Saginaw County Department of Public Health, MI

Accreditation Preparation and Quality Improvement Demonstration Sites Project

Final Report

May 30, 2008
Summary

The Saginaw County Department of Public Health (SCDPH) serves Saginaw County, the tenth most populous county in the state of Michigan, which includes an urban and rural population of roughly 210,000 residents. Utilizing results from the NACCHO LHD Self Assessment Tool, SCDPH chose to focus on improving capacity in Standard 1-C: “Conduct or contribute expertise to periodic community health assessments”, under the Essential Service 1: “Monitor health status and understand health issues facing the community.” For the purpose of the NACCHO Accreditation Preparation Demonstration Site grant, SCDPH chose a CQI project that focused on conducting a staff training workshop and developing a future curriculum on assessment methods to increase appropriate knowledge of standards and processes for conducting a community health assessment.

Introduction

A variety of factors laid the foundation for SCDPH to apply for this grant and commence this process. First, SCDPH has undertaken a continuous, comprehensive, agency-focused strategic planning initiative, “MOD (Moving in One Direction) Squad”, since 2004. A multi-disciplinary team representing front-line staff, managers, and governing body representative developed a framework for the department’s operation, including the Mission, Vision, Vision Priorities, and Guiding Principles & Values. In each cycle, a new group learns strategic planning skills, review our Vision Priorities, and develops goals to support them. This year, a new Vision Priority, “We will achieve our prioritized health outcomes for Saginaw County” was established to address our need to measure the efficacy of public health efforts in our jurisdiction and begin work to implement the MAPP (Mobilizing for Action through Planning and Partnerships) process, which aligns with Essential Service 1. (See Appendix A - SCDPH Strategic Plan Framework.) Furthermore, the MOD Squad embodies many of the same principles and elements found in the CQI process, and laid a foundation for SCDPH to begin the Operational Definition of a Local Health Department capacity assessment process.

Second, Michigan is unique throughout the country having a comprehensive state-wide accreditation process, which is currently in its fourth review cycle. SCDPH was excited to translate its experience with this mostly contract-compliance process into a national accreditation framework that includes capacity and continuous quality improvement principles. Furthermore, Natasha Coulouris, Director and Health Officer for SCDPH, is a member of the Robert Wood Johnson Foundation Multi-state Learning Collaborative (MLC) Steering Committee for Michigan. The MLC initiative aligns closely with this grant process, and currently focuses on a three year project to further implement CQI processes on a local health department level, prepare the state of Michigan to embark on a voluntary accreditation process, and integrate the local and state accreditation with the national trajectory. Ms. Coulouris also participated in the NACCHO Peer Assistance Network opportunity in June 2007 to study Cuyahoga County’s implementation of the Operational Definition Prototype Metrics.

Third, SCDPH participated in the National Environmental Public Health Performance Standards (NEnvPHPS) process. Pat Ritter, Environmental Health Services Officer Manager, participated in a national workshop in 2007 as one of 17 jurisdictions that included completing the NEnvPHPS local public health self-assessment instrument to rate the division’s performance as it relations to the Ten Essential Environmental Public Health Services. Results compiled identified Essential Service 1 as Saginaw County’s chief weakness.

Lastly, SCDPH has clearly recognized a gap in its capacity to carry out the first of the three essential functions of public health as defined by the Institute of Medicine: assessment, assurance and policy development. Unfortunately, in the mid-nineties, the State of Michigan cut funding for the Community Health Assessment Initiative, which resulted in the loss of all SCDPH funding and staff positions to support this fundamental process. Since that time, SCDPH has worked in creative ways to monitor health status in separate programs. In recognition of the specific need for a comprehensive health status
document to help set public health priorities and assure efficacy of programs, SCDPH has partnered with the University of Michigan, School of Public Health, Office of Public Health Practice, to conduct a Community Health Status report. This report is being completed simultaneously with this grant process, and lays the foundation for our goal of implementing the larger MAPP process and strengthening SCDPH capacity in the area of community health assessment.

Goals and Objectives

Recent work by the MOD Squad had lead the department’s strategic plan down a road that would soon be mirrored in this grant project. The MOD Squad created a new vision priority in 2007: We will achieve our prioritized health outcomes for Saginaw County. Specific goals were created within the strategic plan that closely aligned not only with the National Public Health Performance Standards, specifically Essential Service 1, but also the CQI project and goals. After being selected as a recipient of this grant the department realized this was an opportunity to begin reaching those goals.

For the pilot project specifically, we had a good idea of our weaknesses in relation to the Essential Services which proved true after completing the NACCHO local capacity assessment. Essential Services I, III, IX, and X received the lowest scores and Essential Service II received the highest. (See Appendix B – NACCHO Local Capacity Assessment Results.) As a lowest scoring Essential Service with the greatest potential impact on the department, Essential Service I, Standard I-C: conduct or contribute expertise to periodic community health assessments was selected as our QI project. Our initial goal was to conduct a community health assessment utilizing the MAPP model!

During our PHF Consultant CQI training we realized this goal was too large of a task to complete within the time constraints of the pilot project. Therefore we narrowed the scope for Standard I-C to fit the needs of our department and timeline for the grant. This lead to our AIM Statement:

By May 15, 2008 we will conduct staff training on assessment methods to increase appropriate knowledge of standards and processes for conducting a community health assessment.

Specific objectives to accomplish this goal as reflected in our Team Charter were:

- Develop training module (curriculum) and guide
- Conduct training with knowledgeable instructor(s)
- Measure training conducted through pre and post-test scores
- Identify the PDCA cycle to be used as the basis for our report

(See Appendix E – SCDPH Team Charter.)

Self-Assessment

The NACCHO developed LHD Capacity Self Assessment was completed in December 2007. Each Executive Team (E-Team) member was given a hard copy of the assessment and asked to provide their view of the Department’s capacity for each of the Essential Service Standards. The E-Team is comprised of all division directors, supervisors, and essential personnel like IT, and emergency preparedness. The team consists of 14 people.

To capture the scores for all 14 E-Team members an electronic survey was created using Zoomerang. The electronic survey captured all 287 items within the self assessment tool resulting in a time investment for each person of at least 3 hours. The 3 hours includes the time to score the entire survey and then enter the results into Zoomerang. Each E-Team member entered their scores into the web-based application which were compiled and analyzed by Cornerstone Consulting to facilitate an all day (8 hour) group session on December 21, 2007 at St. Mary’s of Michigan – Saginaw. The facilitator for this session
graphed all the responses for each question which were displayed for all E-Team to visualize. This created productive discussion around each essential service, placing emphasis on items with wide ranges of scoring. E-Team generated discussion around the specific items resulting in consensus scores a majority of the time. If consensus could not be reached a hand vote was taken and majority vote decided the score.

During the scoring process for each standard indicator the team decided to compute the mean for each standard and Essential Service out to two significant figures thus allowing a better statistical comparison among the data. This process was then done for each standard to result in an overall Essential Service score. (See Appendix B – NACCHO Local Capacity Assessment Results.)

The E-Team then provided feedback on the assessment immediately following which was captured in the meeting memory. (See Appendix C – Local Capacity Assessment Meeting Memory.)

### Highlights from Self-Assessment Results

<table>
<thead>
<tr>
<th>Standard/Indicator #</th>
<th>Standard and Significance</th>
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| I.C.1                | Conduct or contribute expertise to periodic community health assessments. – LHD staff have the appropriate knowledge for conducting community health assessments.  
- This was the lowest scoring essential service and standard from the self assessment resulting in the focus of our CQI process.  
- Initially we wanted to tackle a CHA for the pilot, but during our PHF consultant training we realized the time commitment would not correlate with the grant deliverables, therefore we narrowed the focus to on this specific indicator; and the indicator mentioned below. |
| I.C.2                | Conduct or contribute expertise to periodic community health assessments. – LHD staff are trained in the application of assessment methods.  
- This indicator is worth mentioning in the same context as I.C.1, as the assessment methods training was the main focus for the CQI process. |
| I. D.                | Integrate data with health assessment and data collection efforts conducted by others in the public health system.  
- This indicator also proved the second lowest score for essential service I, however SCDPH realizes the impact that I.C will have on the capacity for this indicator, which is a longer-term goal for the department. |
| IX. B. X. C.         | IX. B. = Evaluate and improve programs – Apply evidence-based criteria to evaluation activities where possible.  
X. C. = Contribute to and apply the evidence base of public health – Apply evidence-based programs and best practices where possible.  
- These essential services proved to also have a low score reflective of analysis and evaluation efforts by the department.  
- SCDPH will utilize this information to build upon adopting the MAPP process to build capacity in this area and then to apply those evidence-based lessons learned into changing the way we conduct business. |
II. G. Protect people from health problems and health hazards – Maintain policies and technology required for urgent communications and electronic data exchange.

- This essential service received the highest score from the self assessment, specifically Standard II-G. This is reflective of the funding capacity that has been sustained for this area of emergency preparedness, resulting in overall capacity building for the department.

Quality Improvement Process Planning and Implementation

The E-Team and key SCDPH staff met as a group for a Performance Management and Quality Improvement Workshop. Grace Duffy, our PHF consultant facilitated the meeting, which was designed to provide tools to assist in developing a CQI project to address deficiencies in Essential Service I-C, Conduct or contribute expertise to periodic community health assessments. All participants received a copy of “The Public Health Memory Jogger II”, a pocket guide for tools for continuous improvement and effective planning. The group participated in a brainstorming activity to identify both opportunities and challenges to performing periodic community health assessments. An affinity diagram was developed as a result of brainstorming. The opportunities were grouped into categories of:

1. Data Collection & Analysis
2. Staff Experience
3. Tools & Resources
4. External Collaboration & Buy-in (influence)
5. Internal Process (MOD Squad).

The barriers were grouped into two categories of:

1. In Control
2. Out of Control.

The PHF consultant recommended dispensing with items over which the group had no control and devoting attention to those items over which there is some control. Fishbone diagrams were created based on the affinity diagrams. (See Appendix D – Performance Management & Quality Improvement Workshop Meeting Memory.) As a result of these discussions, the group identified a shortage of staff with knowledge of community health assessment as a significant barrier. Furthermore, the group determined the original plan to address deficiencies in Essential Service I-C to be too broad in scope to be a realistic project. An AIM statement was drafted to address the lack of staff knowledge of community health assessment.” The group determined that a pre- and post-test would measure success of the training. A CQI core team was selected to complete the Team Charter, schedule the necessary meetings and teleconferences with the PHF consultant, and establish the objectives for completing the CQI Project. (See Appendix E – Team Charter.) The schedule for completion of activities was plotted using a Gantt chart. (See Appendix F – Gantt Chart.)

The CQI Core Team developed a flow chart for the Assessment Training process (See Appendix G – Assessment Methods Training Flowcharts). The Assessment Training process was designed to be evaluated and repeated using the curriculum and user’s guide developed for the CQI Project. The E-Team was solicited to identify key staff to receive assessment training. Training dates and facilities were selected. Funding was secured to supplement NACCHO grant monies to complete the training in tandem with a strengths based assessment to be completed for a specific SCDPH program. Dr. Plettenberg, the only SCDPH manager with practical experience in conducting community health assessment, developed the pre- and post-test to measure success of the training and worked closely with the PHF consultant, Grace Duffy, to formulate the training curriculum.
A review of the training curriculum at a CQI Core Team meeting identified that the training did not follow the MAPP assessment process. The curriculum was revised to align with MAPP, which in turn aligns with the current SCDPH strategic plan regarding community public health assessment.

