

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

2015-2016 Accreditation Support Initiative (ASI) for Local Health Departments

FINAL REPORT

Part 2: Narrative Report

1. **Community Description:** Briefly characterize the community (ies) served by your agency (location, population served, jurisdiction type, organization structure, etc.). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

Coos County is a small coastal county in southern Oregon with a population of approximately 62,475. The majority of residents is between the ages of 45 and 65, white, and has a high school-level education. The median household income in the county is \$37,940, 40% of residents live below 200% of the federal poverty level, and 22% of people under the age of 18 live below the poverty level. Unemployment is 11.4%.¹² Coos County ranked 33 out of 36 counties in Oregon for health outcomes³ and has a high need for increased public health work. Coos health & Wellness is made of four divisions: Behavioral Health, Health Promotion, an Administration and Finance and Public Health. The Public Health Division includes environmental health, WIC, a reproductive health clinic, home visiting, and a public health preparedness program.

2. **Project Overview:** Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed during the ASI project period and the key activities engaged in to achieve these accomplishments. This should result in a

¹ 2013 Community Health Assessment

² US Census Bureau, Quick Facts, 2014, <http://quickfacts.census.gov/qfd/states/41/41011.html>

³ <http://www.countyhealthrankings.org/>

narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

During the grant cycle, Coos Health & Wellness (CHW) Public Health (PH) Division Accreditation team worked to complete its first Workforce Development plan. This required multiple steps over the course of many months, beginning with a core competencies self assessment. The Accreditation team began by first introducing the concept of workforce development and preparing staff to take core competency surveys at the October general staff meeting. The core competency self-assessment surveys were distributed in November of 2015 via Survey Monkey, an online survey development company. Staff were split into three tiers; front line staff, program management and senior management. Each staff member was asked to take the self-assessment for their assigned tier in a timely manner.

Results of the self assessment were analyzed by the Accreditation team and gaps in training were identified. The results were presented to the staff at the February 2016 general staff meeting.

The Accreditation team also worked to complete the first draft of the Workforce Development Plan, which included identifying gaps in knowledge, barriers to success, training schedules, and goals. This plan includes strategies to address barriers and gaps in capacity and capabilities that CHW PH Division workforce faces. We have begun work to implement these strategies, although we are in the beginning phases. We scheduled and introduced a training to address a gap in Public Health Science Skills for all staff, which will take place in July of 2016. We have also begun work on developing and maintaining a more efficient and streamline orientation plan, which will allow us to address potential communication gaps within the PH Division.

Lastly, the PH Division began creating its wellness policies, as well as discussing future employee recognition program ideas and identifying wellness activities that were already taking place. New policies will come into effect in June 2016.

3. **Challenges:** Describe any challenges or barriers encountered as your agency worked to complete the selected deliverables. These can be challenges your agency may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities and completing your deliverables. If challenges were noted in your interim report, please **do** include them here as well. Please include both tangible (e.g., natural disaster, leadership change) and intangible (e.g., lack of staff engagement) challenges.

One of the challenges we faced during the ASI grant period was that our Accreditation Coordinator went on maternity leave. When she returned she resigned from the AC position to be able to fully concentrate on her position. The Accreditation Team was then composed of the AmeriCorps VISTA volunteer and the Public Health Administrator.

4. **Facilitators of Success:** Describe factors or strategies that helped to facilitate completion of your agency's work. These can be conditions at your agency that contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above. **Please include both tangible (e.g., influx of funds from another source) and intangible (e.g., staff or leadership engagement) facilitators.**

Facilitators of success for the completion of this accreditation work included the engagement of our leadership and the flexibility and adaptability in the use of funds. The Public Health Leadership team has been vital to the success of the implementation of our strategies to address gaps in capacity. They have also helped with facilitating employee buy in by being supportive of our accreditation efforts and working on related Quality Improvement Projects willingly. The adaptability of the use of the ASI grant funds allowed us to participate in three accreditation related trips and workshops that were unexpected and would not have been possible otherwise. The opportunities consisted of 1) Shadowing during the Clatsop County Accreditation Site Visit; 2) Attending a Workforce Development Training in Lane County; 3) Sending two staff to the Public Health Improvement Training in Baltimore in June. It also allowed us flexibility when we decided to postpone our application to PHAB to a later date and use the grant funds to further our work on Domain 8 instead.

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

The ASI grant allowed us to dedicate more time to accreditation preparedness. Furthermore, it helped us to fund the work of an AmeriCorps VISTA, who works full time on accreditation preparation activities and supports the leadership team in that manner. It also allowed us many opportunities to attend trainings that we otherwise would not have been able to attend.

Due to the ASI project, we were able to complete our workforce development plan, and begin implementation of two strategies to address gaps in our capacity and capabilities. We have also begun work on documentation collection, which ultimately better prepares us to apply for Accreditation in the winter of 2017.

6. **Lessons Learned:** Please describe your agency's overall lessons learned from participating in the ASI. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

If we could repeat the process, it would be very helpful to start with the WFD development training that was attended in Lane County, Oregon in April. This would have made the process easier and allowed the writing and organization of the plan to be more efficient.

7. **Funding Impact:** Describe the impact that this funding has had on your agency. How has this funding advanced your agency's accreditation readiness or quality improvement efforts?

The ASI funding relieved CHW Public Health programs contributions to PHAB preparation and offset the cost of the AmeriCorps VISTA volunteer and the Public Health Administrator time spent of Accreditation related activities.

8. **Next Steps and Sustainability:** What are your agency's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement? How will the work completed as part of the ASI be sustained moving forward?

Our next steps include continuing to prepare and develop the documentation we would like to submit to PHAB and applying for PHAB in the Winter of 2017. We will continue to involve the general staff and update them as we move forward. We will continue the use of QI Projects to increase effectiveness and efficiency.