

Using a Quality Council to Advance Performance Management and Quality Improvement

Lessons from
Spokane Regional Health District

*presentation for Public Health Quality
Improvement Exchange (PHQIX)
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Contact Information

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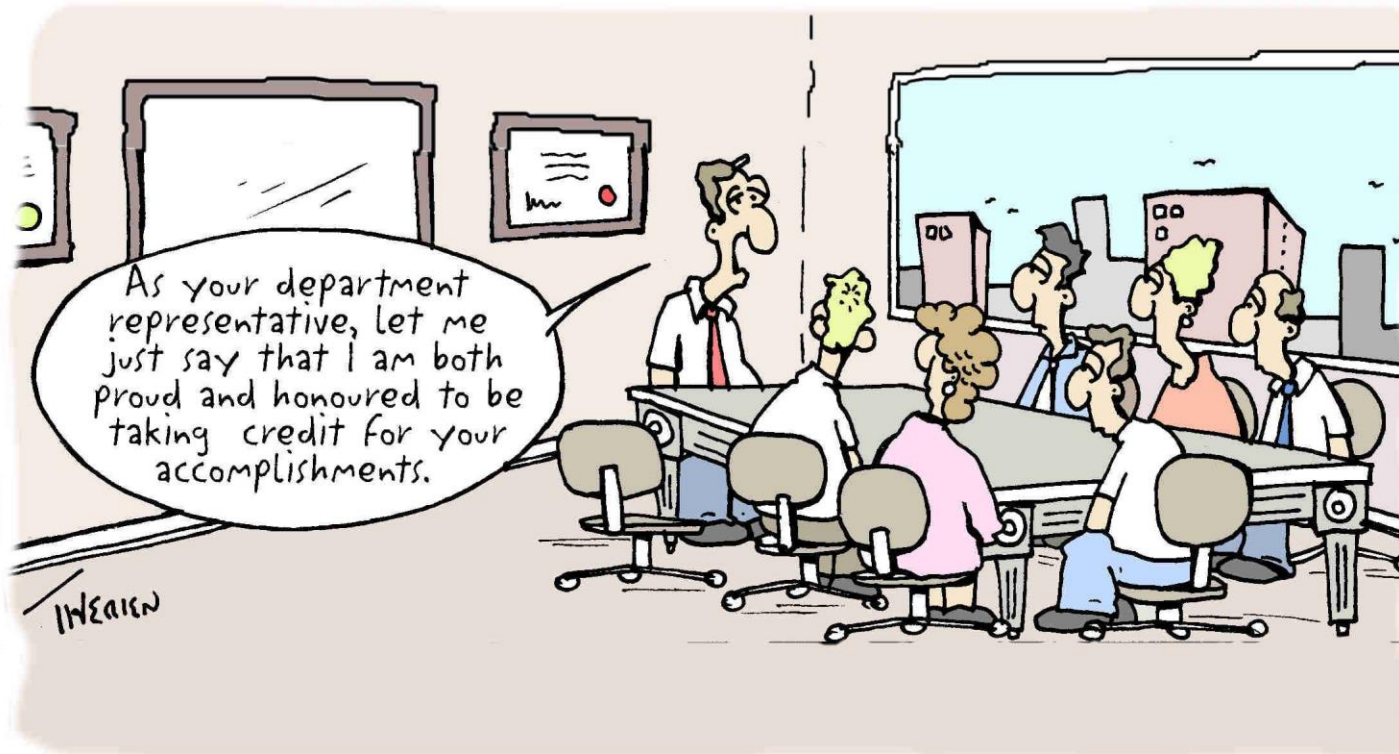


Overview

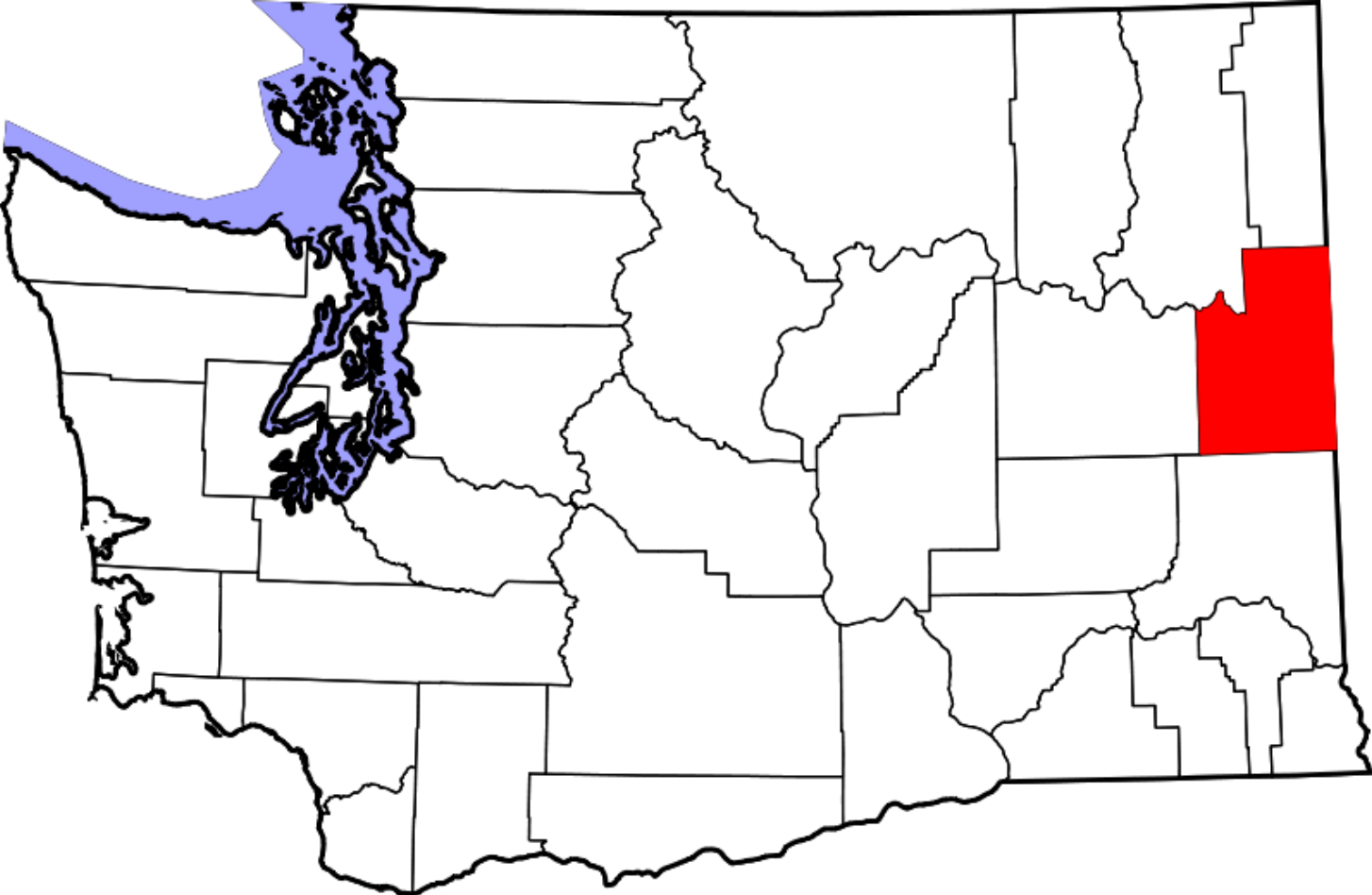
- ⦿ About us
- ⦿ Performance management system overview
- ⦿ SRHD performance management system
- ⦿ SRHD Quality Council
- ⦿ Lessons learned
- ⦿ What's next for SRHD?
- ⦿ Bonus: choose your own adventure (time permitting)



Before We Get Started



A Bit About Us

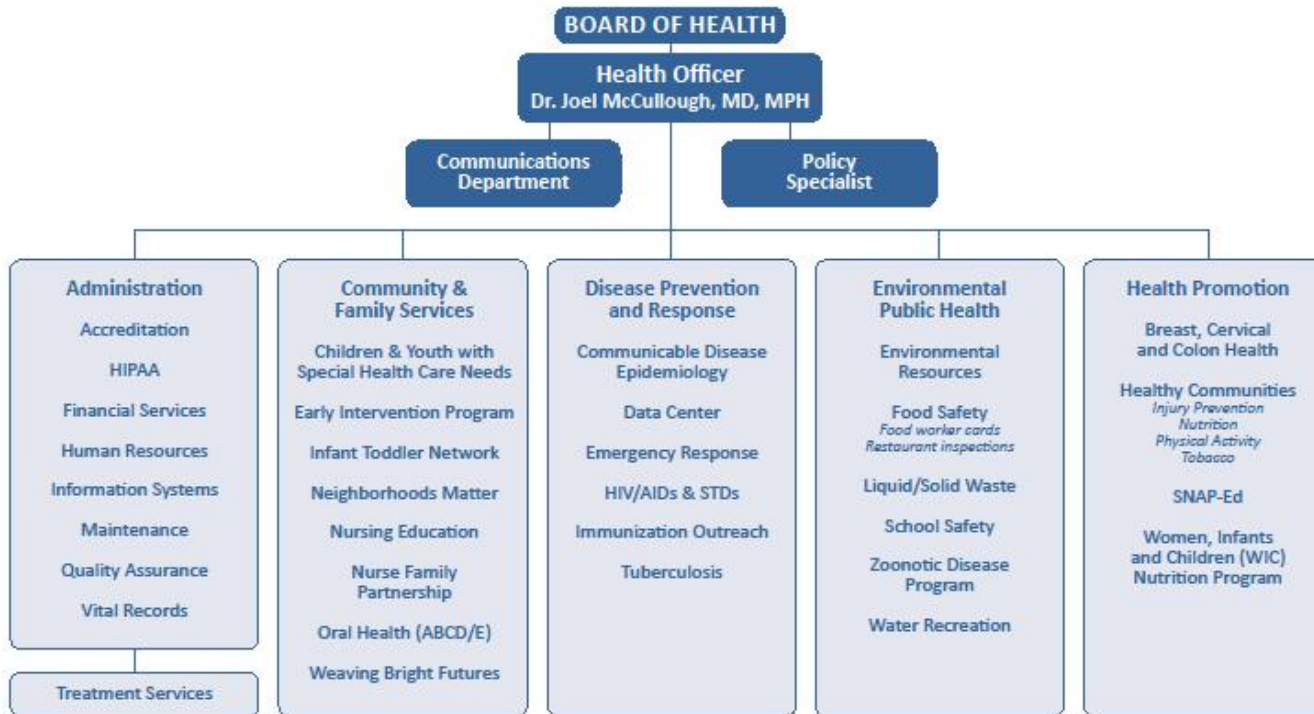


Our Quality Journey

- ◎ 2002 First WA State Public Health Standards review
- ◎ 2004 Hired program evaluator
- ◎ 2005 Second Standards review
- ◎ 2006 Logic models (11%)
- ◎ 2007 Quality Council formed
- ◎ 2007 Multi-Learning Collaborative training and grant projects started
- ◎ 2008 Third Standards review
- ◎ 2009 Logic models (98%) with data reviews(70%)
- ◎ 2011 Fourth Standards review
- ◎ 2012 In the first cohort for public health accreditation
- ◎ 2013 integration of formal process for selection of cross-divisional QI projects
- ◎ 2014 Learning Co-Op and capacity building



SRHD Org Chart



Performance Management: A Brief Review

***The only thing you owe the public is
good performance.***

Humphrey Bogart



Why Is Managing Systematically Important?

- ⦿ All work, including management, consists of linked processes forming a system, even if the system was not designed and is not understood.
- ⦿ Every system is perfectly aligned to achieve the results it creates. **Process determines performance.**
- ⦿ The results of an aligned system far exceed a system that fights against itself.
- ⦿ Integrated management systems ensure that performance excellence happens by design, not by chance.



Processes Needed to Implement PM

- ⦿ Planning process to define mission and set agency priorities that will drive performance
- ⦿ Community engagement process to identify needs
- ⦿ Budget process to allocate resources based on priorities
- ⦿ Measurement process to support entire PM system
- ⦿ Accountability mechanisms
- ⦿ Mechanism for collecting, organizing and storing data
- ⦿ Process for analyzing and reporting performance data
- ⦿ Processes for selecting and taking action on performance results

**Adapted from A Performance Management Framework from the National Performance Management Advisory Commission 2010*



Audience Poll

Does your health department have a performance management system in place?

