PHAB Annual Report
Section II
Release Date: January 8, 2014
For Health Departments Accredited Under Version 1.0

On this form, you will report on the health department's activities related to improvement activities; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

Health Department Name

Improvement Activities
Please describe improvement activities the health department has conducted during the previous year. In identifying improvement activities, you may consider measures that the Accreditation Committee requested be addressed in the Annual Report, measures that were scored as less than fully demonstrated in the PHAB Site Visit Report, other specific opportunities for improvement that were identified in the Site Visit Report, or other agency QI priorities. An improvement activity may address a broad area that encompasses more than one PHAB standard or measure (e.g., enhancing community collaboration). For each improvement activity, provide descriptions in the boxes below. You must report on at least one improvement activity. You can report on as many as three activities.

Improvement Activity #1

1. Describe the need for the improvement activity (issue that needed to be addressed), how the need was determined (e.g., Accreditation Committee, Site Visit Report, customer survey, audit, etc.) and the QI initiative aim (including the specific measurable goals set for the activity). (Word limit: 500)

Background: The Local Public Health System (LPHS) Model Standards developed by the CDC recommend that LPHS's work with the community to develop and implement policies, laws, regulations, and ordinances to improve the public's health. To ensure effective public health policy, the Standards require that SRHD :(1) Contributes to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process. (2) Alerts policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies. (3) Review existing policies at least every three to five years. (4) Participates in the modification of existing laws, regulations, and ordinances and/or the formulation of new laws, regulations, and ordinances. The Model Standards also reinforce the role of LPHS's in addressing health equity through advocacy for prevention and protection policies that address those in the community who bear a disproportionate risk for mortality or morbidity.

Project Selection: Last year (2013), two of our four strategic planning goal groups began to explore different tools to guide policy decisions for staff and BOH. There was identified the need to bring the goal groups together to develop <u>one</u> standardized and coordinated process and set of tools to meet the needs of the agency. Last year, our agency Quality Council developed and piloted a new, formal process of identifying and selecting cross-divisional quality management (QM) projects. The idea to develop a standardized policy analysis process was submitted as a cross-divisional quality managment project idea to the Quality Council. After a formal prioritization process, this project was selected and submitted to the agnecy Executive Leadership team for approval. The project was approved and initiated in September of 2013. The project brought together the work of all goal groups (social determinants of health, BOH governance, policy and funding, emerging health issues) in an effort to institutionalize this new process in preparation for the next strategic planning cycle.

Problem Statement: SRHD does not have a standardized process and tool to facilitate objective decisionmaking for the development, modification, prioritization and implementation of public policies affecting public health, equity and overall quality of life for residents of Spokane County. **The objective of the improvement activity is to:** Develop a policy screening and impact review tool and supporting process--herein referred to as the health and equity policy analysis (HEPA) project—that is compliant with LPHS Model Standards recommendations, informed by identified community/societal values, and is satisfactory to BOH By May 31, 2014. The success of this project and the new policy analysis process under development will be measured be repeating surveys of staff and BOH on public health policy competencies periodically overtime.

2. Describe the implementation of the improvement activity (e.g., how it was organized and led, was a pilot conducted, what methods and tools were used, where it took place, etc.). (Word limit: 500)

The HEPA project is being implemented using processes established through our agency Quality Council. The project Sponsor is our health officer, Dr. Joel McCullough. The project's team leader and process owner is our agency policy specialist, Linda Graham. Additional team members are included to represent every division in the agency, and the team is also represented by Board of Health participation. The project is being facilitated by Stacy Wenzl, the manager of our Data Center. Stacy recently received her black belt in Lean Six Sigma and is employing the Six Sigma method for quality planning: Define-Measure-Analyze-Design-Verify (DMADV). The project team has been meeting bi-monthly since September. Below are some of the tools that have been employed within the major phases of the six sigma improvement methodology being followed.

    1. **Define**
        a. Prioritization Matrice
        b. Project Charter

| | | c. | Flow Chart (high-level) |
		d.	SIPOC
	2.	**Measure**	
		a.	Board of Health Survey – governance functions, including policy
		b.	Board of Health Qualitative data – key informant interviews
		c.	Joint Management Qualitative data – discussion and exercise
		d.	Data Collection Plan
	3.	**Analyze**	
		a.	Brainstorming
		b.	Stratification
		c.	Risk Analysis
		d.	Voice of the Customer translation table
	4.	**Design**	

Benchmarking – Literature Review Matrix

3. Describe what the health department has learned from implementing this improvement activity and any steps taken based on what was learned. (Word limit: 500)

The HEPA project has not been completed. The project is currently in the "Design" phase and is expected to be piloted in May 2014.

