

Comprehensive Evaluation Report for 2009

prepared by



for the

*Missouri Institute for Community Health
(MICH)*

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Executive Summary

The Missouri Institute for Community Health (MICH) facilitates dialogue among health care providers, the private sector, community colleges, universities, health and human service associations, and state and local government. The mission is to facilitate and promote excellence in community systems for health and quality of life. This report describes a comprehensive evaluation carried out through 2008 for MICH. The evaluation approach described in this report is one that will lead not only to improved decision making, but an understanding of what works within the local health department. The evaluands for this report are the MLC-3 Mini-Collaborative Project, Voluntary Accreditation Program, Site Reviewer Program, and the Feedback Report. MICH and other stakeholders established two cohorts of mini-collaboratives with local health departments with a three-year focus on institutionalizing quality improvement and establishing a supportive climate for these agencies to go through the accreditation process. In addition, a process evaluation was carried out with two of the leaders of the MLC-3 to determine strengths, opportunities for improvement, and reasons for adjustment in strategy and prior goals. The Voluntary Accreditation Program (VAP) Evaluation consisted of two online surveys and one phone interview administered 1 year after accreditation was achieved. An important addition to this years' evaluation is a question about the LHD intent to apply for national accreditation. An analysis of all Feedback Reports from 2009 was conducted to determine the themes most prominently cited. Finally, this report includes recommendations for the Board and MICH Staff with special emphasis on the future of the accreditation program given the national accreditation program becoming available in 2011.

Section 1. Introduction, Background, and Components of this Evaluation

Mission of the Missouri Institute for Community Health

The Missouri Institute for Community Health (MICH) is a broad-based entity that facilitates dialogue among health care providers, the private sector, community colleges, universities, health and human service associations, and state and local government. Our mission is to facilitate and promote excellence in community systems for health and quality of life.

The Missouri Institute of Community Health (MICH) was selected as the nonprofit agency to administer this program. A Board of Directors leads this organization with representatives from local health departments (LHD), public health agencies, community organizations, professional associations, state agencies, and colleges and universities comprising the Advisory Council. The Accreditation Council under the auspices of MICH includes local public health agency representatives: 1 MICH Board Member, 1 Academician, 2 MICH Advisory Council Members, and 1 State Health Department Representative. This body further defined accreditation standards and refined the accreditation tools and process.

Components of this Evaluation

The evaluation approach designed for MICH is one that will lead not only to improved decision making about the programs (evaluand¹), but an understanding of what works within LHD of Missouri. All evaluations are based on observation, primary data collection, and interviews with key stakeholders (MICH staff, consultants), staff and leadership of Local Health Departments. The evaluands for this report are the:

- Second MLC-3 Mini-Collaborative Project Stakeholder Survey
- Readiness for Quality Improvement Interview Results
- Voluntary Accreditation Program (VAP) – Phase 1, 2, and 3
- Site Reviewer Program for the VAP
- Thematic Analysis of the Feedback Report
- Recommendations

¹ An evaluand is whatever is being evaluated, person, product, program, service, etc. Scriven, M. (1991). Evaluation Thesaurus. Newbury Park, CA: Sage Publications.

Section 2. Evaluation of the MLC-3 Mini-Collaborative Project

In 2008, The Missouri Institute for Community Health, in partnership with the Missouri Department of Health and Senior Services, St. Louis University's Heartland Centers for Workforce Preparedness and Missouri Association for Local Public Health Agencies, established mini-collaboratives of LHD focusing on institutionalizing quality improvement and establishing a supportive climate for these agencies to go through the accreditation process. The 12 mini-collaboratives (Figure 1) will remain together for three years (until 2011). These LHD will act as change agents: sharing their quality tools and projects with other LHDs in their geographic region and providing a foundation for system change in Missouri. Formative, impact and outcome evaluation will be used with all collaboratives and participants as appropriate.

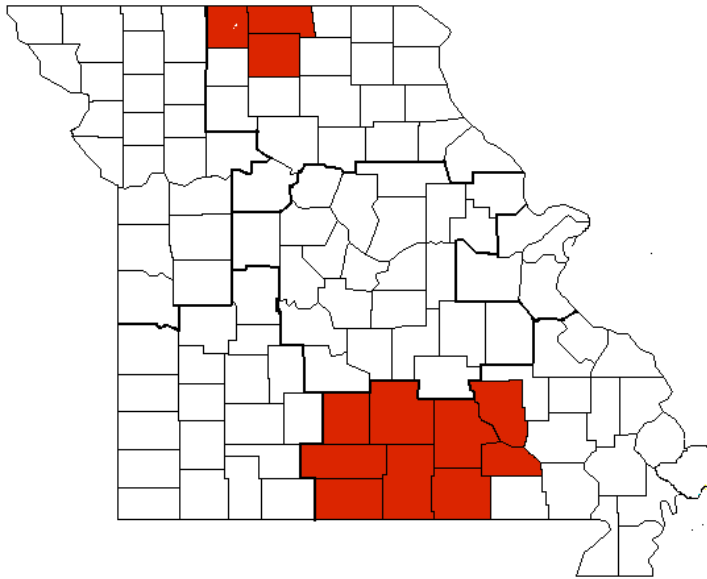


Figure 1.

Key Stakeholder Evaluation of the MLC-3 Mini-Collaborative

In January 2010, two staff members (stakeholders) who most closely direct the activities of the MLC-3 and who work most closely with the LHD were asked to complete a second short survey about their reflections and progress in Year 2 of the mini-collaborative. Questions asked were in a Likert scale and open-ended format as follows:

1. Based on a current assessment and on a scale of 1 to 5, how well is the MLC-3 Project with the LHDs progressing according to stated goals and objectives? A "1" indicates the project is experiencing nothing but challenges and is not progressing according to stated goals and objectives; A "5" indicates the project is everything it was planned to be and more. One stakeholder gave a "3". Supporting statements for this score are:

- *We had to modify our original plan twice.*
- *We needed more input from stakeholders initially.*

- *Sometimes the needs of the agencies appeared to be contrary to the goals of the grant.*

2. Only considering experiences since the last evaluation, what are three "environmental constructs" that have hindered the project? Examples of this are lack of prior knowledge (i.e., "if I'd only known..."); knowledge, attitudes, awareness, capacity of the LHD; adequate technology, appropriate guidance from funder, etc.

- *H1N1 and life happens were more pronounced than I realized.*
- *I think our reports were not specific enough to the funders to capture the good things and the "big picture"*
- *They are just now understanding the projects and why we stayed with the 12 agencies.*

3. The collaboratives completed a balanced scorecard project. How are the LHD different after that experience? What was the main challenge? How are they better off now (as an organization) now that they have a scorecard?

- *The LHDs started to think in terms of goals and measures and realized the value of the balanced scorecard to use for funding requests. It is their first attempt at performance management and as such, was quite exceptional.*

4. In the beginning the focus was on a collaborative project between the 12 LHDs. Since that time, a shift has occurred to allow LHDs to focus on their individual QI projects. In what ways will the past separate activities reach the same end as a true "collaborative" with one join activity?

- *Because we went with existing collaboratives, we are not always aware of what they are doing as a group. An example is the intranet which is a tool for communicating ideas about projects and QI tools. They keep merging into a collaborative even though they may be working on separate projects.*

5. *Other Comments:*

Working with existing groups altered this project considerably. We did not have the normal group formation issues. Instead, we had to demonstrate our worth to the groups. It is a very interactive and productive experience.

Use of the Balanced Scorecard

Part of the MLC-3 Activities was completing a balanced scorecard. The scorecards were then presented to the DHSS. A state representative was asked the value of these cards for their work. They stated that "some DHSS programs have used balanced scorecards in tracking of outcomes. It seems that the balanced scorecard project assisted agencies in collaborating and in the case of Region G doing some strategic planning on a regional basis and preparing for accreditation."

Although the balanced scorecards have not been used past the pilot project, it benefited DHSS to the extent that it built local capacity and assisted in preparation for accreditation.