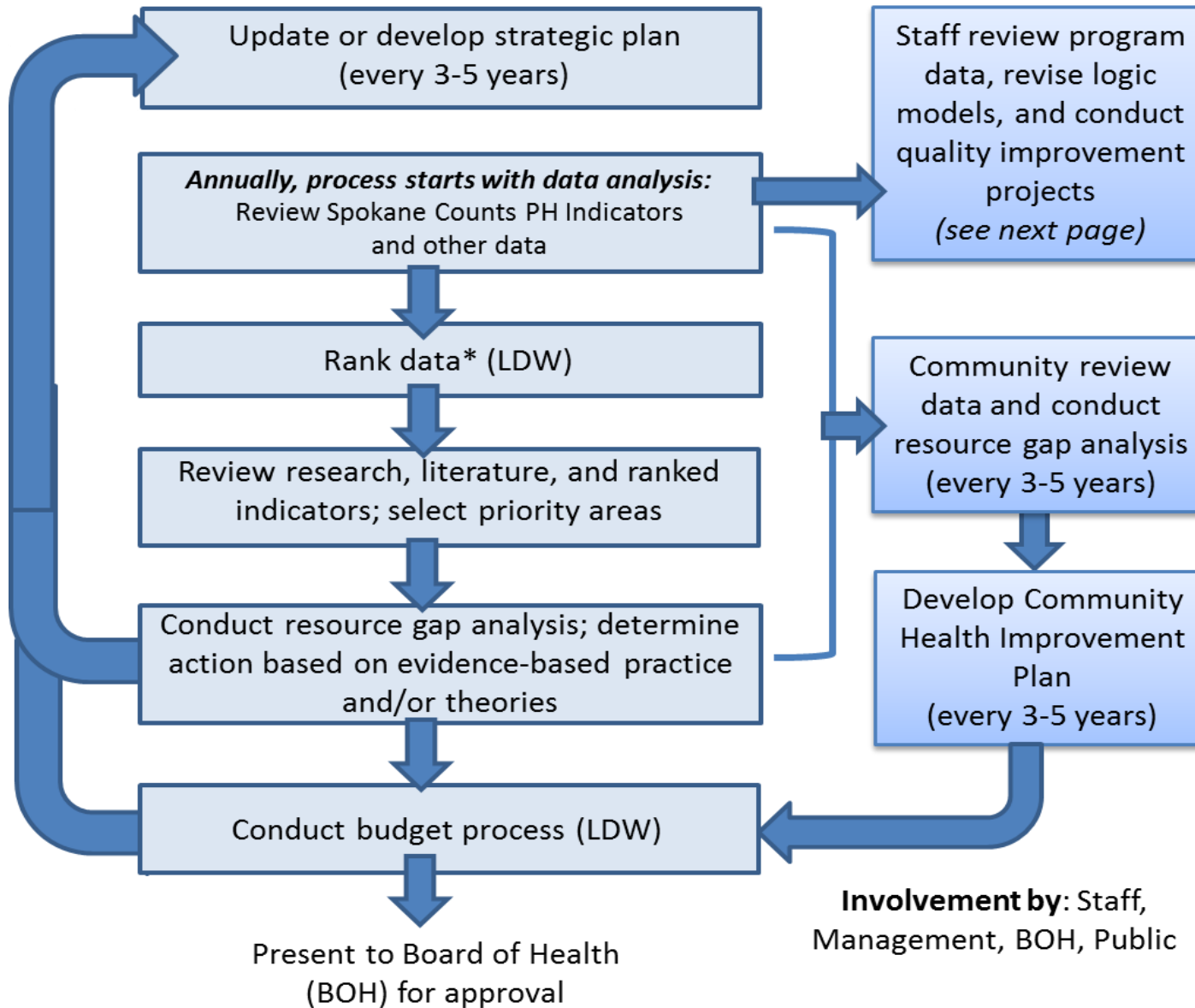
- A. Yes, we have a well established performance management system.
- B. Yes, we have a PM system but it's new.
- C. Not yet, but are working towards it.
- D. We do performance management informally.
- E. Who has time for performance management?



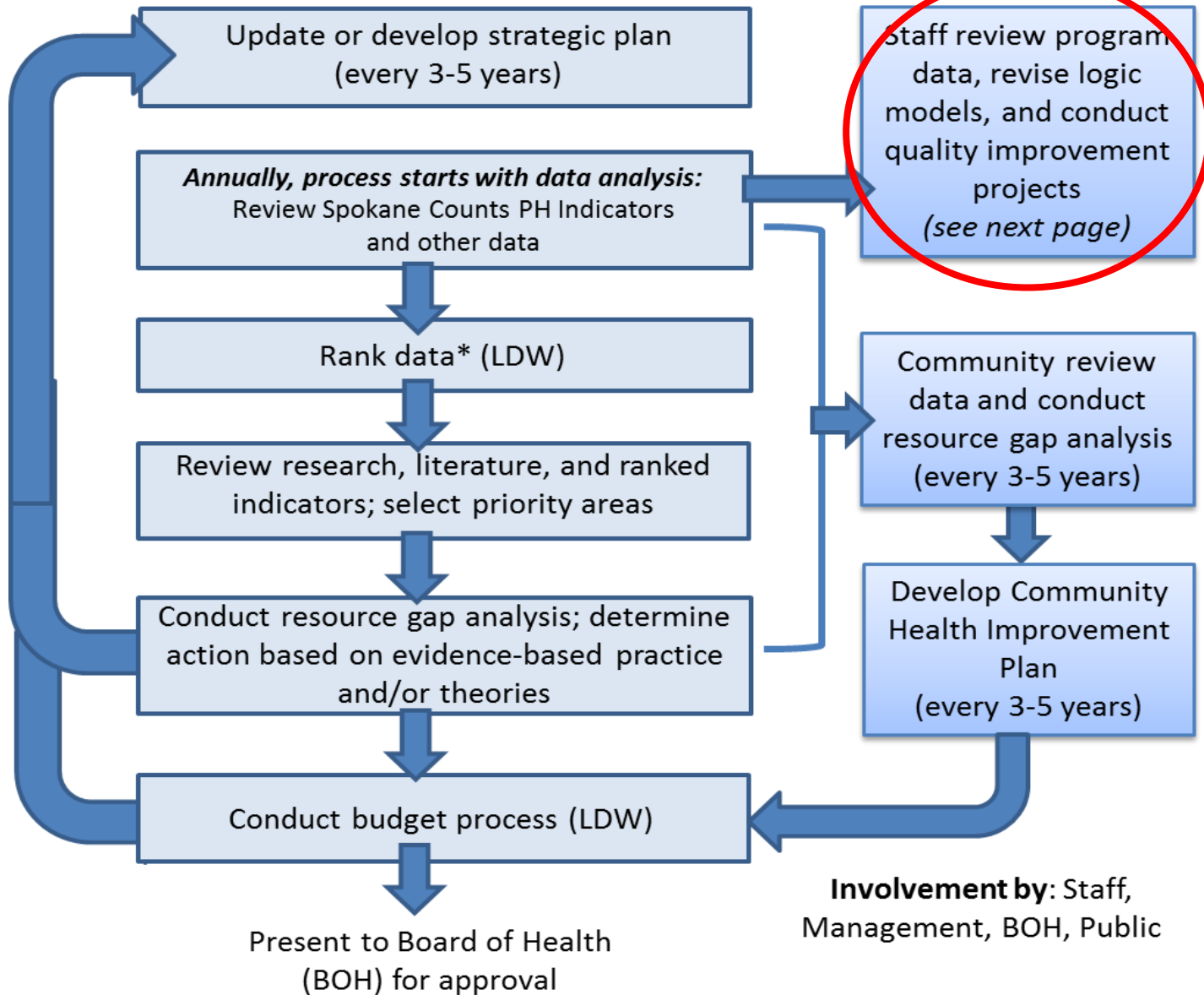
SRHD's Performance Management System



Appendix A: Strategic Management Process



Appendix A: Strategic Management Process



Involvement by: Staff,
Management, BOH, Public



SRHD's Quality Council

Quality is never an accident. It is always the result of intelligent effort.

John Ruskin



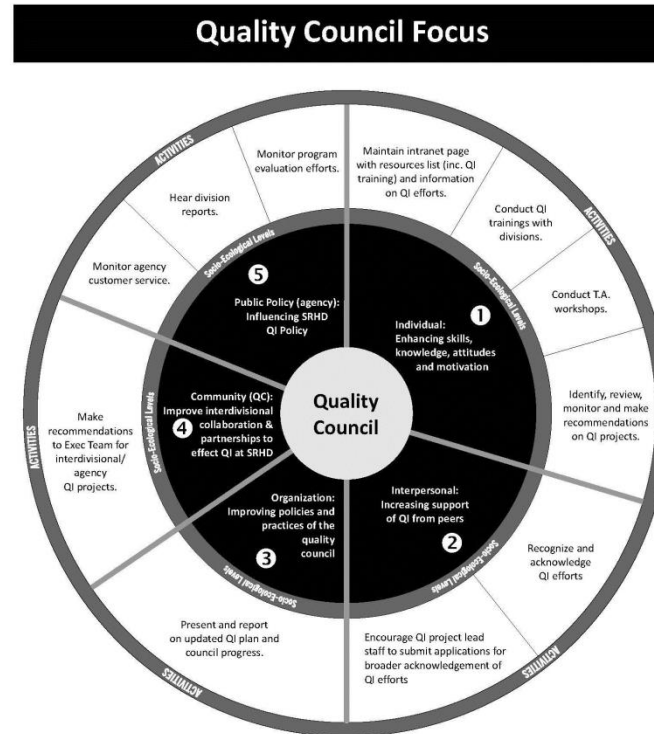


The Quality Council



Responsibilities

- Monitoring/oversight
- Communication
- Training
- Quality Management Projects
 - Programmatic
 - Cross-divisional



The Socio Ecological format was adjusted to fit internally within SRHD as it pertains to the QC activities.



Responsibilities

Monitoring/oversight

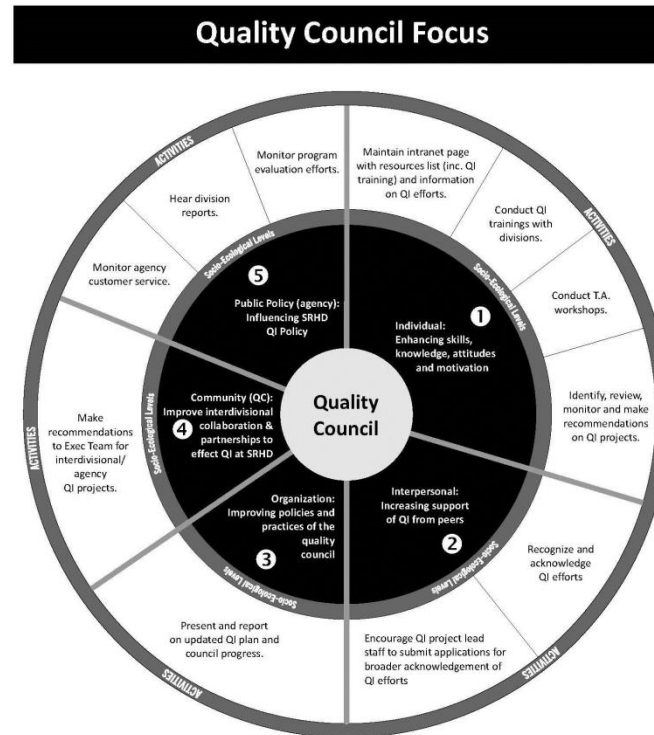
Communication

Training

Quality Management Projects

■ Programmatic

■ Cross-divisional



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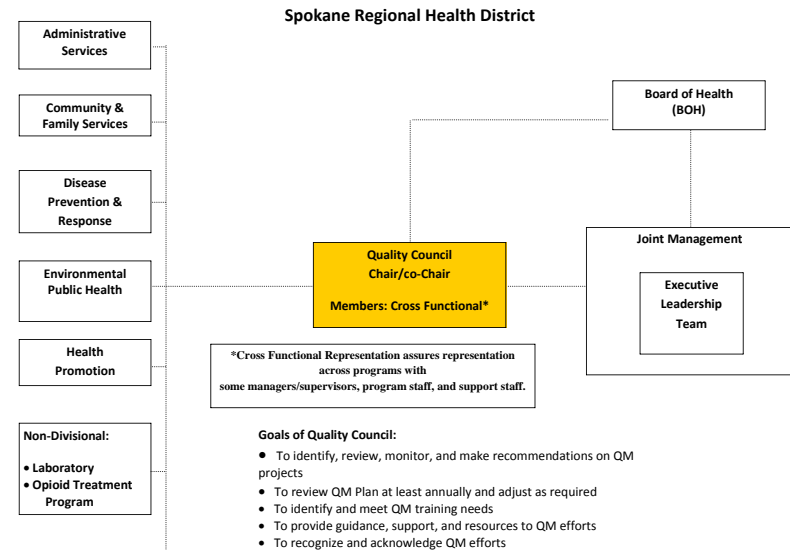


Scope of Monitoring Oversight

- Customer Service
- Program Performance Measurement/Evaluation
- HIPAA Compliance
- AAR's
- Strategic Plan Review
- Accreditation

Communication Flow Chart for Quality Management

APPENDIX B



QUALITY MANAGEMENT PLAN | 1/26/2015



Customer Feedback Assessment

Customer Service Evaluation

Insert Name of Service

Our goal is to give you the best possible service. Your input will help us to improve the services we currently offer. Please take a few minutes to answer the questions below. You do not have to take this survey, but your feedback is greatly appreciated. By responding, your services will not be impacted in any way.

