NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

2012-2013 Accreditation Support Initiative (ASI) for Large Metropolitan Local Health Departments

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your health department (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 Baltimore is located in central Maryland along the western shores of the Chesapeake Bay. Baltimore is the largest city by size and population in the state of Maryland, with a 2010 U.S. Census population of 620,961. The African-American population of Baltimore makes up 63.7% of the total population, while White Baltimoreans make up 29.6% of the total population. 4.2% of Baltimore's population is of Hispanic or Latino origin. Baltimore's median age is 34.4 years; 21.5% of the population is under 18, while 11.7% of the population is 65 or older.

Baltimore City is an independent jurisdiction, and not part of any county. For most governmental purposes under Maryland law, Baltimore City is treated as a county-level entity. The Mayor and the City Council form the head and backbone of Baltimore's government.

The Baltimore City Health Department (BCHD) is an executive department of the City. It is a tax-exempt, non-profit entity with an annual balanced budget that undergoes outside audit. BCHD is organized under the Commissioner of Health, a physician appointed by the City Mayor. Program operations are conducted by two divisions headed by Deputy Commissioners (Disease Control, and Health Promotion and Disease Prevention), each with numerous bureaus, offices, and service programs.

Certain specialized services and areas of concern are the responsibilities of four quasi-public agencies (Behavioral Health System Baltimore, Inc.; HealthCare Access Maryland, Inc.; Baltimore City Healthy Start, Inc.; and Baltimore Animal Rescue and Care, Inc.), which operate exclusively on behalf of the BCHD in the provision or coordination of direct services.

2. **Work Plan Overview**

*Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-July 2013 under the auspices of this grant, and the key activities you 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. *Note: Work with connector sites will be addressed in question #8.*

Community Health Assessment

We completed the Community Health Assessment in March 2013. The Community Health Assessment was built on data from the Neighborhood Health Profiles, the Community Health Survey, and Healthy Baltimore 2015. During the CHA process, we analyzed more recent data for the indicators in Healthy Baltimore 2015 and authored an updated report. We also compiled a list of assets and resources, such as schools, hospitals, and green spaces, that are available in the community. The CHA will be distributed to stakeholders in Fall 2013.

Community Health Improvement Plan

We completed the Community Health Improvement Plan in June and July of 2013. The Community Health Improvement Plan was built on Healthy Baltimore 2015, the Neighborhood Health Initiative, and the Maryland State Health Improvement Plan, and was guided by data in the Community Health Assessment. The CHIP incorporates a summary of existing citywide community health improvement efforts, such as the City's Cross-Agency Health Taskforce and the Health Improvement Planning Council. The CHIP will be distributed to stakeholders in Fall 2013.

Strategic Plan

BCHD's Strategic Plan is in its final drafts, and will be completed in August 2013. We contracted Maryland Nonprofits to assist with the strategic planning process. Maryland Nonprofits formed a strategic planning steering committee; conducted internal and external structured phone interviews; conducted 4 focus groups among internal staff, the Health Improvement Planning Council, community members, and BCHD clients; facilitated an all-day retreat for a cross-section of BCHD staff; and wrote the strategic plan draft. Maryland Nonprofits will develop a twelve-month implementation strategy for the strategic plan.

Document Management System

We have selected Project Director to handle document and project management needs. We arrived at this decision by: collecting data on document management systems in use at other local health departments; compiling a list of features from these systems; and performing a weighted analysis on the systems, using cost, ease of implementation, and suitability of features as weighting factors. Project Manager will be implemented for the accreditation team once the team has been selected.

3. **Challenges**

*Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please **do** include them here as well.*

The main challenge has been the time it takes to approve contracts through city processes, which require multiple reviews and approval by the City's Board of Estimates (BoE). Apart from a delay in receiving the final approved grant document between NACCHO and BCHD, these processes can also lead to delays in approving contracts for consultants and part-time employees.

To address this issue, we began preparing for the Strategic Planning process after it had been provisionally approved by the City's legal and audit departments, but before it was finally approved by the BoE; this saved about 1 month of time.

In addition, the Strategic Planning proposals we received exceeded our original budgeted amount. Fortunately, with NACCHO's flexibility, BCHD was able to reallocate funds intended to support personnel costs towards Strategic Planning to ensure that a comprehensive exercise, including implementation planning, was done.

Lastly, at the end of March 2013, BCHD had a staff change that required the reorientation of the project team mid-grant. The original project manager's duties were reassigned to several BCHD staff. The project hand-off went smoothly for the most part, although some smaller tasks, such as invoice processing, met with some delays during this time.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your work. These may be conditions at your organization that generally contributed to your successes, or specific actions you took that helped make your project successful or mitigated challenges described above.

