

**A Recommendation for Implementation of an Organizational Assessment Focused on
Culture and Quality Improvement Strategies for Local Health Departments**

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July, 2011

A Master's Paper submitted to the faculty of
the University of North Carolina at Chapel Hill
In partial fulfillment of the requirements for
the degree of Master of Public Health in
the Public Health Leadership Program.

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INTRODUCTION

The mission of public health is to promote physical and mental health and prevent disease, injury and disability (Turnock, 2009). This mission requires significant collaboration between local, state and federal level agency practitioners. The public health challenges in the 21st century will be most effectively addressed by practitioners that proactively prepare to meet them through strategies such as workforce development, community engagement, and evidence-based practice. Local Health Departments (LHD) are tasked to meet the health needs of the public at the local level and face many challenges in fulfilling the public health mission. These challenges include managing financial constraints, developing capacity, ensuring workforce training, and providing leadership. An organizational assessment of the culture of a LHD, coupled with the accreditation (including a community health assessment process) can enhance the LHDs ability to meet the needs of their community by focusing on improving critical community health outcomes and applying evidence-based strategies to achieve goals.

This paper focuses on an organizational assessment of a Local Health Department (LHD) to identify gaps in performance and opportunities for the application of quality improvement approaches and evidence-based practices to improve the organizational culture in which public health practitioners carry out the public health mission. In addition to a literature review, experiences and lessons learned from an organizational assessment in a North Carolina LHD will be highlighted to propose recommendations for incorporating an organizational assessment focused on culture into an overall accreditation process utilizing evidence-based interventions and quality improvement strategies. A logic model illustrating connections between LHD practices and processes and outcomes that lead to achieving the public health mission is located in Appendix A.

A variety of supports and resources are available to a LHD to address areas of performance and improve quality. In this paper a literature review will describe these supports and a case study will describe application of current supports and resources with the addition of an organizational assessment addressing culture and its role in performance and health outcomes.

LITERATURE REVIEW

According to the U.S. Department of Health and Human Services, “quality in public health is the degree to which policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy” (2008, p. 3). The following quality characteristics were developed as important to identifying quality public health services:

- ***“Population-centered*** – protecting and promoting healthy conditions and the health for the entire population
- ***Equitable*** – working to achieve health equity
- ***Proactive*** – formulating policies and sustainable practices in a timely manner, while mobilizing rapidly to address new and emerging threats and vulnerabilities
- ***Health promoting*** – ensuring policies and strategies that advance safe practices by providers and the population and increase the probability of positive health behaviors and outcomes
- ***Risk-reducing*** – diminishing adverse environmental and social events by implementing policies and strategies to reduce the probability of preventable injuries and illness or other negative outcomes
- ***Vigilant*** – intensifying practices and enacting policies to support enhancements to surveillance activities (e.g., technology, standardization, systems thinking/modeling)

- ***Transparent*** – ensuring openness in the delivery of services and practices with particular emphasis on valid, reliable, accessible, timely, and meaningful data that is readily available to stakeholders, including the public
- ***Effective*** – justifying investments by utilizing evidence, science, and best practices to achieve optimal results in areas of greatest need
- ***Efficient*** – understanding costs and benefits of public health interventions and to facilitate the optimal utilization of resources to achieve desired outcomes” (HHS, 2008, pg. 5)

These quality characteristics are essential for an agency to carry out the public health mission at the local level and help to fulfill a commitment to quality.