Today's date:

1. Please rate the following statements on a scale of 'Strongly Agree' to 'Strongly Disagree.'

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
a. Staff was polite while helping me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff answered my questions well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff was knowledgeable about programs and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff was respectful of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I received services/assistance in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The paperwork I filled out was clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I received information that was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My overall experience was satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I would tell others about my positive experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I was appropriately referred to other services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I did not have problems using SRHD's services (office hours, transportation, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Customize if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Customize if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What can we do to better meet your needs and enhance your experience with our services?

3. Who provided you with exceptional service that you would like us to recognize?

Thank you for taking the time to fill this out!

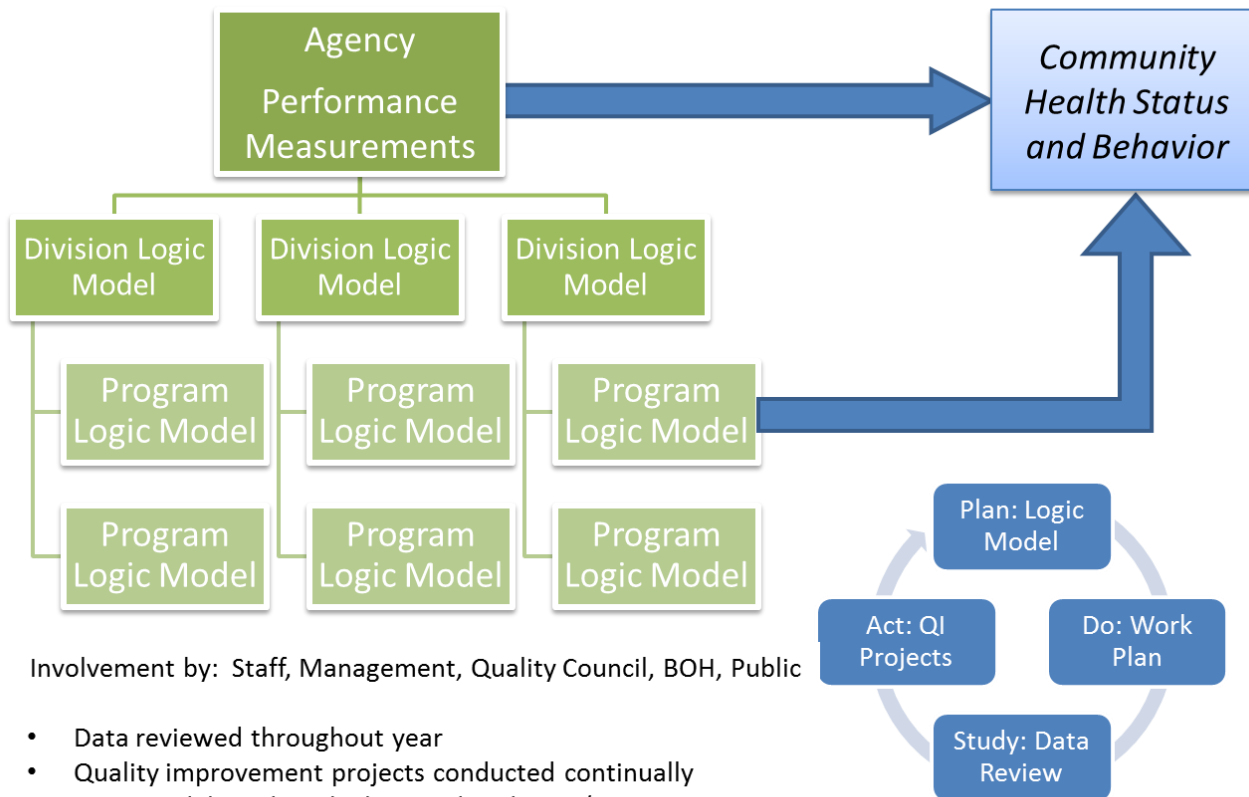


The screenshot shows a web browser displaying the 'Quality Council - Evaluations' page. The page title is 'Evaluation of Collaborative Partnerships and Internal Committees, Customer Service Satisfaction, and Presentations'. The page content includes instructions for staff on how to conduct evaluations, such as 'Plan, Do, Check, Act...' and 'Overall Evaluation Assistance'. The left sidebar contains a navigation menu with categories like 'Recently Modified', 'Tools and Resources', and 'Internal Links'. The main content area provides detailed guidelines for external collaborative partnerships and customer service satisfaction surveys.



Performance Measurement & Monitoring

Performance Measurements Monitored to Improve the Community's Health



Involvement by: Staff, Management, Quality Council, BOH, Public

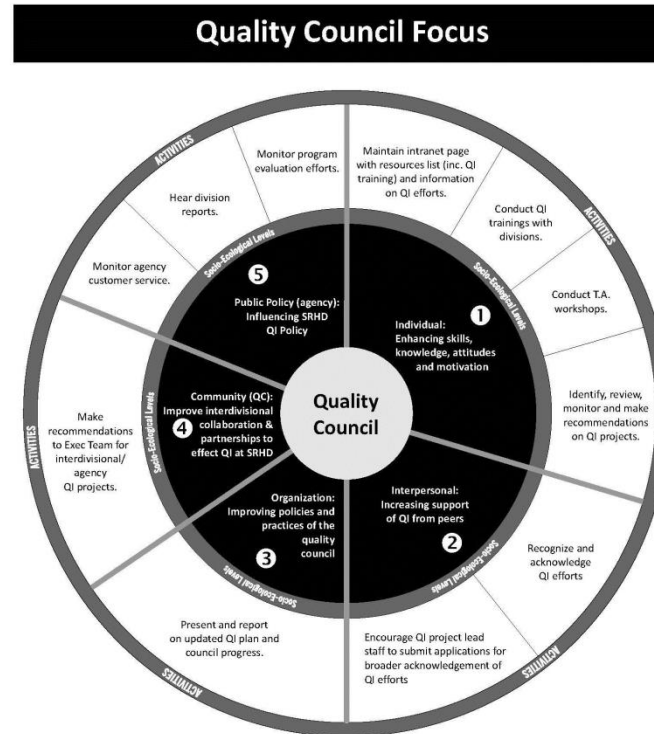
- Data reviewed throughout year
- Quality improvement projects conducted continually
- Logic models and work plans updated once/year

<http://www.srhd.org/outcome-measures/>



Responsibilities

- Monitoring/oversight
- Communication
- Training
- Quality Management Projects
 - Programmatic
 - Cross-divisional

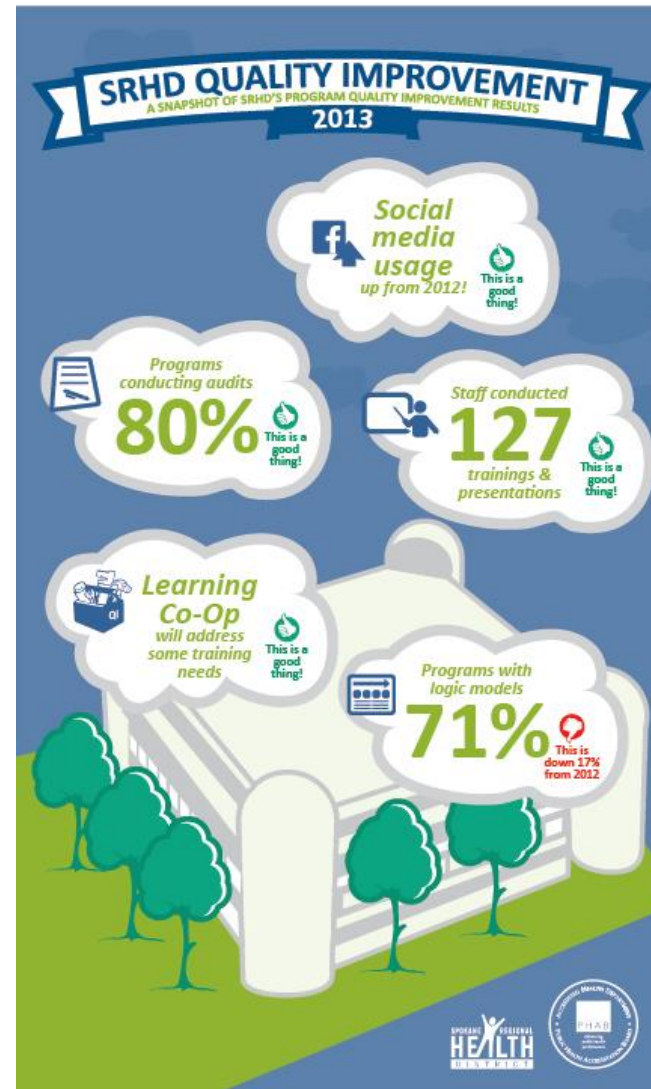


The Socio Ecological format was adjusted to fit internally within SRHD as it pertains to the QC activities.



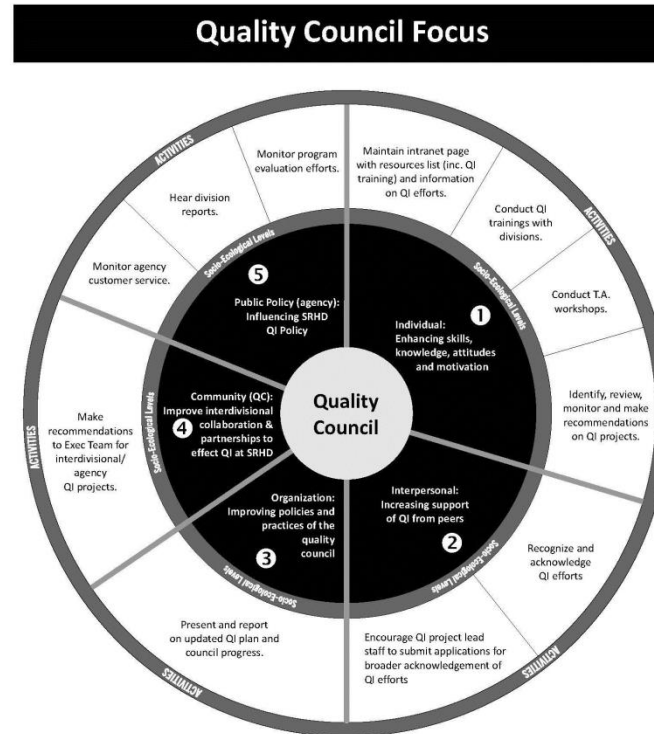
Communication

- Messaging and branding
- Feedback loop
- Communication infrastructure for QC



Responsibilities

- Monitoring/oversight
- Communication
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The Socio Ecological format was adjusted to fit internally within SRHD as it pertains to the QC activities.