First and foremost, there is a high level of leadership commitment and institutional dedication to the work being done toward accreditation. In addition, we had a dedicated team of staff and doctoral interns that participated fully in supporting this initiative.

The Community Health Assessment is built on a wealth of existing data that BCHD collects on a regular basis, such as the Neighborhood Health Profiles and the Community Health Survey. As such, the Community Health Assessment is a living document that can be updated as new data become available.

Much of the content of the Community Health Improvement Plan highlights areas where substantial work is already underway, reflecting an understanding of the needs and strengths that were outlined in the Community Health Assessment.

5. **Lessons Learned**

Please describe your overall lessons learned from participating in the ASI. These may be things you might do differently if you could repeat the process, or the kinds of advice you might give to other health departments who are pursuing similar types of funding opportunities or technical assistance activities.

Preparation for accreditation requires the input and involvement of a broad range of internal and external stakeholders. Other local health departments pursuing accreditation or similar opportunities should overinvest in staff capacity for coordination, documentation, and project management. Documenting processes is especially important, as many of PHAB's measures require documentation as proof that a process adheres to a specific standard. During this project, we learned that we needed to document certain aspects of our community meetings better - agendas, participant lists, and feedback, for example.

6. **Funding Impact**

Describe the impact that the ASI funding has had on your health department. In other words, thinking about the work you have done over the last eight months, how has this funding advanced your health department's accreditation readiness or quality improvement efforts?

BCHD has been able to convert the time and resources invested during this initiative into three documents – the Community Health Assessment, the Community Health Improvement Plan, and the Strategic Plan – that fulfill PHAB's prerequisites and put BCHD in position to apply for accreditation. More importantly, these documents will guide BCHD activities through the next five years. The Community Health Assessment identifies the areas of greatest need in Baltimore, and informs us where resources would be best applied. The Community Health Improvement Plan maps out what resources are available at BCHD and in the community, and how to best apply those resources to the needs at hand. The Strategic Plan provides the blueprints for adapting with the changing face of public health in Baltimore.

In addition, the implementation of Project Director will simplify the accreditation application and review process. Project Director has the features we need for document collection, archival, and publishing, and has added value in project management features that should prove useful beyond the accreditation process.

7. **Next Steps**

What are your health department's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

In the short term, we intend to share the Community Health Assessment and the Community Health Improvement Plan with community stakeholders, and perform a new Community Health Survey. Longer term, we intend to fully implement the Strategic Plan, formalize our quality improvement and performance measurement processes into a comprehensive QI/performance management plan, with the ultimate goal of applying for accreditation within 12 months.

8. **Working With Connector Sites**

Describe your health department's work with your connector site(s) during this initiative. Include the following:

- *How did you identify your connector site(s)?*
- *What type of TA or resources did you provide to the site(s)?*
- *How do you think this TA helped advance the site's accreditation readiness?*
- *What benefits did you experience?*
- *What challenges did you face?*

BCHD worked with the Anne Arundel County Health Department (AACHD), headquartered in Annapolis, MD. Anne Arundel County borders Baltimore City to the south; the proximity between organizations has promoted past collaboration. This pre-existing relationship, coupled with AACHD's own strategic planning efforts, made them a logical choice for our connector site.

We originally planned to provide technical assistance in strategic planning, by helping complete an environmental scan with internal and external stakeholders. In January, AACHD received its own funds to conduct strategic planning, and leadership there decided not to mix the two processes. We then offered quality improvement technical assistance. Our consultant for this project, Maryland Nonprofits, was to facilitate a training on different quality improvement models; lead a discussion on what model works best for AACHD, considering the efforts already in place; and provide a brief written summary that would serve as a draft for the performance management self-assessment required by PHAB (domain 9). However, due to scheduling issues, Maryland Nonprofits did not have the capacity to provide this type of technical assistance during the initiative's time frame.

After a series of discussions on AACHD's needs and Maryland Nonprofits' capacities, we determined that Maryland Nonprofits would assist AACHD in developing a longer-term change process for greater understanding, skills, policies and practices that promote cultural competency. Maryland Nonprofits held initial phone meetings with senior staff; helped develop a workgroup made up of staff from all sections of AACHD for training and applying cultural competency concepts; performed an assessment of AACHD's existing views on cultural competency; and arranged for two training sessions to be carried out in August and September.

Cultural competency speaks to several PHAB domains. The technical assistance provided by Maryland Nonprofits will bring AACHD's administrative and management capacity in line with the standards in Domain 11; however, the lessons learned will assist AACHD with standards in Domains 3, 6, 7, and 10, as well.