



PHAB Annual Report
Section II
Approval Date: November 2014 Effective Date: January 2015
For Health Departments Accredited Under Version 1.0

On this form, you will report on the health department’s activities related to improvement; 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
Spokane Regional Health District

Performance Management and Quality Improvement

<p>1. How has the health department implemented and/or changed its performance management system over the past year? Please provide an example of how the health department has tracked its performance. (Word limit: 500)</p>

Spokane Regional Health District uses logic models to identify areas for improvement, measure outcomes, and uses the data to develop strategies to improve agency performance. Annual employee performance reviews are part of this process.

During the 2014 roll-up of the division reports to the Quality Council, it was identified that the use and review of logic models had decreased from past years. For 2015, the Quality Council and training sub-committee are developing trainings and tools and providing divisions and programs assistance in starting, completing, and reviewing their logic models.

<p>2. How has the health department implemented and/or changed its quality improvement (QI) plan over the past year? (Word limit: 500)</p>

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 2014, the Quality Council solicited and selected cross-divisional quality improvement projects. Cross-divisional projects were solicited from the Executive Leadership Team, programs, divisions, and quality council members. A total of thirteen projects were submitted and several projects became part of the agency’s new strategic plan. Two projects were selected, as well as the continuation of a cross-divisional project from 2013.

For 2015, the Quality Council has formed a new sub-committee to work on membership recruitment and ways to sustain involvement after their term ends on the Quality Council. The Quality Council has also begun soliciting cross-divisional projects for the year.

<p>3. Which of the following most accurately characterizes the QI culture in the health department? (See http://qiroadmap.org/assess/ for a description of these phases. Place an X in the column to the left of the phase that best applies.)</p>
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Phase 1: No knowledge of QI		Phase 4: Formal QI implemented in specific areas
Phase 2: Not involved with QI activities	X	Phase 5: Formal agency-wide QI

Phase 3: Informal or ad hoc QI	Phase 6: QI Culture
4. Has there been a change in the health department's phase of QI culture in the past year? If so, what has changed and why? (Word limit: 500)	
No, there has been no change in the QI culture at Spokane Regional Health District. The health district continues to foster the QI culture through a variety of methods, tools, and communication in an effort to build a complete and comprehensive QI culture in the agency.	

5. The table below lists several characteristics of a QI culture. Please complete the table below to indicate one concrete step the health department has taken over the past year to improve each characteristic listed and one step it plans to take next year. If the health department has not worked on a characteristic or has no plans to work on it in the coming year, leave that part of the table blank. (See <http://qiroadmap.org/assess/> for a description of these characteristics. Two characteristics – QI model/plan and performance management system - have been omitted from the table because they were previously described in questions 1 and 2.) (Word limit: 100 words per row)

Characteristics	Steps Taken Last Year	Steps Planned for Next Year
Leadership	Support received from agency management at Joint Mgmt. Mtg. to prioritize Learning Co-Op and allow staff time to attend and work on projects; <i>need more here on accountability, other examples, etc.</i>	QC meeting with the Executive Leadership Team to discuss agency expectations and accountability for management team and ways QC can assist.
QI champions	Quality Council members trained during Quality Council meetings to serve as project coaches for 2014 Quality Improvement/Quality Planning Project Learning Co-Op	Quality Council subcommittee planning to expand number of Quality Council members participating in trainings (as presenters/coaches) to increase depth of agency expertise
QI Training	Training opportunities were provided for various tools, Surveys and Sampling Methods, Creating Effective Presentations, as well as the Learning Co-Op, which included over 50 participants and more than 20 projects.	The Learning Co-Op branding and approach will be repeated in 2015 SRHD trainings, e.g., Project Management 101 training in April 2015, Meeting Management 101 training in June 2015, Program Tracking training later in 2015.
Staff engagement	Staff were engaged through Monday Mail articles, rotational membership on the Quality Council, and through various trainings, including the Learning Co-Op which ended up reaching a tremendous number of staff (over 50 participants).	New Quality Council subcommittee formed to develop Quality Council membership recruitment and retention practices/tools; Communications subcommittee plans to increase agency-wide Quality Council communication e.g., communication of division report results to staff, Monday Mail articles, and other platforms to be identified.
Resources	Quality Improvement/Quality Planning resources added to the Spokane Regional Health District Intranet Quality Council SharePoint site, including Learning Co-Op videos, PowerPoints, tools and project reports.	Additional resources will be added to site in conjunction with 2015 trainings.
Data	Agency programs have logic models and conduct data reviews; data routinely collected and reviewed to identify Quality Improvement/Quality Planning opportunities e.g., annual agency surveys (agency Quality Improvement, internal Quality Council, customer service, presentations, etc.) and division reports.	Identified need for training in analysis of the efficacy of social/electronic media to be discussed with Quality Council and Executive Leadership Team and next steps determined; Program tracking (e.g., logic models, data review, etc.) to be taught in 2015 via Learning Co-Op approach.