Training

- ⦿ Project management 101
- ⦿ Logic models
- ⦿ The QI Method
- ⦿ Performance Management Overview (modules)
- ⦿ Learning Co-Op

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PerformanceManagementCentersforExcellence/Training>

<http://www.phcentersforexcellence.org/>



Learning Co-Op

You're invited!



FIRST ANNUAL Learning Co-Op

We've heard that you are
working on a quality
improvement project
and we want to help you
make it a success!



- ◎ 6 month applied workshop training
- ◎ 26 project teams
- ◎ Just in time tool training
- ◎ Shared learning



Learning Co-Op

- ⦿ Seating in teams
- ⦿ Hobbies
- ⦿ Swear Words
- ⦿ Roles and responsibilities
 - Coaches
 - Project leads
 - Project team members
- ⦿ Learning concepts
- ⦿ Fist of 5



No Jargon Allowed

Learning Co-Op Evaluation

“Great hands on learning experiences. Outcome product at the end of training.”

“De-mystifies QI and makes it part of ‘business as usual’.”

“Loved it and loved how it was always a fun experience for a topic that isn’t always the life of the party’.”

“Fabulous! Thanks for sharing your brilliant geekiness.”

5. In the last year, which of the following quality management tools have you used with a project? (Check all that apply)

Tool	Count	%	Count	%	% Change
5 Why's	2	5.7%	18	48.6%	753%
Affinity diagram	2	5.7%	18	48.6%	753%
AIM statements	7	20.0%	6	16.2%	-19%
Brainstorming	18	51.4%	31	83.8%	63%
Fishbone diagrams	4	11.4%	21	56.8%	398%
Flow chart	19	54.3%	29	78.4%	44%
Pareto chart	3	8.6%	3	8.1%	-6%
Prioritization matrix	5	14.3%	11	29.7%	108%
Trend, run, or control charts	4	11.4%	6	16.2%	42%
Voice of the customer	9	25.7%	22	59.5%	132%
None	8	22.9%	1	2.7%	-88%

6. What is your level of knowledge with these tools?

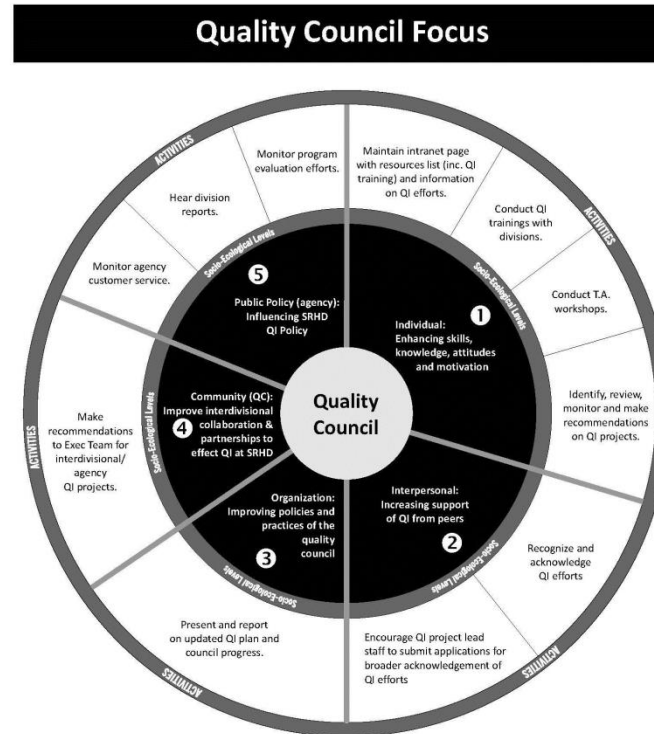
Answer Options	know/ adv	know/ adv	know/ adv	know/ adv	% increase
5 Why's	4	11.2%	22	59.5%	431%
Affinity diagram	1	2.9%	25	69.4%	2293%
AIM statements	5	15.6%	17	45.9%	194%
Brainstorming	20	58.8%	30	81.1%	38%
Fishbone diagrams	9	27.3%	20	55.6%	104%
Flow chart	21	61.8%	31	86.1%	39%
Pareto chart	4	12.1%	10	29.4%	143%
Prioritization matrix	6	18.2%	15	42.9%	136%
Trend, run, or control charts (tracking trends)	9	27.3%	15	41.7%	53%
Voice of the customer	14	43.8%	24	66.7%	52%

“Thank you! Valuable tools, great interaction with staff, so good to hear about what’s happening in our agency.”



Responsibilities

- Monitoring/oversight
- Communication
- Training
- Quality Management Projects**
 - Programmatic
 - Cross-divisional



The Socio Ecological format was adjusted to fit internally within SRHD as it pertains to the QC activities.



Quality Management (QM) Projects

- ◎ Monitoring projects is one function of the Quality Council (QC)
 - Up to 2 projects per division, 15 total (continuing)
 - Cross-divisional project selection (new!)
- ◎ QC uses forms and a SharePoint site for monitoring
 - Project Definition form, Activity Report, Storyboard
- ◎ Process
 - Project Team Leaders complete **QI/QP Project Definition Document** and reports back to QC
 - Division QC reps will monitor projects and update QC monthly
 - Project Team Leaders complete **Quality Project Activity Summary Report & Storyboard** and report back to QC at project conclusion




Cross-Divisional Project Selection

- ⦿ Assessed for potential quality improvement projects
 - Aggregate customer satisfaction data
 - Logic model reviews and division reports
 - Performance measure data
 - Accreditation findings and recommendations
 - Strategic planning goal group progress
- ⦿ Used the Quality Council's discussion board to generate QI project ideas



Spokane Regional Health District Quality Council Prioritization Exercise

Process

1. Review ground rules
2. Agree on goal statement
3. Review and gain consensus on list of decision criteria and their definitions
4. Assign weighting to criteria reaching consensus using a **prioritization matrix**
5. Review QM opportunities – eliminate as needed
6. Independently ranking each Quality Management Opportunity (*using a SurveyMonkey survey*)
 <https://www.surveymonkey.com/s/VZGSJXQ>
7. Co-chairs to tabulate results
8. Results reported out via discussion board with opportunity for comment
9. Process and outcome debrief at August QC meeting
10. Final recommendation to Executive Leadership Team



☐	Project Idea	Type of Project	Source of Project Idea	Problem Statement
	Create online food establishment application tool	Quality Improvement Project	Other	The current food establishment application process is paper based. EPH would like to move it online application data, and it should make it easier to renew.
	Decrease Smoking Rates	Quality Improvement Project	Other	Decrease smoking rates among postpartum women in the NFP and WIC programs.
	Develop Agency Documentation Standards	Quality Improvement Project	Accreditation/Standards	When pulling documentation for WA State Standards and for PHAB, the team faced challenges with example, reports, fliers, procedures, minutes and other documentation that did not include dates, a demonstrate that we met a measure. Development/implementation of documentation standards with number of documents available to submit for accreditation.
	Facilitation and Presentation Skills Training	Quality Improvement Project	Other	According to aggregate agency data from the presentation evaluations, staff could use training on h content to meet the level of audience. Interactive exercises and activities were rated the lowest by coalition surveys indicate a need for facilitation skills training. There are techniques that can be ta towards goals, and improved follow-up from members.
	HiAP Decision Support Process & Tool	Quality Planning Project	Strategic Planning	Currently, our agency and BOH does not have consistent and standardized processes and tools to policies. Additionally, two of our four strategic planning goal groups have begun to explore different and BOH. There is an opportunity to bring the goal groups together to develop one process and tw agency. This would help further the strategic planning goals related to improving and promoting h and agency health priority areas.
	Increase % of surveys and evals run through CHAPE	Quality Improvement Project	Division Report	In 2012, only 18.5% of customer service surveys, 30% of collaborative partnership evaluatic were run through CHAPE. These percentages are either the same or less than they were in a challenge in tracking and trending data and does not adhere to agency protocol.
	Increase Breastfeeding Rates	Quality Planning Project	Logic Model	To increase the percentage of clients in WIC and NFP who are still breastfeeding at s'
	SRHD.org Website Interface Update	Quality Improvement Project	Other	Our current website site at SRHD.org has been in place for several years. To update the site's interface design. With proper design, the site will be able tr
	Wellness tool for staff	Quality Planning Project	Other	create a wellness tool for staff on our intranet.
	Board	Quality Improvement Project	Other	WIC would like to increase access to healthy nutrition advise th

Project Ranking and Selection

SRHD Quality Council: Annual QM Project Prioritization													
July, 2013													
CRITERIA	1		2		3		4		5		7		
	RISK/IMPACT		FEASIBLE		REPEATABLE		STRATEGIC		PROBLEM PRONE		TOTAL		
EXPLANATION	high risk (QI) or potential high impact (QP). Risk/Impact considerations may include: morbidity, mortality, liability, scope (how many people impacted)		willing lead and team participation; doable within a year timeframe; not too large of scope; not too costly in terms of funding or people power		process turns over frequently (i.e. high volume)		supports the agency "big picture" and based on data/evidence (strategic plan, rolled-up division report, Accreditation, logic model reviews, AAR, aggregate customer service feedback, HIPAA)		issue/idea is complicated, would benefit from team involvement, and needs analysis for root cause (QI) or customer and stakeholder need (QP). It's not a just-do-it or implementation project.				
Criteria Weight (from exercise)	0.42		0.13		0.01		0.24		0.2		1		
QC Member Ranking	RANKING	Wt Score	RANKING	Wt Score	RANKING	Wt Score	RANKING	Wt Score	RANKING	Wt Score	RANKING	Wt Score	
Quality Management Opportunities													
A	Decrease Smoking Rates	6.13	2.57	2.38	0.31	2.94	0.03	5.69	1.37	5.63	1.13	1	5.41
B	Develop Agency Documentation Standards	3.31	1.39	5	0.65	4.88	0.05	3.75	0.90	3	0.60	5	3.59
H	Facilitation and Presentation Skills Training	3.38	1.42	4.94	0.64	4.5	0.05	2.31	0.55	2.5	0.50	7	3.16
I	HIAP Decision Support Process & Tool	4.81	2.02	3.81	0.50	3.44	0.03	5.44	1.31	4.81	0.96	2	4.82
J	Increase % of surveys and evals run through CHAPE	3.13	1.31	4.69	0.61	5.5	0.06	4.13	0.99	3.94	0.79	4	3.76
K	Increase Breastfeeding Rates	4.31	1.81	2.81	0.37	2.88	0.03	4	0.96	4.63	0.93	3	4.09



Prioritization Matrix

Ground Rules

QM Project Descriptions



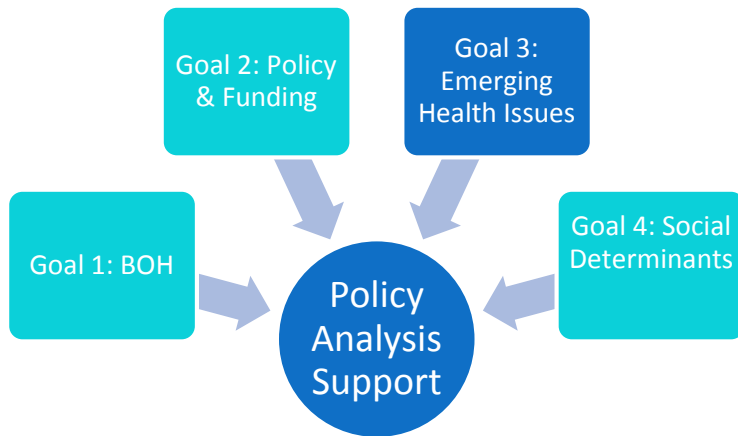
READY



SPEAK UP FOR YOUR HEALTH

Health & Equity Policy Analysis (HEPA) Project

- Problem Statement: SRHD does not have a standardized process and tool to facilitate objective decision making for the development, modification, prioritization and implementation of public policies affecting public health, equity and overall quality of life for residents of Spokane County.
- Linked to agency strategic planning
- Institutionalize efforts of current strategic planning