Defining Public Health Mission and Vision

Talking about public health would be difficult without a clear mission and vision. The vision adopted by the Public Health Functions Steering Committee of the U.S. Department of Health and Human Services is *healthy people in healthy communities* (DHHS, 1994). This phrase represents the Steering Committee’s vision of the future of the health of Americans and categorizes a goal that public health practitioners can work toward. The mission of Public Health is prevention of risk factors that contribute to disease and unsafe conditions. This mission defines the purpose of public health and its reason for existing. In 1994, the Essential Public Health Working Group of the Core Public Health Functions Steering Committee described the mission as promoting physical and mental health and preventing disease, injury and disability (DHHS, 1994). Additionally, the Institute of Medicine (IOM) describes the mission of public health as “fulfilling society’s interest in assuring conditions in which people can be healthy” (IOM, 1988, pg. 40). While many advances have been achieved in fulfilling the public health mission during the 20th century to improve individual and population health, there are many challenges that lie ahead for the 21st century particularly related to chronic diseases such as heart

disease and diabetes. These challenges will require collaborative efforts focused on policy and environmental change as well as leadership and public health workforce capacity.

The Public Health Mission in Practice at the Local Level

While public health is important at every level (global, federal, state, local), with strategies unique to each level, much of what is seen and experienced by community members is delivered at the local level. Public health activities and services provided by the majority of LHDs include immunizations; screening and treatment for diseases such as tuberculosis; maternal and child health services related to family planning; surveillance and epidemiology; environmental health services such as hazardous waste disposal; and other services such as animal control (Turnock, 2009). Additionally, the LHD is typically tasked with conducting community health assessments (CHA) to identify the accurate health status of the community and determine its needs. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. LHDs are in a position to transform communities where making the healthy choice is the easy choice and where protection from injury and communicable diseases are vitally important. The LHD has the responsibility to address the priority areas for health improvement generated by health data and community participation.

There is considerable variety in the services provided by LHDs across the country. The 2008 National Profile of Local Health Departments Study surveyed LHDs to better understand how they function and the services they provide. The survey showed that adult and children immunizations, communicable and infectious disease surveillance (including tuberculosis) and food service establishment inspection were conducted by more than three-fourths of LHDs (NACCHO, 2008). Additionally, LHDs provide screenings with the majority screening for the

following five diseases and conditions: tuberculosis (81%), high blood pressure (68%), blood lead (62%), HIV/AIDS (59%), and other sexually transmitted diseases (STDs) (60%). LHDs serving larger populations were generally more likely to report that screening was provided (NACCHO, 2008).

Very few LHDs are working toward fulfilling the public health mission through influencing policy; affecting change at a systems level such as quality of care delivery in health systems as opposed to attempting to reach or impact individuals directly; and influencing environmental changes. Additionally, according to the NACCHO survey, it is not common for LHDs to provide services related to primary care (11%); behavioral and mental health services (9%); substance abuse services (7%); animal control (19%) and veterinary public health (18%) (NACCHO, 2008). However, there are LHDs, small and large, that deliver these services.

Fulfilling the public health mission at the local level is difficult in many ways as agencies operate under tight budgets and are challenged by the availability of trained professionals to address emerging health problems in communities.

Measuring Performance in a LHD: Standards and Accreditation

To help public health practitioners develop a comprehensive view of health beyond individual health care, a standard set of three core functions and 10 essential services were developed and defined for all local public health systems in the United States by national, state and local public health experts (Turnock, 2009). The core functions include assessment, assurance and policy development. As already mentioned, assessment is the process whereby public health regularly and systematically collects, analyzes and disseminates data on the health of a community. Assurance involves processes and procedures to assure that necessary services to achieve goals are provided to the community (See table 1). Policy development calls for

public health to serve the public interest in the development of policies that are linked to scientific knowledge (Rowitz, 2009). These core functions are made operational through key practices known as essential services linked to the core functions. The 10 essential services are as follows:

Table 1: The Ten Essential Public Health Services

ASSESSMENT
1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
POLICY DEVELOPMENT
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
ASSURANCE
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Turnock, 2009)