Readiness for Quality Improvement Interview Results

To understand the readiness for a quality improvement cultural change, the 12 mini-collaboratives were interviewed in August 2010. The purpose of the evaluation was to (a) understand how the Local Health Departments (LHD) in the MLC-3 are progressing and (b) collect information on quality improvement (QI) and how that diffuses across the LHD through time. The tool used for this interview is based on the Community Readiness Model² (Appendix A). Terms used in the instrument and in the interview are:

“The MLC-3 has been extremely gratifying and has generated much energy and teamwork” - one MLC-3 respondent

- Quality Improvement can be defined as "a multidisciplinary, systems-focused, data-driven method of understanding and improving the efficiency, effectiveness, and reliability of public health processes and practices."³ Readiness for QI is ranked on a scale (stages) from 1 (no awareness) to 9 (complete department ownership).
- Community in this case is the Local Health Department (“department”) and to some extent the public they serve (e.g., physical environment, culture, policies, financial health, norms, history, personnel, etc.).
- Dimensions of readiness (e.g., effort, leadership, knowledge, etc.) are key factors that influence department and community’s preparedness to take action on an issue. In this case, QI. The six dimensions identified and measured in the Community Readiness Model are very comprehensive in nature. They are an excellent tool for diagnosing community’s needs and for developing strategies that meet those needs.

In this interview, each respondent was asked to select one stage under each time period. Our findings in this preliminary study are presented in Figure 2. Ratings were collected on three time periods

1. historically (creation of the LHD in the community until about 10 years prior)
2. before MLC-3 (10 years in the past, but before MLC-3)
3. after (after beginning MLC-3 project).

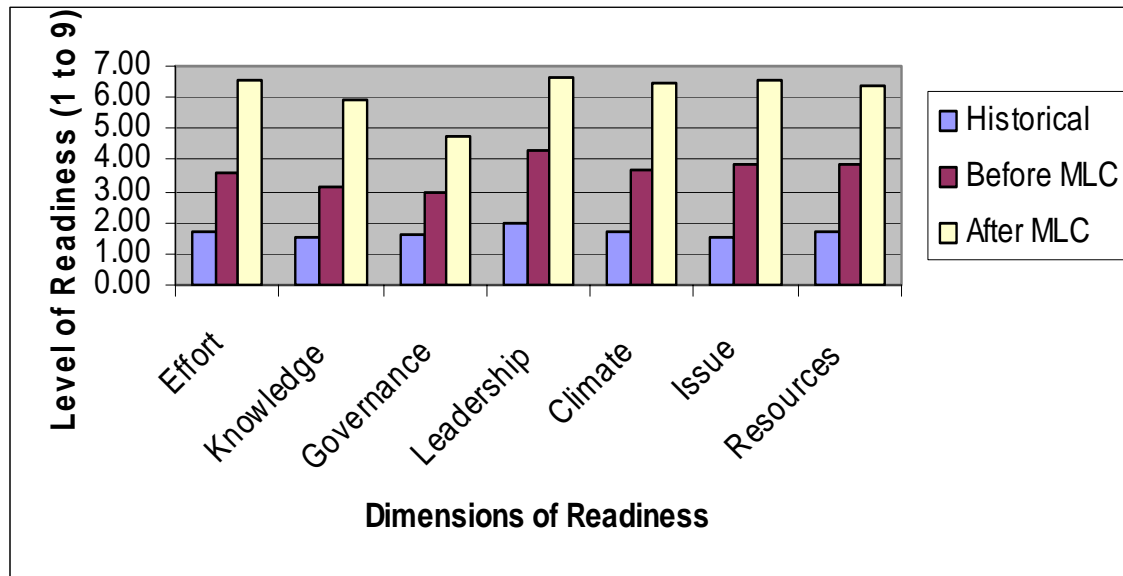
Each LHD administrator was asked a series of questions to understand their level of readiness for each dimension. The figure shows a consistent increase in readiness through time. During the

² Colorado State University. Community Readiness Model. Available path: <http://www.triethniccenter.colostate.edu/communityreadiness.shtml>. Retrieved July 21, 2009.

³ Rand Corporation. Quality Improvement: Implications for Public Health Preparedness. Available path: http://www.naccho.org/topics/infrastructure/accreditation/resources/upload/RAND_TR316.pdf. Retrieved on July 21, 2009.

MLC-3 project, all LHD were provided technical assistant, education, and training about quality improvement tools and strategies. This preliminary study allows us to understand how a larger study could be conducted to understand readiness issues on a larger scale and inform the national discussion about quality improvement.

Figure 2. Historical, Before, and after MLC-3 Scores for Dimensions of Readiness.



Without exception, all the comments were positive regarding MLC-3 being a productive activity for these LHD. Many commented that the storyboards were a very productive exercise in that “it allowed focus on one problem or issue in the department at a time and now we can apply it to other problems”. The storyboard project was given a rating of 4.5 (1 = not successful to 5 = most successful). A few selected comments from the interviews are:

- *Our efforts are now more systematic, instead of programmatic.*
- *QI isn’t viewed as a “managerial” tool or merely a contractual obligation anymore. It belongs to everyone.*
- *Our processes aren’t so “random” or “willy-nilly” now. We have more intention.*
- *QI activities always made staff feel “put upon”...now they are engaged and see its benefits.*
- *QA used to be the priority and now that’s shifted to QI, which is more productive.*
- *The best part is that all staff feel engaged instead of just administration. Our staff meetings are so organized and productive now. We don’t “jump around” so much...*
- *We used to think...”why go looking for problems?” That was the mindset many years ago...now, we know it must be a part of the job and we encourage employees to make public the things that aren’t working. We even have it on the agenda.*
- *Storyboards allow us to apply QI to a small problem in the department and see change.*
- *“We’re already doing that” --doesn’t work anymore. Now we document and are able to use what we do to see if it’s effective.*

- *Governing Boards are a little slower in embracing QI (e.g., age, public health experience, education level). They are supportive of anything we do just as long as the finances are healthy. What is the responsibility of the GB in the support and participation in QI?*
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Section 3. Process, Impact and Outcome Evaluation of the Voluntary Accreditation Program (VAP) – Phase 1, 2, and 3