6. Please provide a brief overview of QI projects conducted in the past year. Include the number of projects, their type (administrative or programmatic), and the proportion of health department program areas/offices that engaged in one or more of them. Please indicate whether this is an expansion over the past year (e.g., the number and/or type, extent of participation, etc). (Word limit: 500)

Division	Programmatic	Administrative	# of Projects
Administration		X	2
Community and Family Services	X		3
Disease Prevention and Response	X		3
Disease Prevention and Response		X	1
Environmental Public Health	X		6
Health Promotions	X		2
Opioid Treatment Program	X		2
Agency-Wide	X		1
Agency-Wide		X	3
Totals	17	6	23

There may be additional projects that were not captured. The number of projects is a slight increase from the previous years, especially the number of administrative projects. There was an increase in staff participation in projects as well, because of the Learning Co-op.

Select one QI project to describe in greater detail below

7. What issue did this QI project address? How was that need determined (e.g., Accreditation Committee, Site Visit Report, customer survey, audit, etc.)? What was the QI initiative aim (including the specific measurable goals set for the activity)? (Word limit: 500)

Cross-Divisional Tobacco Collaborative (XTC)

XTC defined, measured, and conducted the project in 2014 and early 2015 and is currently in the process of analyzing results and recommending applicable improvements and controls.

The need for this program was determined by the QI committee at SRHD. The committee identified that four SRHD programs (across four divisions) were doing different tobacco cessation interventions with their client base. Programs had little awareness of other programs in the same building that were doing the same work, and there was no venue to collectively share outcome data, successes, or challenges. This fragmented approach was thought to create redundancy and lack of efficiency because programs could not share their successes and challenges with others doing the same work. Further it was noted that the format of data collected by disparate programs could not evidence a collective outcome. The QI initiative XTC was created to collectively implement and measure a new and uniform tobacco cessation intervention.

The primary and overall aim of the XTC initiative was to Decrease *Early Intervention Program (EIP)*, *Nurse Family Partnership (NFP)*, *Opiate Treatment Program (OTP)*, *HIV/ Communicable Disease (HIV/CDP)*, and *Women Infants and Children (WIC)* project participant's tobacco use by 10% within 6 months. The secondary aim was to determine if sharing resources and expertise enhanced each program's success in this endeavor.

Activity Goals:

A 10% decrease in amount of tobacco use in 20 project participant clients.

75% of Quit Coaches would rate the intervention as *time-efficient* and *easy to apply*. (Data used to determine scale-ability of the project at SRHD).