HEPA Process Flow

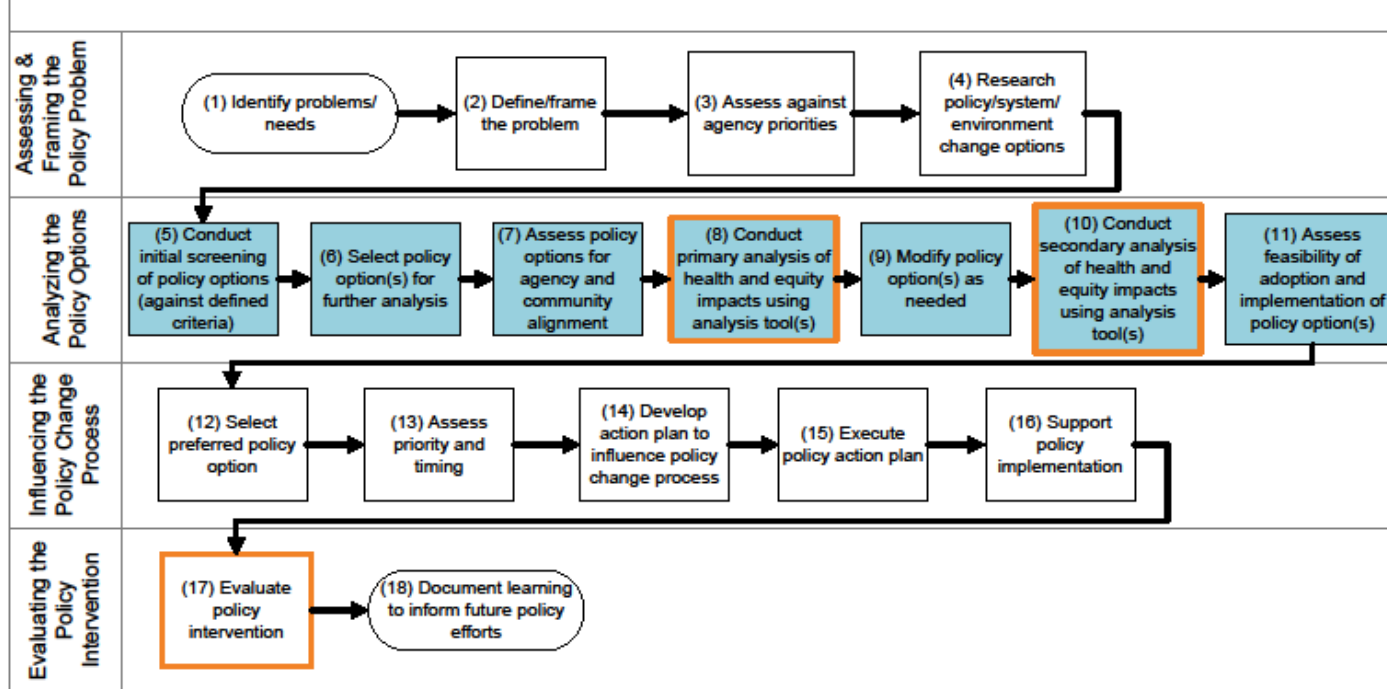
SRHD Policy Process: High-Level Conceptual Flow

Health and Equity Policy Analysis (HEPA) Tool Quality Management Project

Version 2.0

09-18-2013

Legend: Blue boxes define the boundaries/scope of the HEPA project. Orange outline identifies where the policy screening tool could be used.



Tools We Can Share With You

- ⦿ Customer service policy, procedures, templates
- ⦿ Agency-wide evaluation instrument
- ⦿ QC member survey
- ⦿ QC logic model
- ⦿ Annual division report template
- ⦿ QI/QP project definition forms



Lesson's Learned

Learning is not compulsory...
neither is survival.”

W. Edwards Deming



Leadership is Essential

“Level 5 leaders are ambitious first and foremost for the cause, the movement, the mission, the work – not themselves – and they have and will do whatever it takes (*whatever* it takes) to make good on that ambition. . . . The only way I can achieve that is if people know that I’m motivated first and always for the greatness of our work, not myself.”