The LHD Accreditation Program

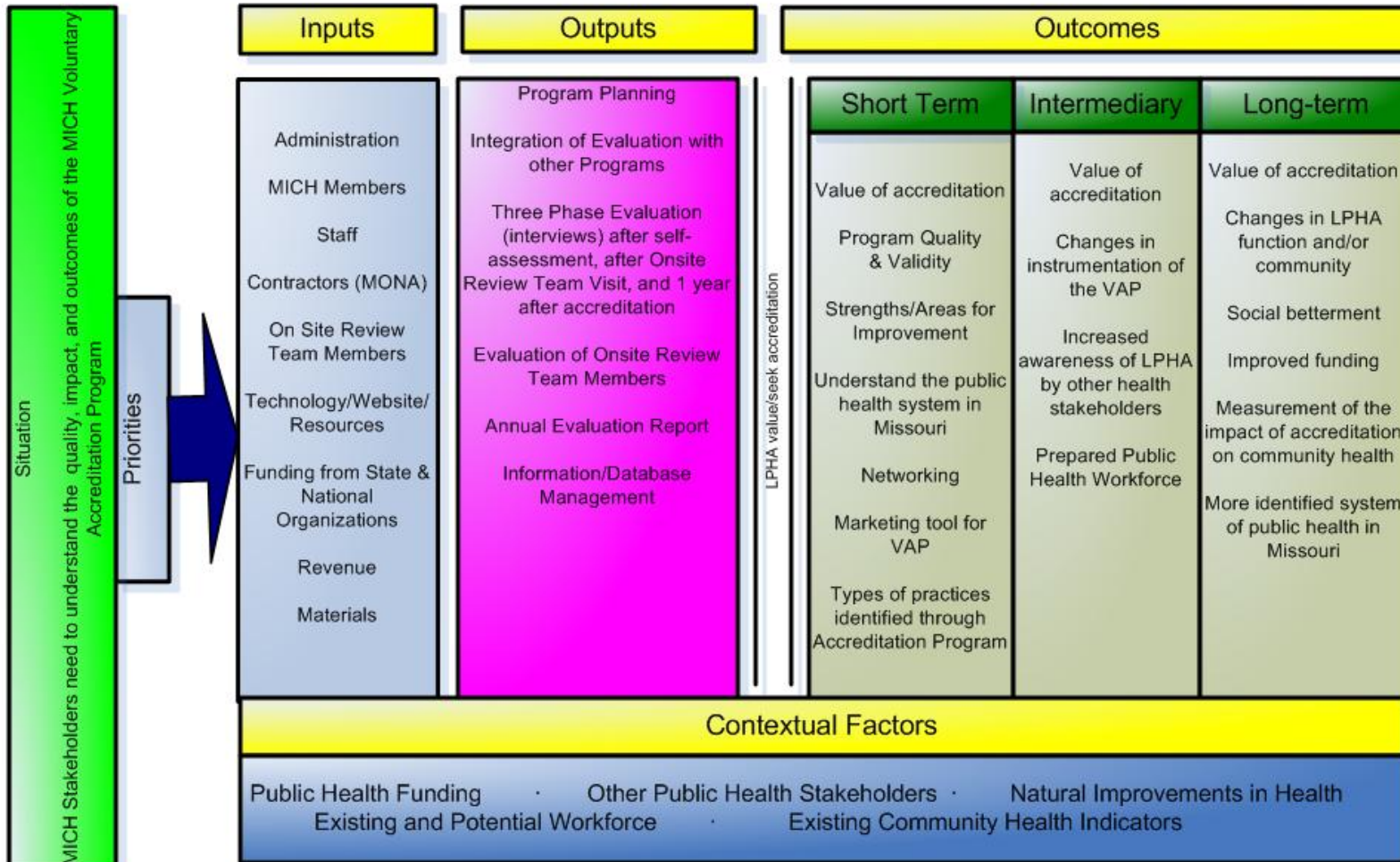
Accreditation is a credential given to an agency or institution that meets a defined set of standards. Society requires increased accountability and collaboration from public and private sector organizations in today's world of limited resources. For institutions such as hospitals, schools, home health agencies, universities, etc., accreditation standards are well established. Voluntary accreditation for public health agencies can assist in establishing credibility among public and private partners and provide accountability to the public. Standards will establish recognizable quality markers, and validate and support the use of public and private funding for the public health system.

Since the mid-1990's, members of Missouri's public health system worked together to define the appropriate role of governmental public health and the core capacity that needs to be in place to improve the health of Missourians. A task force composed of local public health agency administrators, representatives from the Missouri Department of Health and Senior Services, county commissions, and local Boards of Trustees reviewed accreditation at the state and national levels. They developed the Missouri Voluntary Local Public Health Accreditation Model, issued in 2001. The model defines three types of accreditation (primary, advanced, comprehensive) to choose from, for agencies of different size and capacity.

The accreditation program not only acts as an evaluation of the performance, but also has a built-in evaluation of MICH as an organization at every phase. The findings from this evaluation include how MICH can improve this program to how LHDs can better utilize the self-assessment process to improve their departments. This report provides MICH the direction to facilitate organizational and programmatic improvements that will positively benefit the public health infrastructure in Missouri. The evaluation program benefits MICH, the LPHA, and the Missouri public health infrastructure in many ways, but most importantly, provides a mechanism to collect practices for the Missouri Effective Practices Project (MEPP). A logic model was developed for the evaluation of MICH Accreditation Program as noted in Figure 3.



Missouri Institute for Community Health Evaluation of Accreditation - Logic Model



The MICH Evaluation of the LHD Accreditation Program examines two levels, process and impact. The LPHA who has participated in this program has told MICH that changes occurred almost immediately after reading the accreditation manual and before their onsite visit (for example, staff sought more education and training, policies were changed, staff morale improved, etc.). Because of this, a three-phase evaluation was designed to capture those changes throughout the process (Figure 4). For a more detailed overview of the timeline of the Accreditation Program, see Figure 5.

Figure 4

Cycle of Evaluation for the MICH Voluntary Accreditation Program



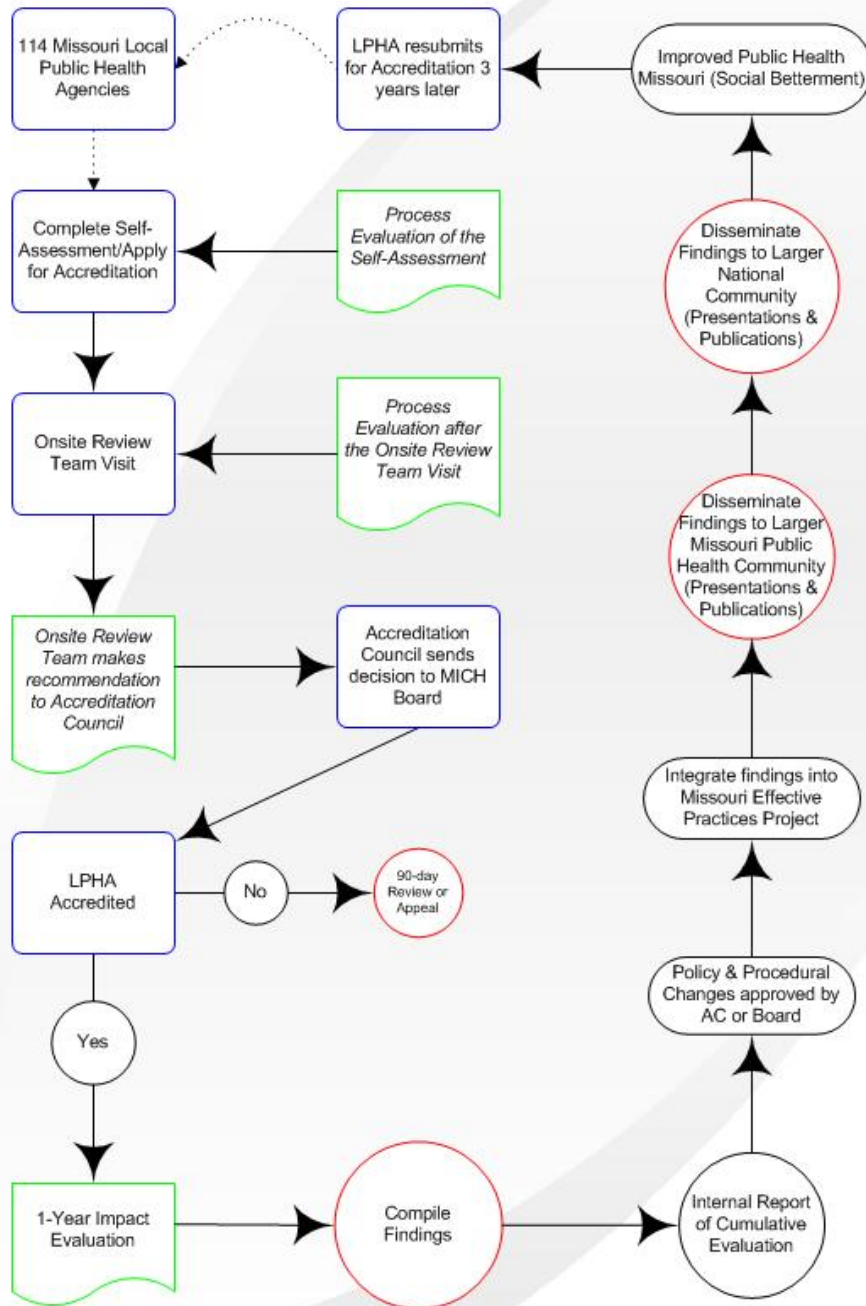
Phase 1 Self-Assessment: Assesses key components of the self-assessment, such as timeliness, value of technical assistance, standards feedback, completing and submitting the self-assessment, communicating with MICH.

Phase 2 On-Site Review: Assesses the interaction with the MICH Onsite Review Team and changes documented by LPHA after self-assessment.