On May 1 and 2, 2008, the E-Team and key staff members participated in workshop along with several community partners interested in learning about assessment methods. Participants were asked to identify important community issues as well as community strengths. An introduction to Ten Essential Public Health Services, the four MAPP assessments (using NACCHO’s Field Guide), and the PDCA improvement cycle was presented. The group was divided into groups to participate in a “World Café” discussion to share ideas and develop common themes and possible plans for action (See Appendix N - World Café description; Appendix K – Assessment Methods Training Meeting Memory; Appendix L – Assessment Methods Training Pictures). Participants were also encouraged to review a preliminary Saginaw County Health Status Report, which was a joint data mining venture with the University of Michigan’s School of Public Health. The results of this “quick and dirty” assessment were used to inform discussion in the “World Café” on Day 2 of the workshop. While not in the agenda, a cultural competence discussion naturally evolved due to concerns about appropriate awareness of diversity while conducting a community health assessment. Post tests were administered to all participants.

**Results**

The SCDPH Community Public Health Assessment training process has created a repeatable process for maintaining and increasing staff skill and confidence in planning and conducting a community assessment. As mentioned in the opening paragraphs of this report, SCDPH has long supported the principles and elements found in Continuous Quality Improvement. The NACCHO funded pilot project further enhanced the existing foundation for SCDPH to begin the Operational Definition of a Local Health Department capacity assessment process to examine preparation for national accreditation.

The NACCHO pilot project enabled SCDPH staff and community partners to translate our traditional experience with this mostly contract-compliance process into a national accreditation framework based on the 4 phased MAPP assessment process. The MAPP process aligns with the work mentioned earlier that Natasha Coulouris, Director and Health Officer for SCDPH, is supporting as a member of the RWJ Foundation MLC.

SCDPH now has a defined and tested structure with which to proceed in benchmarking with other communities to gather data on all four perspectives of the MAPP Roadmap. Accreditation of Public Health agencies is a multi-faceted initiative, including community strengths, Local Health Department capacity, local, state and national health statistics and the Forces of Change that influence our direction for the future. The NACCHO pilot project is a significant step forward for SCDPH national accreditation.

End Results of the NACCHO pilot project:
- An Instructor Guide for MAPP based Community Wide Public Health Assessment training was developed.
- Full student guide, including team break-out worksheets, reference materials, case studies and links to further information were developed.
- A Pre/Post Test was developed to evaluate skills transfer.
- SCDPH utilized a World Café creative dialog approach for the training which provided for a highly interactive learning environment.
- A post-training survey will be designed and administered 6 weeks after pilot workshop to measure knowledge retention from the training.
- Qualitative and quantitative end of course feedback for training module was completed and utilized to update and finalize manuals.
- Certificates were awarded as appropriate for certification and continuing education. The training modules are objective-based and delivered by a Public Health Foundation consultant meeting the requirements for college-level instruction.
Findings of the QI project:

- Staff members involved in this process (E-Team and key staff) has increased their knowledge of CQI processes and tools to utilize in the future.
- The Community Wide PH Assessment process can be either a “Living Process” or a stand-alone event planned for and administered separately each 3 – 5 years.
- Data is readily available for State and National Health Statistics. Local Public Health data, although available, may depend upon populations too small to allow assumptions of significance for trending and comparison.
- The NACCHO provided MAPP Field Guide and MAPP User’s Handbook contain useful information and excellent supporting worksheets from which to develop a training event.
- There remains an underlying barrier related to communicating comfortably when working with community partners of varied diversity.
- Community Partners are enthusiastic about joining as peers in both the training and administration of a Community Wide assessment process.
- Community Wide Public Health Assessment training directly supports:
  - Standard I-C: Conduct or contribute expertise to periodic community health assessments
  - Standard VIII-A: Recruit, train, develop, and retain a diverse staff.
    Standard VIII-B: Evaluate LHD staff members’ public health competencies, and address deficiencies through continuing education, training, and leadership development activities.
  - Standard VIII–D: Promote the use of effective public health practices among other practitioners and agencies engaged in public health.
  - Standard VIII–E: provide the public health workforce with adequate resources to do their jobs.

Training Results:

- Pre/Post test results were administered to track before and after levels of participant knowledge. See Appendix I – Pre/Post Tests and Results. This information was anticipated to provide the major measurement of project success in determining staff increase in knowledge in assessment methods, however, the statistical relevance of the information is deficient. A comparison can not clearly be made among the pre/post test scores because of the number of pre/post test completions and the lack of identifiers documented on the tests. Also, the Pre test was administered before a major content change was made, thus impacting the quantitative usefulness of the instrument.
- The pre/post tests were designed to provide the context of the training objectives which were not clearly defined in the training, resulting in two questions specifically that were not addressed in the training. Questions 3 and 5 resulting in a decrease in post test scores. However, qualitative analysis of the Pre/Post test indicates knowledge base of 75% or greater command of item content in the Post test instrument.
- The End of Course (EoC) Evaluation analysis indicates a 61% confidence rate of “Completely or Mostly” in administering a Community Assessment using the MAPP model, with an additional 35% confidence rate of “Moderately”. See Appendix J – Assessment Methods Training Evaluations.
- The EoC analysis indicates a 93% confidence in ability to distinguish among the four MAPP Assessments at the “Completely and Mostly” level, with an 84% “Completely or Mostly” response to identifying community organizations with whom to partner for assessments.
- Areas of lower confidence center around ability to recognize questions for a MAPP based community assessment survey and ability to apply the contents of the workshop training to daily activities.

Data:

- Research and data analysis already underway in a partnership between SCDPH and the University of Michigan provided excellent support to the MAPP Community Health Status Assessment segment of the training.
• Processes and procedures in place for the SCDPH, U of MI partnership will provide continuing access to verifiable local, state and national data for future assessment activity.
• Significant historical data and reports exist from previous strength-based and health status needs-based assessments to provide trending opportunities to the Saginaw County community.

New processes utilized:
• Significant innovation in development of a circular flowchart format to document the Community Wide Public Health Assessment training process. See Appendix G – CQI Pilot Project (Assessment Methods Training) Flowchart.
• Adaptation of the World Café concept into the public health community assessment process. The World Café concept is an innovative way to engage a diverse audience in focused conversation around topics of mutual interest. See Appendix N – World Café Description and Appendix L – Assessment Methods Training Pictures.
  o Modeled after "European café society" — friends, colleagues and strangers engaged in lively, cross-pollinating, small group conversations about the most compelling issues of the time.
  o Encourages powerful questions, candid dialogue, and creative thinking among large groups of people.
  o Everyone records collective wisdom of the table right on table-top, which is stewarded and shared by table hosts that provide directions at each stage of the Café.

What does project success look like?
• A documented modular Instructor Guide, Student Guide (See Appendix H – Assessment Methods Training Agenda and Manual Table of Contents) and supporting materials to be used as needed for effective skills transfer on how to plan and implement a Community Wide Public Health Assessment.
• A project management Gantt chart was created and updated weekly during the improvement process. Milestones for final update of Instructor Guide, Student Materials and supporting documents are indicated on the Gantt instrument that extend beyond the submission date of the NACCHO Final Project Report. See Appendix F – Gantt Chart for an example of the tracking instrument.
• Evaluation feedback from the pilot training workshop indicating an increase in knowledge and confidence of how to plan and administer a CHA.
• The production and submission of a Final Report to NACCHO documenting the journey from self-assessment, prioritization, analysis, design, implementation and evaluation of the funded project as a stepping stone to eventual national accreditation.

Lessons Learned
In participating in the first NACCHO self-assessment pilot, SCDPH has taken a closer, more comprehensive look at our organization in reference to a standardized definition of services. The assessment as a whole is an exhaustive exercise. Having experienced the process once, our department now better understands how to maximize the effectiveness of the dialog initiated as a result of the questions presented in the survey. We are encouraged by discussion at the NACCHO level that there is further research being done on survey delivery methods and software for analysis of results.

One major finding in engaging in the assessment process is the frustration arising from the issue of funded versus mandated programs. The assessment is non-judgmental when posing questions for comparison at the local level. There is no consideration whether characteristics or programs in question are funded or even supported by the economic or political environment of the local health department. Some questions refer to operational definitions which are unfamiliar to some service areas. SCDPH is confident that continued use of this tool will encourage a common glossary of definitions and a closer coordination of services throughout the national public health community.
For the SCDPH Community Wide Public Health Assessment training process, the following lessons are learned:

- Build workshop content using the NACCHO recommended MAPP assessment process allowed for better alignment with Public Health Operational Definitions
- Provide some pre-reading to orient the participants to the assessment process before engaging them in activities during the workshop.
- Add capacity building content for engaging resources within the community to final instructor guide and student materials.
- Organize the workshop materials to allow greater flexibility in moving pages around to support discussion and workshop activities.
- Pay greater attention to how team activities are introduced to ensure effective application of learning objectives.
- Relate training content more directly to the stated objectives of the workshop (reflective in the pre/post tests).
- Include milestone questions from the MAPP Handbook at the end of each Roadmap step to assure sufficient progress before moving to the next MAPP assessment step.
- Request participant names on Pre/Post tests and End of Course evaluations to ensure effective analysis of before and after knowledge transfer.
- Ensure all participants complete the pre- AND post-tests to ensure the data is statistically significant to accurately reflect skill transfer.
- Include both an immediate End of Course evaluation and a 6-week follow-up survey to assess participant level of confidence in implementing an assessment.
- Engaging community partners in the training proved to be an incredible asset to reflect the importance of cultural competence and external collaboration in conducting a comprehensive community health assessment. In the future include a more structured discussion on cultural competency in relation to community health assessments.

Next Steps
The experience of this pilot accreditation grant will drive the department to continue to implement CQI processes and tools for building capacity specifically in Essential Service I, as the department adopts and implements the MAPP model through alignment with the current strategic plan. Goals and objectives exist within the MOD Squad Strategic Planning process to fully adopt and implement the MAPP model by 2010. SCDPH will be to continue travel down the “road MAPP” by conducting the 4 assessments to build capacity in the Essential Services I and VIII. Essential Services IX and X will also indirectly begin to build capacity as MOD Squad starts to analyze and strategize within MAPP to apply evidence-based practices into the way we conduct business.

Next steps in building capacity in assessment training will be further analyzed after completion of the 6-week follow-up survey to measure the knowledge retention from the initial assessment training. Further adaptation of the training curriculum will be conducted to effectively increase knowledge and confidence of conducting the four MAPP based assessments. Once the training curriculum has been finalized it is the goal of SCDPH to deliver the training to additional SCDPH staff and external partners as needed, documenting the training process and applying Continuous Quality Improvement strategies along the way.

