

**Accreditation Preparation &  
Quality Improvement  
Demonstration Sites Project**

**Final Report**

**Prepared for NACCHO by the  
Greenwood County Health  
Department, KS**

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# **EAST CENTRAL KANSAS PUBLIC HEALTH COALITION**

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## **Brief Summary Statement**

This collaborative, a group of 8 counties in Kansas, works together to plan and prepare for public health emergencies, whether that be a natural disaster or man made disaster. It carries the name of East Central Kansas Public Health Coalition, and is comprised of eight counties: Chase, Coffey, Franklin, Greenwood, Lyon, Morris, Osage and Wabaunsee. Lyon County Health Department is geographically in the center of this region and serves as the fiscal agent for the collaborative. Population and square mileage of each county are included in the table below.

County	Population	Square mileage	FTE's
Chase	3,070	778	3.5
Coffey	8,701	655	6.7
Franklin	26,513	577	9.47
Greenwood	7,067	1,153	4.5
Lyon	35,609	855	27.6
Morris	6,049	703	5.3
Osage	16,958	719	9
Wabaunsee	6,919	800	2.75

Common themes that emerged from using the NACCHO LHD Self-Assessment Tool for Accreditation Program included gaps in knowledge for Community Health Assessment and Use of Data. The collaborative developed a strategic plan to address both of these knowledge and skill deficits.

### Project summary:

The East Central Kansas Public Health Coalition (ECKPHC), in response to receiving funding from NACCHO for Accreditation Preparation and Quality Improvement Demonstration Sites Project, initiated the project by each county individually completing its own assessment of readiness for accreditation using the Operational Definition Prototype Metrics Assessment Tool.

ECKPHC then identified a targeted plan based on the collective assessment results from the Assessment Tool. The coalition selected Standards I-C, Conduct or Contribute Expertise to Periodic Community Health Assessments and I-E, Data Analysis to address through a collaborative effort. These were selected because they were factors that were common to all of us in the sense of having a high score. It was determined that the scope of the two standards was quite

broad and for the purposes of the grant requirements the focus would need to be narrowed.

A planning process was undertaken that included review of the selected priority areas and identification of the strengths and challenges of addressing each indicator under the chosen Standards. Prioritization of the indicators was accomplished by each person ranking the indicators under the two selected standards on a scale of 1 to 5 with 5 being the highest score. It was decided based on the discussion and the rankings, to address the top three indicators under each standard. For each of the 6 indicators selected, the group determined what the goal would be for building capacity for the specific indicator and identified the impact at both the local (county level) and for the coalition. A plan was developed to address the refined topic areas.

The group discussed the mechanism they would use to formally collaborate to implement their plan and also how they would address working together on future areas of mutual interest and need.

They determined that the best scenario would be to build on the existing service agreement and to develop a general collaborative agreement to be signed by a representative from each county's Board of Health and County Clerks. The current service agreement was written in December of 2005 and only encompassed bioterrorism preparedness activities. For all counties other than Morris, the Board of County Commissioners serves as the Board of Health whereas in Morris County the Board of Directors of Morris County Hospital has been designated as the Board of Health. The consensus was that the Boards of Health would be willing to consider amending the current agreement to address other topic areas across the region that would increase the capacity of each health department to perform the essential services and move toward accreditation. A revised agreement was developed and reviewed by select county counsellors. The agreement was then finalized and routed among all Boards of Health for approval and signature. Details on the process are outlined below.

## **Background**

A little about Greenwood County: Greenwood County has the largest land mass of the 8 counties. The major economic base of Greenwood County revolves around agricultural products including but not limited to the growing of crops and the production of livestock. Associated agricultural industries include commercial livestock feeding operations, grain storage, livestock feed and processing, agricultural chemical suppliers, and the sales of and service of farm and ranch equipment.

The production of crude oil, natural gas, and electricity are significant contributors to the economy of Greenwood County. We have a local critical access hospital

which includes a home health agency, along with a long term nursing facility and an assisted living facility. We have two main highways running east and west; highway 54 which runs through Eureka and highway 400 which runs through the southern part of the county. The county seat is Eureka and is governed by a Board of Commissioners.

The coalition has a strong history of collaboration through their Public Health Preparedness (PHP) efforts and has a good working relationship. Prior to PHP the agencies did not know each other well nor did they formally work together as a region although Lyon County did provide WIC services for Chase and Coffey counties, both of which became members of ECKPHC when it was formed in 2002. In the past, Lyon County contracted with various counties now part of the region for Environmental Health and Healthy Start Home Visitor Services. Although, this doesn't necessarily relate to Greenwood County, it is an example of one kind of collaborative activity already undertaken in the region. As part of the development of the coalition, a Regional Public Health Preparedness Coordinator was hired to serve the region. In addition to the PHP activities, the Information Technology staff person for Lyon County serves as a resource to the rest of the region as needed. Lyon County has been designated the fiscal entity for the PHP efforts; however, the coalition plans the budget as a group. They hold monthly meetings with a formal agenda.