To assist LHDs in measuring performance, the National Association of County and City Health Officials (NACCHO) developed *The Operational Definition of a Functional Local Health Department* describing a shared understanding of what all people, no matter where they live, should reasonably expect from their local health department (NACCHO, 2005). The Operational Definition also emphasized that the expectations of LHDs need to be shared by public health professionals and elected officials of all levels of government and that communities and governing bodies need to be aware of the functions of LHDs do in order to hold them accountable for their services (Lenihan, Welter, Chang, Gorenflo, 2007). The Operational

Definition is based on the ten essential services and includes 45 standards to help LHDs demonstrate what they can do to improve community health (Lenihan et al, 2007). The purpose of the Operational Definition was to provide a starting point for performance measurement for LHDs. Furthermore, the development of the performance measures incorporates the start of quality improvement strategies that will improve the value of public health accreditation (Lenihan et al, 2007). Adding performance measures coupled with quality improvement strategies into the accreditation process counters existing opposition that accreditation by itself adds little value to LHDs service delivery capacity (Lenihan et al, 2007).

Quality improvement standards have not traditionally been used by public health organizations compared to their use by health care organizations. The National Committee for Quality Assurance (NCQA) is an organization dedicated to improving health care quality by developing standards and performance measures used in accreditation and certification programs by health care organizations. NCQA provides statistics about the quality of care for health plans, physician organizations, and disease management programs with services to patients (NCQA, 2011). Additionally, the Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service (NCQA, 2011). Public Health organizations will benefit in a similar way through a comprehensive set of standards based on the Operational Definition and used as the framework for a national public health accreditation initiative (Russo, 2007).

Role of Accreditation

When comparing the health care sector to the public health sector, one cannot ignore the fact that accreditation of health care is a public expectation and in many cases a requirement. However, the same expectation and requirement are not imposed on public health agencies and

the same public demand is not apparent. Examples of governmental agencies that require accreditation of some kind include police and fire departments, public schools, universities and colleges, and agencies that provide training for the health care sector (Bender and Halverson, 2010).

In response to the need for public health accreditation, the Public Health Accreditation Board (PHAB) was established to develop a national accreditation program for ensuring accountability and quality for all public health agencies at the local and state level (PHAB, 2009). Currently, public health agency accreditation is a voluntary approach used to measure performance and is based on recommended standards derived from publications such as NACCHO's Operational Definition. An expected objective for accreditation is the creation of a platform for quality improvement (Russo, 2007). Additionally, the accreditation process which compares actual to expected performance of standards will help local public health agencies identify gaps in performance and areas where quality improvement strategies can be applied to delivery of services resulting in high-performing public health agencies leading to improved health outcomes (Bender and Halverson, 2010). Benefits that may be realized according to PHAB by receiving accreditation status include:

- “measurable feedback to health departments on their strengths and areas for improvement
- opportunities for health departments to learn quality and
- performance improvement techniques applicable to multiple programs
- increased credibility among elected officials, governing bodies and the public
- improved staff morale and enhanced visibility of local health departments

- accountability to elected officials and the community as a whole.”

(PHAB, 2009: FAQ on website)

The bar for accreditation will likely be raised as quality improvement activities are emphasized. As quality improvement becomes part of the culture of public health it is likely that LHDs will achieve more quality standards at higher levels of performance (Russo 2007). Organizational culture will be an important component for achieving higher levels of performance.

Organizational Culture and Leadership

An important point to note is that the suggested standards for accreditation do not include areas of culture within the organization but are aimed at evaluation of key public health processes, programs and interventions and the application of a formal quality improvement plan in selected program areas (PHAB, 2009). Culture is the product of shared meanings that determine the way the organization functions (Schein, 1985). An agency’s culture is made up, in part, of the values and beliefs that members of the agency have in common (Schein, 1985). These values and beliefs guide the collective behavior of the individuals who work in the agency. The culture in an organization is affected in the ways the organization conducts its work, treats its employees, collaborates with community partners, and the wider community; the extent to which autonomy and freedom is allowed in decision making, developing new ideas, and personal expression; how power and information flow through its hierarchy; and the strength of employee commitment towards collective objectives (Business Dictionary.com, 2010).

