

2013-2014 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.

With its beginning in 1934, The Davis County Health Department is the oldest established local public health department in Utah. Approximately 120 employees serve more than 322,000 county residents. Davis County is a young population where White, non-Hispanics make up more than 90% of the population.

Davis County is a narrow strip of land along Utah's Wasatch Front comprised of 15 cities. It is a suburban community just north of Salt Lake City and south of Weber County/Ogden. To the west is the Great Salt Lake and to the east is the Wasatch Mountain Range. By total land area, Davis County is the smallest county in Utah, with 223 square miles of usable land. Davis County is considered a bedroom community because of the proportion of the population that commutes to work in surrounding counties. Davis County's central location provides excellent access to housing, transportation, education, employment, healthcare facilities, entertainment, and recreation.

The Davis County Board of Health is responsible for guiding and developing policy, adopting public health regulations, officiating at public hearings, and appointing the local health officer. Board members include a county commissioner, a mayor, healthcare providers, a school district representative, and other community leaders. The number of board members ranges from 9-12.

2. **Project Overview**

Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed between January 2014-May 2014 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.

In January 2014, the Davis County Health Department (DCHD) received funding to complete the county's first ever community health improvement plan (CHIP) and to pay part of the PHAB accreditation application fees. A letter of intent was submitted to PHAB notifying them of our agency's intent to submit application prior to May 31, 2014 to be assessed using PHAB Standards and Measures Version 1.0.

DCHD completed the CHIP in February 2014. Davis County now has a formal community-wide CHIP to address the county's four priority health issues: suicide, obesity, access to behavioral health services, and air quality. The CHIP was presented to the Board of Health which provided a letter of support for the plan. The CHIP was shared with the community through a news release, Facebook post, and added to the DCHD website. The CHIP was presented to elected officials and other

groups during their regularly scheduled meetings. A CHIP Kick-off and celebration event was held to acknowledge and thank community partners who contributed to the community health improvement process and plan.

During the grant period several DCHD staff helped develop and participated in a state-wide accreditation workshop. DCHD representatives were part of a panel of presenters who provided accreditation lessons learned from various perspectives. DCHD staff also facilitated discussion on community engagement and quality improvement and performance management.

Prior to being able to submit a complete application to PHAB DCHD also finished the department strategic plan and obtained a letter of support from the board of health. The application was submitted and PHAB has accepted the application.

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.*

NA

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 department has made a commitment to advancing public health quality and performance in Davis County. The newly organized Performance Improvement staff includes four individuals who are responsible for accreditation, community outreach, quality improvement, performance management, workforce development, employee wellness, and other department wide improvement initiatives.

5. **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.

Completing, sharing, and implementing a CHIP can involve unpredictable expenses. Our department has new responsibilities as the backbone agency for community-wide health improvement processes which include monitoring and supporting the CHIP and its four community

action groups. In this role funding is helpful to meet identified needs such as building capacity for successful community engagement; training of leaders; bringing necessary evidence-based training to the county; sending representatives to receive training outside the county, web development and applications for community education campaigns and sharing resources; branding and incentives; and internships.

6. **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?

In addition to funding performance improvement staff time, these funds provided an opportunity for our department to widely promote the newly developed CHIP and gave us the ability to print and distribute copies of the plan to our many partners and stakeholders. We held a CHIP celebration event to thank and acknowledge community partners who contributed to the development of the CHIP. Funding also supported CHIP implementation as we were able to pay for a community volunteer to be trained as an instructor for an evidence-based suicide prevention program. Using funds to pay for a portion of PHAB accreditation fees allowed us to pay in one installment, easing the financial burden over the next five years.

7. **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?

Over the next 12-24 months the department will continue to work towards becoming an accredited local health department by sending two staff to PHAB's accreditation coordinator training. After that staff will begin uploading documents into ePHAB.

Performance improvement staff positions have recently been added to the organization and are dedicated to working on improving quality and performance within the department. The department has aligned resources and staff to be able to coordinate, support, and monitor CHIP implementation. DCHD will document action taken to implement strategies to improve health including how the plan is implemented, progress toward reaching short and long-term objectives, and any changes or updates that are needed to the plan.

The Quality Council is a driving force in department-wide performance management and quality improvement efforts. They will be identifying performance measures to include in the department performance management system and will help develop the department performance management/quality improvement plan.