4. Describe the outcomes of the improvement activity (including progress towards the measurable goals that were set). (Word limit: 500)

The graphic below demonstrates the ultimate goals and objective of the project and how they will be measured. Since the project is still in progress and has not yet been implemented, outcomes have not yet been attained.
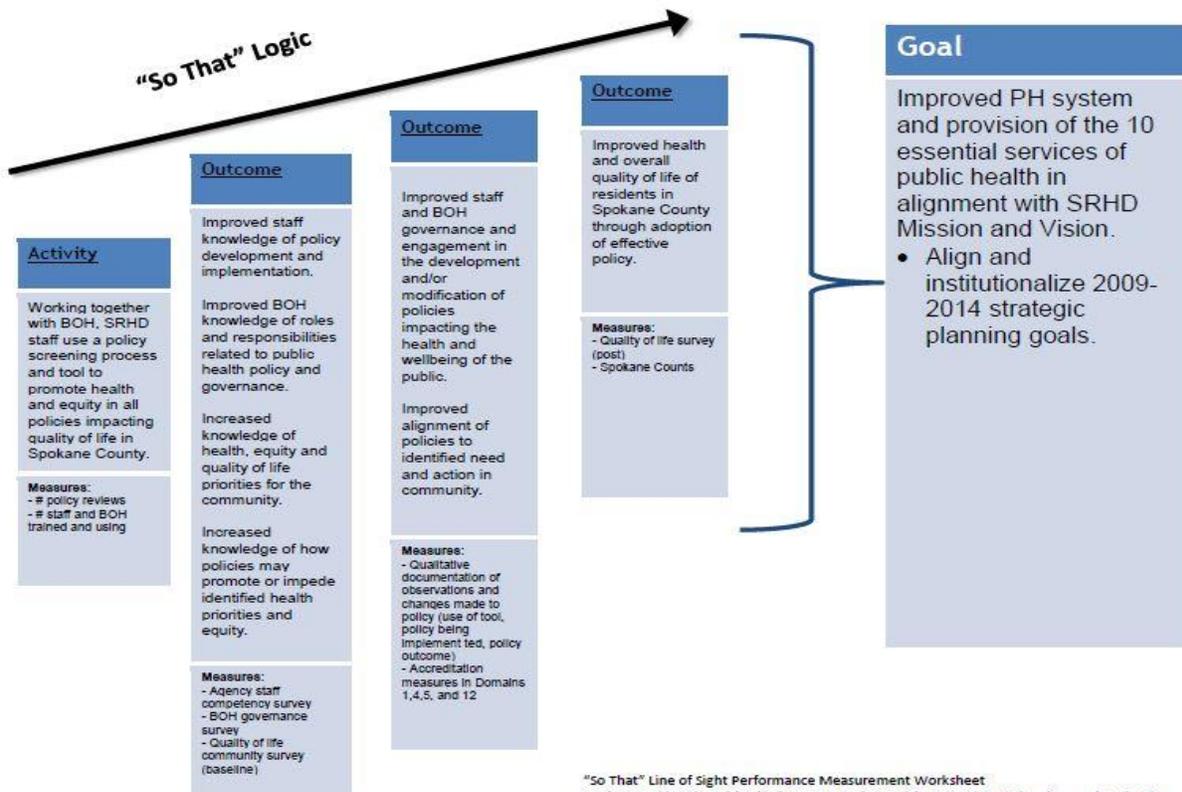
"So That" Line of Sight Performance Measurement Worksheet
Spokane Regional Health District, Community Health Assessment, Planning, and Evaluation

	5. Did the improvement activity achieve any of these efficiency related outcomes? *(Select all that apply. Place an X in the column to the left of the outcome.)*		
	Time saved		Costs avoided
	Reduced number of steps		Other
	Revenue generated due to billable services	X	None – the project has not yet been completed
	Costs saved		

	6. Did the improvement activity achieve any of these effectiveness related outcomes? *(Select all that apply. Place an X in the column to the left of the outcome.)*		
	Increased customer/staff satisfaction		Organizational design improvements
	Increased reach to a target population		Increased preventive behaviors
	Dissemination of information, products, or evidence-based practices		Decreased incidence/prevalence of disease
	Quality enhancement of services or programs		Other
	Quality enhancement of data systems	X	None – the project has not yet been completed

7. Does the health department plan to do additional work related to this improvement activity next year? This could include standardizing the initiative or replicating it to other units, service lines or organizations.
(If yes, please describe below. If no, please leave the next box blank.)

The HEPA project (processes and tools) will be completed and piloted in May 2014. The process and tools will be subsequently revised with the lessons learned from the initial pilot. Staff will then work to develop the electronic platform needed to host the process and tools in order to develop the user interface that will meet staff needs. The HEPA project will then be implemented throughout the organization via staff trainings and the development of an internal, standing policy analysis review team whose primary responsibility will be to vet agency and programmatic policy ideas through the HEPA process and tools. Additionally, SRHD has applied for a RWJF Health Impact Assessment capacity-building grant. If awarded this grant, staff will be working with community stakeholders to modify the tools for use in other sectors to continue to promote health in all policy decision making processes.