While leaders play a large role in defining organizational culture by their actions and leadership style, all staff contributes to the culture. Approaches to addressing public health problems require teamwork by a wide range of professionals from diverse backgrounds and disciplines (IOM, 2002). Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public’s trust and the institution’s

effectiveness (Public Health Leadership Society, 2002). For example, teamwork and collaboration that result in problem solving processes foster shared assumptions. Public health policies, programs and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members as well as employees (Public Health Leadership Society, 2002).

Public health leadership includes a commitment to the community and to the values of the community. Leaders in public health today require skills in systems thinking where a strong understanding of systems, how they work and how they influence each other is imperative. Systems thinking strategies in public health leadership involves making connections across organizations and jurisdictions from local to state to national and international (Rowitz, 2009). A systems thinking approach is necessary in order to apply new paradigms that relate to the core functions and essential services such as those that are needed during a time of crisis where leaders must interact with all types of people and organizations (Rowitz, 2009). Additionally, leading is a multidimensional activity. Public Health leaders have the responsibility to promote their agencies as providers of high-quality programs and services; promote teamwork; and ensure proactive consensus building and leadership sharing through communication and empowerment (Rowitz, 2009).

Experts in public health at the Institutes of Medicine and other national organizations consistently tell us that the health of the community is a shared responsibility of all its members, including the employees, and yet often public health agencies, like many government agencies, operate under a “chain of command” structure making it difficult to empower employees to make decisions. In public health no one person has all the knowledge to make the best decisions about which programs or services are to be implemented and how they are to be managed. Visionary

leadership requires listening to staff and allowing them to have input into the direction of the agency. The practice of public health requires teamwork and collaboration as indicated by the IOM and the Ethical Practice of Public Health.

Public Health leaders today are responsible for leadership at various levels including the agency, community, and professional level. It is necessary for leaders to be able to function in teams as a leader or as a team member and to allow others throughout the organization to assume leadership roles. A barrier to recruiting and retaining effective leaders in LHDs is that only one fourth of all local health officers have formal public health training and the median tenure of a local health officer is 8.7 years (NACCHO, 2008). This makes it difficult to establish a culture of visionary leadership and a supportive culture for practitioners to carry out the public health mission making it vitally important that Continuous Quality Improvement (CQI) become the “way of doing business” that can be embedded within an organization.

Additionally, leaders in public health must pursue their vision through influencing others. Ten leadership abilities and practices have been singled out as important for successful leadership in the 21st century.

1. “Leaders must be knowledge synthesizers
2. Leaders need to be creative
3. Leaders need to be able to create a vision and get others to share the vision and demonstrate a commitment to the vision and mission it represents
4. Leaders need to foster and facilitate collaboration
5. Leaders need to possess entrepreneurial ability
6. Successful leaders are systems thinkers who must also address the needs of complex environments
7. Leaders must set priorities
8. Leaders need to form coalitions and build teams

9. Leaders must not only bring a creative spark to the organization but also help put innovative ideas into practice
10. A successful leader acts as a colleague, a friend and a humanitarian toward everyone in the organization.” (Rowitz, 2009, pg. 27 – 29)

For LHDs to meet the public health needs of communities, high performance, efficiency and evidence-based practices are essential (Riley, 2010). Implementation of quality improvement as a management strategy has been shown to improve efficiency in other industries. Public health leaders should learn from these lessons and be willing to make a long-term commitment to developing approaches that have been proven results and have shown to improve systems. Adopting a CQI infrastructure as a way of doing business in LHDs has the potential to achieve optimal performance of improving population health (Riley, 2010). Committed leadership is critical to successful quality improvement implementation but it is also important to give staff hands-on opportunities and tools to make needed changes.