Conclusions
The CQI pilot project for this grant proved to greatly increase awareness on CQI processes and tools through the help of the NACCHO staff, reference materials, and PHF Consultant expertise. To view the SCDPH Storyboard for the project see Appendix M – SCDPH Storyboard. Other process conclusions include:
• The process was incredibly time intensive to implement a full PDCA cycle on an already “stretched thin” staff.
• The realization that the Operational Definition does not mirror our mandated services and funding. This poses need for a vast cultural shift in the public health system on a national and state-wide scale.
• All persons involved in this process had to overcome a learning curve in regards to CQI, Op Def., MAPP, and other terminology.
• This grant project has exposed staff to the CQI process, terminology, and concepts but did not necessarily prepare us for implementing CQI in other areas of work.
• During this process the staff found it hard to recognize the good work of the department, especially when our mandated world does not mirror the Op. Def or the national accreditation path.
• The Community Wide Public Health Assessment training process has increased the awareness of SCDPH in general about the need for even closer involvement with community partners, data and information sources available for research and analysis, and the importance of sharing information beyond the local community. It ties together the internal needs of the health department with the strengths and needs of the community in which we serve.

SCDPH strongly supports the NACCHO initiative for a national accreditation process based on this self-assessment tool.

Appendices
The following documents are seen to have significant relevance to the CQI pilot project and can be found in the following pages of this report.

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<td>B</td>
<td>NACCHO Local Capacity Assessment Results</td>
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<td>C</td>
<td>Local Capacity Assessment Meeting Memory</td>
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<td>D</td>
<td>Performance Management &amp; Quality Improvement Workshop Meeting Memory</td>
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<td>E</td>
<td>SCDPH Team Charter</td>
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<td>G</td>
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<td>World Café Description</td>
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Appendix A
SCDPH Strategic Plan Framework

MOD (Moving in One Direction) Squad
Strategic Plan Framework

Mission: Our commitment is to protect and promote the public’s health and well-being.

Vision: To be a recognized leader providing health resources and quality services to our diverse community through innovation and dedication.

Vision Priorities:
- We will establish a customer-focused culture.
- We will be flexible in meeting our clients’ needs.
- We will utilize and upgrade technology.
- We will explore new ways to secure long-term funding.
- We will promote awareness of our department and our services in the community.
- We will partner with other community organizations.
- We will create an environment that values and respects employees.
- We will improve our internal communication.
- We will achieve our prioritized health outcomes for Saginaw County.

Guiding Principles and Values:
- Collaboration (Internal and External)
- Respect
- Diversity
- Excellence
- Accountability
- Commitment

May 2007
## Appendix B
### NACCHO Local Capacity Assessment Summary Results for SCDPH

Table 1: Summary of Scores

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<tr>
<th>Essential Service</th>
<th>A</th>
<th>B</th>
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Graph 1: Summary of Scores

![Graph showing SCDPH Essential Service Total Scores](image-url)
Appendix C
Local Capacity Assessment Meeting Memory

Saginaw County Department of Public Health
Executive Team Capacity Assessment Review

Date: December 21, 2007
Time: 8:00 AM – 5:00 PM
Place: St. Mary’s Hospital, Health Education Center

Purpose of the meeting:
• To review the results of independent E-team "LHD Capacity Assessments" and gain agreement on SCPHD’s capacity to deliver each of the 10 Essential Services.
• To identify the top 1 or 2 Services on which to focus in the future and how those relate to our current strategic plan

Desired Outcomes of the meeting:
• Understanding and agreement on the capacity of SCPHD to provide each of the 10 Essential Services
• Agreement on the highest priority Essential Services for SCPHD

<table>
<thead>
<tr>
<th>Meeting Topics</th>
<th>Desired Outcome</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Opening:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Introductions</td>
<td>Everyone understands why we’re here and how we will proceed for the meeting.</td>
<td>20”</td>
</tr>
<tr>
<td>2. Review agenda, ground rules, issues, action register, consensus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The meeting began with introductions. Natasha introduced some participants who were new to the E-team for this assessment. Cynthia reviewed the agenda for the day, ground rules and the prepared flip charts. She also reviewed the size of the data set to explain that she would be asking the group to move through the data points fairly quickly. The participants around the table are the experts on the services and programs, and the group will rely on their expertise to help the group come to consensus.

<table>
<thead>
<tr>
<th>Essential Services I and II</th>
<th>Agreement on SCPHD’s capacity for providing ES I and II</th>
<th>80”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Break</td>
<td>Agreement on SCPHD’s capacity for providing ES III and IV</td>
<td>10”</td>
</tr>
<tr>
<td>Essential Services III and IV</td>
<td>Agreement on SCPHD’s capacity for providing ES III and IV</td>
<td>80”</td>
</tr>
</tbody>
</table>
The group reviewed each question, standard by standard for Essential Services I through X throughout the day. Cynthia projected the survey results from the “Zoomerang” survey tool as clustered bar graphs for each standard. The mode of the data was determined and those questions with average scores outside of the mode were discussed individually until consensus was reached as to an accurate question score. The average score for the standard was then calculated using all questions for that standard. Standards’ scores were also averaged for a score on each Essential Service. After each Essential Service score was derived, those scores were captured on a flip chart bar graph for review at the end of the meeting. (See attached spreadsheet for Question and Standard scores.)

<table>
<thead>
<tr>
<th>Break</th>
<th>10”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Service V</td>
<td>Agreement on SCPHD’s capacity for providing ES V</td>
</tr>
<tr>
<td>Lunch</td>
<td>45”</td>
</tr>
<tr>
<td>Essential Services VI and VII</td>
<td>Agreement on SCPHD’s capacity for providing ES VI and VII</td>
</tr>
<tr>
<td>Break</td>
<td>10”</td>
</tr>
<tr>
<td>Essential Services VIII, IX and X</td>
<td>Agreement on SCPHD’s capacity for providing ES VIII, IX and X</td>
</tr>
<tr>
<td>Break</td>
<td>10”</td>
</tr>
<tr>
<td>Identify top priority essential services</td>
<td>Agreement on highest priority services for SCPHD</td>
</tr>
<tr>
<td></td>
<td>Discuss how these services relate to current strategic plan</td>
</tr>
</tbody>
</table>

During this review process, a list of feedback was developed on the assessment tool. Feedback on Process and Tool:
- application of criteria for using term “LHD” versus “programs” for capacity questions
- clarity of questions is not good
- subjective questions/difficult to average
- moderate capacity rating is too broad on scale
- we are addressing what we are funded for-- dependent on that
- avoid “capacity” or define clearly as assessment
- we don’t evaluate strategies developed to include utilization
• wording of question IX-D #2 is poor
• questions could be streamlined – too many
• visual representation is necessary with amount of data
• Zoomerang input/survey is easy to use
• no recognition given to restraints of funding and mandates
• will we compare results by each organization’s demographics?

<table>
<thead>
<tr>
<th>Meeting closure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revisit the Issues Bin</td>
</tr>
<tr>
<td>Complete the Action Register</td>
</tr>
<tr>
<td>Meeting Evaluation</td>
</tr>
<tr>
<td>Meeting closure complete</td>
</tr>
<tr>
<td>15”</td>
</tr>
</tbody>
</table>

The group closed the meeting with a review of the flip charts developed during the meeting. One subject, social marketing came up during discussion and was recorded as “an Item to further explore”.

<table>
<thead>
<tr>
<th>What will happen</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look at front-line staff &amp; partners having 24/7 emergency contact numbers</td>
<td>Chris</td>
<td>1/31/08</td>
</tr>
<tr>
<td>Develop intranet folder for best practices and evidence-based practices (CDC resources, E-B practices from CMH)</td>
<td>Natasha/Beth</td>
<td>1/31/08</td>
</tr>
</tbody>
</table>

The action register was used to record and assign 2 items for follow-up:

The group agreed that it is important to report the self-assessment scores in decimal form to CDC as it provides more information than rounding to whole numbers. After a brief discussion, participants also agreed upon the importance of Essential Service I and SCPHD will focus on this service during the MAPP effort.

A meeting evaluation was conducted:

<table>
<thead>
<tr>
<th>What went well (+)</th>
<th>What could be changed (Δ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thorough discussion</td>
<td>Room was cold</td>
</tr>
<tr>
<td>Have a better understanding of issues</td>
<td>Draining process</td>
</tr>
<tr>
<td>Staff really committed to pre-work</td>
<td></td>
</tr>
<tr>
<td>Nice bling ring</td>
<td></td>
</tr>
<tr>
<td>Zoomerang tool good</td>
<td></td>
</tr>
<tr>
<td>Good facilitation</td>
<td></td>
</tr>
<tr>
<td>We finished early</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D

Performance Management & QI Workshop Meeting Memory

MEETING MEMORY
PERFORMANCE MANAGEMENT & QUALITY IMPROVEMENT WORKSHOP
RAMADA INN & SUITES
MARCH 14, 2008

PRESENT:
Natasha Coulouris, Health Officer
Lin Dann, Personal & Preventive Health Services Supervisor
Penney Davis, NACCHO
Debbie Dudewicz, WIC Program Manager
Grace Duffy, PHF Consultant and Workshop Facilitator
Christina Harrington, Emergency Preparedness Director
Bethany Jacques, Data Analyst (IT)
Cheryl Plettenberg, Treatment & Prevention Services Director
Patricia Ritter, Environmental Health Services Office Manager
Dawn Shanafelt, Personal & Preventive Health Services Supervisor
Tawnya Simon, Personal & Preventive Health Services Director
Tammy Theisen, Laboratory Services Director
Neill Varner, D.O., Medical Director
Bryant Wilke, Environmental Health Services Director

ABSENT:
Laurie Klonowski, Administrative Assistant
Kathy Meyer, Administration Services Director
Pamela Smith, Saginaw Lead Hazard Control Program Manager

Participant Arrival and Roll Call
N. Coulouris opened the meeting at 8:05 a.m. and explained that three team members were absent for the day. T. Simon was working on MPRs and would join the group in the afternoon. D. Shanafelt needed to leave the meeting from 10:00 a.m. to 12:00 p.m.

Welcome
N. Coulouris provided a recap of the MOD Squad Strategic Planning and NACCHO CQI grant activities that led up to this workshop to set the context for discussion.

Introductions and Orientation
Grace Duffy, Public Health Foundation Consultant, and Penney Davis, NACCHO liaison for grant activities, were introduced. The group introduced themselves and described their position with the department and/or role in the NACCHO CQI grant. G. Duffy reminded everyone that the CQI activity should be completed by May 15 to allow enough time for reporting outcomes by May 31, 2008. Each participant was provided with a copy of The Public Health Memory Jogger™ II and a packet comprised of the agenda; MOD Squad Strategic Plan Framework; 2008-2009 Goals & Actions; charts depicting the results of the public health capacity self-assessment completed in December, 2007; and copies of the PowerPoint presentation. G. Duffy distributed several other worksheets throughout the day.

Opening Exercise
Essential Service 1-C has been identified as an area requiring improvement (conduct or contribute expertise to periodic community health assessments). The group divided into groups of 3 or 4 and brainstormed opportunities and challenges surrounding community public health assessment. Each participant wrote down 3 items and passed them to the right. The next participant either built upon the idea or captured another opportunity or challenge and passed the information to the next participant and all items were placed on flip charts separating “opportunities” from “challenges”.

Introduction to Quality Improvement
G. Duffy illustrated how as CQI leaders for the department, indicators and measures should be developed to assure all are moving in one direction. E-Team members must ask themselves, 1) “What am I required to do to meet the goals of the organization?” and 2) “What must I do to meet customer (clients & stakeholders) needs?” There are mandates through the state’s accreditation as well as customer expectations to consider.

