

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

FINAL REPORT

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

The City of Greenfield contains 13 square miles in southwestern Milwaukee County and is home to approximately 37,159 residents. Eighty-nine percent of the population is Caucasian though the community is growing in diversity. This population is aging with a vast majority of residents age 55+ and nearly 21% of residents aged 65+ (in Wisconsin is only 14%). The median home value is \$179,000; 27% are educated with a bachelor's degree or higher; and the median household income is \$50,864.

2. **Project Overview:** Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed during the ASI project period and the key activities engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

This grant-period allowed our department to heavily focus on PHAB Documentation for 1.1.1 & 1.1.2 T/L regarding the Community Health Assessment process and writing. Significant accomplishments include establishing a community coalition focused on assessing and compiling health data as well as spearheading the improvement plan and process. This group, named Healthiest Greenfield Coalition, met on three separate occasions throughout the grant-period, working off the MAPP model to collect and review data and to stimulate inclusive discussion regarding community health priorities and health equity. An external facilitator presented at coalition meetings to have a neutral yet energetic voice behind this project. This is the first time the community has come together in this size and magnitude for the Community Health Assessment & Improvement process, so a great deal of effort was placed on effective communication and soliciting post-meeting feedback.

Meetings utilized PowerPoint presentation formats as well as large flip charts, sticky note contribution opportunities, data-at-a-glance posters and the Liberating Structure's 1-2-4-All activity. E-mails and e-newsletter formats were effective for a large group communication method and an online survey provider was utilized to solicit post-meeting feedback as well as priority health issue ranking comments. A scoring criterion was introduced to the coalition at-large and a smaller scoring committee met to prioritize data and community health issues. (This criterion was created as a combination of a variety of sources including the Hanlon Method, PEARL Test and Vilnius & Dandoy "A Priority Rating System for Public Health Programs".)

The deliverables produced as a result of this project and grant-period include an active list of partners and stakeholders engaged in the community health assessment and improvement process and meeting presentations filled with data from primary, secondary, traditional, non-traditional, quantitative and qualitative data sources.

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.

While we did feel the condensed timeframe of this project worked to our advantage by keeping coalition members actively engaged with a regular and frequent meeting schedule, it also did work against us, as we are a small staff with limited time and resources. In writing for this grant, we proposed that we would be able to have a solid Community Health Assessment draft completed and reviewed by external sources before the end of the project timeframe. Unfortunately, due to the challenges of staff time constraints, this was not able to happen. Additionally, training opportunities arose in the area of presenting data effectively, which aligned perfectly with the work of our focus area. Rather than work ahead and then back again to revise text, charts and graphs, we delayed some of the writing and held off completely on visuals for the CHA document itself, in order to attend the training and fully plan out how we will effectively communicate the health data and priority issues.

It was also in our plan to primarily have one staff member undertake the writing portion of the project. After working through the coalition and beginning the draft of the assessment document, it is recognized that it would be helpful to have additional assistance in the composition process.

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.**

Having a deliberate and time sensitive work plan from the beginning was a large contributor of success to this project. Being able to follow a plan that we previously set for ourselves helped keep us on track and ultimately has been very beneficial to keeping our coalition members engaged. Another facilitator of success was utilizing engaging activities during our CHA meetings. By seeking effective group-contribution activities, members could provide comments and

feedback in a variety of formats to suit each personality and learning style. It also was a nice break to our data heavy meetings in the beginning.

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 impact of the ASI5 project was significant in terms of our department's preparation for accreditation. Particularly, we were able to complete a CHA process and begin the CHIP while actively engaging partners and following PHAB guidelines for required documentation. The Healthiest Greenfield Coalition partners, who form the CHA team, are imperative to our department's success and to the improvement of our community's health. Because the active partnership engagement was nurtured with the ASI5 project, our department has also made measurable progress in Domain 4: Engage with the Community to Identify and Address Health Problems.

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.

The use of a consultant for facilitating the CHA meetings was well received and reviewed from our coalition members. With that said, it likely would have been *more* helpful for our internal process to have the consultant provide technical assistance in the areas of data gathering and documentation creation. These are activities that are intensive and time consuming; areas in which assistance would be helpful given our limited staff and resources. Particularly given that we would like to have another writer and contributor, preferably with some expertise, to finalizing our CHA document, we feel it is important to note this lesson learned.

Another piece of advice we would give is 'Don't be afraid to be aggressive with your work plan timeline, but be gracious to yourselves if it changes slightly.' Having a quick turnaround between meetings, short timeframes for data gathering and weeks heavily dedicated to solely this project were demanding but produced positive results. We also saw the benefit of this in our actively engaged partners, which is incredibly valuable to our department. Unfortunately, we weren't able to complete every piece of what we intended to, but we have justified delays and are still satisfied with the progress we have made. We held ourselves to the timeline as best as possible and reflect positively on the experience.

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?

This funding was extremely important to complete the work for our Community Health Assessment and spearhead our Community Health Improvement Plan. With the ASI funding resource, we have advanced our progress toward accreditation significantly in Domains 1 and 4 and have strengthened a deeper understanding of accreditation as well as buy-in of other staff members. We have been able to focus on producing quality work and deliberate documentation according to PHAB guidelines. Each staff member was engaged in the work-plan process, even if simply just informed of the progress, which has been a goal in our department's readiness initiatives.

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 department registered to PHAB in May with the intention of applying for accreditation within the next 12 months. We will be focusing on staff involvement in the documentation process and reviewing all of our programs and services to ensure quality improvement along the way. The work of the ASI has set the foundation for our CHIP and for our partners to work alongside us during the accreditation process.