Role and Value of an Organizational Assessment

Organizations do not exist in a vacuum. Each organization is set in a particular environment that provides multiple contexts that affect the organization and its ability to meet its mission and vision. An organizational assessment can help organizations better understand organizational performance and pinpoint the elements that significantly affect that performance. In the business sector, the value of an organizational assessment is to gain a competitive advantage (Duncan, Gintei, Swayne, 1998). Assessing the internal strengths and weaknesses is used strategically as a tool for exploring the potential of the business. In the world of business, an organizational assessment can be a valuable tool to gain an understanding of resources and competencies of personnel. Additionally, an assessment focused on internal culture can help a business anticipate how well they can adapt to change in order to reap the benefits of changing

times (Duncan et al., 1998). For example, assessing a business by creating a list of strengths and weaknesses of the organization can be important when initiating strategic thinking by informing a focus on areas where the firm can actually add or lose value. Detailed categorization of strengths and weaknesses highlighted through an assessment can help the business better understand itself in an absolute sense as well as relative to competitors by benchmarking against industry (Duncan et al., 1998). In public health the value of conducting an internal assessment does not involve competition; however, addressing internal culture can help LHDs to respond proactively, effectively and efficiently to emerging public health issues and impact policy decisions through an understanding of an agency's ability to work as a team and to lead public health efforts deemed most effective at meeting the overall health needs of those it serves.

Continuous Quality Improvement

Quality assurance and *quality improvement* are frequently used interchangeably but do not have the same definition. Quality assurance refers to conformance quality involving a set of pre-determined standards that agencies are expected to conform to. Monitoring performance of an organization ensures that standards of quality are being met (McLaughlin and Kaluzny, 2006). Quality improvement (QI) in public health refers to a "continuous and ongoing effort to achieve measureable improvement in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes which achieve equity and improve the health of the community" (Riley, 2010 pg. 6). Ultimately QI will result in a coordinated distinct management process to ensure that public health agencies meet the health needs of communities and improve outcomes in order to achieve the Public Health mission.

Continuous quality improvement (CQI) refers to a structured organizational process involving staff in the planning and implementation of a continuous flow of improvement strategies (McLaughlin and Kaluzny, 2006). CQI involves seven characteristics:

- “a link to the organization’s strategic plan
- a quality council made up of the organization’s top leaders
- training programs for staff
- mechanisms for selecting improvement opportunities
- process improvement teams
- staff support for process analysis and redesign
- policies for personnel that motivate and support participation in the process improvement phase” (McLaughlin and Kaluzny, 2006, pg. 3)

Quality improvement involves activities that focus on specific processes or projects as well as a public health department’s adoption of an organization-wide commitment to quality improvement (Bender and Halverson, 2010). For quality improvement to become embedded into the culture of a health department, leaders and management must commit to ensuring that staff think of quality improvement as “business as usual” (Riley et al., 2010).

Through a consensus building process with partners, priorities can be determined through a systematic CQI approach and by asking the questions such as:

- “What are we trying to accomplish?
- What actions should be taken to improve the problem?
- How will we know that a change is an improvement?” (IHI, 2011)

This approach focuses on the organization and the systems of the organization rather than the individual within an organization. Additionally, CQI recognizes both internal and external customers and identifies areas for improvement within the process of the organization and involves everyone in all aspects of improvement for the organization. The core concepts of CQI

identify quality as meeting and/or exceeding the expectations of customers (internal and external). Success is achieved within an organization by meeting the needs of those served by the organization. Because most problems are found in processes and not in people, CQI does not seek to blame those who work in the organization but rather identifies opportunities where processes can be improved that will result in a better functioning organization (McLaughlin & Kaluzny, 2006).

It is possible to achieve continual improvement through small, incremental changes using CQI. Continuous improvement is most effective when it becomes a natural part of the way every day work is done. An example of a CQI approach is a Plan, Do, Study, Act (PDSA) model:

- PLAN: Plan a change or test of how something works.
- DO: Carry out the plan.
- STUDY: Look at the results. What did you find out? (This step is sometimes referred to as CHECK)
- ACT: Decide what actions should be taken to improve.

