

## 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.

Located in Southeast Michigan, Livingston County is still one of Michigan's fastest growing counties, recording a 15% growth in population between 2000 and 2010. The 187,316 residents (96.7% Caucasian) recorded in the 2015 Census are projected by the Southeast Michigan Council of Governments (SEMCOG) to grow to 214,000 by 2035. Livingston County is also the wealthiest county in the state of Michigan and 33.0% of residents have a Bachelor's degree or higher.

The county encompasses a land area of 585 square miles that includes a blend of suburban and rural settings. Notably, Livingston County has over 160 natural lakes. The county also is home to 20,000 acres of parkland located in 10 parks.

During the last 40 years, Livingston County has changed from a rural community to a suburban community. Between 1982 and 2008 the number of farms and acreage of land being farmed both decreased nearly 30%.

Located between Detroit and Lansing and between Ann Arbor and Flint, Livingston County benefits by being at the crossroads of commerce, as well as providing families looking for a more rural setting for residence with access to interstate highways. This is exemplified by the fact that less than one-half, 42.5%, of employed Livingston County residents work in Livingston County. The Livingston County Department of Public Health is a decentralized county health department that employs approximately 41 individuals (approximately 35 FTEs). It is led by the Director/Health Officer and consists of four main divisions: Emergency Preparedness, Environmental Health Services, Health Promotion, and Personal/Preventive Health Services. This department's mission is to protect, preserve, and promote the health and safety of the people of Livingston County.

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.

With this funding, LCDPH was able to prepare for and complete a comprehensive strategic planning process. This included a pre-retreat strategic planning process training series for all staff, a pre-retreat strategic planning process training for the local governing entity, and a full-



The National Connection for Local Public Health

day strategic planning retreat for all staff that was held off-site. As a result of completion of this deliverable, LCDPH staff and the local governing entity better understand the purpose of and how to use a strategic plan. Additionally, staff and the governing entity were actively involved in the creation of the strategic plan from start to finish, allowing for staff buy-in and ownership of the process and the plan.

Additionally, LCDPH created and finalized its very first agency strategic plan approved by leadership and the governing entity. As a result of completion of this deliverable, LCDPH has a tool (the strategic plan) to guide the department's work and bring structure and organization to its activities. Additionally, staff and the local governing entity better understand how and why the strategic plan, health improvement plan, performance management, and quality improvement plan work together now that they see all three on paper.

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.

Between the all-staff strategic planning retreat and the time set aside to work on the action plans, staff were concerned about having the time to create action plans for our strategic priority areas.

Additionally, during the pre-retreat training series for all staff, engagement in and enthusiasm for the process seemed to be lacking. As we finished the retreat and began the action planning session many staff became more engaged as they fully realized how much input they actually had in our activities and goals over the next five years.

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.

The time issue was remedied by blocking off time for all staff to come back together to work on the action plans in teams, which allowed us to finish the action plans in one sitting. Time seemed to be the constant barrier we encountered, but by incorporating the staff and local governing entity trainings into existing meetings and blocking off time for all staff for the retreat and action planning sessions we were able to alleviate concerns about trying to multitask to complete strategic planning activities along with daily responsibilities.



The National Connection for Local Public Health

Another facilitator of success was how we incorporated all staff into the creation of the strategic plan from start to finish. It created staff buy-in and ownership of the process and the plan.

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 directly contributed to our health department's progress towards applying for national accreditation by providing the funding needed to bring in an outside facilitator for our strategic planning process. This allowed all of our staff to participate instead of having some staff facilitate the process from start to finish. Additionally, the ASI provided structure to our approach and an additional set of tools to help us (NACCHO technical assistance, peer mentoring, and peer networking). Because of the ASI, we are able to apply!

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.

Our biggest lesson learned is to involve as many staff as is feasible in your strategic planning process from start to finish. By creating buy-in and ownership of the process and the plan, our staff engagement levels naturally increased, which will give us a better chance of successful implementation of the action plans. We also learned to not underestimate staff who are typically not vocal in group settings; they often become champions of the process when given the opportunity. We also learned to use staff time wisely to produce the best results and reduce staff stress. For us, this meant blocking off time specifically for the strategic planning process so that staff weren't trying to multitask. The pre-retreat trainings were especially helpful in preparing staff and the local governing entity for the process and outcome expectations. Lastly, securing an unbiased outside facilitator allowed all of our staff to participate in the strategic planning retreat, and the facilitator also provided some extra technical assistance hours as we finished writing the strategic plan. All of these things together made a recipe for success.

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?

As a result of this funding, we were able to create and finalize our agency strategic plan, which was the last piece of the puzzle needed for us to apply for national accreditation. It provided the



The National Connection for Local Public Health

means for us to plan our process so that it was comprehensive, which was important for us when creating our very first agency strategic plan.

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

We plan to apply to PHAB in May 2016, and we plan to continue implementing our community health improvement plan, strategic plan, quality improvement plan, performance management plan, and branding strategy. We also plan to continue identifying documentation of the standards and measures and we will begin to prepare for our site visit. The work completed as part of the ASI will be sustained moving forward as we begin implementation of the action plan in our strategic plan. This will involve as many staff as is feasible and we will provide annual updates to our local governing entity.