Phase 3 One-Year Review: Assesses change one year after accreditation. Includes an analysis of the factors supporting change and barriers to change, methods for LPHA improvement, and best practices.

Figure 5

Timeline of Local Public Health Agency Accreditation Program with Process and Impact Evaluation



Methodology

The methodology consisted of two online surveys for Phase 1 and Phase 2 and one phone interview administered 1 year after accreditation was achieved. Table 1 provides an account of Phase 1, 2, and 3 data collection procedures by county and reaccreditation status (e.g., first and/or second accreditation). To recruit participation in the evaluation, an e-mail was sent to all the eligible counties. With this e-mail, an attachment was provided that explained the request and what the administrator and other staff would be asked to do. A link was provided to access the surveys for Phase 1 and 2. Surveys for Phase 1 and Phase 2 consisted of a series of questions with a Likert-scale response (comments were also gathered on these questions), a series of open-ended questions, and an opportunity for the administrator to provide any comments that may have not been addressed in the previous questions. Phase 3 interview questions were similar but were asked during a phone interview. The “Year of Report for Feedback” indicates when the counties Feedback Report (prepared by site reviewers) was thematically analyzed and included in the Evaluation Report (i.e., for 2008 or 2009)

Table 1. County/City Accreditation Participation & Phase of Evaluation								
County/City	First Accreditation				Re-accreditation			
	Phase 1	Phase 2	Phase 3	Year of Report for Feedback	Phase 1	Phase 2	Phase 3	Year of Report for Feedback
1. Butler	◀◀	◀◀	M	2008	√	√	M	2008
2. Cole	◀◀	◀◀	√	2008				
3. Douglas	√	√	⊕	2009				
4. Hickory/Dallas	√	√	⊕	2009				
5. Jefferson	◀◀	◀◀	◀◀	2008	√	√	⊕	2009
6. Johnson	√	√	√	2008				
7. Kansas City	◀◀	◀◀	◀◀	2008	√	√	√	2008
8. Lafayette	√	√	√	2008	√	√	⊕	2009
9. Lincoln	◀◀	◀◀	√	2008	√	√	√	2008
10. Mississippi	◀◀	◀◀	√	2008	√	√	√	2009
11. Pulaski	√	√	√	2008				
12. Randolph	√	√	√	2008				
13. Springfield/Greene	◀◀	◀◀	√	2008				
14. St. Louis City	√	√	√	2009				
15. St. Louis County	◀◀	◀◀	√	2008	√	√	√	2008
16. Taney	√	√	√	2008	√	√	√	2008
17. Tulsa County Health Department	√	√	M					

M = missing data; ◀◀ = previous report; ⊕ = in the future; completed = √ = completed

Phase 1 Evaluation Results

The survey link for Phase 1 was sent to the LHD Administrator first. They were asked to complete the survey and then to forward the email to up to four additional staff members who had experience with the self-assessment. They were asked to encourage them to complete the survey so that a wide variety of experiences (i.e., administrator, staff, etc.) could be documented. The survey was completed by 8 persons representing the accredited LHDs, 4 of which were on their first accreditation cycle and 4 were completing re-accreditation. Seven of the respondents were administrators.

They were asked to select the phrase that best represents their involvement in the application and self-assessment process. Most (n = 6) were “very involved – part of the team to assist the manager; 2 were “very involved and managed the process.” Most of those completing the survey felt that it was “easy” (n = 6) to get buy-in from LHD staff to apply for accreditation and get them to accept responsibility for the effort, but 1 felt it was difficult and 1 felt it was not hard, but not easy. Comments included:

- *I think if accreditation is presented as an opportunity to do a comprehensive self-assessment and quality improvement, that staff buy-in is not a problem. Actually doing accreditation work in addition to regular duties can be a little more difficult.*
- *Some of the staff had less time available to work on pulling documentation together, so some requests for information were given to alternate staff as needed. Cooperation by all staff was exceptional as schedules permitted.*
- *Staff were involved from the start. We met weekly with total staff and individually depending on specific assignments*
- *It was more difficult for those who had been here a long time, not for those who are newer. We have good team work and those who were positive drowned out those who weren't.*
- *People thought they would lose their job if they didn't have requirements.*

Table 2 provides the responses regarding the department’s experience during the self-assessment process.

Table 2. Experience of the Department during the Self-Assessment Process (n = 8)					
Statement	1 Poor	2	3 Neutral	4	5 Excellent
a. organization of LHD staff to prepare self-assessment	0	0	3	2	3
b. preparation of scores for the self-assessment ¹	0	1	2	3	2
c. use and function of the website during the application process ²	0	0	2	2	2
d. use of excel spreadsheet to enter scores for self-assessment	0	0	2	2	2
e. use of technical assistance ³	0	0	2	4	2

Comments include:

- *We used Google docs and it was a learning process, but ultimately worked well. Scanning documents required a hardware upgrade and was sometimes a pain.*
- *We had already prepared paper documentation and when we applied had to redo everything to the electronic files. This was somewhat daunting but we kept going.*
- *It's difficult and not totally meaningful, but not accurate. Until you actually get in the trenches. The self-evaluation is meaningful, but you could mark yes to everything. Probing the staff was helpful. That can be a disconnect. That's the nature of the self-assessment though. Doesn't have meaning until you are in the trenches.*
- *Website was down when we were doing it.*
- *Very good at answering questions. Sometimes there wasn't an answer to the question.*

The next section of the survey contained questions about the validity of the standards and how reflective they were of the current practice of public health in Missouri. Approximately 4 indicated the standards were “very reflective”, 3 indicated the standards were “somewhat reflective” and 1 respondent was neutral on this question. Interesting comments were made about this issue:

- *There are still areas to bridge between workforce requirements for a position in the accreditation process and position descriptions/necessary education to occupy program positions for DHSS contracts (based on existing HR standards).*
- *Rural health departments do the essential public health services, but hardly have to time to reflect or evaluate their practices. If for no other reason going through this process educated our staff on what public health does and what our health department does specifically.*
- *Partnership standards had too many questions. Seem like a lot of duplicated requests.*
- *There has to be something beyond what you can turn in on a piece of paper. Interview anyone in the department, not just those we recommend. Is this piece of paper telling everything?*

The next question involved feedback about each of the standards categories (i.e., Performance, Workforce, and Infrastructure Standards). The question was posed, “Were there any individual _____ standards difficult to understand, difficult to provided necessary documentation, and/or difficult to meet?” Responses to each of these standards categories are below.

Performance Standards

- *Some of the standards were duplicated, partnership was hard to understand, consolidating on the performance*
- *Would be good if reviewers looked at websites and see if they are updated.*
- *Quality and evaluation were difficult.*
- *It was listed as a comprehensive and advanced, but we were then told (as a primary agency) we must meet that standard. A lot of confusion.*

Workforce Standards

- *Nutritionist WP-9: We were told our Health Educator qualified, then she didn't; then she did. In the end she did not. It would have been helpful to have an accurate answer originally.*
- *Very straightforward*
- *Nutritionist WP-9: Rural HD's may not have access to a nutritionist with such a specific degree. Degree option should be open to include past qualifications and older degrees provided at Universities.*
- *Yes. WP-1 would not have been met but MICH and LMS developed FT Primary Administrator Certificate course*

- *Difficulty meeting the MSN and environmental section.*
- *WP8 would not have been met but we have RN obtaining her BSN who had taken a Community Health Nursing course that was accepted to cover the Principles of Public Health Nursing 45 hours required. With smaller health departments, you'll get this. That's why we did joint. Workforce will always be harder for primaries. I have a nurse with no Bachelors, but she's as capable as doing the job with a bachelor's. years and years of experience but didn't have the masters. Lots of experience, requiring Masters is good, but there may be some leeway on the experience.*

Infrastructure Standards

- *This one was the easiest. If we had to do this again and one person quit.*

One of the most useful evaluation results is the analysis of changes in the way LHD conduct their work when committing to the preparation of accreditation. Respondents were asked to consider the time period from commitment to the application to self-assessment submission and identify changes. Themes regarding changes consisted of the following common themes:

- *Completion of Community Assessment and Strategic Plan.*
- *Saving documentation in a more easily accessible place.*
- *Rather than relying only on the Accreditation Coordinator(s) to collect documentation, the copies of the standards were distributed to all staff as they related to the staff position to involve all agency staff in the process*
- *Audited and updated most front office financial procedures*
- *Board of Trustees and staff involved and supportive*
- *It's been a great asset for our board with education about what public health is. We've tried to explain to them before, but this is more visual.*
- *We've stepped up the work on partnerships. We were doing this before, but didn't document it.*
- *Great focus on best practices.*
- *The Accreditation Coordinators and the Administrator met and audited internal operations for strengths and weaknesses that related to accreditation documentation*
- *Started looking at using building space more efficiently.*
- *Quality improvement a reality in our department now.*
- *Evaluation and quality pieces we were doing, but now concentrating more on various aspects.*
- *Better documentation of program activities.*
- *A complete review of the documentation files from the initial accreditation was conducted prior to the self assessment submission*
- *Focused on upgrades to building security.*
- *Improved understanding of the role public health plays in our community and why we have partners in our community to help improve health.*
- *We "think" more about how we do things. More critical thinking.*

In the process of preparing for accreditation resources are created. Related to the accreditation site visit, staff created the following:

- *Established an accreditation committee with one person responsible for checking electronic entry of data.*
- *The accreditation coordinator developed a cross walk for utilizing Google docs to assist in completing the spreadsheets*
- *Updated policy manuals*
- *Accreditation electronic folder on our company page*
- *Now Quarterly CQI process instead of contracts and grants. Accreditation used as our QI tool.*
- *Template for Excel Tracking Sheet presented at MLC-3 meeting, then we had more emphasis on the arrows and they had to explain that.*
- *Use of LMS for training and training log.*
- *We immediately created files in anticipation of the next re-accreditation and are trying to make collecting the documentation for accreditation part of the daily culture of the department rather than waiting until we are due to re-apply.*
- *Created a Resource Book for use in front office*
- *Revised policies, job descriptions and performance evaluations*
- *Program continually collecting things and documents created.*
- *Use of logic models now in our programs.*
- *Improved Board of Trustees orientation and membership in NALBOH*

An additional question about benefits allowed an analysis for the respective LHD and their belief about the potential of a benefit for all departments (i.e., all public health departments in Missouri and public health as a profession). They were asked to review the list of benefits (Table 3) and select those benefits they experienced in their department directly or indirectly experienced because of accreditation. Then, they were asked to identify the benefits that they thought realistically have the most potential to affect the work of public health departments. The benefit that received the most selections for department experienced was

- *reduced liability*
- *better organization for department*
- *improved business practices*

Interestingly, no potential benefits were strongly considered.

Table 3. Experienced Benefits and Potential Benefits from Accreditation as Reported by LHD (n = 22)		
Benefit	Our department experienced this benefit	Potential Benefit
a. staff pride, enthusiasm, and/or excitement about their work	4	0
b. organization of department	4	0
c. professionalism of staff	0	1
d. ability to carry out essential skills	3	0
e. relationships with other agencies in the community	0	1
f. tool for evaluation of agency practices and procedures	3	1
g. identifies more easily the strengths and weaknesses of our department	3	0
h. develops "helicopter vision" of the department as a whole	1	0
i. identifies and highlights the capabilities and competence of the agency	1	1
j. improves business practices	4	0
k. allows for more innovation and thinking "outside of the box"	1	0
l. improves ability of staff to be problem solvers	1	1
m. identifies more easily the effective, best, or promising practices	0	1
n. streamlines the application processes for grants and programs	1	1
o. increases the amount of external funding (government, foundations)	1	1
p. increases ability to ask for a higher tax	1	0
q. improves governing board knowledge about department function	1	0
r. increases transparency for clients, community and stakeholders	2	1
s. use as a marketing tool for the department to citizens	1	1
t. offers measure of accountability	1	2
u. reduces liability and/or lawsuit potential	4	0
v. clarifies the purpose of public health	1	2
w. improves attitudes about health of community	3	0
x. improves health behaviors of community	1	1
y. improves disease and death rates of the community	0	1
z. advances the field of public health	2	1
aa. levels the playing field with other professions	1	0
bb. improves relationships with other agencies in the community	2	0
cc. helps to explain public health work to others	2	1
dd. improves the business practices of the LHD	2	0
ee. improves the ability to community with elected officials (i.e., mayors, governors, legislators, etc.)	2	1
ff. improves the ability to communicate with the media (newspaper, television stations, radio, etc.)	1	0

Comments about benefits are:

- *The accreditation process provides a method for proving that the work we do in public health is performed to a standard and not just random programs based on popularity or public relations. Having an accreditation process creates an environment for consistency with how public health services are delivered and a minimum level of credentials for staff, so that the public develops reasonable expectations about how LPHA's function.*
- *Our staff is excited about accreditation. We have assigned a staff member to keep our electronic accreditation file updated. They wanted to display the accreditation logo on all our documents and email signatures. We definitely have a much better understanding of how we accomplish the essential public health services on a daily basis.*

Although nationally and in Missouri, many benefits have been reported, there could be unintended consequences or perceived challenges from accreditation. Consequences were listed as:

- *Covering the costs involved.*
- *For extremely small communities it could be difficult to pay the initial fee from one department. Maybe consider having several small communities pool their staff and resources for a group accreditation. This would make accreditation possible for even the smallest of counties by 'sharing' employees' qualifications in neighboring counties. They may already contract with them anyway.*
- *The main challenge is taking the time to undertake accreditation. Rural health departments will not find it easy to meet the workforce standards and may not try to get beyond that barrier.*
- *Getting the response, "Why did you pay for that? That's a lot of work for being a small agency." In the big picture, the standards of professionalism and pride outweigh all of that.*
- *None. It was a tremendous amount of work and we were trying to help the staff understand the standards.*

A new question in this years' report is if the LHD plans to apply for national accreditation. Responses to this question were:

- *Yes, we would apply for national accreditation. I think the process as it standards is very good and have no specific suggestions for improvement.*
- *It will depend on what if any financial impact national accreditation would have on our limited financial resources and if the cost would be justified in terms of the ability to be eligible for more funding to support our infrastructure and core services.*
- *Unknown. That would be up to our Administrator to decide. We are up for the challenge if she does.*

- *If the cost is not too high we will apply for national accreditation. I think looking at the workforce standards and helping to find alternative means to meet them is necessary. Utilizing LMS is definitely a great resource.*
- *Definitely consider national accreditation*
- *Wish more people would do it and it wasn't voluntary. Based on if they are still doing it locally. Can't see going national and local.*

Phase 2 Evaluation Results

The purpose of Phase 2 survey was to determine the efficiency of the site visit and judge the changes in the activities of the LHD. Administrators and others (N = 9) were asked to read a list of phrases about the site reviewers and how they conducted the site visit. Table 4 has those results. All statements were positively reviewed; however, there was only one neutral response for each of the categories regarding confidentiality, quality of the exit interview, and understanding of who would make the final accreditation decision.

