

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 Cincinnati Health Department established in 1826 is celebrating 190 years of serving Cincinnatians. The Department was established as a political subdivision of the State of Ohio and conducts a broad range of regulatory, educational and service activities to protect and promote the public health.

The Department is the third largest health department in Ohio, with a \$48,000,000 budget.

We are more than 400 staff: Sanitarians, nutritionists, lead experts, epidemiologists, social

workers, board certified physicians, nurses, epidemiologists, nurse practitioners, dentists, community outreach workers and environmental scientists.

The Department services a population of 296,000; 48 percent African American, 50 percent Caucasian and 2 percent other races. Cincinnati has the third highest poverty rate in the nation with a neighborhood life expectancy ranging 66 years to 88 years.

The Department Divisions' are:

- Community Health and Environmental Services
 - Food Safety
 - Health Impact Assessments
 - Healthy Homes
 - Vital Records
 - PEAP (Employee Assistance Program)
 - Childhood Lead Poisoning Prevention and Control
 - Creating Healthy Communities Coalition
 - Waste Unit
- Maternal & Infant Health
 - Women, Infants & Children
 - Maternal/Child Home Health
 - Reproductive Health and Wellness Program
 - First Steps & Infant Vitality and Surveillance Network
 - In-Home Nursing services
- Population Health and Clinical Services
 - Federally Qualified Community Health Centers

- OB-Gyn Services, pap smears, reproductive health education life planning
- Pharmacy
- Family, Pediatric and Adult Medicine
- Behavioral Health
- STI, Laboratory Testing
- Dental
- Center for Public Health Preparedness
 - Communicable Disease Prevention and Control
 - Safety and Risk Assessment
- School & Adolescent Health

The department is the public health and medical consultant for the Cincinnati Public School system. We provide nurses and have eleven school based health services – including dental and vision services.

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.

Because of the NACCHO Accreditation funding support, The Cincinnati Health Department was able to increase the hours that the Accreditation Coordinator (AC) could commit to leading the organization towards PHAB Accreditation readiness. The AC successfully recruited 9 members to serve on the comprehensive quality improvement council (CoQI). The 9 members attended specialized PHAB standards QI trainings provided by Ohio State. The training included obtaining skills to complete a Road Map to QI Culture assessment which provided the organization with information regarding where the organization is a whole is in terms of QI knowledge and readiness. But of inconsistencies throughout the organization, the department decided to start at PHASE 1: No Knowledge of QI. The CoQI council scheduled monthly meetings, identified potential QI projects and has drafted a formal QI plan that is referred to in the organization's strategic plan which was also able to be supported because of the funding. We tried to maximize the outcomes generated with the funding. While the funding would support our attempts to become QI ready, some of the same efforts for getting the organization QI ready could also be leveraged to get the strategic planning process started. We were able to successfully plan, schedule, and complete a series of eight strategic planning and a community engagement event to successfully produce the organization's strategic plan. By completing the strategic plan which was approved for

adoption by the Board of Health, we had successfully completed all requirements to apply for Accreditation which was submitted May 2016. By the end of the funding period, CHD has completed both the Strategic and QI plans.

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.

The challenges most often experience were related to the leadership responses to the required processes for completing the strategic and QI plan. At times, because of what seemed to be limited understanding and consistent value placed on required Accreditation work and process, it felt very difficult and I wondered if my organization would be able to complete the processes. But, because the funding included cost for me to obtain trainings and annual NACCHO meetings, I was better equipped to use implement strategies to reestablish proper leadership “buy in” and appropriately respond to effective keep the organization making steps towards accreditation readiness. When strategic planning processes seemed stalled, I could focus on QI plan development activities and vis versa. Since the strategic planning and QI council were mostly different groups of people, by working on both simultaneously during the funding period, I was able to maintain motivation and momentum towards Accreditation Readiness. Although we currently going through leadership change, the accreditation process continues to move forward.

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.

In addition to receiving the NACCHO funding, we were granted funding from another source that would provide the expenses needed for certain PHAB required community engagement events. By strategizing to make the two funding sources activities to build upon and support one another, our agency was able to keep momentum with accreditation readiness. The Ohio Minority Health funded community engagement events required for the CHA/CHIP plans/processes. In addition, a community leader with over 25 years of organizational leadership and strategic planning experience volunteered to offer coaching for me, accreditation coordinator, during the strategic planning series. All of these accreditation supports worked together to support our health department in accomplishing all of PHAB’s pre-application requirements.

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 provided the funding for the AC and QI council to be trained. The funding provided the opportunity for the AC be allowed to commit more time to focus on Accreditation task. As a result of the funding CHD has a written strategic plan, written QI plan, and has formally submitted our PHAB application.

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.

I think that if it is possible, get the leadership to take the PHAB online training as early as possible. The online required PHAB training could help the agency's leadership to have better understanding, value, and more consistent leadership support towards the PHAB required Accreditation activities and processes. When the leadership has very minimal knowledge regarding PHAB Accreditation, there is an increased chance of unintentional neglect or lack of adequate support for accreditation activities which could sabotage the agency of obtaining accreditation.

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?

CHD has completed both a QI plan and Strategic Plan which made it possible for CHD to meet PHAB requirements to apply for Accreditation by June 2016 as desired and planned.

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?

CHD has applied for accreditation and plans to continue the accreditation process for documentation selection, submission, site visit readiness etc. required to receive PHAB Accreditation.

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

CHD's strategic plan and QI plan includes the details needed to help the organization achieve and maintain accreditation readiness and sustainability.