50% of project participants would report receiving helpful information from their Quit Coach.. (Data used to determine client perception of the helpfulness of Quit Coach method)._

57% (4 out of 7) XTC planning group members will rate the benefit of participating with the project as mostly helpful, helpful, or very helpful to their tobacco cessation efforts with clients. (Data used to determine perceived usefulness of cross-divisional program improvement work)

8. How was the QI project implemented? What methods and tools were used? Was a pilot conducted? (Word limit: 500)

The QI project was implemented as a pilot project with sponsorship from a member of the Executive Leadership Team. Two project leads were selected who took responsibility for coordinating project planning and implementation with the program managers of each of the four participating SRHD programs. Together, the sponsor, project leads, and program managers formed a cross-divisional collaborative (XTC) team. This team met bi-monthly for one hour for 3 months to determine the best way to proceed. The team utilized the Define, Measure, Analyze, Improve, Control (DMAIC) methodology promoted as part of *Lean Six Sigma*. To define the project, the team used stakeholder analysis to determining the scope of the tobacco cessation work that was being done, and how it was being measured. The team then determined the scope of the project to be that 20 clients from across the organization who smoked tobacco would receive specific coaching from their staff person, who would be trained as a 'Quit Coach'. To measure the success of the project the team designed pre-and-post surveys for clients and also engaged 20 'control' clients (clients who smoked but did not participate in the intervention). To outline the define and measure phases, the team completed a Quality Improvement/ Quality Planning Project Definition Document. A timeline and gantt chart were designed and milestones in the project were determined.

9. Did the health department gain information and/or understanding in the course of implementing the QI project that led the health department to make changes in this project or in other QI work? (Word limit: 500)

SRHD has completed the project and is currently analyzing outcome data. Data collected included client outcome data and project team/Quit Coach qualitative feedback regarding the process.

10. What are the outcomes of the QI project (including progress towards the measurable goals that were set)? Please provide specific data. (Word limit: 500)

Outcome reports will be completed March 30, 2015.

11. Does the health department plan to do additional work related to this QI project 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.) (Word limit: 500)

To be decided.

12. To which PHAB measure(s) does this QI project apply?

Standard 9.2: Develop and implement Quality Improvement Processes Integrated into Organizational Practice, Programs, Processes, and Interventions.

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

Continuing Processes

13. 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)

In 2013-14, Priority Spokane (PS) members served on the community needs assessment planning committee, headed by Dr. D. Patrick Jones, Executive Director, EWU Institute of Public Policy & Economic Analysis. Dr. Jones and his team maintain the Spokane Community Indicators Initiative (CII), a database intended to provide democratic access to information needed by individuals, organizations, and government for decision-making (communityindicators.ewu.edu). SRHD provides the health data to EWU for the CII website. Over 300 email invitations were extended to community members, inviting them to participate in one of five taskforce committees: Healthy People, Education, Economic Vitality, Public Safety, and Environment. SRHD staff participated in many of the taskforces and co-chaired the Healthy People group. Each committee reviewed CII indicators for their area, discussed which indicators were out-of-date and why, and suggested new indicators that reflected current needs. A viable metric had to be submitted with each suggestion, one that could be easily tracked annually by the EWU team. Committee members engaged in lively and thought provoking conversations about how to prioritize their indicators. Participants were encouraged to consider root causes or closely correlating factors behind the indicators. Votes were tabulated and the top three priorities from each committee were forwarded to the final meeting. About 75 individuals/organizations from the 150+ who participated in the committee process attended the taskforce assembly. The fifteen committee priorities were presented and thoroughly discussed. At the close of the meeting, each person could vote for their first, second, and third choices; the choices were weighted three, two, and one point respectively. The 3 areas that received the most votes were: mental health, high quality jobs, and early intervention programs. Using the results from the community vote and grouping similar areas of work, the final five priorities were: Accelerate to a high-performing economy; Ensure that all our children are ready for Kindergarten; Increase the accessibility, resources, and attitudes regarding mental health; Improve educational attainment (PS's current focus, with middle school emphasis); and Increase the % of population w/ healthy weights, by among others, promoting walking, biking & transit use. After hearing from community content experts on the top 5 areas, PS determined to direct their work around **mental health issues**. After much consideration of Priority Spokane's mission and criteria, we are defining mental health in a broad sense and are not referring solely to diagnosis and treatment of mental illness. In 2009, the priority issue was high school educational attainment.