8. To which PHAB measure(s) does this apply?

Domain 1: 1.3.1A, 1.4.1A
Domain 4: 4.2.1A, 4.2.2A
Domain 5: 5.1.1A, 5.1.2A, 5.1.3A
Domain 9: 9.2.2.A
Domain 12: 12.3.1A

Improvement Activity #2

9. Describe the need for the improvement activity (issue that needed to be addressed), how the need was determined (e.g., Accreditation Committee, Site Visit Report, customer survey, audit, etc.) and the QI initiative aim (including the specific measurable goals set for the activity). (Word limit: 500)

Through earlier quality improvement efforts we identified the need to move from our old proprietary finance system (Dynalogic) and the associated cash registering and credit card programs to an integrated platform (Microsoft GP (Great Plains)). We had established human resources and payroll on GP which prompted our evaluation of expanding the platform to the entire financial system. Incorporating accounts receivable, accounts payable, the cash registering system, procurement and budgeting were identified as targeted areas to integrate.

The AIM statement was to integrate the desired modules by the middle of 2013, including the beta test.

10. Describe the implementation of the improvement activity (e.g., how it was organized and led, was a pilot conducted, what methods and tools were used, where it took place, etc.). (Word limit: 500)

The implementation was coordinated by an upper level program manager who is an accountant. She worked closely with contracted experts from our software provider. A test company was set up and used to run pilot activities. Beginning balances were established in the test company which paralleled balances in our books. Electronic workflows were developed for sign-offs and procurement approvals, then beta testing began for cyclic testing.

Methodologies utilized included business process analysis evaluations using various flow charting methods was used in the early stages. Fishbone cause and effect processes assisted in reaching root issues to resolve with the system from user perspectives then interrelationship diagraphs depicted which functions related to others and the personnel supporting those activities. Targeted focus groups were held to assure understanding then development of the beta system took shape.

11. Describe what the health department has learned from implementing this improvement activity and any steps taken based on what was learned. (Word limit: 500)

Many learnings occurred during the transition of financial management systems. Earliest was the awareness of the stress of change on people who had done the work in a specific way for long periods of time and were resistant. Engaging them in transition helped greatly. We also understand that major change is a delicate process that needs consistent messaging, clear timelines and expectations. We feel that we carried out the transition as smoothly as possible and have strong buy in after the fact.

We have also developed an internal model for future transitions by understanding the benefits of the tools used and the sequencing of the work.

12. Describe the outcomes of the improvement activity (including progress towards the measurable goals that were set). (Word limit: 500)

The primary desired outcome is our ability to have stronger internal controls from a centralized accounting system which insures proper accounting of assets. Cost savings from realignment has been realized with the elimination of our central stores to a just in time methodology for most supplies. Real time reporting allows managers to monitor their programs more effectively while it gives finance current data to recommend changes to divisions and program.

13. Did the improvement activity achieve any of these efficiency related outcomes?
(Select all that apply. Place an X in the column to the left of the outcome.)

X	Time saved	X	Costs avoided
X	Reduced number of steps		Other
X	Revenue generated due to billable services		None

	Costs saved		

14. Did the improvement activity achieve any of these effectiveness related outcomes?
(Select all that apply. Place an X in the column to the left of the outcome.)

X	Increased customer/staff satisfaction	X	Organizational design improvements
	Increased reach to a target population		Increased preventive behaviors
	Dissemination of information, products, or evidence-based practices		Decreased incidence/prevalence of disease
X	Quality enhancement of services or programs		Other
X	Quality enhancement of data systems		None

15. Does the health department plan to do additional work related to this improvement activity next year? This could include standardizing the initiative or replicating it to other units, service lines or organizations.
(If yes, please describe below. If no, please leave the next box blank.)

16. To which PHAB measure(s) does this apply?

11.2

Improvement Activity #3
17. Describe the need for the improvement activity (issue that needed to be addressed), how the need was determined (e.g., Accreditation Committee, Site Visit Report, customer survey, audit, etc.) and the QI initiative aim (including the specific measurable goals set for the activity). (Word limit: 500)

Spokane Regional Health District has identified tobacco as one of 5 agency priorities. In the fall of 2011, Spokane Regional Health District HIV/AIDS Case Managers identified a need for consistent tobacco cessation intervention among their clients. The initial need was identified through the annual Client Satisfaction Survey which showed nearly 60% of HIV/AIDS clients smoked at the time of the survey.

