

## 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.*

**Fresno County** is located in the Central Valley of California, south of Stockton and north of Bakersfield. Fresno County is the sixth largest county in California. One of the fastest growing and most diverse populations in California, the County's population has grown at a rate nearly twice that of California. In 2010, its estimated population was 930,450; with more than half living in a single metropolitan area and the rest of the county's population located within rural cities and in unincorporated areas. The estimated 2010 population distribution was: 50.3% Hispanic, 32.7% White (non-Hispanic), 9.6% Asian, 5.3%, African American, 1.7% American Indian/Alaska Native, and .02% Native Hawaiian and other Pacific Islander. Nearly 42% of the County population speaks a primary language other than English at home. Local Hispanic culture is varied, originating from Mexico and Central and South America. The County is home to the second largest U.S. Hmong population with approximately 32,000 Hmong in residence. Smaller numbers of Cambodians, Vietnamese and Laotians also reside in the County. The 2011 median household income was estimated at \$46,903 compared to \$52,762 nationally. More than twenty-three percent of the County's population lives below the poverty line compared to 14.3% nationally. Fresno County was ranked 46 out of 57 California counties in the 2013 Robert Wood Johnson County Health Rankings which was strongly impacted by social and economic factors and the physical environment. Fresno County is designated as a Health Professional Shortage Area in primary care. Almost 16% of individuals in Fresno County are estimated to have no health insurance; and an estimated 30.5% of residents receive Medi-Cal and other public benefits. The Fresno County Department of Public Health (FCDPH) has 464 employees and provides core public health, environmental health and emergency response programs.

#### 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.*

The focus of the funding in Fresno County was the development of a pilot electronic Performance Management and Quality Improvement (PMQI) system facilitated by the Central Valley Health Policy Institute (CVHPI). The performance management self-assessment informed two in-person introductory trainings on April 5<sup>th</sup> and April 17<sup>th</sup>. The April 5<sup>th</sup> training included senior managers and the Merced connector site. The April 17<sup>th</sup> training included all Department supervisors and the

Madera connector site. Both of these trainings included a grant overview and project orientation and an introduction to performance management. Senior managers updated the Department Strategic Aims. Staff was given a tool to begin brainstorming the division aims, goals and measures that would populate the PMQI system. After the initial two trainings, the Office of Policy, Planning, and Communication and the Public Health Nursing Division were taken through an intense process of four working group meetings each to develop performance management aims, goals, and measures that support the Department Strategic Aims. This promoted Department continuity and helped the division PMQI teams better understand the division role within the department.

To demonstrate new knowledge acquisition, a pre and posttest were conducted at the beginning and end of the orientation trainings. The results of the pre and posttest in Fresno showed an average of 4.96 correct answers on the pretest compared to 6.88 correct answers on the posttest. These results were derived from 25 tests and are statistically significant at a 95% confidence level. See attachment *FCDPH PMQI Training Pre and Post Survey Results*.

Additional deliverables demonstrated progress in developing the Community Health Assessment (CHA). Phase one of the CHA was completed through a Community Transformation Grant awarded in October 2011. It includes community demographics, environment and health behaviors data, morbidity data and mortality data. In addition, a Community Coalition of workgroups met regularly to complete policy scans for tobacco free living, healthy eating healthy and safe physical environments, and quality clinical preventative services.

### 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.*

Over the course of the grant period, the principle challenge was scheduling within the short timeframe. Communication and flexibility among CVHPI, FCDPH staff and connector staff facilitated significant progress for all three health departments in a short period of 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.*

The success of this grant relied on support and commitment for department leadership. From the first training, the Fresno, Madera, and Merced Public Health Directors participated and engaged with staff. It set the precedent for prioritizing Public Health Accreditation initiated by the successful development of a pilot PMQI system.

Originally, we planned to conduct a mix of in-person and web-based trainings and meetings; however, as we progressed, we learned that the face-to-face interaction facilitated more meaningful results. For example, while working with the Public Health Nursing Division, members

of the team discovered the depth and breadth of their colleagues' work, the common goals within the division, and how collaborative efforts could be maximized in the future. Web-based trainings would not have yielded the quality outcomes that were realized with the in-person interaction.

The FCDPH staff commitment to come prepared to the trainings and working sessions significantly contributed to the success of the grant. Assigned homework was completed in advance and teams met between sessions with the contractors to maximize progress.

## 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.*

As mentioned previously, we learned that the interpersonal interaction yielded meaningful results.

While PMQI is critical to the future success of the department and eventually would increase efficiency and effectiveness, we acknowledged from the beginning that PMQI is indeed additional unplanned work in the short term. We provided staff the space to share their feelings and concerns. This process was positively received by all.

## 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?*

ASI funding has significantly impacted the progress of Fresno, Madera and Merced counties towards accreditation readiness. PMQI is foundational for accomplishing standards that can be measured and documented and will impact our ability to accomplish the goals for all 12 PHAB domains. The grant from NACCHO initiated the successful partnership between CVHPI and FCDPH for PMQI development in Central Valley counties. California Department of Public Health's Office of Quality Performance and Accreditation is anticipating additional funding for the CVHPI to continue facilitating the development of the FCDPH PMQI system as well as working with Madera, Merced, Tulare and San Joaquin Counties.

## 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?*

Over the next six to nine months, FCDPH will complete the intensive process of developing and populating the PMQI system with the remaining five divisions. Over the course of the next two years, divisions will test measures, refine targets, add additional goals and measures, and utilize data to inform decision-making for quality improvement.

The CHA will be finalized in the next three months as well as a plan established to update the data

regularly (interval is yet to be determined). Initial meetings are being planned in Fresno County for the development of the Community Health Implementation Plan.

## 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?*

Both of the selected connector sites (Madera and Merced counties), including Fresno county and five other county health departments comprise the San Joaquin Valley Public Health Consortium, a forum for County Public Health Directors, Health Officers and invited members to collaborate and exchange ideas and information and to develop regional strategies for addressing regional public health issues faced by the counties and region. Madera and Merced counties were the closest match in regards to accreditation readiness compared to FCDPH and were very interested in participating. The Connector Site health department directors and accreditation coordinators to attend the introductory meetings on April 5<sup>th</sup> and April 17<sup>th</sup>. CVHPI went to Merced on July 16<sup>th</sup> and Madera on July 18<sup>th</sup> to provide a similar introductory training to connector site staff and returned to Merced and Madera on July 23<sup>rd</sup> to lead working sessions. In Merced, the goal was to revise department aims and draft branch aims. In Madera, the goal was to revise cluster aims and develop cluster goals and measures.

To demonstrate new knowledge acquisition, a pre and posttest were conducted at the beginning and end of the first training. The results of the pre and post tests in Merced showed an average of 4.6 correct answers on the pretest compared to 7.2 correct answers on the post test. These results were derived from 10 tests and are statistically significant at a 95% confidence level. The results of the pre and posttests in Madera showed an average of 4.125 correct answers on the pretest compared to 7.5 correct answers on the posttest. These results were derived from 8 tests and are statistically significant at a 95% confidence level. See attachment *FCDPH PMQI Training Pre and Post Survey Results*.

In addition to the training staff, the FCDPH accreditation coordinator attended all of the connector site trainings and working group meetings. This was invaluable to the staff in Madera and Merced as the accreditation coordinator was able to provide first-hand knowledge and feedback to connector site staff.

The training and technical assistance provided to Madera and Merced counties allowed both of these sites to move forward with their accreditation readiness. In addition, since Fresno, Madera, and Merced are taking the same approach to performance management, they can better assist each other in the future and be able to transfer knowledge and lessons learned between departments.