14. 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)

In 2014, Priority Spokane started transitioning to the new focus on mental health. The steps after prioritizing an issue is to: **analyze further and define a target population; compile the community assets working on issue; identify gaps in services; identify model practice strategies; and identify funds to implement strategies.** In our analysis, inventory, and discussions with city and county government officials, including the use of their funds, we determined that there are limited initiatives in Spokane County currently focusing on K-8th grade students and their families that are imminently at-risk of being homeless or are doubled up (unstably housed) with another family/friends; these families do not qualify for HUD funding or housing assistance; by stabilizing these families, we are preventing the trauma students would experience by being homeless. We define mental health in its broadest sense, not referring solely to diagnosis and treatment of mental illness.

Currently, Eastern Washington University is researching model practice that will:

- Identify relevant theories, leverage points, strategies, best practices, and interventions regarding the stabilization of children in grades K-8 who are homeless or at-risk of becoming homeless with their families, when possible. This may include ways to reduce families moving

multiple times throughout the year and ways to keep the student at their current school.

- Stabilization may occur through housing assistance with or without support for mental or physical health, social, academic, or other resources (clothing, etc.), or any combination of the above for the child and/or family.
- Identify regional, national and/or international evidence-based models, measured in one, three and five year increments, which significantly stabilize (as defined in number 2) children in grades K-8 who are homeless or at-risk of becoming homeless with their family. Include recommendations for implementing models.
- Identify sources of revenue used to implement successful models. Models should include a variety of funding strategies and sources, i.e. restricted government funds; unrestricted government funds; and private funds.
- Identify stakeholders (organizations/agencies/individuals) involved in the implementation of successful models.
- Identify cost to implement successful models in Spokane County over the following periods: one, three, and five years.
- Identify methods utilized for measuring success/managing and tracking data within models.

This report is due by June 30, 2015. SRHD Data Center staff just obtained access to the city centralized housing database and the Office of Superintendent of Public Instruction's homeless student data. A factsheet for the defined population and a county-wide document will be produced describing the homeless population. Indicators to monitor this focus will also be selected over this year. Currently, we are looking at ways to:

- Reduce K-8th grade homelessness by type
- Decrease depression measure
- Increase attendance rates
- Decrease behavior issues
- Improve grades
- Reduce student mobility rates (1-2 years in same school)
- Reduce avoidable costs to school (transportation, etc)
- Improve hope for the future measure
- High school graduation rates

From the research, data compiled, indicators selected, and final strategies, a new community health improvement plan will be written by December 30, 2015.

15. 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)

Shared Measurement for Educational Attainment Initiative					
Spokane School District					
Graduation Rate	2006	2008	2010	2012	2014
On-time	57.7%	62.1%	76.7%	76.6%	83.0%
Drop out rate	38.2%	28.7%	15.9%	15.0%	10.9%
Continuing rate	4.1%	9.2%	7.4%	8.5%	6.1%
Influencing Factors					
Maternal education (<HS) (HYS, 8th grade)	13.4%	13.0%	14.9%	14.1%	12.5%
Mobility (WA State Achievement Index; 7th and 8th)		8.0%	7.7%	6.7%	7.8%
Early Warning System					
Students at high risk of academic failure (HYS, 8th)	2.3%	1.6%	2.4%	0.0%	1.9%
Students at moderate risk of academic failure (HYS, 8th)	29.0%	28.0%	30.0%	35.7%	14.7%
Attendance					
Students who report they feel safe at school (HYS, 8th)	76.7%	77.9%	77.9%	80.9%	80.1%
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%	8.5%
Unexcused absence rate (OSPI, grades 5-8th, 6-8th, 7-8th depending on school)	0.6%	0.7%	0.6%	0.7%	0.6%
Behavior					
Students who hate school (HYS, 8th)	25.8%	28.3%	22.8%	21.0%	25.3%
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%	22.3%
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%	8.6%
Students reporting low family guidance (no awareness of risk behaviors & low support towards school) HYS, 8th		42.3%	38.7%	36.7%	32.7%
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%	61.1%
Meeting state reading standards (8th grade)	61.1%	69.0%	62.8%	65.0%	62.5%
Meeting state math standards (7th grade)	53.9%	54.3%	52.9%	66.2%	45.5%
Meeting state math standards (8th grade)	49.6%	53.7%	50.0%	55.8%	39.7%
Eligible students signed up for College Bound Scholarship (8th grade)				77.7%	88.3%

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

Spokane Regional Health District embarked on a new strategic planning effort in Summer 2014. This process engaged staff, agency leadership and representatives from our Board of Health in a six-month process facilitated by an external consultant.