The goal of the HIV/AIDS program is harm reduction so case managers were hesitant to set forth on a project that measured only those clients who completely quit tobacco use. Therefore, the QI initiative aim was to increase by 10% HIV/AIDS clients who move one step forward in the Stages of Change model for tobacco cessation by December 31, 2013 to improve overall health of clients. The stages of change are:

- Precontemplation (Not yet acknowledging that there is a problem behavior that needs to be changed)
- Contemplation (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
- Preparation/Determination (Getting ready to change)
- Action/Willpower (Changing behavior)
- Maintenance (Maintaining the behavior change) and
- Relapse (Returning to older behaviors and abandoning the new changes)

18. Describe the implementation of the improvement activity (e.g., how it was organized and led, was a pilot conducted, what methods and tools were used, where it took place, etc.). (Word limit: 500)

A quality improvement project was identified for tobacco cessation among HIV/AIDS clients. The QI team consisted of SRHD Tobacco Cessation staff and HIV/AIDS Case Managers and included a sponsor, process owner, lead and facilitator. After completing a Project Definition, the team created an *HIV/AIDS*

Tobacco Cessation Toolkit, based on best practice complete with assessments and resources for clients. Focus groups were held to get client feedback on the toolkit. Case Managers were trained on implementation of the toolkit and the client tracking form to track client's current tobacco use and stage within the model. They then tested the toolkit with 3 to 5 clients each over a specified time frame to assess for any adjustments that might be needed.

After the test phase, standardized and consistent interventions began with HIV/AIDS clients; assessing for the client's stage in the Stages of Change Model. Case Managers utilized best practice methodologies, including Ask- Advise- Refer and Motivational Interviewing. Treatment plans were put in place where indicated and all components of the treatment plan were client driven and case manager supported. Each intervention was tracked with a client tracking tool and analyzed by SRHD's Data Center.

19. Describe what the health department has learned from implementing this improvement activity and any steps taken based on what was learned. (Word limit: 500)

For HIV/AIDS staff specifically, individual tracking form for clients was too cumbersome; case managers need to identify an easier tracking method in their standard tracking software. Though case managers were unable to ask every client about tobacco and the number of actual clients tracked was small there were some statistically significant results in moving clients through the Stages of Change Model. HIV/AIDS program focusses on harm reduction. The majority of clients with whom an intervention was conducted moved from pre-contemplation to contemplation or planning and action stages. This shows that with even a small amount of effort to ask about tobacco use and desire to quit public health staff were able make positive impact with clients toward tobacco cessation. Moving forward, this type of intervention will be explored with multiple programs within SRHD.

20. Describe the outcomes of the improvement activity (including progress towards the measurable goals that were set). (Word limit: 500)

HIV/AIDS clients do not have regular appointment times with their case managers and are often coming in during a crisis to seek help. Because of this, Case Managers were not able to conduct interventions with every client at visits. With those whom they did intervene, results were favorable. Statistically significant results within the reporting time period are as follows:

- Clients who reported smoking every day reduced from 92.9% to 50%

- Clients who reported smoking a pack per day decreased from 35.7% to 8.3 %

Clients who reported being in the Actively Quitting and Quit Stages in the model increased from 7.1% to 50% collectively.

21. Did the improvement activity achieve any of these efficiency related outcomes?
(Select all that apply. Place an X in the column to the left of the outcome.)

	Time saved		Costs avoided
	Reduced number of steps		Other
	Revenue generated due to billable services	X	None
	Costs saved		

22. Did the improvement activity achieve any of these effectiveness related outcomes?
(Select all that apply. Place an X in the column to the left of the outcome.)

X	Increased customer/staff satisfaction		Organizational design improvements
X	Increased reach to a target population	X	Increased preventive behaviors
X	Dissemination of information, products, or evidence-based practices		Decreased incidence/prevalence of disease
X	Quality enhancement of services or programs		Other
	Quality enhancement of data systems		None

23. Does the health department plan to do additional work related to this improvement activity

next year? This could include standardizing the initiative or replicating it to other units, service lines or organizations.
(If yes, please describe below. If no, please leave the next box blank.)

Yes. A cross-divisional team (Health Promotion, Community Family Services, and Opioid Treatment Program) will work collaboratively to measure tobacco cessation, reduction, and education with SRHD maternal clients in WIC, Nurse Family Partnership and the maternal group that is part of the Opioid Treatment Program. The team is in the planning and definition process of the project. The team will use lessons learned, materials, and processes developed for the HIV/AIDS project.