Statement	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree
a. were prepared	0	0	0	0	9
b. made me feel as though they were going to keep information learned confidential	0	0	1	1	7
c. arrived on time	0	0	1	0	8
d. were courteous and polite	0	0	1	0	8
e. provided an explanation of the process	0	0	1	0	8
f. adhered to the established time schedule	0	0	1	1	7
g. were organized in their approach	0	0	1	1	7
h. did not cause significant interruption in the work schedule of our staff	0	0	1	0	8
i. provided a quality exit interview	0	0	1	0	8
j. made it clear the final decision for accreditation would be made by the Accreditation Council and the MICH Board of Directors	0	0	0	0	9

Comments supporting the above table include:

- *Took longer than planned 3 days instead of 2 (because of locations).*
- *spend more time within the departments seeing the work done*

Documenting changes are crucial to the utility of this evaluation. LHD were asked “What changes have you noticed since you completed the last evaluation and the site visit? How have staff and administration improved? Has accreditation had an impact on programs, policy, work flow, productivity, governing board function, quality, decision making, mission or goals, etc? Respondents noted several themes surrounding their Mission and Strategic Plan, documentation habits, communication and awareness of staff,

- *Staff and administration are more familiar with all aspects of the department.*
- *The front line staffs (beyond the accreditation coordinators) were much more involved in the process this time. As a result, I believe they have a much better understanding of the importance of giving the proper attention to detail in documenting how we do our programs and a measure of accountability that they had not understood completely before.*
- *We're approaching accreditation differently. Immediately after the site visit we began organizing for the next one.*
- *Have developed a Quality Improvement Plan*
- *All staff keep documentation now and adds an extra copy to re-accreditation box for next visit in 2012.*
- *We've been so inundated with H1N1 that this has taken precedence.*
- *Work flow and productivity have improved.*
- *Created a position and employed a full-time CQI staff and program evaluation are integrated into daily activities.*
- *Assigned employee to keep accreditation electronic file current.*
- *Newer employees became more educated through accreditation process of how grants/contracts flow*
- *Quality improvement has become an established part of our process.*
- *We now have the animal control program. Since our first accreditation, we have grown from 25 employees to 49. This created a tremendous amount of coalition support. We have so many more relationships with community organizations working on tobacco, family safety, underage drinking.*
- *Improved policies and procedures.*

Based on evaluation data, it is apparent that accreditation affects the processes, productivity, and organization of the LHD. However, the ultimate intent of accreditation is to impact the community and its health. The LHD were asked to identify what impacts accreditation made on the community since the site visit. Impacts were defined as changes in attitudes, awareness, and knowledge of citizens/clients. One response was that “it was too soon to measure”. Examples provided to stimulate thinking were better client communication, improved education of the client, improved health knowledge of clients because of better relationships with them. Responses on the survey were as follows:

- *We try to consistently promote our accreditation status, which gives us a positive perception in the community.*
- *Other community service agencies that are familiar with various kinds of agency accreditation (such as JACCHO in hospitals) have a greater respect for our agency on a professional level.*
- *Partnerships with a local hospital, that's hard to respond to and build a relationship with. They trusted us to do what we were charged to do, such as H1N1, community education, immunizations. We are often seen as the leader.*
- *Improved client communication.*
- *During Flu and H1N1 clinics, some clients have asked what Accreditation is and means. Was appreciative that we are held to a specific standard and meet that standard.*
- *We really get more respect from the schools because they know what this process is like.*
- *Staff have an improved understanding of what other programs and employees do, which has improved cooperation.*
- *We have a greater credibility with our clients because of the accreditation--they know that we are having to meet certain standards...even if they don't have an in depth understanding of the process.*
- *Part of the celebration, recognition, credibility.*
- *Staff more aware of what a best practice is...*
- *Communication and collaboration with other agencies has improved.*
- *When we had to respond recently to a community problem, it wasn't cold call. We came together and followed our guidance. They were looking to us for the leadership.*
- *Staff proud of accomplishment*

The outcomes documented in the community as a direct or indirect result of accreditation were requested in the survey. Outcomes are related to improved health and reduced mortality. Most outcome changes take years or decades to observe and the cause of the change is difficult to attribute. However, there are many changes that have occurred in processes and impacts that logically translate to possibly better outcomes in the future. This list presented below may not be actual health outcomes, but may be intricately related to the activities necessary for that to occur. Staff mentioned these themes:

- *Using best practices, our tobacco program has established school tobacco policies; encouraged smoke free restaurants, supported a smoke free ordinance passed in Arnold and pending in Festus; and offers numerous information and education programs.*
- *Because of the kind of documentation that we must maintain, I believe more staff are understanding and utilizing principles of evidence based and outcomes based practice in their programs.*
- *A lot of the health assessment rates we identified. I think they are going to see change in a short time. We have had success with programs, underage drinking coalition, smoking, tobacco education, more success. Education in the schools survey, fewer kids tried cigs. There's a little data to support that.*
- *We are working on numerous nutrition and physical activity programs and collaborating with other groups such as Get Healthy De Soto, which has adopted a Complete Streets Policy.*
- *We've begun to build a foundation on the tobacco issue. There's more direction.*
- *We used lessons learned in the accreditation process to successfully implement our H1N1 immunization program.*
- *Accreditation has helped a positive influence on the relationships in the community. Accreditation had a direct impact on the city and county merger. A new county ordinance with trash; now we take those complaints and handle them. Now our animal control department is more collaborative. What's important is each one of those successes comes with additional funding. Now we get that money...very positive.*

What's important is each one of these successes comes with additional funding. Now we get that money...very positive. – One respondent.

Accreditation for LHD can be used to connect more with partners in the community. Survey respondents were asked to identify stakeholders with whom they and their staff communicated about accreditation at some point in the last year. In addition, they were asked to include any thoughts about that communication including reactions, suggestions, improved relationships, and/or support of accreditation. Comments regarding those entities include:

Clients

- *Clients seem to feel accreditation is a very positive accomplishment.*
- *We communicate with all of the parties about our agency being accredited. We now include the accreditation logo on all our written communications, letterhead, brochures, and printed notices and advertisements.*

- *We did a satisfaction survey. Very positive feedback. Our improvements are now more systematic now and not only programmatic. We assess now by system and not only programs.*
- *Businesses understand accreditation, clients don't necessarily...*

Legislators

- *Our elected officials have been positive about accreditation, which gives them a better idea of what Public Health does.*
- *Recognition forces us to document and communicate that to them. Our image improved and when the senator is in town they want us at [their meetings].*
- *More aware, pay more attention*

Mayors and City Council

- *Very involved in programs, tobacco, programs, underage drinking.*
- *Definitely more respect.*

Fire, Sheriff and Police

- *Continues to strengthen*
- *Now our relationship is stirred up a level.*
- *Our work with H1N1 requires multiple, active partners. Accreditation has definitely led to this relationship building. Before we had to find our place at the table. Now, they make a place at the table for us.*
- *Supportive of accreditation.*

Hospitals and Clinics

- *I think accreditation helps put Public Health on par with hospitals.*
- *Really good working relationship.*
- *Very supportive of our accreditation.*

Schools

- *We are involved with the College of the Ozarks and College of Nursing. Now they have an advisory board member from our LHD.*
- *The superintendents in the area were called together and they looked to us for leadership.*
- *They know what you went through it and understand.*

Media

- *The local media has been very helpful about printing accreditation information.*
- *Supportive of accreditation (newspaper and radio).*

Respondents were asked again (for Phase 2) if they plan to submit for accreditation on the national level. There responses were:

- *Yes, we would apply for national accreditation.*
- *It will depend on the cost and how feasible it is for an agency our size in relation to any potential benefits. For example, will there be an increased access to funds to support public health infrastructure and core services.*
- *Considering it, but cost may be detrimental*
- *Unknown. That decision is up to our Administrator. We are ready for the challenge should she choose to do so.*

Phase 3 Evaluation Results

Phase 3 evaluation was conducted by phone with the administrator and any other staff members who were part of the accreditation process. An email was sent to the administrator first and then asked to schedule a time when they could be interviewed. Five respondents completed interviews for Phase 3.

What changes have you noticed since you completed the last evaluation and the site visit? How have staff and administration improved? Has accreditation had an impact on programs, policy, work flow, productivity, governing board function, quality, decision making, mission or goals, etc? Explain below.