Jim Collins, Good to Great and the Social Sector



Performance Measurement



Accountability

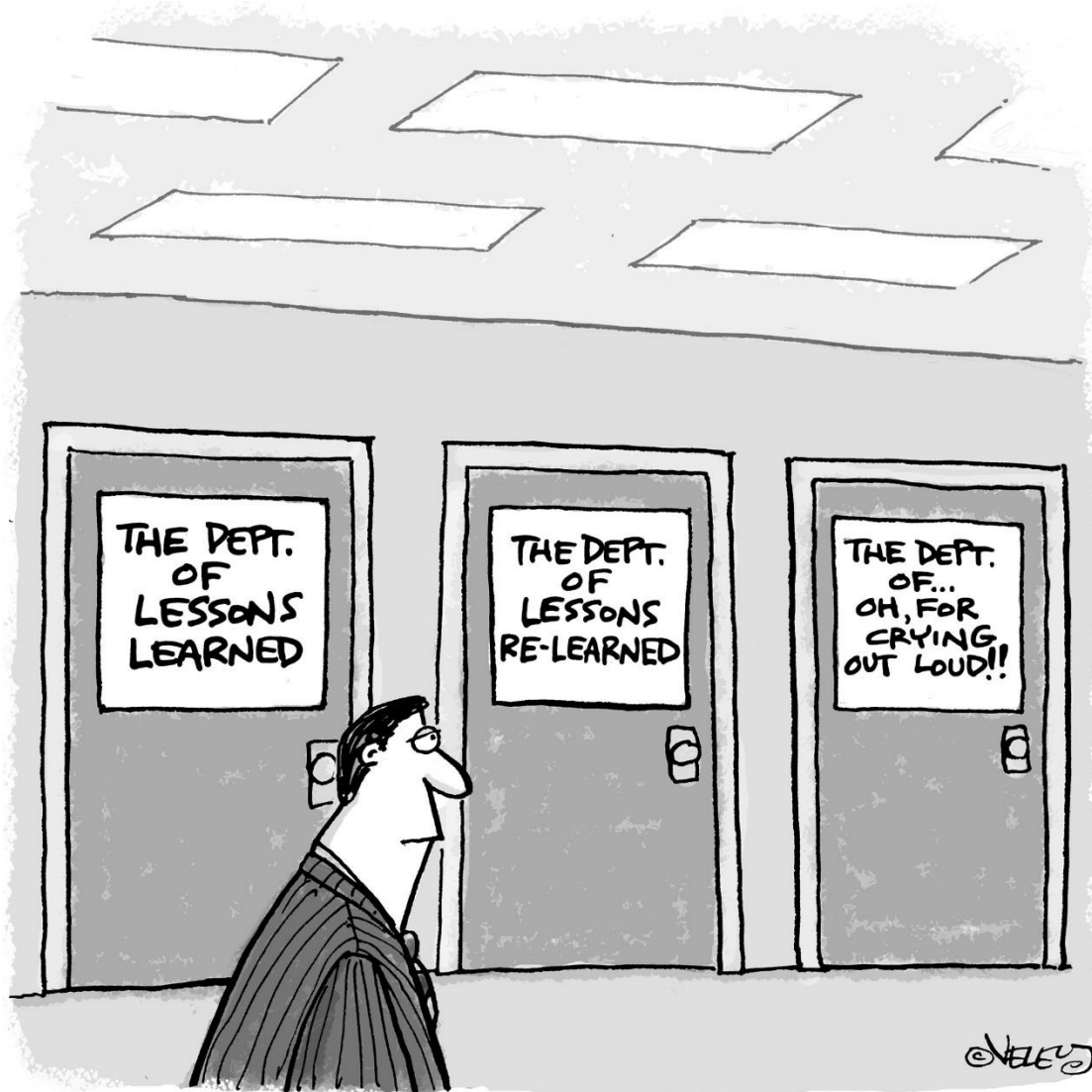


Capacity

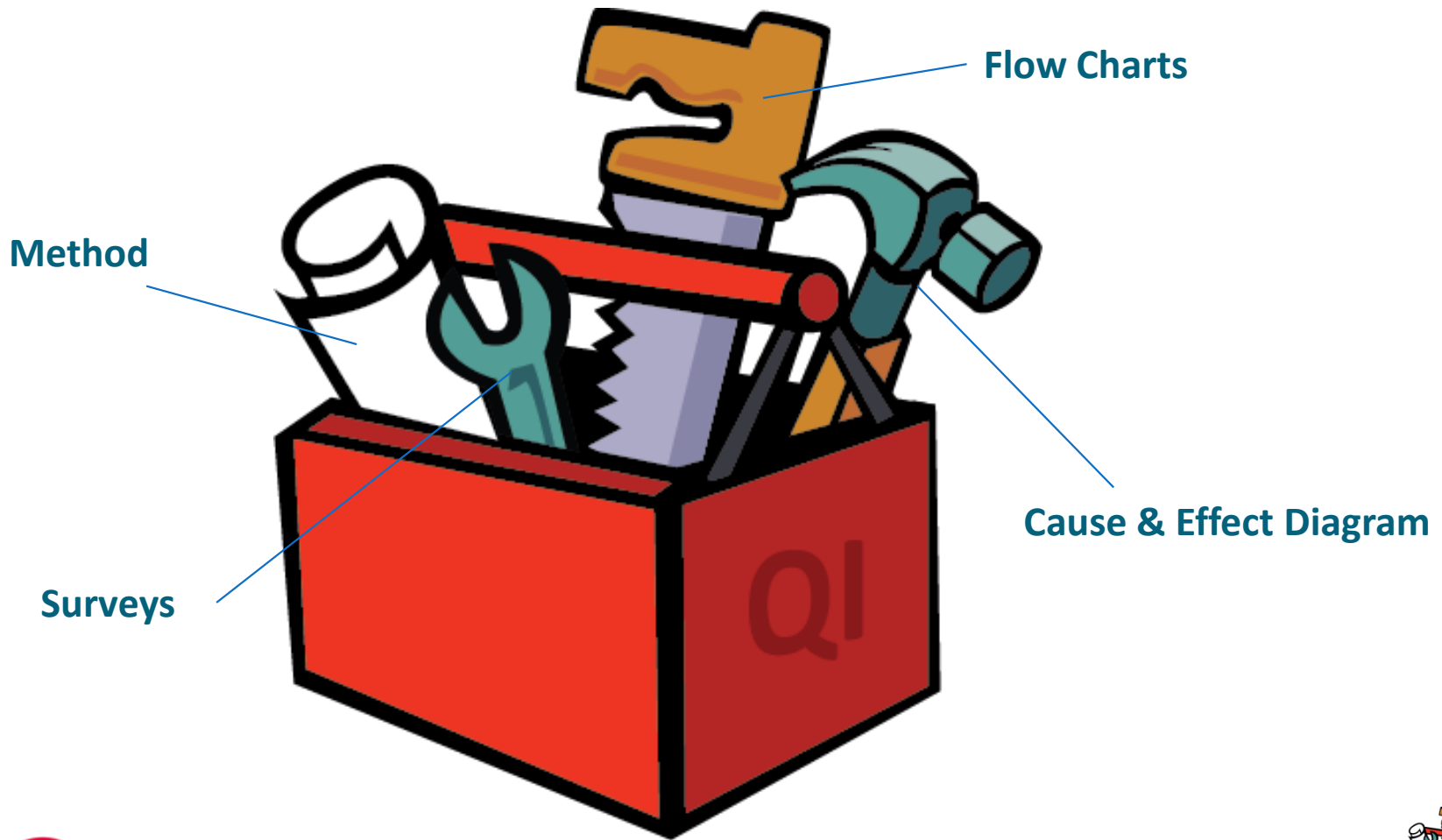


Utility

Mentoring and Transitions



KISS



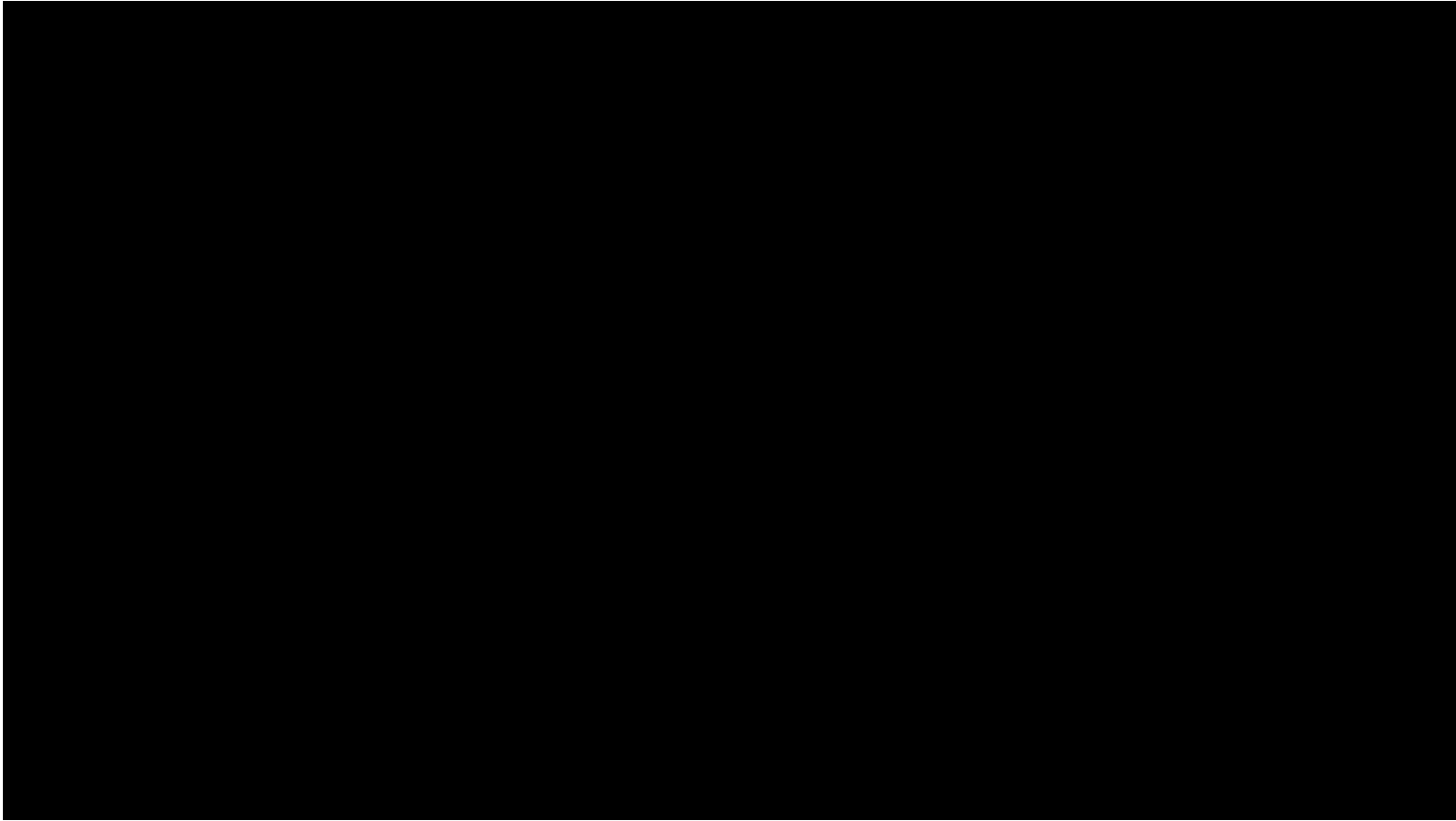
JARGON Method + Tool/s = Toolbox



Remember
to have
FUN.



Comic Relief from SRHD



QIG

(Quality Improvement Geek)

Quality Management

Quality Management is the act of overseeing all activities and tasks needed to maintain a desired level of excellence. This includes creating and implementing quality planning and assurance, as well as quality control and quality improvement. It is also referred to as total quality management (TQM). Quality Improvement, one aspect of quality management, is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization.

Vision

The Quality Council (QC) will aid in creating, implementing, maintaining, and evaluating the quality management (QM) efforts at Spokane Regional Health District (SRHD) with the intent to improve the level of performance.

Can't QC I'm PHABulous!



You might be a QIG if...

- ⦿ You find yourself saying things like: “It’s [missing data] messing up my run chart!”
- ⦿ You celebrate your first histogram with a glass of wine.
- ⦿ You wake up excited for a Quality Council meeting.
- ⦿ You are able to quickly and without hesitation direct a colleague to page 52 of the Public Health Memory Jogger as she’s fumbling to locate the section on flow charting.



What's Next?

There is at least one point in the history of any company when you have to change dramatically to rise to the next level of performance. Miss that moment - and you start to decline.

Andy Grove



Learning Co-Op

◎ Dissemination

- Have contracted with Kittitas County Health Department to conduct their own Learning Co-Op
- Work with local university to certificate/endorse the concept (green belt equivalent) expand to public health partners

◎ Adaption

- From QI to program evaluation



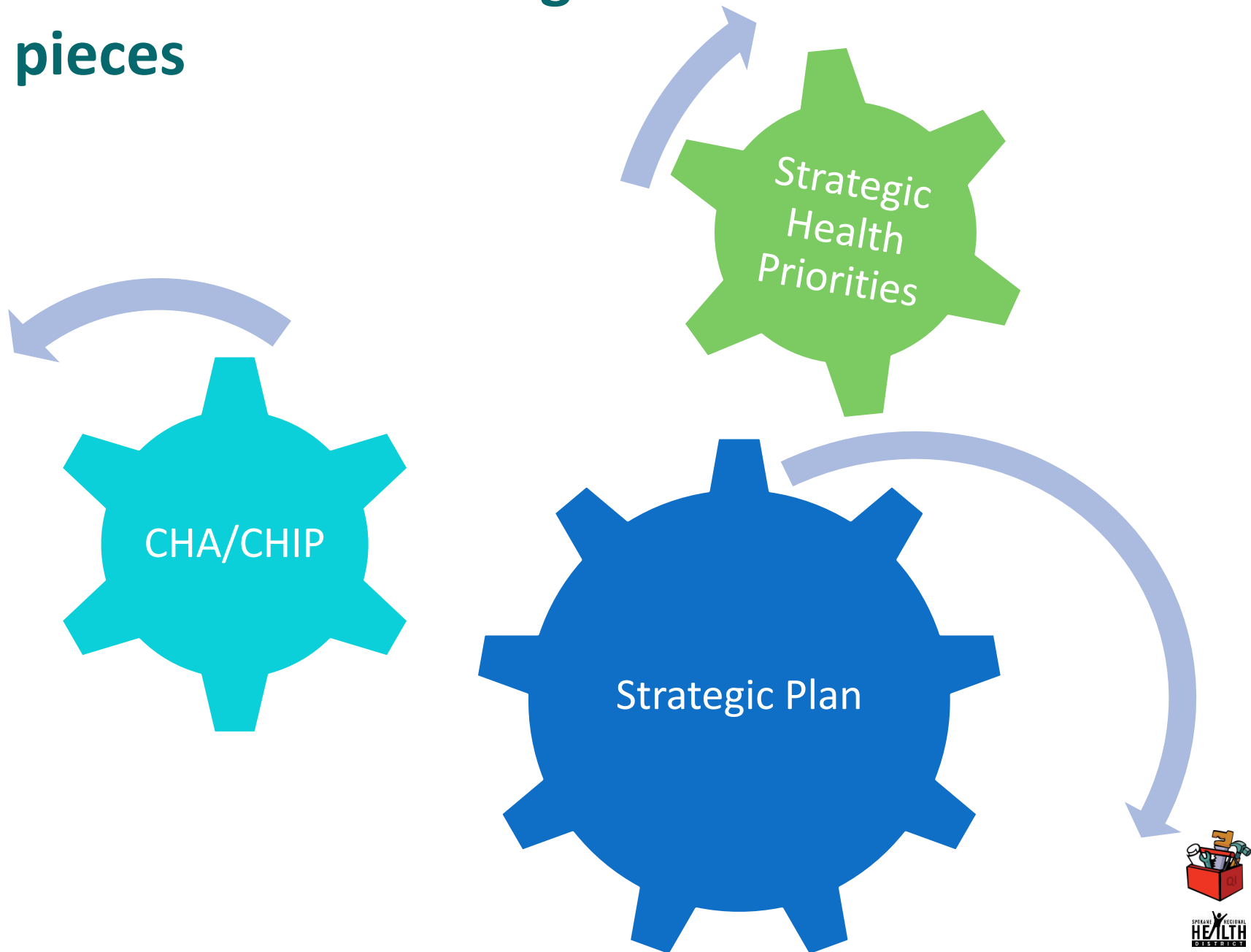
Capacity Building

- ⦿ Growing our champion QIGs
- ⦿ Get more certificated/belted QI professionals
- ⦿ Sharing our knowledge, practices and resources with our *local* community partner
- ⦿ Working with the Tacoma-Pierce County Health Department to sustain the Centers for Excellence – supporting the journey of other *health departments*

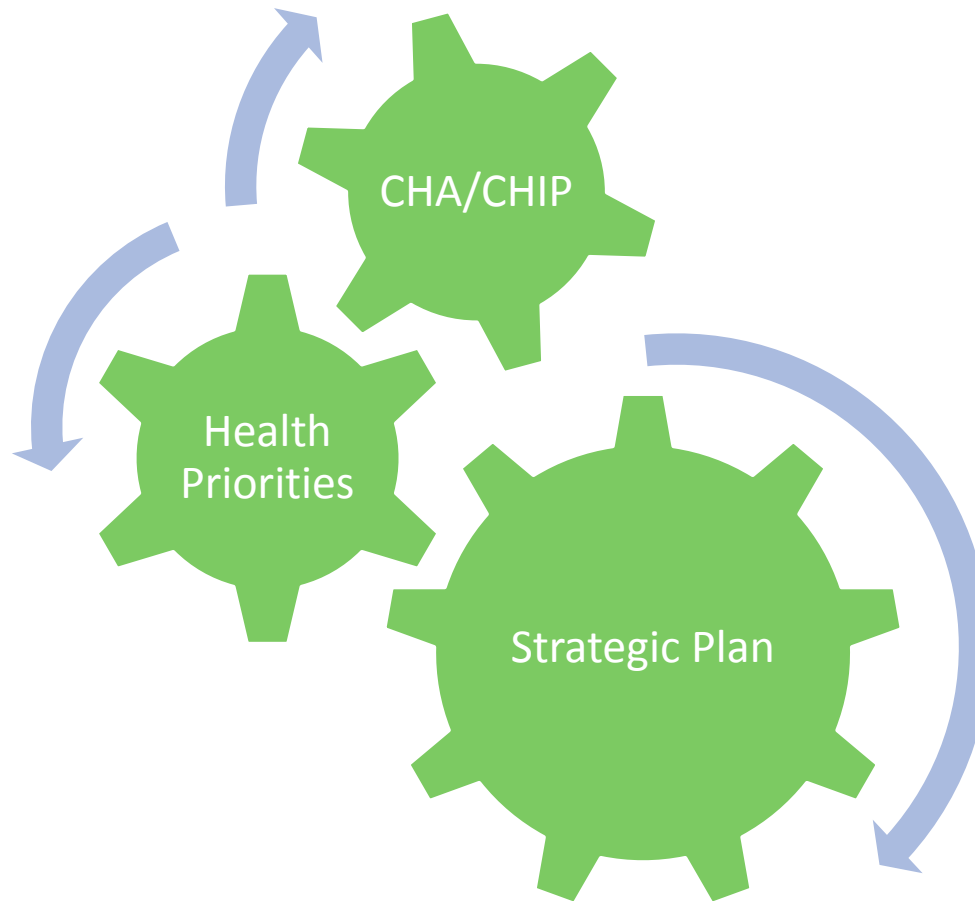
www.phcfe.org



Performance Management... from pieces



Performance Management ... to an Integrated System



Key elements of a quality system

- ◎ Leadership
- ◎ Measurement System
 - What to measure?
 - How to measure?
 - How will info be used?
- ◎ Adoption of methods and tools
 - Method choices
 - Project selection
- ◎ Staff Development
- ◎ Culture Shift
 - Change Management

Implementing Quality Management: Typical Phases

Exploration

- Senior leaders benchmark & study
- Lead champion identified

Pilot

- More formal training of managers and key support staff
- 1-2 pilot projects

Foundation

- Quality leadership group established
- Measurement system established
- Multiple QM projects

Expansion

- Measurement system improved and aligned
- More QM projects
- Formal quality agenda and alignment to strategic priorities
- Dissemination of tools and practices

Routine

- No distinction between quality management and daily management
- Improvement cycles routine and faster
- Use of QI methods and tools ubiquitous



Audience Poll

**What phase of
Quality
Management best
describes where
your organization
is at?**

- A. Exploration
- B. Pilot
- C. Foundation
- D. Expansion
- E. Routine



**DON'T LET PERFECT GET IN THE WAY OF
IMPROVEMENT.**

QIGs Everywhere



Additional Resources

- Guidebook for Performance Measurement, Turning Point Performance Management National Excellence Collaborative, 2004, http://www.phf.org/pmc_guidebook.pdf
- Juran, J.; Juran on Leadership for Quality, Free Press, 1989
- Juran, J.; Juran on Planning for Quality, Free Press, 1988
- Atul Gawande, The Checklist Manifesto: How to get things right, 2009, <http://gawande.com/the-checklist-manifesto>
- Peter Scholtes, The Team Handbook, Joiner, 1988
- Mason M, Moran J, Understanding and Controlling Variation in Public Health. *Journal of Public Health Management and Practice*. Jan/Feb 2012; 18(1), 74–78



Additional Resources

- ◉ A Performance Management Framework for State and Local Government, National Performance Management Advisory Commission, 2010, www.pmcommission.org/APerformanceManagementFramework.pdf
- ◉ Turning Point Performance Management, refreshed: [www.phf.org/programs/PMtoolkit/Pages/Turning Point Performance Management Refresh.aspx](http://www.phf.org/programs/PMtoolkit/Pages/Turning_Point_Performance_Management_Refresh.aspx)
- ◉ Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook, 2011, www.accreditation.localhealth.net
- ◉ Public Health Memory Jogger, GOAL/QPC, 2007, www.goalqpc.com
- ◉ Bialek R, Duffy DL, Moran JW. The Public Health Quality Improvement Handbook. Milwaukee, WI: ASQ Quality Press; 2009
- ◉ The Improvement Guide, Langley et al. Jossey-Bass, 1996.