The PDSA cycle should be repeated to achieve desired results (McLaughlin and Kaluzny, 2006).

The Institute of HealthCare Improvement suggests core steps for implementing CQI (IHI, 2000).

- “Form a team that has knowledge of the process needing improvement (include all staff involved)
- What are we trying to accomplish?--Set aims
- How will we know that a change is an improvement?--Establish measures to monitor performance and improvement
- Review evidence for potential change strategies or producing improvement
- Collect and use data for facilitating effective decision-making for making change that will result in improvement
- Test changes using a systematic method such as the PDSA model” (IHI, 2000).

Evidence-based Practice

Continuous quality improvement strategies result in identification of gaps in performance. The ultimate outcome of CQI is to improve detected performance gaps. Public Health practitioners have access to many evidence-based strategies and programs for health promotion and disease prevention in communities. CQI can be a catalyst for applying and delivering what has been proven to work through scientific rigor and review. A variety of effective interventions is available from numerous sources such as the *Guide to Community Preventive Services* and the *National Registry of Evidence-Based Programs and Practices* (Brownson, Fielding, and Maylahn, 2009).

Additionally, there is a need for established decision-making processes that ensure agency policies and procedures align with the agency mission. The goals of decision-making include achieving a high-quality output in a short period of time and making the decision at the right time (Grove, 1995). Due to the time constraints often attendant to decision-making in public health, it is reasonable that decisions should include those closest to the situation, staff who know the facts regarding the situation and those who have had experience with similar situations and, consequently, are equipped to make judgments about the issue (Grove, 1995).

There appears to be a consensus among investigators and public health leaders that a combination of scientific evidence and values, resources, and context should enter into decision-making processes (Brownson et al., 2009). In establishing decision-making processes, Grove (1995) recommends six important decision-making questions be considered:

1. What decision needs to be made?
2. When does it need to be made?
3. Who will decide?
4. Who will need to be consulted prior to making the decision?

5. Who will ratify or veto the decision?
6. Who will need to be informed of the decision?

Additionally, decision-making should be forward looking by addressing resource allocation and changes in policy if necessary.

CASE STUDY

In the summer of 2010, a team from the UNC-Chapel Hill Public Health Leadership Program, Gillings School of Global Public Health entered into an agreement with the North Carolina, Pender County Health Department, to conduct a cultural organizational assessment aimed at identifying areas for improvement. The assessment focused on the agency's public health programs and services, employee-management relations, and financial management. Through this project lessons were learned about the impact of organizational culture in public health organizations. While this agency was one of the first to achieve state accreditation designation in North Carolina for its accomplishments delivering public health services, gaps in performance were detected that were directly related to the culture of the organization, impeding the ability of the agency to fully meet the needs of the populations they serve. Because the Pender County Health Department understands the public health challenges it faces, a proactive approach to prepare to meet those challenges instigated the requested assessment to address problems and identify recommendations for improvement of the organization. This project demonstrated that voluntary accreditation can be enhanced by assessing organizational culture and recommending quality improvement strategies that will close the gaps on performance, resulting in an efficient and effective LHD. An assessment conducted at the Pender County Health Department provides an excellent example of the process, results and value of such and opportunity. A major goal of the initiative in Pender County was to use the results to assist the Health Department to mobilize action on the detected gaps in performance.

UNC Team Assessment Process: Data collection and analysis

An assessment focused on organizational culture conducted in Pender County during the summer months of 2010 required a team of three to conduct a literature review to determine existing organizational assessment tools and survey instruments that could be used as resources for developing appropriate questions about the culture at the health department. Priority areas to be covered included: leadership, managing change, achieving goals, coordinating teamwork, customer and community orientation, and cultural strength. Three areas for improvement were highlighted as a result: programs and services; employee-management relations and teamwork; and financial management.