24. To which PHAB measure(s) does this apply?

3.1.2 A Implement health promotion strategies to protect the population from preventable health conditions

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Continuing Processes

25. Describe how the health department has updated and/or expanded the community health assessment over the past year. Include information about the process as well as the resultant changes. (Word limit: 500)

This past year we updated Spokane Counts, produced a new report called Healthy Families, Better Beginnings, and helped update the data contained on the Community Indicators Project website. Spokane Counts is a comprehensive collection, review and analysis of data deemed important in monitoring community health status. Spokane Counts was among several assessment products used to meet accreditation. Several impacts of these assessment efforts were identified, including: Identification of agency or community health priorities: ACEs, preconception and pregnancy health, school readiness, inequities; Improved awareness of community health status; Influenced policy in the County (health considerations in transportation master plan); Influenced partnerships (e.g. faith-based community, Priority Spokane). Additionally, Seven of 20 Spokane Counts indicators ranked as high scoring (not meeting expectations) either directly measure forms of violence (e.g. child abuse) or may be related to exposure to violence and complex trauma (e.g. substance abuse among youth, unplanned pregnancy, etc.). An investigation of the health concerns that these indicators represent is will be the focus of assessment work in 2014.

The SRHD continues to provide support for the work of Priority Spokane to increase educational attainment in the community, the priority identified in our CHIP. Since submission of the CHIP, our local Spokane County United Way has launched a Cradle-to-Career effort using the collective impact model. SRHD Data Center staff is working with the United Way to provide backbone support functions to further the work of the Spokane Cradle-to-Career (Spo-C2C) network. The role of the Assessment program staff will be to assist the C2C project director by providing data and information management expertise and technical assistance as needed to support ongoing evaluation and performance improvement for the collective impact effort and helping with the development of an initial summary baseline report.

Additionally, Priority Spokane is interested in addressing mental health in the community. Our SRHD Data Center is providing data to support understanding of mental health concerns in our community.

26. Describe how the health department has implemented and/or revised the community health improvement plan over the past year. Include information about the process as well as the resultant changes. (Word limit: 500)

The work around educational attainment continues with primary efforts focused in the six middle schools of the Spokane Public School (SPS) District. Initial research indicated that attendance, behaviors, and core class grades (ABCs) are the in-school factors that impact whether a child graduates from high school or not. SPS developed an Early Warning System (EWS) to monitor the ABCs. The Priority Spokane initiative received a two-year Robert Wood Johnson Foundation grant to develop community attendance boards in each of the middle schools to work with students who reach four unexcused absences and their parents. Community partners attend the attendance boards to help the families with

identified needs, including a public health nurse and mentoring program staff. Mental health services are available through the grant. A community forum was held to share the school and community strategies with other school districts. The early warning system was given to each of the school districts in the region to use. The attendance boards have been expanded to some of the SPS elementary schools and are being considered for use with students who have behavioral issues. Other school districts have indicated the desire to set up attendance boards. Spokane Regional Health District assessment staff compiled data for each of the school districts similar to what was used in SPS to monitor this effort. We have shared this work with the statewide public health sector, key leaders in the Office of Superintendent for Public Instruction, and will be presenting at a statewide school conference in April.

In 2013, community representatives who work in Education, Public Safety, Economic Vitality, Healthy People, and the Environment came together twice. Each group discussed what a "healthy Spokane County" would look like and the most effective indicators for evaluating relevant goals. Data was shown displaying where Spokane County met reasonable standards and where important gaps exist that could be addressed.

Three or four priorities were put forward from each group, for a total of approximately fifteen priorities that were taken under consideration at the final, all-inclusive meeting in early December. The results from the discussions and vote were 1) increase the accessibility, resources, and attitudes regarding mental health; 2) create high quality jobs; and 3) expand early intervention programs. The Priority Spokane steering committee listened to experts in the top four priority areas (including our current priority of educational attainment) and City and County government representatives. Each speaker briefed us on what work is currently happening in the area, what gaps exist, provided suggestions for Priority Spokane involvement, and stated whether they felt funding was available. The resulting decision by the steering committee was to look at *mental health, expand educational attainment work into the county, and look for places where these two areas intersect.*

27. If the health department has observed improvements in any of the health status measures in the community health improvement plan, please provide examples here. (Word limit: 500)

2009 Baseline Data:
On-Time Graduation Rate: Spokane County at 71%; Spokane Public Schools at 62%
Extended Graduation Rate: Spokane County at 75%; Spokane Public Schools at 65%

2012 Data:
On-Time Graduation Rate: Spokane County at 83%; Spokane Public Schools at 77%
Extended Graduation Rate: Spokane County at 90%; Spokane Public Schools at 85%

2013 data has not been released yet, but preliminarily shows SPS at 80% on-time graduation rate.