At the core of the process was a 15-member Work Group comprised of staff representing all divisions and all positions in the agency, as well as three board members. The Work Group participated in numerous meetings and facilitated the collection of input from all agency staff at several stages in the process. Managers from across the agency were also engaged in identifying strengths, weaknesses, opportunities and threats; determining elements of the previous plan or final recommendations that needed to be addressed; assessing external trends/factors that needed to be considered; and ensuring the plan linked to appropriate elements of the health improvement and quality improvement plans.

The result is a staff driven plan with several elements specifically designed to enhance our internal work environment and communications, and goals that advance some of the work begun as part of our previous strategic plan.

1. Foster a positive work environment that develops, values and supports employees.
2. Strengthen proactive and effective communication, within the agency and in the community.
3. Enhance agency efforts to reduce inequities that contribute to health disparities.
4. Develop a strategic health agenda to address emerging and ongoing public health issues.

In addition, new mission, vision and values were crafted.

The Executive Leadership Team participated in the planning along with the Work Group on multiple occasions. They officially approved the plan in December 2014. The Board of Health is scheduled to adopt the plan by resolution in February 2015.

In the meantime, action plans are being developed for each of the 27 actions in the strategic plan. The Action Plans will provide guidance on how SRHD should proceed with implementation of each action in the Strategic Plan. Key elements include major steps, resources required, participants required and proposed timeline. These are meant to guide next steps and provide a road map for how to complete the actions. They will also provide the basis for the accountability plan and monitoring progress.

17. 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.)

X	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		

18. If the health department provided support or shared its experience with other health departments in a way not listed in question 17 above, please list it below.

19. Please describe one of the activities above (questions 17-18) of which the health department is most proud. (Word limit: 500)

In 2014 the SRHD Quality Council (QC) made a concerted effort to improve the delivery of quality and performance improvement trainings to staff. QC members conducted key informant interviews to gather “voice of the customer” and identified that: (1) trainings need to be relevant to participants’ practice and quality improvement opportunities; (2) QC members need to be utilized and supported as agency quality coaches/mentors to other staff in order to build QC expertise and expand capacity in the agency; (3) training should focus on a select handful of QI tools, and (4) trainings need to be at a level easily understood by staff who don’t have QI background.

The QC training subcommittee developed and implemented the concept of a Quality Management Learning Co-Op. The SRHD Learning Co-Op model was based on a training and technical assistance model used by the WA State Public Health Centers for Excellence (funded through the NPHII grant) in years 2011-2013. The WA State Learning Congress was expanded and improved upon by the voice of the customer information collected from staff.

The QC training subcommittee worked with communication staff to brand and tailor the training series, which was launched in June of 2014 and carried out over the course of 6 months. The series consisted of 6, 2-hour training sessions; one month for each phase of the DMAIC quality improvement methodology, followed by a collective share-out and celebration. This training format is unique for its carefully crafted communication strategies which focused on making the training fun and consumable for all staff, regardless of experience or interest in QI methodology. The Learning Co-Op was led by the SRHD’s certified Lean/Six Sigma Blackbelt together with a manager from the Environmental Public Health Division who has expertise in communication strategies. The format for each monthly meeting included the following components: (1) one hour didactic just-in-time training on a phase of the DMAIC methodology and a QI tool relevant to that phase; (2) use of everyday examples based on participant hobbies to demonstrate and practice the tools collectively; (3) sharing out of progress, status, successes and challenges by participant project leads; and finally, (4) time for technical assistance and consultation, especially geared towards helping project teams use the just-in-time tool in the context of their projects.