- *Changing our general procedures. Governing Board participating more. Since accreditation they are participating in more areas.*
- *Seen more subtle awareness about accreditation, documentation is more awareness. Much more in background consideration needs to be considered when we are filing documents. Our hiring process has improved. Now, when we hire someone we are thinking about that process and where they will fit with accreditation.*
- *In our operation research and medical services meetings, accreditation does come up regularly. We were struggling with decision making and now the analysis piece helps us to that better.*
- *We are better at documenting what we are doing. When we did the CHA this spring, we saw changes in those statistics in part because of accreditation. We look at the standards and make sure that is included in our product.*
- *It's made us more aware of some things. The way we collect information and more aware about how they do things, particularly around staff training.*
- *Today, I was talking to another employee about CASA Audits and it's made us more aware of how we are doing things.*
- *As we do department wide planning with leadership team and we talk about a new policy or procedure, then we make sure it's connected to accreditation. An example is our after hours policy.*
- *Major change is the recognition in the community. Our staff are being recognized as qualified individuals to do these programs. The fact that we were accredited, it opened our eyes internally. We developed a policy manual. Internally and externally made changes.*

- *We had passed an onsite waste water ordinance. We are now doing a food ordinance with public hearings, drafts and the Board of Trustees has approved it. Now, we are doing a Smoke free ordinance and interviewing restaurant owners. It made us more credible in saying we need these policies if we want to continue to be an accredited health department. We are looking at all these policy developments and QI tools.*
- *We were not a unified effort; now we are...*

What impacts has accreditation made on your community since the site visit? Impacts are defined as changes in attitudes, awareness, and knowledge. Examples include better client communication, improved education of the client, improved health knowledge of clients because of better relationships with them, etc. Explain below.

- *The only thing I noticed is that our media want to know if we are accredited.*
- *I've heard in speeches our political leaders using the phrase "and our LHD is accredited."*
- *Our advisory health commission is more aware and they are appointed by the mayor (professionals, stakeholders) and they advise on different policies and business and they advise the mayor and city council.*
- *This has involved baby steps...our clients feel a little more confident because we are accredited.*

What outcomes have you documented in your community as a direct or indirect result of accreditation, if any? Outcomes are related to improved health and reduced mortality. Most outcome changes take years or decades to observe, but are there any changes that have occurred in processes and impacts that logically translate to possibly better outcomes in the future. Anecdotal evidence is appropriate.

- *Can't say that there is a significant change based on accreditation with funding.*
- *Food ordinance. With the food ordinance, we are going to have more "teeth" in our visits. The people serving and eating will be more knowledgeable. The smoke free ordinance will really be appropriate. No impact on ability to receive more funds*

Identify the stakeholders you have communicated with about accreditation. In the textbox, include any thoughts about your communication including reactions, suggestions, improved relationships, etc.

- *Our client feedback form is more consistent now and we hear them more, seek feedback more consistently.*
- *Feel more confident.*
- *One of our legislators may be more knowledgeable about us and we are part of the "elite few".*
- *Our legislators are more aware and attend our meetings.*
- *There's definitely a new attitude with our city council; they are more aware, more credibility in their eyes.*
- *Presiding Commissioner attended and was impressed with what we did*

- *City is very supportive of us doing a food ordinance. There is more visibility in the community and we are working with more stakeholders.*
- *They are aware of it, but they think we should have always been accredited.*
- *A lot more interaction now and when we were going through the process, we realized we could bring them on and take advantage of those opportunities.*
- *Very good already, respected because of accreditation.*
- *Continued respectful relationship.*
- *A department at Ft. Leonard Wood heard about what we were doing and that we were accredited. They are very eager to use the standards in their department to improve their work.*
- *They have improved dramatically, not sure it's accreditation...maybe more HINI.*
- *We now speak the language of other community partners.*
- *Relationships are improving because of HINI...*
- *Challenging. The media tends to become more interested in topics than can be sensationalized. HINI gets the attention versus more educational topics.*
- *When we say we are accredited in meetings, media comes up and inquires about it.*

Respondents were asked again (for Phase 3) if they plan to submit for accreditation on the national level. Their responses were:

- *We are looking into it and will review the standards when they come out.*
- *We have an accreditation team that is looking at the national accreditation to see how that compares to MICH accreditation. What will we have to do that is different? Two site visits? MICH will have to decide what to do. What will happen to MICH? If there is a national program, we would definitely go for the national program.*
- *Whenever there is a webinar, I try to watch it. I can't answer that. I'm not sure yet because how the standards are going to be different than MICH. I would not be opposed to it if it were similar.*
- *All of our staff that were involved are glad we did it, very proud. We feel we are at the next level. There were those who said do primary and I said no lets stretch.*
- *Yes, we would go for national accreditation.*

Section 4. Results of the Site Reviewer Program for the VAP

Each year the Site Reviewers are surveyed to determine whether the site visits are being conducted as intended. This survey was implemented in September 2008 and was sent to 16 site reviewers (hereafter called “Reviewers”). Eleven started the survey; only 6 reviewers had completed a visit in 2009. The respondents were asked to rate how the reviewers function as a team (including the team leader). A scale of 1 (definitely not) to 5 (definitely yes) was used. Phrases included was prepared, courteous and polite, adhered to the established time schedule, organized in their approach, provided a quality exit interview had good chemistry and worked well together, and conducted an organized and well-planned site visit. All respondents marked “definitely yes” in response to these statements. The next question focused more on the function of the LHD during the site visit. Using a scale of 1 (*definitely not*) to 5 (*definitely, yes*), the Reviewers rated the LHD on three aspects of the visit (Table 5). One respondent noted that the LHD was “Very prepared. Information very organized and easy to find.

Phrase	1 (definitely not)	2	3 neutral	4	5 (Definitely yes)
a. Was physically ready for our visit	0	1	0	1	5
b. Was prepared with all documentation in order	0	1	2	1	3
c. Had put some thought into our visit.	0	0	0	2	5

A useful part of the survey was the Reviewers’ reflection on what the LHD did well or could have done better in their preparation of the self-assessment and the site visit. Themes included

- *They were warm, welcoming and organized.*
- *Did not have all their documentation in order; some staff needed to complete training requirements*
- *Both of the reviews I conducted in 2009 were excellent the team was well prepared and the LHD were ready for us.*
- *The dual accreditation visit did well the collaboration between LHD administrators; another good feature was the (initial) use of the spreadsheet for documents. The dual accreditation visit could have improved in the communication with their board and other employees, since no board members were present for the entrance or exit interviews.*

The success of the Site Reviewer Program is dependent on the resources, support, training, materials provided for the team before, during, and after a visit. Of particular interest were items they noticed when on a site visit. Many of the areas for improvement received a “5” (no improvement needed). In addition, new questions were asked of the reviewers about the change in number of reviewers, use of Google Docs and others. Results are presented in Table 6 and 7.

Table 6. Reviewers Rating of Resources Provided to Them (N = 9 to 11)					
Phrase	1 (needs improvement)	2	3 neutral	4	5 (no improvement needed)
a. communication between MICH and site reviewer about site visit assignment, location, date, time, etc.	0	0	0	0	7
b. use of website to prepare for the site visit	0	0	0	1	6
c. manner in which review teams are created	0	0	0	0	7
d. apparent communication between MICH and the LHD about the impending visit (obviously miscommunication)	0	0	0	0	6
e. accommodations for site reviewers while on location	0	0	0	2	5
f. program manual for accreditation	0	0	0	1	6
g. validity of the performance standards	0	0	0	1	6
h. validity of the infrastructure standards	0	0	0	1	6
i. validity of workforce standards	0	0	0	1	6
j. training programs for site reviewers	0	0	1	1	5

Table 7. Reviewers Feedback About New Features of the Program.				
	1 = did not like this/need less of this	2 = neutral	3 = liked this/need more of this	4 = NA
a. having only 2 reviewers instead of usual 3	0	2	5	0
b. conducting more interviews with staff	0	3	4	0
c. reviewing documentation on Google Docs before the site visit as opposed to during the site visit	0	0	5	2
d. requiring the local health departments to post documents on Google Docs as opposed to providing it in hard copy	0	0	5	2
e. using the Excel Workbook to collect application, self-assessment scores, feedback report, etc. in one	1	1	4	1

Finally, reviewers were asked to provide some concluding insight as to how the reviews could be improved (i.e., the activities of the site review team). Suggestions were as follows:

- *Reviews need to occur at least every two years.*
 - *Google docs was difficult to begin with.*
 - *It is an honor to validate and acknowledge a department's hard work.*
 - *I feel the current process works well. It is very rewarding to be a site reviewer.*
 - *I enjoy being a reviewer, the more I do the more comfortable I am conducting the introduction and exit. The only suggestion I would have would be for a script to be prepared for the introduction and exit interview that contains all of the "important" points to be covered.*
 - *Yes, I would like to say that I really enjoy being a site reviewer because it satisfies my need for exploring other facilities and I am always personally inspired by the enthusiasm of the administrators and staff who have worked so hard to complete the review process. I haven't worked with the Google docs feature yet, but it would've been a recommendation to do that, if it hadn't been done already.*
 - *You may want 3 reviewers for the larger HD, but for the smaller HD 2 is adequate*
-

Section 5. Thematic Analysis of the Feedback Reports

An analysis of all Feedback Reports was conducted to determine the themes most prominently cited. Five feedback reports were analyzed for the following categories: Community Health Assessment, Community Health Improvement Plan, and Strategic Plan; however, themes were combined because of the lack of feedback reports this year. Comments from the Best Practices category were noted and will be contacted for use in the Missouri Effective Practices Project (MEPP). All statements were grouped according to common wording and phrases and themes were created to stimulate discussion for the Board. This analysis will also allow MICH to focus technical assistance efforts in the future.