Spokane Public School District				
Early Warning System	**2006**	**2008**	**2010**	**2012**
Students at high risk of academic failure (HYS, 8th)	2.3%	1.6%	2.4%	0.0%
Students at moderate risk of academic failure (HYS, 8th)	29.0%	28.0%	30.0%	35.7%
Attendance				
Students who report they feel safe at school (HYS, 8th)	76.7%	77.9%	77.9%	80.9%
Students who did not go to school because they felt unsafe at school or on their way to/from school 1 or more days (HYS, 8th)		11.3%	9.1%	10.3%
Unexcused absence rate (OSPI, grades 5-8th, 6-8th, 7-8th depending on school)	0.6%	0.7%	0.6%	0.7%
Behavior				
Students who hate school (HYS, 8th)	25.8%	28.3%	22.8%	21.0%
Mental health and substance use (8th graders reporting 2 or more of 5 - depression, suicide thoughts, aloneness, alcohol use, or illegal drug use behaviors) - HYS	27.4%	27.5%	26.9%	17.4%
Home environment (8th graders experiencing 2 or more of 5 - food insecurity, homelessness, gang involvement, physical fight, and/or physical abuse by an adult) - HYS			17.7%	10.6%

Students reporting low family guidance (no awareness of risk behaviors & low support towards school) HYS, 8th		42.3%	38.7%	36.7%
Students who report they have been arrested (HYS, 8th)	8.5%	7.3%	8.6%	7.0%
Course Completion				
Meeting state reading standards (7th grade)	64.2%	56.4%	52.1%	67.1%
Meeting state reading standards (8th grade)	61.1%	69.0%	62.8%	65.0%
Meeting state math standards (7th grade)	53.9%	54.3%	52.9%	66.2%
Meeting state math standards (8th grade)	49.6%	53.7%	50.0%	55.8%
Eligible students signed up for College Bound Scholarship (8th grade)				77.7%

HYS = Healthy Youth Survey administered by WA State Department of Health
2006 = 2005-06 school year data; 2006 HYS data; 2006-07 unexcused rate; 2006-07 state scores
2008 = 2007-08 school year data; 2008 HYS data; 2008-09 unexcused rate; 2008-09 state scores
2010 = 2009-10 school year data; 2010 HYS data; 2010-11 unexcused rate; 2010-2011 state scores
2012 = 2011-12 school year data; 2012 HYS data; 2012-13 unexcused rate; 2012-2013 state scores
Not all variables for composite measure of home environment available in 2006 and 2008
Variable of students who did not go to school because they felt unsafe at school or on their way to/from school was not available in 2006
College Bound Scholarship measure not available prior to 2012

Green indicates positive trend
Yellow no difference
Red negative trend

28. Describe how the health department has implemented the strategic plan over the past year. (Word limit: 500)

The past year was the last full year in the previous strategic plan for Spokane Regional Health District. There were originally eight goals:

1. Increase the awareness of the value and role of public health in our community.
2. Develop and implement strategies to obtain sustainable, adequate public health funding.
3. Ensure optimal competent work force to fulfill our mission.
4. Focus public health practice to address the determinants of health.
5. Practice collaborative/integrative leadership.
6. Commit to continuous quality improvement.
7. Enhance our ability to respond to emerging health issues.
8. Improve Board understanding of public health and their role.

Some of the original goals grew to be addressed internally by committees by 2012,therefore, a consolidation was done to transition or coalesce into four areas of focus for the final two years of the planning cycle:

1. Build and maintain relationships with those that influence or set policy to position SRHD to influence local, state or federal policies related to public health strategies or funding
2. Social Determinants of Health focused on how public health practice addresses the social determinants of health
3. Current & Emerging Health Issues continued to focus on preparedness and planning
4. Board of Health attention to governance clarity and education

In December 2013 through February 2014 each of the goal groups presented their final reports to the Executive Leadership Committee with recommendations for continued processes and as a planning base for our next strategic plan which is currently underway.

Of the original eight goals all have matured and provided a basis to modify their findings into the new plan if the areas of focus remain. In the event the areas of focus change the former goals have existing processes which will move their work forward.

Our new strategic plan will engage staff, agency leadership, representatives from our Board of Health

and community members and is being facilitated by an external consultant with experience leading public health strategic planning processes.

29. Describe how the health department has implemented the quality improvement plan over the past year. (Word limit: 500)

Spokane Regional Health District has a long standing Quality Council (2007) that is active and meets monthly. The Council annually reviews the quality management efforts all programs and processes that have a direct or indirect influence on the quality of public health services provided by SRHD. The following quality management are reported to the quality council annually: customer service, division and program evaluations, HIPAA compliance, after action review improvement plans, strategic plan review, and public health standards and accreditation evaluations.

In 2012, the Quality Council added four sub-committees to address the following areas: Communication, Logic Model, Trainings, and Tools and Evaluations. Each sub-committee follows a work plan, reports to the QC monthly, evaluates progress, and makes adjustments to their work plan. Adding these sub-committees has allowed the Council to accomplish more and has been an integral part of meeting the agency's Quality Improvement goals.