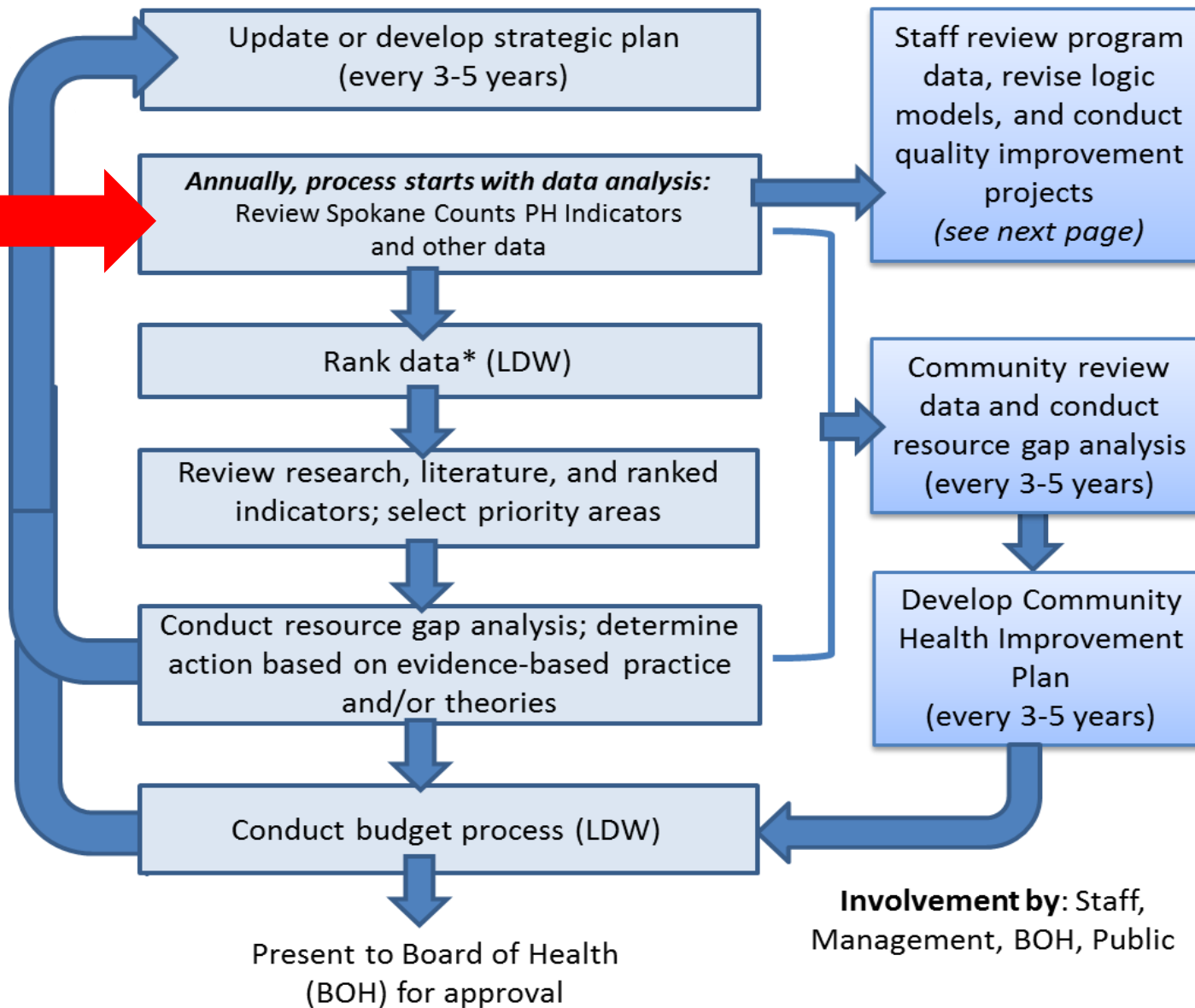
BONUS MATERIAL

Choose Your Own Adventure: which other aspects of SRHD's Performance Management System would you like to hear about?

- A. Use of data
- B. CHA/CHIP
- C. Budgeting
- D. Strategic Planning



Appendix A: Strategic Management Process



About the Data Center

Data Center

ASSESSMENT AND EVALUATION FOR AN IMPROVED COMMUNITY

Did you know that Data Center services are available in the community?

Data Center services include:

- Data collection
 - Surveys and questionnaires
 - Focus groups
 - Key opinion leader surveys
 - Community forums
- Data analysis
- Identification of data sources
- GIS mapping
- Literature review and white papers
- Community needs assessments

Data Center staff also provide:

Consultation on:

- Program planning and development
- Management of health and community-based data sets
- Human subjects policies and procedures
- Organizational performance management
 - Performance measurement and systems for data-driven decision making
 - Quality improvement – methods, tools and projects

Training on:

- Assessment processes
- Quality improvement methods and tools
- Performance measurement
- Communicating with data
- Logic models and program evaluation

Provision of Data Center services is dependent upon staff availability and may be subject to a fee, per fee schedule approved by Spokane Regional Health District's Board of Health. Call (509) 323-2853 or contact a staff member directly for details and to discuss needs.

These recent Data Center documents are available on the SRHD web site:

[srhd.org/links/data.asp](http://www.srhd.org/links/data.asp)

Spokane Counts:
A Summary of Spokane's Health Indicators

Odds Against Tomorrow:
A Report Detailing Health Inequities in Spokane County

Gun Violence in Spokane County:
Fact Sheet

Healthy Families, Better Beginnings:
A Report on the Health of Women, Children and Families in Spokane

Contact Us

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Spokane, WA 99201
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Stacy Wenzl, Data Center Manager.....	(509) 324-1698

<http://www.srhd.org/links/data.asp>

Use of Data in the Performance Management System

Spokane Counts



Welcome to Spokane Counts 2013

Spokane Counts provides information about selected public health indicators that can be impacted by public health and community partners. Information about the selected health indicators gives the community an easily accessible tool to determine priority health issues and identify populations impacted. It may help direct health interventions to areas of greatest need and garner support for health policies. Additionally, this information will educate the public, community organizations, and policymakers on the community's health.

Spokane Regional Health District employees strive to reach the vision of "a healthy community for all" by improving these health indicators. To do this, staff work hard to move agency program measures towards reaching a set target or goal. These measures are complicated by staffing capacity and resources as well as things outside of our control, but continual effort to make improvements remain a priority.

Spokane Counts 2013 reports on **61 indicators** that are grouped into **8 categories**. When available, information about each indicator is examined for Spokane County over a period of time, in comparison to Washington State and the United States, and by various demographic groups. Click on any of the indicators below.

Environmental	Health Behavior	Health Care	Health Status
Air Quality	Binge Drinking (Adult)	Dental Check-up	Asthma (Youth)
Food & Waterborne Disease	Binge Drinking (Youth)	Insured (Adult)	Cancer
Food Safety Service	Breastfeeding	Mammogram	Childhood Disability
Septic System Corrections	Fruit and Vegetable Intake (Youth)	Personal Doctor (Adult)	Dental Decay (Children)
Well Water	Illicit Drug Use (Youth)	Sigmoidoscopy/Colonoscopy	Depression (Youth)
	Illicit Narcotic Use (Adult)		Diabetes (Adult)
	Maternal Smoking		Food Insecurity (Youth)
	Physical Activity (Adult)		General Health (Adult)
	Physical Activity (Youth)		Obesity (Adult)
	Smokers (Adult)		Overweight (Youth)
	Smokers (Youth)		Poor Mental Health (Adult)
			Stroke (Adult)
			Tooth Loss (Adult)
Infectious Disease	Injury & Violence	Reproductive Health	Summary Measures

Community Indicators



WELCOME

Thank you for visiting the Community Indicators Initiative of Spokane, an online community resource offering a centralized location to learn more about Spokane County. Over 185 indicators are highlighted, all supported by trusted, reliable sources and continually updated.



These measures were chosen by residents of the County through a careful process and represent the preferences of what to measure from the available data. As you begin to examine the nine main categories, we hope you find the information relevant and useful in your daily work and decision-making.

ABOUT US

The Community Indicators Initiative of Spokane seeks to improve local, private and public decision-making by providing relevant data in an easily navigable website. The data will serve neutral information for all parties involved.

More specifically, the goals are:

- To collect and share a broad spectrum of information for individual

non-governmental organizations, businesses, business organizations, researchers, and the press.

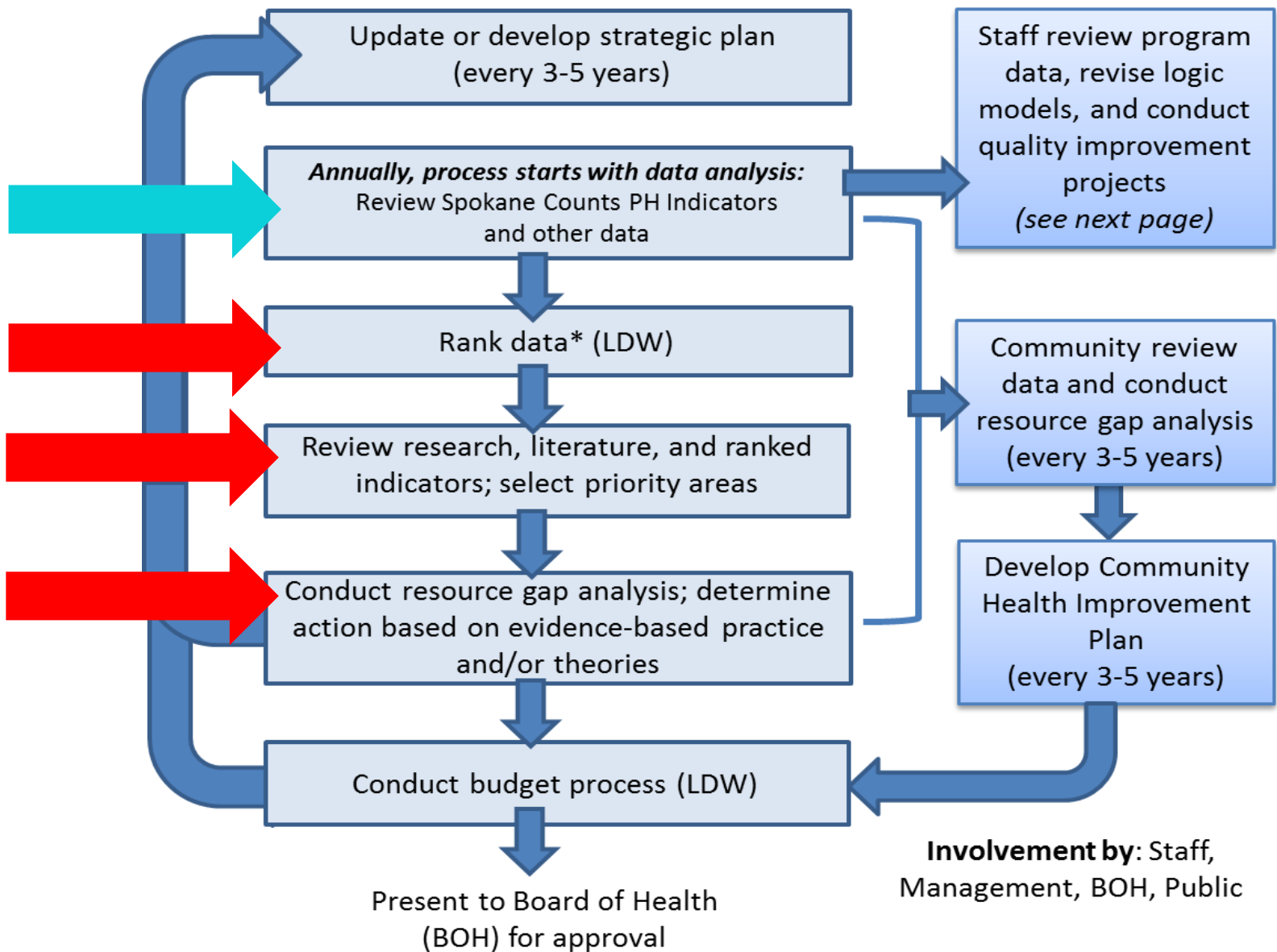
- To track progress over time of various efforts toward a healthy, vibrant community.
- To measure the community's progress spatially via benchmarks outside of the County.
- To enable analysis of these trends.
- To create a forum for a discussion of the