A Regional PHP agreement was signed by a commissioner and county clerk from each county in 2003. The original agreement allowed for public health emergency preparedness (formerly known as bioterrorism) activities and resource sharing between the 8 counties.

The coalition saw this NACCHO project as an opportunity to move the health departments toward accreditation working on capacity building as a region. It was recognized that it would be very difficult for smaller health departments to build capacity on an individual basis thus having a potentially slim chance for accreditation. However, this project offered the coalition another opportunity to work together and through the results of the assessment identify areas they could work on collaboratively to build capacity across the entire region. This project offered the coalition an opportunity to use the economy of scale to address gaps in capacity.

ECKPHC has worked collaboratively on a range of projects related in Public Health Preparedness, including development of Standard Operating Guides, regional table top exercises, sharing information on communicable disease surveillance and follow-up, training, equipment and supply purchases, and sharing a Regional Coordinator for PHP. In 2007 the region applied for and received Lead States in Public Health Quality Improvement, Multi-State Learning Collaborative funding to initiate a Continuous Quality Improvement project (CQI). With this funding the region received CQI training and utilized CQI processes to identify service delivery gaps related to maternal and child health. From this

process lack of standardization in testing and treatment for Sexually Transmitted Infections (STI) was identified for a process improvement activity. From this activity the following were accomplished: 1) Training for regional partners; 2) Development of standardized protocols; 3) Regional brochure on availability of STI services. These shared work activities have strengthened relationships among the coalition members resulting in frequent networking and support of one another's programming needs.

### **Challenges**

The Greenwood County local health department and County Commissioners view the formation of the ECKPHC as a positive partnership opportunity. The coalition has strong leadership from within and is able to obtain information from each of the partners at the regularly scheduled monthly meetings. The formation of the East Central Kansas Public Health Coalition has been money well spent. Each of the LHD Administrators is available to assist regional partners as needed.

One long standing gap in Greenwood County is the lack of services for teen pregnancy prevention or family planning, which has resulted in a teen pregnancy rate for the county that is unacceptably high. This service gap is created by limited family planning funding available through the Kansas Department of Health and Environment and the reluctance of the Board of County Commissioners to assume financial responsibility for this service. The health department administrator continues to seek funding to develop a teen pregnancy prevention program and believes that the work that the collaborative completed on STI testing and treatment is a positive contribution to begin filling this gap in service delivery.

Other services provided: Immunizations, WIC, school /day-care entry physical assessments, Kan-Be-Healthy assessments, disease investigation, lead testing and investigation, public health emergency preparedness, school health services, fluoride varnish applications, healthy start home visits, and day-care surveys.

### **Goals and Objectives**

These goals and objectives were developed by the coalition through the process described below. More detail on the goals and objectives, as well as completion dates, is included in the Strategic Plan included as Attachment 2.

**Goal I:** Standardized regional knowledge regarding selecting a CHA tool and implementation of a CHA process.

**Objective I-1:** By (DATE) identify and provide training to selected management and staff in the East Central Kansas Public Health Coalition on how to select and implement a Community Health Assessment.

**Goal II:** Identify common data to collect and a process for collection, analysis, integration and data sharing.

**Objective II-1:** By (DATE), identify program data categories and additional data needs to build consistent programming and data capacity across the region.

**Objective II-2:** By (DATE), develop written protocols, processes, and procedures for data gathering, analysis and integration/sharing. (Replicate or adapt any that are currently available and can be used across the region.)

**Self-Assessment**

The assessment for Greenwood County was completed mostly by the Administrator. Jon Anderson, RN, Public Health Capacity Development Manager with The Kansas Department of Health and Environment, assisted in the process. Mr. Anderson, a field liaison between local health departments and KDHE assisted the Administrator with looking at projects and work completed by the local health department from a neutral perspective. Mr. Anderson also participated in the assessment process as a reference for the upcoming state level assessment. Aside from that, the Administrator and the Administrative Assistant completed the assessment. It took approximately 16 cumulative hours and another 4 hours to submit the results with the majority of that 4 hours stemming from the evaluation of the assessment process.

ECKPHC benefited from the aggregation of assessment results for the collaborative group provided by the NACCHO software. During discussion of results during ECKPHC meetings, each county was open about individual county results in comparing them with aggregate results for the coalition. Due to the extensive work done in the past by the coalition, a high level of trust exists, resulting in a willingness to share individual county strengths and weaknesses. The group discussed results initially and then used the services of a consultant to narrow down the areas of focus and to develop a plan. The methodology for that work is described in Attachment I.

