Cumberland Valley District Health Department

Quality Improvement Story Board

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PLAN

Problem Statement

The Cumberland Valley region has very high rates of chronic disease. These differences, or health disparities, result from such social determinants of health as geographic location, poverty, poor educational attainment and limited access to health care. In the past, CVDHD has not specifically trained our staff in the importance of understanding the social determinants of health as factors that negatively impact the health of the populations we serve. Our staff has not been equipped to analyze economic and health data and to apply this data to develop community-driven health initiatives to reduce the impact of social determinants.

Aim Statement

CVDHD is committed to addressing health inequities that are due to racial, socioeconomic and geographic factors. We will strengthen our capacity to address inequities by educating our staff on the social determinants of health, responding to health inequities, and building the capacity of our community partners to lead and implement a plan to improve the health of our community.

Process Outline & Relevant Data

Reach out to a broader range of community partners.

Develop and implement a strategic health plan to coordinate efforts and avoid duplication of services.

Educate public health staff on identifying social determinants of health and responding to health inequities.

Utilize state experts and best practice toolkits in creating a plan for reducing health disparities in our region.

Use **County Health Rankings data** to drive the process.

Identify Potential Causes

- The mountainous geography in the foothills of Appalachia and the extreme rural isolation of our area lends to the increase of health disparities due to lack of access to care, poor education, and poverty.
- Public health staff who work and live in the same area have not been educated in recognizing and understanding the social determinants of health, and have therefore, not been responding aggressively to the needs of specific underserved groups in ways that will decrease those disparities.

Identify Potential Solutions

- Provide a Health Equity conference to educate all staff
- Conduct a conference evaluation to ensure training objectives were met
- Include information about health disparities as part of future new staff orientation
- Maintain Equal Opportunity Employment policies to encourage racial diversity among staff
- Actively recruit community partners from all sectors of the communities we serve
- Utilize Best Practice toolkit with organizational leaders, staff and community partners (LHD Organizational self-assessment for addressing health inequities) as part of internal quality improvement
- Strengthen our outreach and referral systems to include underserved groups

Improvement Theory

By taking active steps to keep reduction of health disparities on the forefront of all programming decisions, we will make a notable reduction over time of health disparities that contribute to chronic disease in our region.

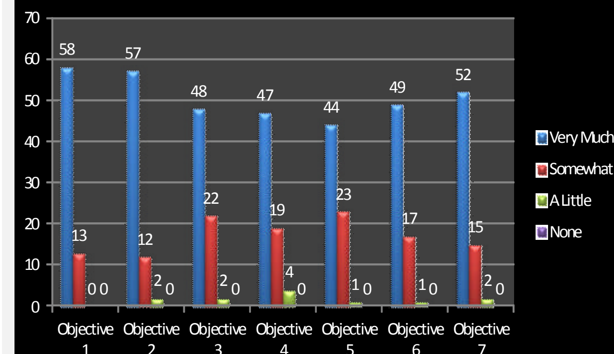
DO

Test the Theory

- CVDHD team attended the Health-Equity themed KPHA to gain current best practices in order to conduct a successful local health equity conference.
- Planned the CVDHD Health Equity conference utilizing state experts.
- Conducted an all day health equity conference for all CVDHD public health staff utilizing presenters who are expert in the field.
- Obtained conference evaluation results (see graph above to right) to ensure that all conference objectives were met.
- Reviewed Equal Opportunity Employment policies to encourage racial diversity of public health staff.
- Researched the toolkit and guide: "LHD Organizational Self-assessment for Addressing Health Inequities" to be used with our partners and our staff.
- Continue to recruit more diverse community partners and reach out to a broader network.
- Developed an evaluation tool and are in process of conducting community assessments for purpose of strengthening our outreach to underserved groups.

CHECK

Study the Results



ACT

Standardize or Develop New Theory

Building on past successes toward population-based health, we will continue to focus on the broader population with regards to policy and environmental change. See examples of implementing a local smoke-free ordinance, our population-based nutrition programs featured in KET documentary "Well Fed", and new crosswalks to promote physical activity.

Our **new theory** is to develop our workforce to provide population-based health and incorporate **focused planning and evaluation of plan** to reduce health disparities in our region.

Future Plans

Develop a full Health Equity strategic plan based on the results of this project and the results of the LHD Self-Assessment for addressing Health Inequities.
Increase of diversity of LHD staff.
Develop CVDHD website and strengthen outreach to more effectively identify and respond to the needs of underserved groups.
Assume and maintain a leadership role in this area in our communities.