In 2013, the Quality Council continued to foster the QI culture in the agency by soliciting and selecting a cross-divisional quality improvement project. Cross-divisional projects were solicited from the Executive Leadership Team, programs, divisions, and quality council members. A total of twelve projects were submitted and five projects were removed because they either did not meet the criteria of a cross-divisional project or they were lacking the necessary support. The Quality Council was lead in a prioritization matrix exercise to determine which project would be selected. The Council defined the criteria, scored the projects based on the criteria, discussed the top two projects and made the final decision. The project select is Activity #1 shown earlier in this report.

For 2014, the Quality Council has already begun soliciting cross-divisional projects and hopes to decide on two or three projects.

30. Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation.
(Select all that apply. Place an X in the column to the left of the activity.)

	Submitted an example to PHQIX	X	Gave a presentation at a meeting
X	Provided one-time consultation to staff at another health department	X	Provided ongoing assistance to staff at another health department
	Published an article in a journal		None
	Submitted an example to NACCHO's Toolbox		

31. If the health department provided support or shared its experience with other health departments in a way not listed in question 30 above, please list it below.

On January 21, 2014 Spokane Regional Health District gave a webinar presentation of our use of the Return on Investment Tool (ROI) for Neighborhood's Matter. We were one of 3 health organizations, along with facilitator Karl Ensign, Senior Director of Association of State and Territorial Health Officials (ASTHO) to present. Elaine Conley, Rowena Pineda and Mike Riley gave a 20 minute presentation and a 5 minute follow-up for questions to over 100 webinar locations at health organizations all over the country. The Estimating Return on Investment for Public Health Improvement Projects was prepared for ASTHO by Glen P Mays Ph.D., MPH from the University of Kentucky and funded by the US Center for Disease Control and Prevention (CDC) and the National Public Health Improvement Initiative (NPHII).We used the tool to compare Neighborhood's Matter (a population based program) with First Steps (an individual client based program).
The tool takes into account investment costs to start new project as well as routine ongoing costs compared to the old project. After the initial cost return on investment is found, you can further the impact

based on any of the following measures: service delivery, production time, reach and/or health related outcomes.
We have saved over $1 million over three years with the new program and with much better outputs. We plan to use the tool in other programs prior to a change in focus being implemented.

32. Please describe one of the activities above (questions 30-31) of which the health department is most proud. (Word limit: 500)

Fall 2010, SRHD was awarded a contract with the Washington State Department of Health to become one of three Performance Management Centers for Excellence (Centers for Excellence) in Washington State (http://www.doh.wa.gov/PHIP/perfmgtcenters/about.htm). The Centers for Excellence offer technical assistance, resources, and training in performance management to improve public health outcomes. Staff in our Data Center (assessment program) here at SRHD serve as the lead for the Spokane Center for Excellence, and in this capacity assist local health jurisdictions, tribal agencies, and the Department of Health to prepare for Public Health Standards, national accreditation, and quality improvement activities. We offer trainings and tailored support for local health jurisdictions, tribal agencies, and the Department of Health, to help create sustainable performance management approaches that improve health outcomes. Since 2010, SRHD staff has developed and/or delivered approximately 10 trainings targeting a state-wide public health audience; has consulted on 5 quality improvement projects for 3 different LHJs, and one local Tribe; and has provided numerous hours of consulting on assessment, accreditation, performance management and quality improvement.

We have recently developed a memorandum of understanding (MOU) with the Kalispel Tribe of Indians, the purpose of which is to provide guidance, training and technical assistance with development and implementation of a performance management[1] system within their organization. Additionally, we are providing direct assistance under paid contract with ongoing health assessment of the population served by the Kalispel Camas Clinic and to help them utilize assessment results to drive population health improvements.
Lastly, through our Data Center, we support our smaller regional local health jurisdictions with assessment work due to their limited capacity and difficulty recruiting and maintaining assessment and epidemiology staff. We have conducted community health assessment work under paid contract for the following counties: Lincoln, Garfield, Columbian, and Whitman Counties.

[1] Performance management is the practice of actively using performance data to improve desired outcomes. This practice involves strategic use of performance measures and standards to establish performance targets and goals, to prioritize and allocate resources, to inform managers about needed adjustments or changes in policy or program directions to meet goals, to frame reports on the success in meeting performance goals, and to improve the quality of practice.

Emerging Public Health Issues and Innovations		
33. Has the health department conducted work in any of the following areas?		
(Select all that apply. Place an X in the column to the left of the issue.)		
X	**Informatics**	X	**Emergency preparedness**
X	**Health equity**	X	**Workforce**
	Communication science	X	**Public health/health care integration**
X	**Costing Services/ Chart of Accounts**		

34. If the health department is engaged in addressing another emerging area or developing another innovation, please list it below.