One-on-one interviews were conducted with a random sample of employees using an instrument developed by the team. The interview results were categorized into 16 themes: slow dying, teamwork and cooperation, organization, staffing, communication, training, chain of command, leadership, external influences, vision, greed/self-interest, morale, trust/respect, patient care, public health, and finance/budget. Additionally, face-to-face interviews with randomly selected employees were conducted from the following areas: billing and finance, programs and services, and management. An online survey was sent to all employees to collect data using objective questions about the organization. Additional data from a variety of documents including: Community Health Assessments; the Strategic Plan; the Strategic Plan Report; the State of the County Report; the Healthy Carolinians Action Plan; the NC Public Health Accreditation Report and Findings; customer satisfaction surveys; organizational charts; list of employees by department; the budget for the current year and the previous 4 years; Human Resources policies; a situational assessment and a conflict assessment conducted prior to the project; and the Consolidated Agreement between State of NC and Pender County Health

Department was compiled. Additional data was collected through interviews of Board of Health members. Recommendations were made in three areas: organizational culture, programs and services, and management. An additional two recommendations for evidence-based strategies for high impact were made at the organizational level.

Results

The assessment in Pender County revealed problems with leadership and culture. When employees were asked about the culture of the organization major findings included:

- The culture of the organization supports short-term day-to-day operations and plans for programs, as opposed to a more comprehensive planning and delivery of services.
- Over half of the responding employees agreed that they felt a sense of hopelessness – reflecting a culture that may not be placing a high priority on employee feelings and attitudes.
- Two-thirds of the survey participants agreed that the organization needed changes; however, no one with the authority was willing to make these changes.
- Teamwork is not supported in the organization
- Limited communication exists and information is shared on a need-to-know basis
- A leadership void exists and is replaced by a top-down style of management employed by those in authority.

The leadership of an organization has a great impact on the culture of the organization and whether employees and community members are empowered to make decisions about setting goals and strategies to achieve those goals. In response to the findings about leadership recommendations to close the gaps in leadership included:

- Develop and expand leadership throughout the Health Department
- Build a culture that promotes teamwork

- Find a mentor to help change the leadership approach in the organization for current agency leaders
- Ensure a customer-driven organization – always focus on the customer (internal and external)
- Motivate staff and leadership to meet goals
 - Obtain input from staff about how tasks are to be completed
 - Hold regular staff meetings and celebrate success
 - Conduct 360 degree reviews of senior leadership in the organization

Additionally, results also revealed problems and challenges with programs and services including:

- Minimal level of engagement of community members and PCHD employees in decision-making about current & future public health programs and services
- Imbalance between individual health care and population-centered public health services
- Community health assessment data, strategic plan, and evidence-based practices are not well aligned

The 2006 CHA identified diabetes - related death rates among the black population were more than twice the rate than for the white population. In this case, one would expect the agency to address the identified disparity by including goals or strategies in the agency Strategic Plan for reducing the high rate of diabetes in the Black population. However, no goals were set and this disparity was essentially ignored. Supervisors might be unclear about the process for collecting community data and linking that data to the strategic plan. To address this gap, a CQI approach might involve forming an internal team to identify the best way to convene external partners to advise on the process for collecting data and developing strategies to address priority health issues. Linking community health data to the strategic plan was recommended.

The assessment in Pender County also revealed that support for training beyond the minimum training expectations set by the state seemed to be limited. The team recommended professional development in communication and core competency areas. These opportunities can impact improvement in culture.