1. Use of Data and Evaluation
 - a. analyze data by age, gender, and population cohorts
 - b. show data as rates (e.g., per 1,000)
 - c. provide citations for data used
 - d. create clear graphs, charts, and tables
 - e. show evaluation through clear progress on objectives and milestones (by quarter, for example)
2. LHD must do a Community Health Assessment, Community Health Improvement Plan, and Strategic Plan. Several comments in the feedback report referred to inconsistency between the documents.
3. Good relationship to board was noted many times.
 - a. How is this measured?
 - b. What does it mean to have a good relationship with them?
 - c. What does an effective board do?
 - d. Are any sources used from NALBOH to support site visits for board?

Section 6. Recommendations and Strategies

These recommendations are offered as a summary of next steps for MICH Staff (including the evaluator), the Board, and other key stakeholders and are based solely upon the data presented in this report. They are also offered as a resource to direct and support the mission, values, and strategies for MICH as an organization.

1. Perceive the momentum for national accreditation as an opportunity for MICH to realign its strategies, efforts, and basic mission. The national effort is as an opportunity for MICH staff and stakeholders (e.g., board of directors, site reviewers, etc.) to teach others what it has learned from the front-line experience. Do not wait for the national stakeholders to indicate what Institutes “should do now.”
2. Given the efforts at the national level to establish an accreditation program and the possible intent of many LHD to seek only one accreditation, retarget resources away from evaluation of the accreditation program. Understandably, some LHDs may choose to seek

state accreditation. At some point, MICH will need to weigh the costs and benefits of continuing the local accreditation program. Focus efforts on the sustainability and succession of MICH once the national accreditation is formally opened for business. As indicated, they will not be able to support all LHDs who wish to apply for funding. Will the MICH program still be available, or how will MICH support health departments who wish to seek funding?

3. Focus future activities and resources on developing a National Accreditation Technical Assistance program for counties in Missouri, in this region, and potentially nationwide interested in accreditation. Others, as we have seen recently, are seizing the opportunity to package programs to assist in the accreditation effort. Use the MLC-3 Collaboratives as a prototype for how technical assistance could be delivered after the national program becomes available.
4. Recognize your unique position and historical context. MICH has developed a voluntary accreditation program with three different levels. It is the only truly voluntary program in the nation and much of the focus is on rural health departments. These standards are more closely aligned with a quality improvement focus as opposed to quality assurance. Take advantage of the possible challenges for small (primary level) health department seeking accreditation and needing technical assistance on the national level. The technical assistance package could include:
 - Balanced Scorecard Development for Health Departments
 - Readiness for Quality Improvement Studies
 - Documentation preparation for national accreditation
 - Improving stakeholder involvement in LHD
 - Preparing staff for accreditation
 - Assistance with Community Health Impacts and Community Health Plans
5. Could work be initiated by MICH to create several templates for common language on these documents and guidance on how to link them? These three documents tell the story of what is needed, what was done, and what was accomplished. Could there be a natural link between Community Health Needs Assessment, Community Health Improvement Plan, and Strategic Plan?

Appendix A
Quality Improvement Readiness Instrument

1 - Dimension	2 – Stage (1-9)	3 - Historical	4 - Before	5 -Post
A. Department Efforts: To what extent were there efforts, programs, and policies that address QI in the department?	1. No Awareness QI or lack thereof was not generally recognized by the department or leaders as a problem (or it truly was not an issue).			
B. Department Knowledge of the Efforts: To what extent did department members know about QI efforts and their effectiveness, and were the efforts accessible to all segments of the department?	2. Denial / Resistance At least some department members recognized the absence of QI, but there is little recognition that it was lacking in our department. 3. Vague Awareness Most felt that there is a local problem, but there was no immediate motivation to do anything about it.			
C. Leadership: To what extent were governing board members and internal management influential department members supportive of the QI?	4. Preplanning There was clear recognition that something must be done, and there may have even been a committee. However, efforts were not focused or detailed.			
D. Department Climate: What was the prevailing attitude of the department toward QI? Was it one of helplessness or one of responsibility and empowerment?	5. Preparation Active leaders began planning in earnest. Department offered modest support of efforts. 6. Initiation Enough information was available to justify efforts. Activities were underway. 7. Stabilization Activities were supported by administrators or community decision makers. Staff were trained and experienced.			
E. Department Knowledge about the Issue: To what extent do staff know about QI concepts and how it can affect the department?	8. Confirmation/ Expansion Standard efforts were in place. The community felt comfortable using services, and they support expansions. Local data were regularly obtained. 9. High Level of Department Ownership Detailed and sophisticated knowledge existed about prevalence, causes, and consequences. Effective evaluation guided new directions. Model was applied to other issues.			
F. Resources: To what extent were resources – people, time, money, space – available to support QI efforts?				

Appendix B

Raw Data from Feedback Report (N = 5)

Community Health Assessment Category

- Good needs assessment data
- Includes not typical health data, but crime statistics showing a problem in small county
- Good analysis of the data
- Exception Health Status Report
- Analyze data further by age cohorts, gender, population groups, etc.
- Not documenting progress on objectives and milestones
- Good integration of local, state, and national data
- Good presentation of the data
- Better presentation of the data needed with pictures and graphics
- Good focus on disparity health issues
- Data references good
- Include citations and connect with each chart for better understanding.
- Include statistics as a rate (per 1,000)
- Lack of data sources cited
- Overall data presentation critical for stakeholders was exception
- Presentation of all CHA information into one document for ease of viewing
- Report was created with the public in mind
- Create a summary for ease of communication to stakeholders.
- Information in addendums could be more useful in the health assessment
- Limited comparison to other jurisdictions

Community Health Improvement Plan Category

- Created with a many different stakeholders
- Strategies and milestones identified
- whether milestones were achieved was not provided and is necessary to keep momentum of stakeholders going. It also helps in securing funding for needed projects
- Complete and concise
- Good identification of barriers
- Well formatted
- CHIP results included in a monthly newsletter to 850 residents
- Good identification of weakness in county and what could be done to help this.
- Good participation in FQHC funding
- Bridging gaps by providing programs in community stakeholder settings
- Active role of Board obvious because of establishment of community health center in a historically black part of the area
- Good communication models and use of media to reach disparate groups. Data show widespread evidence to respond to media concerns and tracking media presence in communities of concern
- Good relationship to board (what does this mean?)

- Activities within department focus on obvious health threats (use data wisely)
- Inconsistency in what is in CHIP and CHA.

Strategic Plan Category

- Beautiful document, eye catching and easy to read
- Concise and easy to read
- Timelines present
- Ability to
- Charts defined and well explained
- No evaluation measure provided to monitor the progress towards the individual objective.
- Lack of dates for objectives leading to confusion
- Evidence that board is involved in strategic plan
- Evidence of community collaboration
- Willing to engage often overlooked populations in community to increase trust of public health system.
- Lack of data analysis and interpretation present
- Clearly defined goals and objectives, actions steps.
- Includes systems goals of “culture of health”, QI processes, affecting public policy
- Willingness to use technology