The Learning Co-Op was an overwhelming success as measured in several areas, including staff enthusiasm and participation (more than 50 staff), demonstrated progress on QI projects (more than 20 projects), and statistically significant improvements in knowledge and comfort among participants with the tools and methods taught. The Co-Op branding and approach will be repeated in future SRHD trainings.

In 2014 staff from the Kittitas County Public Health Department approached SRHD to learn about QI experiences and trainings. The SRHD Learning Co-Op model was presented to them and met with enthusiasm. SRHD have subsequently entered into contract with KCPHD to train and coach their quality improvement leadership team in 2015 through their own 6 month Learning Co-Op.

Emerging Public Health Issues and Innovations			
20. 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
X	Communication science	X	Public health/health care integration
X	Costing Services/ Chart of Accounts	X	Public health ethics
X	Climate change		

21. If the health department is engaged in addressing another emerging area or developing another innovation (not included in question 20), please describe it below.

We are engaged in refining and evaluating how the Foundational Capabilities and Services definitions and structure apply within our agency. A portion of this has to do with Costing Services/Chart of Accounts, however, it is broader in looking at sustainable funding strategies, integration or translation of the work we currently do, and how this relates to the smaller jurisdictions that surround us where they have far less capacity.

22. 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)

Work on the costing of services and revision of the chart of accounts touches on several aspects of public health service delivery within our agency. From the financial perspective a revised chart of accounts allows for more specific tracking of activities and expenditures that we currently have. It allows for rethinking of agency structure as we look at the Foundational Capabilities and Services to which the Chart of Accounts will align. Preliminary work has been done through a contract with Berk and Associates on a statewide basis as well as with Betty Bekemeier at the University of Washington.

Challenges arise as we need to address the current BARS tracking mechanisms which aggregate programs in too large of segments to have benefit from the data. Making the changes on a statewide basis will require engagement of the state legislators which can be difficult. Additionally, there are statewide efforts in public health to create buy in from multiple public health departments when we have such differing capacities.

Throughout the establishment of Foundational Capabilities and Services we are working to remain in alignment with national efforts in other states as we build a definitional structure for our health departments.

From a technical perspective there has been good progress. A policy based perspective has been worked upon by many elected representatives and some public health professionals. Though efforts to change the model have been brought forward it has not resulted in disassembly of the basic Foundational structure.

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

Innovation is sought through the funding of "Local Capacity Development Funds" (LCDF) distributed from agency funds. These funds mirror statewide funding that existed for many years. With recent changes in state law on how funds come to local agencies from the state Office of Financial Management where there has been a grouping of formerly segregated funds. Within our agency we break out the LCDF component and rely on an application process to determine where either one, two or three year funding will be applied.

Criteria have been set for each funding cycle which assure that we are using the funds as we define appropriate. These funds are specifically to make us think outside of the proverbial box, to encourage innovation and to find better ways to deliver the services we provide.

Innovation can take the shape of a technology overhaul to enhance internal connectivity via SharePoint upgrading or redevelopment of our website to new tactics within program areas that enhances the impact of any given program. All work done with the LCDF funding must have data and measurement components to demonstrate the degree of success the project or program will deliver.

Submittal of LCDF proposals may originate anywhere within our agency, then be submitted via a division director for consideration by the Executive Leadership Team. A formal scoring system is used followed by dialog and decision by the Executive Leadership Team.

Overall Improvements

24. Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (OPTIONAL, Word limit: 500)

What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

Establishment of a Community Health Assessment Board (CHAB) is showing great promise in a couple of areas. First, there is growing support across the community to have coordination and collaboration in doing community assessments. The CHAB is becoming the focal point of those discussions and is allowing people with interests in data to plan strategically and learn from one another about the varying data needs in our community. Second, the CHAB is assisting the work being done in health care reform under a SIM grant from CMMI. Having multiple players at the data table is broadening understanding of factors that impact health, from transportation to economics to place to education and so on. This work is also broadening and deepening the Community Health Assessment work that links to our Community Health Improvement Plan and our agency strategic plan.