**Highlights from Self-Assessment Results**

Standard/ Indicator #	Standard and Significance
I-C	Conduct or Contribute Expertise to Periodic Community Health Assessments: The aggregate scores for all indicators under this standard related to community health assessment fell below 2.0. This standard was selected as a focus for the collaborative planning process.
I-E	Data Analysis: The aggregate scores for all indicators under this standard related to data analysis, trending, comparison to other

	jurisdictions, state, and nation, and sharing data fell below 2.0. This standard was selected as a focus for the collaborative planning process.
<i>II-B #4</i>	<i>Health Education—LHD conducts routine programs to protect the public from vaccine preventable diseases, such as pneumonia and influenza ( One Greenwood performed well on)</i>

**Collaboration Mechanism**

The coalition agreed to use the same format as the existing PHP Service Agreement. Language changes were made to make it appropriate to this project and future capacity building efforts to move the region toward accreditation. Charters were also discussed as possible options for further defining the efforts of specific capacity building activities. The original agreement on which the revision was based had extensive legal review prior to finalization in 2003. The proposed revisions were reviewed by county counselors for Coffey, Lyon, Osage and Wabaunsee prior to submission to Boards of Health for approval. Prior to the receipt of the agreement in Greenwood County, the document had been sufficiently reviewed by four county counselors and was submitted directly to the Greenwood County Board of Health for approval.

Significant discussion and review among coalition members occurred prior to consensus and finalization. Because of the past history of the group, no barriers were encountered in revising the service agreement. Obtaining the required signatures from eight governing bodies was a challenge but was accomplished by developing a timeline for scheduling and routing.

Accountability was assured through description of responsibility for funding, identification of equipment ownership, and assignment of personnel responsibility to Lyon County as the fiscal agent. This process for revising and finalizing the agreement was accomplished through regular monthly meetings facilitated by the Regional PHP Coordinator and a coalition member who was using this work as her capstone project for the Kansas Public Health Leadership Institute. The willingness of each coalition member to participate and fulfil assigned responsibilities ensured success.

**Results**

Because the revised service agreement is amending the formal mechanism under which the coalition has been working since 2003, the revision serves to broaden the scope of work of the coalition in preparation for accreditation and other capacity issues. The revision formalizes previous and current work of the coalition as exemplified by the initiative funded by the Multi-State Learning Collaborative (MLC) described above. In 2009 the region will consider applying for a new MLC grant opportunity that addresses community health assessment knowledge and skills. Successful completion of the work outlined in the Strategic

Plan developed under this project will strengthen the capacity of all local health departments as they move toward readiness for public health accreditation.

An unanticipated benefit of the project was the opportunity for each county to contribute by individual assessments that cumulatively formed the regional assessment results without bias of population, geography, or infrastructure. The opportunity for each county to determine its own process for the individual county assessment was very helpful because of the variation in staff resources represented among coalition members. The financial support of the grant allowed each county to move forward individually and collectively without the need to utilize existing budgetary resources. The on-line completion of the document and the aggregation of results by the NACCHO-supported software were tremendously beneficial. Another benefit was having data-driven confirmation of areas of strength as well as gaps.

### **Lessons Learned**

Local health departments planning a collaborative effort should consider establishing and maintaining a regular meeting schedule with a high level of commitment by all for regular attendance. In addition, the assignment of someone to facilitate the process, including setting agenda, running the meeting, and completing meeting minutes is essential. For ECKPHC this role is fulfilled by the Regional Public Health Preparedness Coordinator. Meetings must include regular, substantive agenda items with relevance to the day to day work roles of public health, for example sharing information about recent communicable disease episodes.

By signing the collaborative process agreement, it is felt to have provided an opportunity to further educate the Board of Health on health department activities and also to realize the need to formalize activities already undertaken.

### **Next Steps**

All members of ECKPHC recognize the challenge for small health departments to meet all of the standards for public health accreditation and that working together and building shared capacity will be essential in helping each member county prepare for and achieve accreditation. As a collaborative, ECKPHC is committed to completing its Strategic Plan developed under this grant, which will result in increased capacity in the Essential Services where gaps existed across the region. Following completion, it would be beneficial to have an opportunity to utilize the assessment again to re-evaluate the individual and collective level of preparedness in order to identify additional gaps that need to be addressed.

As a part of the collaborative workgroup, Greenwood County will research some of the community health assessment tools and will be an equally participating

member. Greenwood County Health Department will reach out to community partners to further work to be undertaken on a Community Health Assessment.

### **Conclusions**

The importance of strong capacity in the area of community health assessment was underscored for members of ECKPHC as the accreditation readiness assessment tool was completed. Although the community health assessment is one component of the ten essential services, our perspective is that it is foundational to all of the others. This perspective was a driving factor in the coalition's selection of strengthening capacity in this area as the first goal in its strategic plan.

Although public health accreditation is scheduled to be voluntary, this grant opportunity focused the coalition on the readiness assessment, and members recognize that in the press of daily work, moving forward on this assessment became a priority because of the grant and its timelines.