberculosis prevention and treatment; public education; tobacco prevention and education, and community health planning and emergency planning and response.

SDHD Mission: "To create a healthy community through education, health protection, and disease prevention."

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.

In an effort to move forward with development of our Workforce Development Plan, SDHD collaborated with the Midwestern Public Health Institute (MPHTC) to develop and administer a workforce development survey to assess our workforce development needs. The centerpiece of the survey was a self-assessment of training needs for a framework of skills adapted from the Core Competencies for Public Health Professionals, a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Skills adapted from the Public Health Preparedness & Response Core Competency Model were also included.

A work plan for the survey development and administration kept the project on pace. Staff was encouraged to participate in the survey through education of the effort at an All Agency Meeting and the promise of a T-shirt as a reward for their participation. 100% of SDHD staff completed the survey! In addition to rating the importance to their position and their proficiency within each competency domain, respondents were required to answer an open-ended question relating their perceived training needs within that domain. Each respondent received a PDF copy of their own survey to use for individual professional development purposes. SDHD received a 40 page report outlining detailed analysis of the survey results. The report provides great detail on each competency domain as well as information specific to the 3 tier levels of staff (Tier 1 – Front Line Staff), (Tier 2 – Program Management), (Tier 3 – Senior Management). The level of detail provided on each domain will continue to be a useful planning resource for our agency.

SDHD management staff studied and reviewed the survey results and utilized the Public Health Foundation's model of 3-Step Competency Prioritization sequence to prioritize the survey findings. Identified priorities were addressed through design of our workforce development goals and training schedule within our workforce development plan.

The work required in the plans development has helped develop a stronger spirit of teamwork and appreciation for all staff roles which will lay a great foundation as we move forward with the accreditation process. The workforce development goals outline next steps in continued work

and our training schedule builds in the infrastructure to assure our planned trainings address the gaps identified in our survey.

We submitted our application to PHAB and received our notice of acceptance along and invoice shortly thereafter.

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 quick turnaround time of the six-month grant period for completion of the workforce development plan was a challenge – but also served as a driving factor to keep the effort moving toward completion.

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.**

Receiving the ASI grant was the driving factor in completing our Workforce Development Plan as well as application to PHAB. Our collaboration with the Midwestern Public Health Institute (MPHTC) for assistance in developing and administration of our workforce development survey was an invaluable driver of success.

5. **Impact of ASI:** To what extent do you feel your health department was more prepared for accreditation at the end of the ASI5 project as compared to the beginning? What specifically changed during that time that made your agency more prepared for accreditation? How did the ASI5 contribute to your health department’s progress?

Creating the ASI application forced us to take a hard look at our to-do list for Accreditation Preparation and develop a plan to address it. In accepting the grant award we were able to put our work plan into fast forward motion. The quick project period of 6 months really helped prevent any stalls to the process which could potentially arise when addressing workforce development.

6. **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.

We found ASTHO's Workforce Development Plan Toolkit to be a great starting point to understanding the key steps in the process of building a plan. The toolkit also provides links to many valuable resources.

Participating in ASI calls and reviewing previous ASI awardees materials along with other resources on NACCHO's site provided helpful tips, guidance and most importantly – encouragement to keep moving forward.

We found the workforce survey assistance available from reaching out to the Midwestern Public Health Institute (MPHTC) invaluable. Their guidance and expertise in the development, administration and analysis of our workforce development survey really laid a solid foundation for the development of our Workforce Development Plan.

Involving all staff with the survey created buy-in to the process and strengthened a sense of team-work and appreciation of all staff roles. This will hopefully set the stage for all staff engagement throughout the accreditation process.

7. **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 ASI has made a great difference in advancing our agency's accreditation readiness as we choose to make the commitment to develop our workforce development plan. The funding also helped lower the burden of cost to move forward with accreditation as we choose to utilize half of the funding to go toward our PHAB Application Fee. In addition, we were able to purchase PHAB Standards and Measures, Version 1.5 books for staff use during the accreditation process and purchase software to support our Performance Management System. The ASI funding truly triggered our application to PHAB and solidified our commitment to the process.

8. **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?

We are currently exploring organization of Domain Teams and will be moving forward at a fast pace to prepare for documentation collection. Our workforce development goals and our training schedule include a number of quality improvement related activities. Once I complete the Accreditation Coordinator training required by PHAB we will be fully immersed in the year long process of documentation collection, review and preparation for e PHAB submission.

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