Concepts on implementing a PDCA (Plan-Do-Check-Act) cycle and expanding areas of control, influence, concern, and beyond were discussed.

Align NACCHO Assessment to SCDPH Goals
The 2008-2009 MOD Squad strategic planning goals and actions focus on completing the MAPP process by 2010. The goals were developed as a result of adding a new Vision Priority last year, “We will achieve our prioritized health outcomes for Saginaw County.” This is in alignment with the results of the NACCHO self-assessment. The indicators for Standard 1-C are:

1. LHD staff have the appropriate knowledge of standards and processes for conducting community health assessment (CHA). [can we do it?]
2. LHD staff are trained in the application of assessment methods. [% ID as trained]
3. LHD staff can organize and manage an assessment process. [DIY]
4. A structured process for conducting the CHA is reviewed and adopted (i.e. APEX/PH, MAPP, etc.).
5. LHD organizes community health data (e.g., mortality, disease prevalence, risk factors, and other data) for assessment purposes. [systems vs. silos]
6. Broad participation of community stakeholders in the assessment process is secured. [ID stakeholders]
7. A CHA process is conducted every five years.

The group identified indicators 1 and 2 as the most urgent need since only one person on the team has been involved in CHA in the past.

Working as a Team for QI
The group started to complete a Team Charter. N. Coulouris was identified as the team sponsor and the members of the team are E-Team. A core group consisting of N. Coulouris, T. Theisen, C. Harrington, C. Plettenberg, and P. Ritter will coordinate activities of the team. The group worked on an AIM statement that may need some wordsmithing: Staff training in assessment methods will be provided to E-Team to increase knowledge of the community health assessment process by May 15, 2008. The group determined that a pre- and post-test would be suitable for measuring this goal.

PHF QI Tool Kit Activities
G. Duffy encouraged use of the tools from the Memory Jogger. She suggested using flowcharts as a way to provide simple visual explanation of complex processes. She explained how to use SIPOC (Suppliers-Inputs-Process-Output-Customers) to begin flowcharts.

Suppliers:
- subject matter experts
- stakeholders (specific to data required)
- media designers

Outputs:
- health status report (short term)
- community improvement plan (long term)
- MAPP process (long term)

Inputs:
- data/information
- media design

Customers:
- whole community
- policy makers/partners
- funders

The group then completed an affinity diagram using ideas captured during the brainstorming exercise. Two groups were formed; one working on opportunities and one working on barriers. Opportunities were categorized as follows:
### Data Collection & Analysis

- Difficulty orchestrating effective data collection
- There are constraints on resources to do this
- Opportunity: Develop a process diagram to see where the orchestration breaks down, then do a QI process to improve that area.
- We can utilize existing data available in our community
- Opportunity: Analyze data and present to legislature as proof of why public health funding is needed.
- Opportunity to combine data and collection methods

### Staff Expertise

- Identify benchmark criteria and a process for staffing evaluation
- We have staff that are knowledgeable, but not all colleagues are aware of expertise

### Tools & Resources

- Opportunity: Ask NACCHO to connect SCDPH with other MAPP users to share knowledge on how to do CHAs and reduce the time and resources required to complete.
- We have an opportunity to apply for a CARE grant to conduct an EH community assessment.
- Opportunity: Who already has a tool for this? No need to reinvent/create a tool. MAPP process will collect some of this information.

### External Collaboration & Buy-in (Influence)

- An opportunity exists in the excellent collaborative nature of our community/county.
- SCDPH has established excellent partnerships with several community agencies. Included in this is our involvement in collaborations.
- To be comprehensive about assessments external agency “buy-in” (support) is a MUST!
- We need to get our boards (both health and county) actively involved in this process – possibly they will see the importance in this and help ID $$.  
- We have a well connected faith-based community.
- Our region is politically charged concerning various public health challenges.

### Internal Process (MOD Squad)

- SCDPH has recognized this gap and established new MS Vision Priority and goals; a partnership w/UM; and integrated these new duties into the vacant Community Health Improvement Director.
- Ditto – however, by doing this we have created a gap elsewhere in our health promotion/marketing.
- There is an opportunity to sustain the interest & momentum around improvement in the SCDPH.

- NACCHO is providing us with many tools to assist in this process.
- Having our MOD Squad and some of the processes are helpful in the assessment.
- We need to integrate the MAPP process into our strategic planning efforts to make it sustainable.
- To build sustainability for continuing assessments we need to be able to let the data drive what we do (to see outcomes)!
Fishbone diagram: Opportunities

Barriers were categorized as follows:

<table>
<thead>
<tr>
<th>In Control by May 15, 2008</th>
<th>Out of Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ There are limited community health assessments completed each year programmatically</td>
<td>▪ How do we know what we know?</td>
</tr>
<tr>
<td>▪ We need to identify staff and budget to help with a complete community assessment</td>
<td>▪ How can we communicate ideas/actions across diverse subgroups in a population?</td>
</tr>
<tr>
<td>▪ We have a shortage of staff that are familiar with completing a comprehensive community health assessment</td>
<td>▪ Making sure meanings or outcomes are understandable to subgroups</td>
</tr>
<tr>
<td>▪ We do not have the expertise in-house to do a thorough assessment.</td>
<td>▪ How do we look at the forest instead of the trees?</td>
</tr>
<tr>
<td>▪ Yes; we are trying to recruit someone with an epidemiological background into our new position. We also have Cheryl’s and programmatic expertise</td>
<td>▪ Solve the problem</td>
</tr>
<tr>
<td>▪ A barrier regarding conducting community health assessment in Saginaw County is creating a tool (assessment) that successfully captures the diversity of our community</td>
<td>▪ Some databases exist to capture data, but not comprehensively</td>
</tr>
<tr>
<td>▪ We have fragmented data and lack a cohesive database</td>
<td>▪ Funding to complete the assessments</td>
</tr>
<tr>
<td>▪ We have a lot of data on our services, but have not pulled it together to look at outcomes. Data is currently collected for the most part to meet state and federal reporting requirements.</td>
<td>▪ To do the assessment and to follow-up in 1-2 years</td>
</tr>
<tr>
<td>▪ Opportunity: We are using U-M to help us with a preliminary assessment of our community</td>
<td>▪ We are understaffed for the services we perform…</td>
</tr>
<tr>
<td>▪ Continue partnership with U-M and other agencies to further define assessment.</td>
<td>▪ (adding)...and completing a comprehensive community assessment would require a large increase in resources and TIME!</td>
</tr>
<tr>
<td>▪ Use outside expertise and best practices</td>
<td>▪ Maybe we could collaborate with another community partner to help with this.</td>
</tr>
<tr>
<td>▪ There is not a comprehensive &quot;system&quot; to collect</td>
<td>▪ Adequate funding has not been allocated to the assessment process.</td>
</tr>
<tr>
<td></td>
<td>▪ Include in budget process</td>
</tr>
<tr>
<td></td>
<td>▪ Ditto – Identify as budget priority and examine potential funding</td>
</tr>
<tr>
<td></td>
<td>▪ A barrier is definitely resources to complete a community health assessment and the ability to implement change according to results.</td>
</tr>
<tr>
<td></td>
<td>▪ The limited resources are in time, staff, expertise</td>
</tr>
</tbody>
</table>
In Control by May 15, 2008

- and manage data
  - A challenge to find all of data out there before we can collect it
  - We need a template to compare data on a consistent level
  - Evaluate current staffing levels/expertise to establish a benchmark in regards to potential needs

Wishful thinking:
- Challenge: Getting buy-in from all staff and show them how this will help their jobs
- Getting buy-in from all managers has been challenging, which affects info-sharing with staff

Out of Control

- and coordination of services.
  - SCDPH faces the barrier of no increase in public health funding (over the last 20 yrs) and increased state mandates.
  - The needs of our residents/population are becoming increasingly more acute with decreased funding sources.
  - There is no community wide system to compile information from various agencies.
  - Opportunity: Who can SCDPH partner with that already has a data system?
  - Again – tool development is key.
  - Someone to tabulate all data to be able to utilize the data.
  - Funding to do a good job – long term ability to continue the process
  - Knowledge of the community
  - Making sure community wants to hear what is presented – “the outcomes”
  - Time to do the project
  - Personnel to complete task
  - Understanding the diverse community first!
  - SCDPH has insufficient and inflexible funding for community assessment since we lost state $$ for CHAI.
  - Ability to present data to community in a format that is understandable
  - Community support
  - It is tough to build support for this process (economy) – it becomes unimportant to people who are out of work & unable to put food on the table
  - We need staff to write the grant! But an awesome opportunity, the “shared folder” might prove valuable here!!
  - No one person is assigned the responsibility of compiling the data
  - Opportunity: hire new staff/train existing staff

G. Duffy recommended dispensing with items over which the group has no control and devote attention to those items over which there is some control.
Fishbone diagram: Barriers

Identify Root Causes of PH Challenges

The group identified lack of staff knowledge/training of the assessment process. G. Duffy led the group through a “5 Whys” exercise to try to determine the root cause.

Challenge: We have a shortage of staff with knowledge of community health assessment.

Why: Budget
Why: Not acknowledged as a priority
Why: Other areas have more "value"
Why: Other areas more visible
Why: More visible = direct service

Project Planning for May 31, 2008

G. Duffy led discussion on the elements of an effective AIM statement.
- When? To be defined, developed in pilot, administered and measured by May 15, 2008 by the Executive Team.
- How much? General overview & advanced techniques, measured by pre- and post-test
- For whom? SCDPH

G. Duffy explained the use of a Gantt chart to plan remaining activities under the grant and set benchmarks to keep the project on track.

Next Steps

G. Duffy updated a template Gantt chart with suggested activities and dates for completion. Next steps were captured in the meeting memory action register.