Public health faces new challenges in the 21st century, including strengthening competencies to address health disparities, combating emerging and re-emerging communicable disease, reducing risk factors for and rates of chronic disease, and enhancing emergency response capabilities (IOM, 2002; World Federation of Public Health, 2000). Additionally, The Council on Linkages between Academia and Public Health Practice (2009) recommends that local public health organizations develop practitioner's written and oral communication skills with an emphasis on linguistic and cultural proficiency, applying strategies of principled negotiation, conflict resolution, active listening, and risk communication in interactions with individuals and groups, in order to enhance collaboration and ensure effective communication of public health messages to the community. Lacking effective communication skills, the organization is not able to function efficiently to meet public health challenges. The Pender County assessment process revealed gaps in communication. The major findings regarding communication within the agency include:

- Communication is considered to be problematic within and among units, among unit managers, between unit managers and administration, between staff and administration, and between staff and the Pender County Board of Health.
- Unit meetings, management team meetings, and departmental meetings appear to be held with varying degrees of frequency.

Training can improve communication as well as overall performance (Grove, 1995).

Furthermore, enhanced communication can aid the effort to coordinate services and generally improve employee morale.

In order to enhance communication and other core competencies, it was recommended that the staff engage in opportunities for training and development. Training areas should be defined, and training needs should be assessed. For example, in addition to communications skills, the Council on Linkages Between Academia and Public Health Practice (2009) has identified skills in the areas of analysis and assessment, policy development and program planning, cultural competency, community dimensions of practice, public health sciences, financial planning and management, and leadership and systems thinking that can serve as a guide for public health workforce development.

In addition to improving staff competencies, workforce training and development helps empower staff (Forrester, 2000). Empowerment entails entrusting to others the full power, responsibility, and authority to do their jobs as they see fit. Through empowerment, employees become responsible and accountable for their work. As part of Continuous Quality Improvement, empowerment implies the creation of opportunities for staff to be proactive in making decisions, and correcting problems.

Based on the thorough review of existing and new data from an organizational assessment, recommendations to the Pender County Health Department included expanding decision-making about programs and services to include community members and additional health department staff, linking programs and services to the findings about community health, monitoring financial status routinely, developing leadership skills across the agency, and setting targets for improving performance through the use of evidence-based public health practice and measurement systems that monitor progress. The cross-cutting recommendation was to adopt a Continuous Quality Improvement as a natural part of the way every day work is carried out. Systematic CQI approaches such as the IHI Model for Improvement that focuses on the

organization and the systems of the organization rather than the individual within an organization was recommended to the organization as a place to begin to address the gaps in performance. Additionally, as mentioned previously in the literature review, approaches to addressing public health problems require teamwork by a wide range of professionals from diverse backgrounds and disciplines (IOM, 2002). Developing leadership skills and promoting teamwork within the organization was highly recommended in order to develop a culture where shared decision-making can occur and employees can engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

RECOMMENDATIONS FOR APPLICATION

While the voluntary accreditation process will be a large step forward in moving toward a culture of quality improvement in LHDs, there appears to be a need for an additional component that assesses the culture of the LHD. In the assessment process of the Pender County Health Department, problems were found related to the culture that were repairable but nonetheless held the agency back in meeting the overall health needs of the community. Had the assessment not been conducted, areas for improvement to meet the mission of the agency may never have been found. Public Health has increased its own focus on quality improvement by developing standards LHDs can benchmark against through the accreditation process however, these standards do not address issues that set the tone for the culture of the agency. Culture could be the variable that prevents the agency from meeting the public health mission at the local level. Lack of leadership and commitment to quality improvement as a management approach; and professional development in communication, quality improvement strategies and evidence-based approaches to decision making are potential problems LHDs face. These areas are important to

improve the culture and can, coupled with accreditation, help an LHD prepare to meet the anticipated and unanticipated challenges the future holds.

An organizational assessment focused on the culture of the organization as part of a Continuous Quality Improvement effort can identify any problems that are present and can provide to the leadership of a LHD actionable information where a systematic process to address the identified problems can be implemented. The PHAB and the National Association of Local Boards of Health should encourage LHDs to conduct an assessment similar to the one conducted in Pender County as part of the accreditation process.

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APPENDIX A

A LOGIC MODEL FOR ACHIEVING THE PUBLIC HEALTH MISSION