A 2008 report *A Healthy Start: Spokane's Future Maternal and Infant Health (MCH Report),* demonstrated that Spokane County had significant maternal and infant health (MIH) issues, many of which were

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disproportionately worse for those on Medicaid and racial minorities, especially African Americans and Native Americans. This is especially concerning because of Spokane County's 471,221 residents 86.7% are non-Hispanic white. Key findings included:

- In 2006 35.4 % of births were to unmarried women compared to 31.7% for Washington State. This rate is higher for Blacks/NH (57.8%), Native Americans/Alaska Natives (NAAN) (72%) and Hispanics (48.2%) compared to the White/NH population (33.4%).
- 46.2% of births were to women on Medicaid compared to Washington State's 39.1%.
- Smoking rate among pregnant women was 20.1%, approximately twice Washington State's rate of 10.3%. This is disproportionately higher for women on Medicaid (31.7%) compared to women not on Medicaid (10%). This rate is also disproportionately higher for Black and NAAN at 25.3% and 36.2% respectively, compared to Whites at 19.5%.
- One in ten births was pre-term. This is disproportionately higher in Black and NAAN women at 14.8% and 14.3% respectively compared to 10.7% in White women.

To impact these trends, the Community and Family Services Division of SRHD shifted our existing paradigm for developing interventions from addressing a problem's symptoms to its root causes. Furthermore, we changed our approach from individual service delivery to population based, emphasizing policy development and focusing on reducing health disparities in vulnerable populations. We centered our attention on a specific neighborhood and worked in concert with community partners and neighborhood residents. We called the program Neighborhoods Matter.

Neighborhoods Matter (NM) was launched in January 2010 with the selection of the East Central neighborhood. East Central has a population of 11,800. A community health assessment of the neighborhood found that 52% of residents over the age of 18 live at or below 200% of the federal poverty level (FPL); 32.5% of residents were on food assistance; and nearly 72% of elementary school children were enrolled in the free/reduced school lunch program. From 2007-2009, 65.6% of births in East Central were paid for by Medicaid. Yet East Central has many community assets including a community center, a library, several churches, two elementary schools, active business associations, a Neighborhood Council, and many residents who are committed to improving the neighborhood.

The goal is to reduce health disparities impacting maternal, child and family health by promoting resiliency in communities.

Our objectives include:
1. Expand neighborhood capacity to address root causes of health issues
2. Create connectivity among residents
3. Create sustainability

To date, Neighborhoods Matter has been instrumental in the passage of a levy lid lift to increase funding for the City of Spokane's public library system which kept libraries open in poor communities like East Central and the passage of an Alcohol Impact Areas for the East Central neighborhood which limits the sales of high-alcohol content beer. Neighborhoods Matter launched a Refugees' Harvest Project in 2011 that distributed 9,000 pounds of food in 2013. The project is the brainchild of a former refugee and was transitioned to a non-profit organization in 2012. Our Community CAFÉ (Community Action and Family Engagement) group is currently working to revitalize a two-block business area in the neighborhood. The program expanded into the Whitman neighborhood in 2013.

35. If the health department is engaged in work in an emerging area, please tell the story of the health department's work in one area. (Word limit: 500)

Workforce-
SRHD recently received a Global Healthy Workplace Award for creating a culture of wellness that supports healthy behaviors for all staff. Evidenced based, best practice policy, system and environmental initiatives are implemented to enhance employees' safety and health. Supporting activities include:
- access to healthy foods through healthy vending and farmer's markets
- various on-site physical activity opportunities, discounted gym memberships and shower facilities
- policies to support a work/life balance such as infants in the workplace, breastfeeding rooms, flexible scheduling and teleworking options

- healthy environments through smoke free campus and no smoking condition of hire policies
- ergonomic assessments and standing or treadmill workstations
- on-site health screenings and immunizations
- various social activities to provide opportunities for employees to engage with each other

Leadership support for these programs are instrumental for success. Leaders model healthy behaviors, support employee time to be engaged in planning efforts and to participate in wellness activities, and designate a set budget amount to support wellness initiatives.

Employees representing all divisions and levels of authority are involved in committee work. Programs follow a continuous quality improvement method by collecting data and employee feedback from annual Health Risk Assessments and satisfaction surveys and then analyzing data to improve the program. The committees work with various community partners to create a sustainable program with very low costs and time investment.

SRHD assists other businesses and organizations in the community by providing resources such as toolkits and technical assistance to help businesses create successful worksite wellness programs

36. Please describe the health department's approach to pursuing innovation. (Word limit: 500)

Spokane Regional Health District is always thinking about the possibilities. The agency often asks how an economic downturn becomes an opportunity to innovate. One of the ways the agency has turned less into more is with the Neighborhoods Matter programs talked about earlier. The agency is also looking at addressing violence and obesity as a disease. By working with programs such as A.C.E.S., Neighborhoods Matter, and Integrated Health and Health Care, the agency is fostering new thinking in our community.