Meeting Closure

PHF Consultant contact information:
Grace Duffy
3203 Antigua Bay Lane
Tavares, FL 32778
Cell: (352) 406-8262
Home Office: (352) 343-9267 (husband’s name is John)
E-mail: grace683@embarqmail.com
## Action Register

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Team Charter/schedule meetings</td>
<td>E-Team</td>
<td></td>
<td>ASAP</td>
</tr>
<tr>
<td>Schedule teleconferences w/consultant when meeting schedule determined</td>
<td>E-Team/G. Duffy</td>
<td></td>
<td>ASAP</td>
</tr>
<tr>
<td>Provide Supplemental Documents (Gannt chart, FMEA direction &amp; template, CPR instructor guide)</td>
<td>G. Duffy</td>
<td></td>
<td>ASAP</td>
</tr>
<tr>
<td>Build format for final report &amp; story board</td>
<td>G. Duffy</td>
<td></td>
<td>ASAP</td>
</tr>
<tr>
<td>Check to see if a training/curriculum for community health assessment tool is available</td>
<td>P. Davis</td>
<td></td>
<td>ASAP</td>
</tr>
</tbody>
</table>

## Meeting Evaluation

<table>
<thead>
<tr>
<th>+</th>
<th>△</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team behavior</td>
<td>Clarify operational definitions (coms)</td>
</tr>
<tr>
<td>Learning Tools</td>
<td>Thought there would be more “do it stuff” in 8 hr. session</td>
</tr>
<tr>
<td>Learning Steps for process</td>
<td>Bittersweet – won’t do community assessment for project</td>
</tr>
<tr>
<td>Have AIM statement</td>
<td>A lot to absorb in one day</td>
</tr>
<tr>
<td>Awesome facilitation – kept on task</td>
<td>Warm in here</td>
</tr>
<tr>
<td>Mountain range into manageable pile</td>
<td>Don’t know where or if I fit in process</td>
</tr>
<tr>
<td>Systems analysis</td>
<td>It’s March 14 – working toward a May 15/31 deadline</td>
</tr>
<tr>
<td>Good tools in PH Memory Jogger for E-Team meetings</td>
<td>Overwhelmed</td>
</tr>
<tr>
<td>Still have support from consultant &amp; NACCHO</td>
<td>Cold in here</td>
</tr>
<tr>
<td>Explained difficult concepts</td>
<td>Explain in an example</td>
</tr>
<tr>
<td>Hands on exercises</td>
<td>Wish we could have gone away with some of the forms completed</td>
</tr>
<tr>
<td>Methodical approach</td>
<td>Missing half of the meeting</td>
</tr>
<tr>
<td>Seeing application of NACCHO process for pilot</td>
<td>Didn’t hear joke yet</td>
</tr>
<tr>
<td></td>
<td>Establish realistic scope</td>
</tr>
</tbody>
</table>

The meeting adjourned at 4:50 p.m.
Prepared by: P. Ritter, Scribe
Approved by: Natasha J. V. Coulouris, M.P.H.
Health Officer
# Appendix E
## SCDPH Team Charter

<table>
<thead>
<tr>
<th>1. TEAM CHARTER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. Team Name:</strong></td>
</tr>
<tr>
<td><strong>3. Version:</strong></td>
</tr>
<tr>
<td><strong>4. Subject:</strong></td>
</tr>
<tr>
<td><strong>5. Problem / Opportunity Statement:</strong></td>
</tr>
<tr>
<td><strong>6. Team Sponsor:</strong></td>
</tr>
<tr>
<td><strong>7. Team Leader &amp; Scribe:</strong></td>
</tr>
<tr>
<td><strong>8. Team Members:</strong></td>
</tr>
<tr>
<td>1. Cheryl Plettenberg</td>
</tr>
<tr>
<td>2. Tammy Theisen</td>
</tr>
<tr>
<td>3. Pat Ritter</td>
</tr>
<tr>
<td><strong>9. Process Improvement AIM (Mission):</strong></td>
</tr>
<tr>
<td><strong>10. Scope (Boundaries):</strong></td>
</tr>
<tr>
<td><strong>11. Customers (primary and other):</strong></td>
</tr>
<tr>
<td>SCDPH Executive Team</td>
</tr>
<tr>
<td>SCDPH Key Staff</td>
</tr>
<tr>
<td><strong>12. Objectives:</strong></td>
</tr>
<tr>
<td>✓ Conduct training with knowledgeable instructor(s)</td>
</tr>
<tr>
<td>✓ Identify the PDCA cycle to be used as the basis for our report</td>
</tr>
<tr>
<td><strong>13. Success Metrics (Measures):</strong></td>
</tr>
<tr>
<td>The training was conducted and completed within the given timeframe. A PDCA cycle is completed and a report/storyboard is generated</td>
</tr>
<tr>
<td><strong>14. Considerations (Assumptions / Constraints / Obstacles / Risks):</strong></td>
</tr>
<tr>
<td>We assume that our training will increase the department’s ability to conduct community health assessments.</td>
</tr>
<tr>
<td><strong>15. Available Resources:</strong></td>
</tr>
</tbody>
</table>
Cheryl Plettenberg – previous CHA experience. The Core Pilot team is committed to this project/grant.
Grace Duffy – CQI consultant
NACCHO Tools
MLC-2 guidebook and piloted health departments
U-M, SPH

<table>
<thead>
<tr>
<th>17. Key Milestones:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A developed training module and guide to utilize</td>
<td>Mid-April</td>
</tr>
<tr>
<td>Training is conducted</td>
<td>End of April</td>
</tr>
<tr>
<td>Report is complete and turned into NACCHO</td>
<td>May 31, 2008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Communication Plan (Who, How, and When):</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Team and staff have already received an introduction to CQI processes and the language shift in December 2007.</td>
</tr>
<tr>
<td>E-Team received training via CQI consultant from the PHF in March 2008.</td>
</tr>
<tr>
<td>Governing Entities (BOC, BOH, Advisory Boards) will receive updates via the Health Officers report monthly.</td>
</tr>
<tr>
<td>Other stakeholders (MALPH, MLC-3) will receive the report after 05/31/08.</td>
</tr>
<tr>
<td>Mod Squad involvement and updates will continue through facilitators and the strategic planning process monthly.</td>
</tr>
<tr>
<td>NACCHO and the PHF will receive the final report by 05/31/08.</td>
</tr>
<tr>
<td>The community will be informed of the results when a community health assessment is completed after May 2008.</td>
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<th>19. Key Stakeholders:</th>
<th>Area of Concern (as it relates to the Charter):</th>
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<tr>
<td>Board of Health</td>
<td>The potential money and time spent for the process, How this will affect the overall operations of the dept.</td>
</tr>
<tr>
<td>Board of Commissioners</td>
<td>The potential money and time spent for the process, How this will affect the overall operations of the dept.</td>
</tr>
<tr>
<td>SCDPH Staff</td>
<td>This will this generate more work and additional procedures to be followed.</td>
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<tr>
<td>Assessment Partners</td>
<td>How will this integrate with our work/processes</td>
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<tr>
<td>Community</td>
<td>The validity of this project and how it will affect services.</td>
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### Appendix F
Gantt Chart

#### SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH GANTT CHART

**NACCHO ACCREDITATION PILOT GRANT 2008**

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**LEGEND:**

- **Complete**
- **Watch**
- **In Progress**
- **Late or at Risk**

**UPDATED:**

5/27/2008
Appendix G
Assessment Methods Training Flowcharts

Flowchart 1: Initial

SCDPH FLOWCHART PROCESS FOR NACCHO PILOT ACCREDITATION GRANT

Conduct NACCHO LHD Capability Assessment

Unrealistic
Stop

What is a realistic scope of the project?

PHF Consultant on-site to conduct initial workshop

Identified 03/14/08 4 pm to 5 pm training at the Downtown Bus

Date/Time

When to meet on-site?

Materials/Agenda

Identified staff for training

Scheduled Training Site

Identified existing training materials/curriculum

Developed Course curriculum

Assess measures and outcomes

Develop assessment final report to NACCHO

Analyzed Results

Due Process (if necessary/required)

Identified Community Health Assessment as pilot project (Standard 1-0)

Arrange to utilize local resources and for internal or external support

Identified Public Health Foundation (PHF) Consultant

Ordered Mercury Juggers

Printed Materials

Established Agenda

Identified staff training participants: Etta B. Tom + Pat E.
Flowchart 2: Final

ASSESSMENT TRAINING FLOWCHART
NACCHO PILOT ACCREDITATION GRANT
2008
Appendix H
Assessment Methods Training Agenda and Manual Table of Contents

Community Assessment Training Workshop
May 1 – 2, 2008
Agenda

Day 1: Thursday, May 1, 2008

8:30 AM  Coffee and Networking

9:00  Senior Management Vision  Natasha
     Sponsor’s Direction
     NACCHO Assessment Process
     How we chose this improvement project

9:15  Gallery Walk of previous Community Assessment  Dr. P, Grace
     Introduce World Café

10:00  Break

10:15  Overview of the MAPP assessment model  Dr. P, Grace

11:00  Data on the existing community environment  Dr. P, Grace

11:30 AM  Lunch

12:15 PM  Brainstorming World Café:  Grace, Dr. P
     Relate existing community knowledge to 4 MAPP
     Assessment areas, data and populations  Tables

1:55  Break

2:10  Debrief of major table findings  Teams
     Gallery Walk

3:15  Affinity Activity  Teams
     Target impact areas, priorities and partners, and persons served.
     Design/validate survey approaches for assessments, populations and date available

4:15  Debrief and wrap up for Day 1  Grace, Dr. P

4:30  Adjourn
Day 2: Friday, May 2, 2008

8:30 AM Coffee and Review of Day 1 Natasha, Grace, Dr. P
8:45 Orientation to 6 step MAPP process structure. Intro of worksheets and tools from MAPP website Grace, Dr. P
9:15 Table team “study hall” for process step activities Teams
9:30 Break
9:45 Community Café Number 2 Visualize and create the assessment process Teams
11:20 Debrief and Gallery Walk
Noon Lunch
12:45 PM Add “discovered” items to MAPP step worksheets Establish outcome measures and indicators Teams
1:30 Review of 1996/2005 status reporting Grace
2:15 Build MAPP Assessment Milestones and Communication Plan All
2:45 Break
3:00 Next steps: To-Do’s, documentation, Information for NACCHO final report and storyboard Grace, Teams
4:15 Post-Test Participants
4:30 Evaluation and adjourn Grace, Core Team
[Appendix H: continued]

**MAPP BASED COMMUNITY ASSESSMENT TRAINING WORKSHOP**
**MAY 1-2, 2008**
**STUDENT MANUAL TABLE OF CONTENTS**

**Day 1**
- Agenda
- Curriculum
- MOD Squad Strategic Plan Framework
- MAPP-Based Community Assessment Training Workshop Learning Objectives
- Getting There – Using the World Café to Build our Future
- World Café Reference Guide
- SCDPH – Assessment Flow Chart
- Overview of MAPP Community Health Assessment
- MAPP Field Guide
- Data to support MAPP Community Health Assessment
- Saginaw County Health Status Report – University of Michigan
- Table Topic Questions for Day 1 – World Café
- Examples of Questions and Surveys
- Day 1 – World Café Creative Brainstorming Consolidation and Affinity Worksheet

**Day 2**
- Agenda
- Curriculum
- Healthy People 2010 and Steps to a Healthier US: Leading Prevention
- Steps Required for a MAPP – based Community Assessment
- Getting There – Using the World Café to build a future – Day 2
- Table Topic Questions for Day 2 – World Café
- Gantt Chart
- NACCHO Final Report
- MAPP Process Action Item Tracking
- Berrien County Health Department – Michigan LLC-2 Site Visit, 2007
- Evaluations
- Community Health Assessment
- Community Health Assessment Process
- Vision
- Flow Chart
- Principles
- Organizational Charts
- Organization Responsibilities
- County-wide Issues Comparisons 1996 - 2000 (Ranking)
- Urban, Suburban, and Rural Issues (Ranking)
- Inner-City Youth
- Core Problems – New Core Problems
- New Core Problems to New Outcomes
- Outcome-Based Committee – Structure
- Outcome-Base Committees
- Outcome Based Objectives
- Outline – Health Access – Work sheet – Priority, Goals, Objectives, and Action
Appendix I
Assessment Methods Training Pre/Post Tests & Results

Saginaw County Community Assessment Workshop Pre- and Post- Test

Directions: Each of the questions or incomplete statements below is followed by four suggested answers or completions. Select the one that is best in each case.

