

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.

We serve all of Salt Lake County, which is made up of 16 cities, six townships, and an unincorporated area. The Population of Salt Lake County, in 2010 was 1,029,655. The Salt Lake County Health Department is part of Salt Lake County government, and has an Executive Director who reports to the Board of Health. The Department has 335 full time employees who work in one of the following divisions: Environmental health, Family Health, Medical office, Community Health and Administration.

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.

Developed a Community Health Improvement Plan. By building on the work to develop the Community Health Assessment we were able to determine 6 Public Health Priority Areas, and form workgroups of community collaborators to design and cooperatively work on do-able projects. The CHIP is the documentation of that process.

Implemented a MAPP process. To better administer and coordinate the work of the workgroups implemented a MAPP process. The key component of this process was the establishment of a Steering Committee. The MAPP Steering Committee is composed of community leaders, each representing different groups that are essential in serving the community.

Developed a Strategic Plan. The agency now has a Strategic plan. This plan will be used to guide future activities and decisions.

Implemented a QI Process. We implemented a QI process by training key staff, forming a QI Council and conducting QI projects. To date 6 have been completed and 12 more are planned or underway.

Implemented a City Liaison Program. Consistent with PHAB guidelines to collaborate with community partners, the Salt Lake County Health Department implemented a program where each

City or unincorporated Township is assigned a liaison to that municipality. The liaison is expected to meet the Mayor or other community leader and attend least one council meeting per quarter.

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 greatest challenge has been devoting the time necessary to conduct the variety of activities required, while maintaining a “normal” workflow. SLCoHD opted to conduct the activities in-house with existing staff, with no reliance on outside consultants. Instead, we recruited an excellent core of interns from surrounding Universities and gave them meaningful assignments.

Another challenge has been dealing with the enormity of the project, given we had never conducted a Comprehensive Community Health Assessment, or developed a Community Health Improvement plan. Finally, although we had Strategic Plans for individual programs, and have consistently identified agency goals and strategies (but not formally and in writing) we had not attempted to develop a written a Strategic Plan for the Department.

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.

The greatest facilitator of Success is the total and enthusiastic support of the Executive Director and the Department’s Deputy Director. Without that support, the effort was doomed to failure.

In addition to administrative support, we were fortunate to employ a cadre of excellent graduate students as interns. We provided them with meaningful tasks and they responded with enthusiasm and great creative energy.

Finally, we changed the language we were using. No longer were we doing these activities “for Accreditation” we were doing them because it was good business to do so, and we were starting to see positive results. We implemented a QI program because it made sense to try to improve our processes. We asked each division to identify a few in-house projects and we identified a few overarching department wide projects. In large part the activities have been embraced and the QI program is a becoming well established component of the Department. Similarly, we implemented the MAPP process because we learned from our collaborative work groups that some oversight and coordination is essential to overall success of our community’s efforts.

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.

There are several important lessons learned. Perhaps the most essential are as follows:

- It takes time. It takes time to plan, mobilize and implement. Depending on where your agency is at the beginning, the tasks can be daunting.
- There is interest in the community to work with other agencies on common goals. We found ethnic groups were partnering with special interest groups to work on Maternal and Child Health concerns, we also found insurance companies working with local schools to sponsor needed projects.
- Communication among various agencies is not always efficient. For example, although we found a high level of interest in the community to collaborate, we also found that they do not always talk to each other. For example; we found four collaborative efforts to combat obesity going on, all at the same school, and none of the groups knew of the others.
- The universities are great sources of energetic excellent workers, in total we were able to work with 10 interns from three universities. All were highly capable and willing to participate.
- Set limits; do not attempt to be totally comprehensive. There will always be “just one more group” we should look at or another public health issue that should be reviewed. For example, due to limitations of time we did not include persons with disabilities as a group, and we did not include uranium or other contaminated properties even though at one time this was a public health issue. These issues and others as they arise will be addressed in future updates.

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?

Without the NACHHO funding the accreditation efforts would probably have withered and died. We used some of the money to offset the costs of applying, as a large agency our cost was as high as the State of Utah’s, and we were reluctant to spend added monies from an already stretched budget. In addition we used the remainder of the funds to hire two of our outstanding interns. Without their efforts, progress would have been difficult. And finally, the funding and attendant deadlines provided the incentive to accelerate the process, as there was now a greater sense of urgency.

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?

The immediate next step is to complete the documentation process for the PHAB domains. In addition we will continue to pursue the efforts begun as part of our QI process, we will continue to work with the MAPP Process and work to establish the Steering committee and workgroups as sustainable functioning entities. An essential component of this effort is to encourage other agencies to assume leadership roles, with SLCoHD assuming more of a support role.

Once accreditation is achieved, we will begin work to build upon the current efforts for the next round. Most importantly we will revisit the National Public Health Performance Standards (NPHPS). We went through the process five years ago and plan to re-visit it during the second year of accreditation. This should show areas where we have improved and areas that require added work. This data will be used as we revise the Strategic Plan. In addition we will work to improve our Performance Management component through increased training on the Public Health Performance Management Framework tool (PMF).