1. Which of the following best describes the purpose of a Community Public Health Assessment?
   (A) appraise the performance of local health departments
   (B) measure the impact of current public health programs
   (C) define standards for public health funding
   (D) determine health needs at the local level
   (E) all of the above (POST—Test ONLY)

2. Traditional health assessments have historically ignored which of the following components of the community?
   (A) funding sources available for administering the assessment.
   (B) the health care concerns of the people themselves.
   (C) outcome measurements consistent with goals and objectives.
   (D) community partners to involve in the implementation of findings.

3. The purpose of the Core Committee Health Assessment Team is to:
   (A) conduct face-to-face surveys, gather and analyze the survey data.
   (B) research demographic data related to target areas within the assessment community.
   (C) guide the assessment process including overseeing the actual assessment.
   (D) critique new ideas as presented during the sub-committee planning sessions.

4. A strength-based community assessment focuses on which of the following?
   (A) needs, deficiencies and problems
   (B) customer complaints and crime statistics
   (C) partner priorities and budgetary constraints
   (D) capacities and assets

5. Which of the following best describes characteristics of an effective measure?
   (A) use existing data
   (B) tie directly to desired outcomes
   (C) easy to gather and analyze
   (D) support traditional goals
Table 1: Training Test Results for both Pre and Post Tests

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<th>PRE-TEST RESULTS</th>
<th>POST-TEST RESULTS</th>
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<td>Total Number of Responses</td>
<td>Total Number of Correct Responses</td>
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<td>Which of the following best describes the purposes of a Community Health Assessment?</td>
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<td>Traditional health assessments have historically ignored which of the following components of the community?</td>
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<td>3</td>
<td>The purpose of the core committee health assessment is to?</td>
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<td>4</td>
<td>A strength based community assessment focuses on which of the following?</td>
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<td>5</td>
<td>Which of the following best describes characteristics of an effective measure?</td>
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Graph 1: Training Test Results from both Pre and Post Tests

Assessment Methods Training Results

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Appendix J
Assessment Methods Training Evaluation Results

Assessment Methods Training Evaluations
May 1-2, 2008

Question: To what extent were you able to accomplish the stated objectives?

1) Objective: Participants will be able to:

**Mobilize for action through planning and partnerships (MAPP)**

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<th>% Moderately</th>
<th>% Hardly</th>
<th>% Not at All</th>
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<td>A</td>
<td>Distinguish among the four MAPP Assessments which provide critical insights into challenges and opportunities throughout the community</td>
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<td>B</td>
<td>Identify community organizations with whom to partner for assessments and subsequent public health programs</td>
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<td>Recognize effective questions for a MAPP based community assessment survey</td>
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**Planning and Administering a MAPP-based Community Assessment**

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<th>% Moderately</th>
<th>% Hardly</th>
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<td>Successfully draft a work plan for the four MAPP assessments</td>
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<td>E</td>
<td>Identify effective measures for program selection and sustainability</td>
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<td>Confidently administer a community assessment using the MAPP model</td>
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<td>Apply the contents of this community assessment training to your daily activities</td>
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**Evaluation of Facilitator: Grace Duffy**

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**Effectiveness of teaching methods**

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Responses for Grace

Would of helped to have all pages in book numbered. Great Job – Thanks to all - Dr. P - Chris- Tammy and all. Thank you Grace! Great Job Grace!!!
2) **What was the best learning aspect of this activity?**

   Presenter knew her (stuff) smile
   Everyone had the opportunity to speak openly
   The World Café Presents
   Group dialogue - Sharing of thoughts/ideas
   Team work - different ideas presented
   The interactions of people in different groups
   The group activities/changing tables - group sharing
   Open format/interactive
   Adding accreditation knowledge
   Good balance of activity & breaks
   Grace Duffy as an excellent leader and teacher
   The hands on work
   Opportunity for hands on practice - lots of great tools
   The interaction among the group
   Learning about the community assessment
   Allowing the ideas, concepts & talents of all to be expressed - very holistic approach
   Interactive discussion and learning by doing
   Interaction, cafes
   Interaction between everyone
   I liked the hands on - the world café was great!! Working with the community partners.
   Team action
   “Doing” and not just listening. This helped me to understand the concepts much better
   Collaborating - ideas from other perspectives have been enlightening

3) **How could the learning activity have been improved? Please be specific**

   Everything was very up to standard of excellence
   Three days not two days
   The way an means of sharing with other groups
   At sometimes, the group needed to be re-focused
   Simplify initial materials - more of an ABCD format
   Less noise, few more breaks, info overload by morning of day 2
   No balls - distracting
   Provide more pre-training info - I knew nothing about why I was coming here/content of training until I arrived
   Workbook hand outs in advance of meeting
   Make it 1 day. If doing 2, one day give info- day 2 - do what you learned on day 1
   Slow down
   Great
   More brain & stretch breaks. Agenda may be too ambitious
   Would have liked to visit more tables.
   Programs such as this
   More organized binders/materials. IT was hard to find materials and follow along.
   More time (perhaps a 3 day workshop)

4) **Please suggest other potential learning programs**

   Cultural Competency and Ethics
   Please continue to do what you are doing, and I wish you God speed
   Chew and Chat
   Proper ways to word questions for an assessment - how best to word questions to really get at the responses you are seeking- #’s of surveys/other methods of gathering data to get statistically significant findings.
   Sharing of these days activities with other SCDPH Staff
Not Sure
Change and Crisis Management
Continued discussion/mtgs with additional community members to enhance process
Continue community member involvement and perhaps involve as co-trainers in the future
More opportunities to work with the community partners - “Cultural Awareness?”
A program designed to teach how to effectively create surveys that are unbias
Appendix K
Assessment Methods Training Meeting Memory

MEETING MEMORY
MAPP BASED COMMUNITY ASSESSMENT TRAINING WORKSHOP
DAVENPORT INN
MAY 1 & 2, 2008
FACILITATED BY GRACE DUFFY, PUBLIC HEALTH FOUNDATION CONSULTANT

PRESENT – DAY 1
Kristy Bitterman – Community Partner
Thomas (Doug) Carter – Community Partner
Kari Coffey, Laboratory Assistant
Natasha Coulouris, Health Officer
Linda Dann, Personal & Preventive Health Services (PPHS) Supervisor
Debra Dudewicz, WIC Program Manager
Misti Frenzke, Environmental Health Specialist
Christina Harrington, Emergency Preparedness Director
Jayne Heringhausen, Community Resource Public Health Nurse
Bethany Jacques, Data Analyst (Information Systems)
Gail Klawuhn, Senior Public Health Nurse
Patricia Lamarr – Community Partner
Kathleen Meyer, Administration Services Director
Susan Olguin, Nutritionist
Cheryl Plettenberg, Treatment & Prevention Services (TAPS) Director
Brigid Richards, Senior Environmental Health Specialist
Patricia Ritter, Environmental Health Office Manager
Lynnette Royer, Programmer (Information Systems)
Dawn Shanafelt, PPHS Supervisor
Ethel Shaw – Community Partner
Tawnya Simon, PPHS Director
Pamela Smith, Saginaw Lead Hazard Control Program Manager
Wardene Talley – Community Partner
Tammy Theisen, Laboratory Services Director
Cindy Vanderlip, Administrative Assistant to Health Officer
Neill Varner, D.O., Medical Director
Jean Wackerle, Prevention/Treatment Coordinator
Bryant Wilke, Environmental Health Services Director
Inez Williams – Community Partner
John Winden, Communicable Disease Public Health Nurse

Coffee and Networking
Grace Duffy, PHF Consultant welcomed participants and gave a brief overview of the objectives for the training over the next two days. She encouraged all participants to mingle during breaks, lunch, gallery walks, etc. to learn more about each other.

Senior Management Vision
N. Coulouris, Health Officer, provided a brief explanation of the strategic planning process (MOD Squad) to date. She explained that consideration of a new Vision Priority, “We will achieve our prioritized health outcomes for Saginaw County” prompted senior management to question how SCDPH would identify and prioritize health outcomes pertinent to Saginaw County residents. Senior management intuitively felt that a lack of community health assessment data, due to cuts in state funding, was the principle barrier to determining appropriate health outcomes for prioritizing. When grant funding became available to plan and implement a Continuous Quality Improvement (CQI) project using NACCHO’s OpDef metrics,
SCDPH pursued the opportunity to conduct a self-assessment to determine if management’s suspicions were correct.

### NACCHO Assessment Process

N. Coulouris reviewed the self-assessment process undertaken by the Executive Team in December 2007, which in fact determined Essential Service I, Standard 1-C to be the most significant gap in capacity facing SCDPH. E-Team more specifically identified the lack of knowledge in community health assessment methods as the most critical issue to be addressed prior to commencing a MAPP assessment process. A Core CQI Team was selected to develop a plan for implementing training of E-Team, key staff and select community partners in assessment methods. To begin collecting data concerning the community’s health status, SCDPH partnered with the University of Michigan’s School of Public Health to gather information currently available from various sources to help jump-start the assessment process. A work plan and curriculum were developed by the Core CQI Team for training and a pre-test was administered to participants prior to this workshop. A post-test at the conclusion of the workshop will measure the success of improving the capacity to conduct a community health assessment.

### Gallery Walk of Previous Community Assessment – Introduce World Café

Results of Community Health Assessments (CHA) conducted in 1996 and 2000 were displayed on the walls around the training room. Participants were encouraged to view the information (much like an art gallery) during breaks to acquaint themselves with SCDPH efforts thus far. She encouraged participants to celebrate these accomplishments. G. Duffy explained the World Café concept and expressed hope that the free exchange of ideas associated with European cafés would result from this process. Participants were asked to share their general observations of the current status of the Saginaw Community, including the particular strengths of the community. This information was captured on flipcharts and displayed around the room.

### Observations

<table>
<thead>
<tr>
<th>Observations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging population</td>
<td>Decreasing population</td>
</tr>
<tr>
<td>Obesity</td>
<td>Economics</td>
</tr>
<tr>
<td>Demographics</td>
<td>Crime</td>
</tr>
<tr>
<td>Health disparity</td>
<td>Violence</td>
</tr>
<tr>
<td>School system</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>Youth</td>
<td>Resurgence of old diseases</td>
</tr>
<tr>
<td>Rising fuel costs</td>
<td>Increased community interest</td>
</tr>
<tr>
<td>Rising food costs</td>
<td>Increased enrollment-Saginaw health plan</td>
</tr>
<tr>
<td>Adequate housing-aging stock</td>
<td>Poor maternal health</td>
</tr>
<tr>
<td>Mortgage rates</td>
<td>Parental involvement</td>
</tr>
<tr>
<td>Increased unemployment</td>
<td>Increasing infant mortality</td>
</tr>
<tr>
<td>Blight- neglect</td>
<td>Transportation</td>
</tr>
<tr>
<td>Recreation</td>
<td>Pollution-environmental</td>
</tr>
<tr>
<td>Jobs for youth</td>
<td>Cost of medication</td>
</tr>
<tr>
<td>New diseases</td>
<td>Disparity/hopelessness</td>
</tr>
<tr>
<td>Access to health care</td>
<td>Diversity</td>
</tr>
<tr>
<td>Speak to the discrimination of support</td>
<td></td>
</tr>
</tbody>
</table>

### Strengths

<table>
<thead>
<tr>
<th>Strengths</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong health resources</td>
<td>Best tasting water</td>
</tr>
<tr>
<td>Faith-based community</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Law enforcement involvement</td>
<td>Good community blend</td>
</tr>
<tr>
<td>Parental support</td>
<td>Family Youth Initiative</td>
</tr>
<tr>
<td>Higher education-quality</td>
<td>Regional Lab</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>Lots of resources</td>
</tr>
<tr>
<td>Rich cultural environment</td>
<td>New jobs in new sectors</td>
</tr>
<tr>
<td>Responsive public</td>
<td>Top tourist destination (3rd in the state)</td>
</tr>
<tr>
<td>Media</td>
<td>Health, prevention – holistic program</td>
</tr>
</tbody>
</table>

### Overview of the MAPP Assessment Model
G. Duffy explained the four assessments that make up the MAPP model. While some were familiar with the concepts of MAPP, many were not. The group was asked to read the MAPP Field Guide for homework to familiarize themselves more with the four assessments. G. Duffy discussed the Ten Essential Public Health Services and suggested an “11th” – How do we structure our organization to meet the community’s needs?

**Data on the Existing Community Environment**

Preliminary (draft) results of the U-M “quick and dirty” health status assessment was included in the study materials provided. Since this information was not reviewed prior to the workshop, G. Duffy asked participants to review the document as homework prior to Day 2 activities. Hopefully, this data would inform the World Café discussions. G. Duffy explained the use of the Plan-Do-Check (or Study)-Act cycle for quality improvement.

**Brainstorming World Café – Relate existing community knowledge to 4 MAPP Assessment areas, data and populations**

Each table was covered with a festive tablecloth, flowers and snacks to create café ambience. Several pieces of flipchart paper was placed at each table, along with colored markers and Post-It note paper to capture ideas, and one or two plush balls to foster creative thinking and a spirit of fun. Each table considered one of six questions selected for discussion, printed on tent cards for easy reference. Free exchange of ideas was encouraged and ideas, questions and themes were jotted on the flipchart paper. After 20 to 30 minutes, one person from each table was selected to be the “host” and all others moved to other tables. The host briefed the new people at their table on what transpired before their arrival. Discussion then continued, with each person adding to the thoughts and themes, informed by previous table conversations. After three rounds of moving to different tables, all participants returned to their original table for a whole group conversation.

The questions considered for the World Café were:

1. **Community Themes and Strengths**: What is important to our community? How is quality of life perceived in our community? What assets do we have that can be used to improve community health?
2. **Local Public Health System**: What are the activities, competencies, and capacities of our local public health system? How are the Essential Services being provided to our community?
3. **Community Health Status**: How healthy are our residents? What does the health status of our community look like?
4. **Forces of Change**: What is occurring or might occur that affects the health of our community or the local public health system? What specific threats or opportunities are generated by these occurrences?
5. **Historical and Future Trends and Indicators**: What data do we have with which to quantitatively profile our existing community target areas? From where can we get data to anticipate and analyze future public health community issues? What indicators are appropriate for our community target areas to assess current programs and improvement opportunities?
6. **Priority Community Populations**: What priority community populations are our programs targeting now? What criteria do we use to identify priority community populations? How do we know these are the right ones?

If comments or themes emerged from discussion that were not pertinent to the particular question, but were important to capture, they were recorded on Post-It notes and placed on a flip chart for future discussion.

**Debrief of Major Table Findings**

**Gallery Walk**

The “host” of each table gave a synopsis of the discussion at each table.

**Affinity Activity**

Target impact areas, priorities and partners, and persons served

G. Duffy explained the use of affinity diagrams to group brainstorming ideas using common themes or subject matter. This is a relatively quick way to organize a large amount of information from individuals with diverse backgrounds and perspectives. Each table synopsized their World Café discussion points.
from the flip charts and recorded them on a Consolidation and Affinity Worksheet. (While not included here, the completed worksheets will be archived with other workshop materials.)

Adjourn

Day 1 workshop activities adjourned at 4:15 p.m.

MEETING MEMORY
MAPP BASED COMMUNITY ASSESSMENT TRAINING WORKSHOP
DAVENPORT INN

PRESENT – DAY 2
Kristy Bitterman – Community Partner
Thomas (Doug) Carter – Community Partner
Kari Coffey, Laboratory Assistant
Natasha Coulouris, Health Officer
Linda Dann, Personal & Preventive Health Services (PPHS) Supervisor
Debra Dudewicz, WIC Program Manager
Misti Frenzke, Environmental Health Specialist
Christina Harrington, Emergency Preparedness Director
Jayne Heringhausen, Community Resource Public Health Nurse
Bethany Jacques, Data Analyst (Information Systems)
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Tammy Theisen, Laboratory Services Director
Cindy Vanderlip, Administrative Assistant to Health Officer
Neill Varner, D.O., Medical Director
Jean Wackerle, Prevention/Treatment Coordinator
Bryant Wilke, Environmental Health Services Director
Inez Williams – Community Partner
John Winden, Communicable Disease Public Health Nurse

ABSENT – DAY 2
Susan Olguin, Nutritionist (Family Emergency)

Coffee and Review of Day 1
G. Duffy reviewed the progress made on Day 1 and again encouraged participants to do a “Gallery Walk” around the room to view the various flip charts, assessment progress, and improvement plans already developed. She reminded everyone to celebrate the accomplishments already made.

Orientation to 6 Step MAPP Process Structure.
Introduction of worksheets and tools from MAPP website.

Dr. Plettenberg provided a brief summary of previous community health assessments in Saginaw County. She explained some of the challenges encountered in conducting assessments and the importance of using facilitation that does not “impose the agency’s will” on the discussions with community members.

Table team “study hall” for process step activities
She explained the six steps required to conduct a MAPP-based community assessment:
1. Organize for Success/Partnership Development
2. Visioning
3. Identify Strategic Issues
4. The Four MAPP Assessments
5. How to Formulate Goals and Strategies
6. How Conduct the Action Cycle

Community Café #2
Visualize and create the assessment process.

The participants considered six new questions for the World Café on Day 2:
1. Organize for Success/Partnership Development. Why is a community assessment needed? Who might be part of the core committee, sub-process committees, process partners? What general outcomes should be evaluated? Who will do the work?
2. Visioning: Whose vision of the community is important? What does a healthy Saginaw County mean? How do you envision the local public health system in the next five or ten years? What values should provide the foundation upon which the vision is developed?
3. Four MAPP Assessments: How do we build a map of community assets? Whose perceptions are the most important for the sake of qualitative assessment? Who should be involved from the community and how do we involve them?
4. Identify Strategic Issues: How might factors identified in the assessments be addressed in order to achieve the vision? What are the consequences of not addressing community public health issues?
5. Formulate Goals and Strategies: What public health goals are “sacred” and which are up for modification depending upon the outcomes of a new community assessment? How do the goals and strategies of the SCDPH interact with the goals and strategies of other Saginaw County government organizations or major community partners?
6. The Action Cycle: What skills are most critical for members of the sub-team involved in overseeing MAPP assessment implementation and evaluation activities? Do these skills all exist within the current SCDPH team? Can they be recruited from sister departments? What information should SCDPH share with whom about the assessment planning, implementation and subsequent evaluation activities? Who needs to know what? What communication plans should we have in place before, during and after the actual assessment administration?

Participants again captured ideas, concerns, and themes on new flipchart paper placed at each table. (Flip chart material has not been recorded here, but will be archived with other materials developed for the workshop. Some concepts were expressed as art work as well as the written word.)

Debrief and Gallery Walk
The “host” from each table provided a synopsis of discussion concerning their assigned question. G. Duffy stated that the items captured on flipcharts could be recorded on Consolidation and Affinity Worksheets, such as those used on Day 1. The group discussed awareness of Maslow’s hierarchy of needs. It will be difficult to obtain information or cooperation from people whose basic needs (food, shelter) are not being met.

Cultural Understanding Dialogue
P. Lamarr, one of the community partners at the training requested some time to address cultural awareness in the assessment process. She stressed the importance of appropriate messages for the group being addressed (from those facilitating the assessment process, focus groups, etc.) Participants shared some ideas for being sensitive to our cultural differences such as:
- Kill ‘em with kindness
- Sincerity
- Look at ourselves first
- Create a “safe” place to talk

SCDPH staff and community partners expressed the positive experience of coming together for this training.

The group briefly discussed the preliminary health status report prepared by U-M. Areas of interest were briefly discussed.

### Build MAPP Assessment Milestones and Communication Plan

G. Duffy distributed Prosci’s Communication Checklist and a sample of a template for building a communication action plan. Participants identified World Café discussion from question/table #6 on the flipcharts as a good start for a communication plan.

This plan was captured from the flipcharts on World Café discussion about question #6.

1. Critical skills
   a) Awareness of MAPP process
   b) Skills in quantitative and qualitative data analysis
   c) Communication skills – active listening & facilitation skills, develop valid questions (unbiased, non-leading)
   d) Understanding/Awareness/Familiarity of community resources
   e) Publishing skills (communicate complex health issues in a simple way)

2. Do skills exist in SCDPH?
   a) In pockets, but not comprehensively (have individual skills, but not necessarily all skills)
   b) Skills exist in other organizations and within the community.

3. Can they be recruited?
   a) Yes! Faith-based organizations, Community-based organizations, universities, business, health care and human service organizations, schools, neighborhood and parenting groups, local governments, law enforcement, County Information Systems/Web design & graphic publishing

4. What info to share with whom?
   Who: - Every stakeholder (all Saginaw citizens), including media
         - Funding agencies
         - State and national partners
   What: - Purpose – why we need this
         - Vision and planning process

5. Communication plan:
   a) Before
      - Purpose
      - Process & design
      - Your role
      - History/context
      - Gaps
      - What we know & don’t know
      - Potential risks & barriers
      - What to expect as a result
      - Assurance we’re coming back – long term implications (health improvement)
      - What’s in it for me? (health & economic benefits)
      - Press kickoff
      - Who’s paying, involved, etc. (time expectations)
      - Acknowledge trust factor
   b) During
      - Regular progress updates
      - Necessary changes/adjustments
      - Consistency to build trust & validity
      - Make sure we get throughout county (rural)
      - Accurate records (user friendly take aways)
      - Immediate needs of partners (urgent action)
      - Additional resources (Do we have enough to see it through?)
      - Address partners & problem-solve
      - Grant writing!
• Share plan for unveiling data
  
c) After
• Final report that makes sense to people (they can understand)
• Unveil results with press conference, town halls, etc. in affirmative way
• Community celebration (recognize participants, thank yous)
• What next? (What specifically I/you can do.)
• Visible improvements (tie to 1996, 2000 CHAs)
• Identify problems/barriers and solutions
• Build sustainability to assure it’s a living strategy (tie in cost)
• Monitoring plan

Next Steps: To-dos, documentation, information for NACCHO final peer report, and storyboard.

The Core CQI Team will continue meeting to evaluate the results of the training post-test, compile the final report for NACCHO, and develop a storyboard of our experience. Since the MAPP process aligns closely with the SCDPH strategic plan to complete a community public health assessment by 2010, the E-Team and MOD Squad 4 will continue to move the process forward. Dr. Plettenberg stated that a workshop to learn how to develop appropriate questions for a CHA will be held in the next week and anyone in this group is invited to participate.

Post Test
A post-test was administered to all participants. Results will be evaluated by the Core CQI Team to measure the success of the CHA training.

Evaluation
Each workshop participant completed an evaluation of the facilitator. The group then evaluated the workshop as follows.

<table>
<thead>
<tr>
<th>+ (what went well)</th>
<th>Δ (what could have been better)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing</td>
<td>Finger gang 😊</td>
</tr>
<tr>
<td>We have seen the deficit</td>
<td>Number of binder pages (too many)</td>
</tr>
<tr>
<td>Community partners in room</td>
<td>Duplex handout pages</td>
</tr>
<tr>
<td>Open communication</td>
<td>Work on communication</td>
</tr>
<tr>
<td>Kept interest</td>
<td>Noise level in room</td>
</tr>
<tr>
<td>Facilitation</td>
<td>Overload by 10:30 am on day 2</td>
</tr>
<tr>
<td>Glad we didn’t see material before</td>
<td>See material ahead of time</td>
</tr>
<tr>
<td>Open communication</td>
<td>Would like to know how to word questions to</td>
</tr>
<tr>
<td>World Café</td>
<td>obtain valid data</td>
</tr>
<tr>
<td>Interaction</td>
<td>Don’t know how we will get it all done</td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Chocolate!</td>
<td></td>
</tr>
<tr>
<td>Facilities</td>
<td></td>
</tr>
<tr>
<td>Learning by Doing</td>
<td></td>
</tr>
<tr>
<td>Visuals</td>
<td></td>
</tr>
<tr>
<td>Comfort level in room</td>
<td></td>
</tr>
<tr>
<td>No suggestions were bad ideas</td>
<td></td>
</tr>
<tr>
<td>Things to play with</td>
<td></td>
</tr>
<tr>
<td>Balance between activity &amp; breaks</td>
<td></td>
</tr>
<tr>
<td>Allowed integration of cultural competency discussion</td>
<td></td>
</tr>
</tbody>
</table>

Adjourn
The meeting adjourned at 3:30 p.m.

Prepared by: Patricia Ritter
Appendix L
Assessment Methods Training Pictures

Picture 1: World Café Table

Picture 2: World Café Result

Picture 3: Assessment Training Participants
Appendix M
Storyboard

QUALITY IMPROVEMENT STORY BOARD

LHD Name: Saginaw County Department of Public Health
LHD Team Members:
   Natasha Coulouris – Health Officer, Chris Harrington – Emergency Preparedness Director, Cheryl Plettenberg – Substance Abuse Director, Patricia Ritter – Environmental Health Office Manager, Tamara Theisen – Laboratory Director
Location: Saginaw, MI     Size: 113 employees     Population Served: 210,000

Plan
Identify an opportunity and Plan for Improvement

1. Getting Started
SCDPH recognized a gap in its capacity to carry out the first of the three essential functions of public health as defined by the Institute of Medicine: assessment, assurance and policy development. Unfortunately, in the mid-nineties, the State of Michigan cut funding for the Community Health Assessment Initiative, which resulted in the loss of all SCDPH funding and staff positions to support this fundamental process. It is the current vision and goal of SCDPH leadership to implement the MAPP process to help accomplish our new vision priority of achieving our prioritized health outcomes for Saginaw County.

Mission: Our commitment is to protect and promote the public’s health and well-being.

Vision: To be a recognized leader providing health resources and quality services to our diverse community through innovation and dedication.

Vision Priorities:
- We will establish a customer-focused culture.
- We will be flexible in meeting our clients’ needs.
- We will utilize and upgrade technology.
- We will explore new ways to secure long-term funding.
- We will promote awareness of our department and our services in the community.
- We will partner with other community organizations.
- We will create an environment that values and respects employees.
- We will improve our internal communication.
- We will achieve our prioritized health outcomes for Saginaw County.
SCDPH leadership was supportive of the planned improvement and committed resources to this project.

2. Assemble the Team
The CQI Core Team was assembled with individuals based on the expertise and experience related to CQI and strategic planning. The selected team members: Health Officer, SCDPH strategic planning (a process that is referred to as MOD squad) co-facilitators, the Emergency Preparedness Director and the former Community Health Assessor.

Original AIM Statement

To conduct a Community Health Assessment utilizing the MAPP model.

3. Examine the Current Approach
Executive Management and the Core CQI team gathered together to complete the NACCHO local capacity assessment utilizing an on-line version. Upon completion, it was confirmed that Essential Service I, had the lowest score, and that this standard has the greatest potential impact on our department. From these results, Essential Service I, Standard I-C: *conduct or contribute expertise to periodic community health assessments* was selected as our QI project. SCDPH was focused on performing a Community Health Assessment.

![SCDPH Essential Service Total Scores](image-url)
During our PHF Consultant CQI training with Grace Duffy, the Executive Team and the Core CQI team participated in a brainstorming activity to identify both opportunities and challenges to performing periodic community health assessments. Affinity diagrams and fishbone diagrams were developed to help examine the current approach. These CQI tools helped us to realize this goal was too large of a task to complete within the time constraints of the pilot project. Therefore, we narrowed the scope for Standard I-C to fit the needs of our department and timeline for the grant.

Revised AIM Statement

By May 15, 2008 we will conduct staff training on assessment methods to increase appropriate knowledge of standards and processes for conducting a community health assessment.

4. Identify Potential Solutions

Based on the CQI tools used in evaluating the results from the survey, the group identified a shortage of staff with knowledge of community health assessment as a significant barrier. Four action steps were identified as potential solutions to achieve our AIM statement.

1. Develop training module (curriculum) and guide
2. Conduct training with knowledgeable instructor
3. Measure training conducted through pre- and post-test scores
4. Identify the PDCA cycle to be used as the basis for our report

The CQI Core Team scheduled a 2 day training session for the Executive Team, key staff members, and selected community partners on May 1 – 2, 2008.

5. Develop an Improvement Theory

- If SCDPH could train staff members to conduct a Community Health Assessment, then we could build our capacity to better provide Essential Service 1, Standard 1-C.
- If a curriculum was developed to train staff on conducting a Community Health Assessment, then the process could be sustained if key staff members left the agency.
- If a pre- and post-test were administered, then success of the training could be measured.
Do
Test the Theory for Improvement

6. Test the Theory
The Core Team developed a flow chart for the Assessment Training process. The E-team followed the pilot flowchart process during development of the Community Assessment workshop. The flowchart was improved as the pilot progressed. The final flowchart was formatted in an innovative circular fashion to reflect the iterative nature of the training process. The E-Team was solicited to identify key staff to receive assessment training. Training dates and facilities were selected. Funding was secured to supplement NACCHO grant monies to complete the training in tandem with a strengths based assessment to be completed for a specific SCDPH program. Dr. Plettenberg, the only SCDPH manager with practical experience in conducting community health assessment, developed the pre- and post-test to measure success of the training and worked closely with the PHF consultant to formulate the training curriculum.

A review of the training curriculum at a Core Team meeting identified that the training did not follow the MAPP assessment process. The curriculum was revised to align with MAPP, which in turn aligns with the current SCDPH strategic plan regarding community public health assessment.

On May 1 and 2, 2008, the E-Team, key staff, and community partners participated in the training to learn about assessment methods. Participants were asked to identify important community issues as well as community strengths. An introduction to Ten Essential Public Health Services, the four MAPP assessments (using NACCHO’s Field Guide), and the PDCA improvement cycle was presented. The group was divided into groups to participate in a “World Café” discussion to share ideas and develop common themes and possible plans for action. Post tests were administered to all participants.
7. Study the Results

By participating in the first NACCHO self-assessment pilot, SCDPH has taken a closer, more comprehensive look at our organization in reference to a standardized definition of services. The assessment as a whole is an exhaustive exercise. Having experienced the process once, our department will now better understand how to maximize the effectiveness of the dialog initiated as a result of the questions presented in the survey. We are encouraged by discussion at the NACCHO level that there is further research being done on survey delivery methods and software for analysis of results.

One major finding in engaging in the assessment process is the frustration arising from the issue of funded versus mandated programs. The assessment is non-judgmental when posing questions for comparison at the local level. There is no consideration whether characteristics or programs in question are funded or even supported by the economic or political environment of the local health department.
Some questions refer to operational definitions which are unfamiliar to some service areas. SCDPH is confident that continued use of this tool will encourage a common glossary of definitions and a closer coordination of services throughout the national public health community.

Results from pre- and post-tests of the 2 day training:

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>PRE-TEST RESULTS</th>
<th>POST-TEST RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Which of the following best describes the purposes of a Community Health Assessment?</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>Traditional health assessments have historically ignored which of the following components of the community?</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>The purpose of the core committee health assessment is to?</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>A strength based community assessment focuses on which of the following?</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>5</td>
<td>Which of the following best describes characteristics of an effective measure?</td>
<td>23</td>
<td>19</td>
</tr>
</tbody>
</table>
8. Standardize the Improvement or Develop New Theory
The Community Wide Public Health Assessment training process has increased the awareness of SCDPH in general about the need for even closer involvement with community partners, data and information sources available for research and analysis, and the importance of sharing information beyond the local community. The MAPP Roadmap is an excellent format for visualizing, planning and implementing a comprehensive community assessment. The language used to describe the 4 phases of the MAPP assessment process is clear. It ties together the internal needs of the health department with the strengths and needs of the community in which we serve. The data, both qualitative and quantitative, coming from conducting a MAPP based assessment provide a solid foundation for improvement efforts at the local and national level. SCDPH strongly supports the NACCHO initiative for a national accreditation process based on this self-assessment tool.

9. Establish Future Plans
SCDPH will continue the PDCA cycle to improve the curriculum and engage more staff in assessment methods. An additional survey will be administered approximately 6 weeks after the initial training to test the retention and comprehension of the material. We look forward to using this capacity building opportunity to help align us and our community partners with the MAPP process. That process will give us the tools to achieve our newest vision priority, “We will achieve our prioritized health outcomes for Saginaw County”.

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Assessment Methods Training Results

<table>
<thead>
<tr>
<th>Question Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>100%</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
<td>120%</td>
</tr>
<tr>
<td>Post-Test</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
<td>120%</td>
<td>120%</td>
</tr>
</tbody>
</table>

Act

Standardize the Improvement and Establish Future Plans
Appendix N
World Café Description

Through both our research and the decade of practice that followed its emergence, we have come to view the World Café as a conversational process based on a set of integrated design principles that reveal a deeper living network pattern through which we co-evolve our collective future.

As a conversational process, the World Café is an innovative yet simple methodology for hosting conversations about questions that matter. These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into the questions or issues that are most important in their life, work, or community. As a process, the World Café can evoke and make visible the collective intelligence of any group, thus increasing people's capacity for effective action in pursuit of common aims.

The integrated design principles have been distilled over the years as a guide to intentionally harnessing the power of conversation for business and social value. When used in combination, they provide useful guidance for anyone seeking creative ways to foster authentic dialogue in which the goal is thinking together and creating actionable knowledge.

As a living network pattern, the World Café refers to a living network of conversations that is continually co-evolving as we explore questions that matter with our family, friends, colleagues, and community. The metaphor of the "World as Café" helps us notice these invisible webs of dialogue and personal relationships that enable us to learn, create shared purpose, and shape life-affirming futures together.

In this sense, the World Café is also a growing global community of people, groups, organizations, and networks using World Café principles and processes to evoke collective intelligence and link it to effective action in pursuit of common aims.

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Source: www.theworldcafe.com