A community indicators project must receive its inspiration, general direction, and ultimately, validity from the citizens themselves. Appropriately, the Community Indicators Initiative of Spokane has convened individuals representing many groups, organizations and businesses over three rounds of focus groups since 2005 to arrive at the indicator set you see here.

<http://www.srhd.org/spokane-counts/>

<http://www.communityindicators.ewu.edu/>

Appendix A: Strategic Management Process



Scoring of the Data

Trend	Getting better 1	No change 2	Getting worse 3		
Compared to WA	SC better 1	Same 2	SC worse 3		
Compared to US	SC better 1	Same 2	SC worse 3		
Compared to HP2020	SC better 1	Same 2	SC worse 3		
Disparities	None 1	Up to half 2	GT half 3		
Magnitude	<0.01% (1/10,000) 0	0.01%-0.9% 1	1%-9.9% 2	10-24.9% 3	25%+ 4



Ranking and Prioritization of the Data

Ranking	Indicator	Total score
HIGH SCORE or NOT MEETING EXPECTATIONS	BULLIED (YOUTH)	18
	PRESCHOOL IMMUNIZATION	18
	MATERNAL SMOKING	16
	DENTAL DECAY (CHILDREN)	16
	DEPRESSION (YOUTH)	16
	CHILD ABUSE	16
	MAMMOGRAM	15
	FRUIT AND VEGETABLE INTAKE (YOUTH)	15
	GENERAL HEALTH (ADULT)	15
	FLU SHOT (ADULT)	15
	ADVERSE CHILDHOOD EXPERIENCES (ADULT)	15
	SMOKERS (ADULT)	14

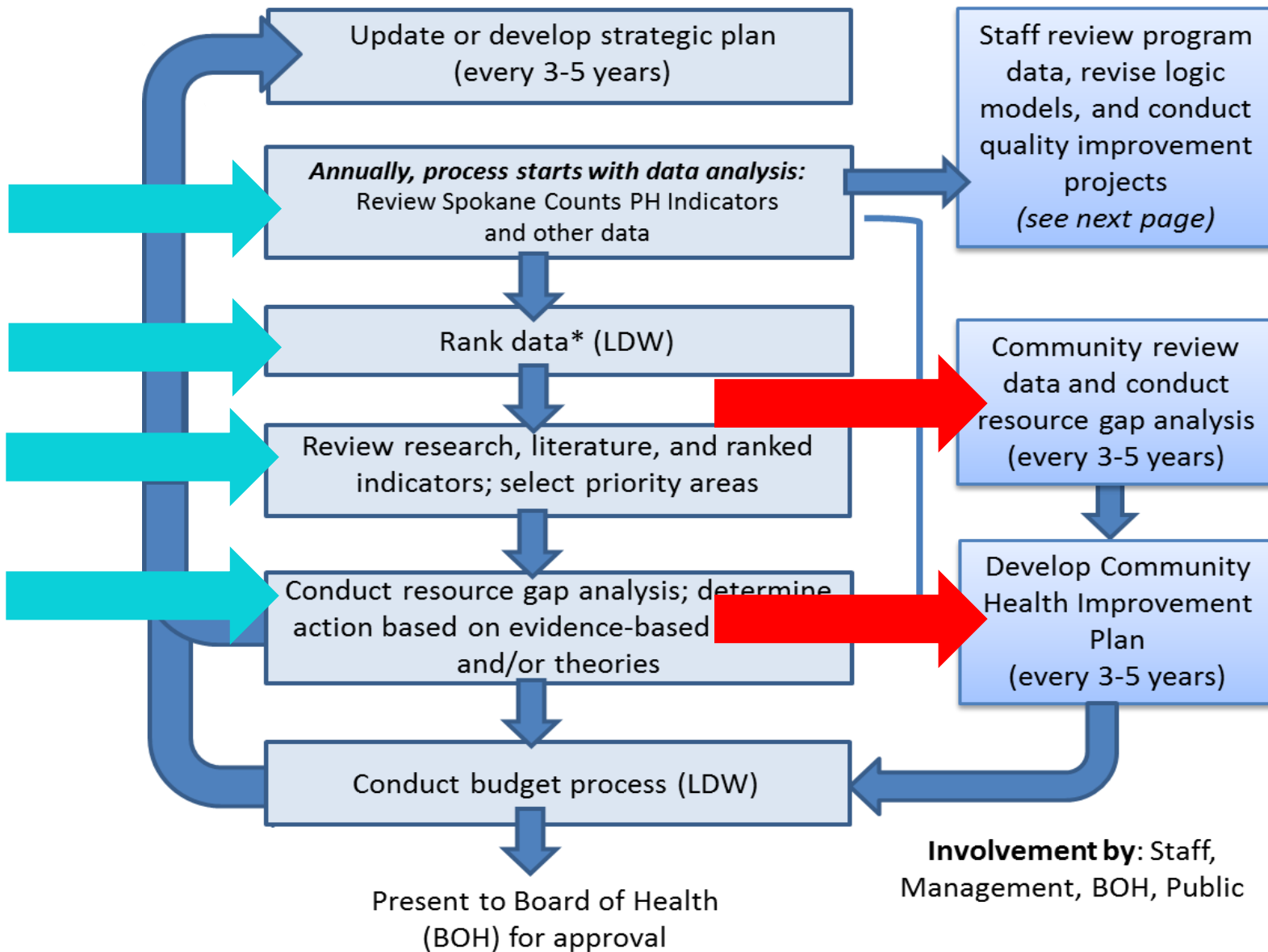
Ranking	Indicator	Total score
INTERMEDIATE SCORE	FOOD SERVICE SAFETY	13
	TOOTH LOSS (ADULT)	13
	FOOD INSECURITY (YOUTH)	13
	SEXUALLY TRANSMITTED INFECTIONS	13
	DENTAL CHECKUP	13
	BIKE/PEDESTRIAN COLLISIONS	13
	FALLS	13
	UNINTENTIONAL INJURY	13
	DEATHS	13
	PERSONAL DOCTOR (ADULT)	12
	SCHOOL-AGE IMMUNIZATION	12
	PHYSICAL ACTIVITY (YOUTH)	12
	CANCER	12
	WELL WATER	12
	PHYSICAL ACTIVITY (ADULT)	12
	ILLICIT DRUG USE (YOUTH)	12
	CHILDHOOD DISABILITY	12
	STROKE (ADULT)	12
	OBESITY (ADULT)	12
	OVERWEIGHT/OBESE (YOUTH)	12
	CONDOM USE (YOUTH)	12
	PHYSICAL ABUSE (YOUTH)	12
	DOMESTIC VIOLENCE	12
SUICIDE	12	
LIFE SATISFACTION	12	

Ranking	Indicator	Total score
LOW SCORE or MEETING EXPECTATIONS	FOOD AND WATERBORNE DISEASE	10
	LOW BIRTH WEIGHT	10
	CORRECTION OF SEPTIC SYSTEM FAILURE	9
	TUBERCULOSIS	9
	PRETERM BIRTH	9
	DROWNING	9
	VACCINE-PREVENTABLE DISEASES	7

- Drug use by youth
- Falls by seniors
- Nutrition
- Physical activity
- Tobacco prevention



Appendix A: Strategic Management Process





engaging community
creating change

priority Spokane

Welcome to Priority Spokane!

Priority Spokane is a unique collaboration of organizations working to create a vibrant future for Spokane County. Our goal is to foster measurable improvements in key areas of community vitality. By focusing efforts on a few priorities associated with economic vitality, education, the environment, health and community safety, Priority Spokane aims at creating a thriving community for all who live and work here.

The work of Priority Spokane includes:

- Identifying priorities that show the greatest potential for improving the well being of our community.

- Establishing a broad base of agreement within the Spokane area regarding these priorities.
- Developing strategies to make measurable improvement in the priority areas.
- Identifying resources and partners to carry out the strategies.
- Evaluating the effectiveness of the resulting interventions.
- Keeping the public informed of our progress.

Welcome

About Us

Our Process

Current Priorities

Educational Attainment

Youth Indicators

How to Get Involved

Links

In the News

Compare

give Now

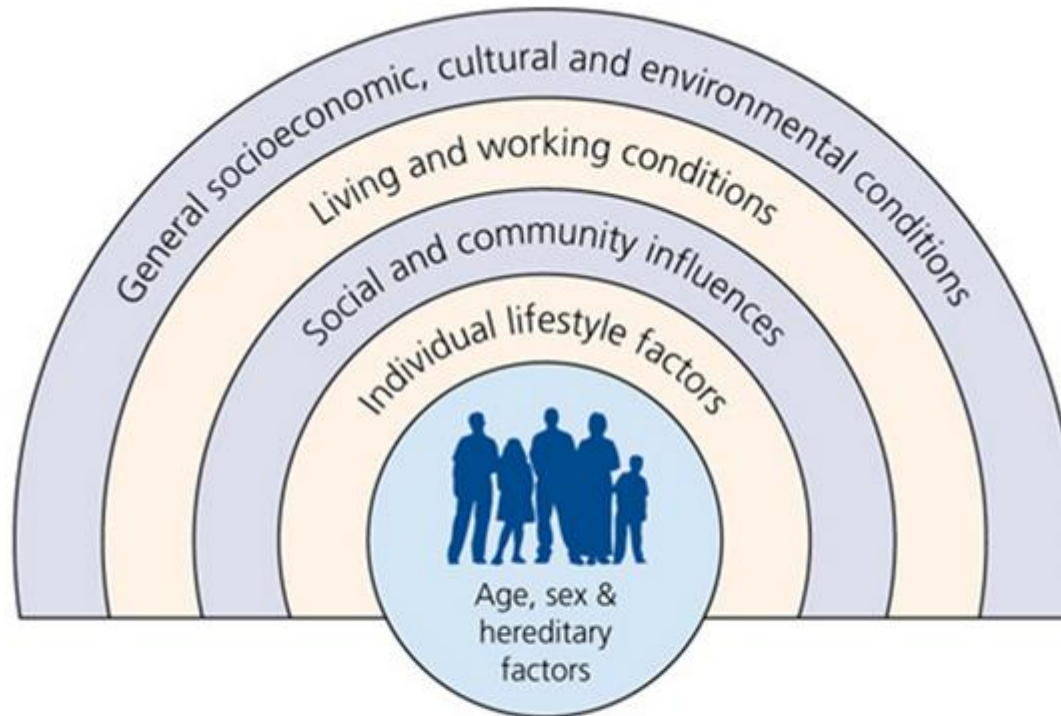
Site News

Reported child abuse rate increases in county

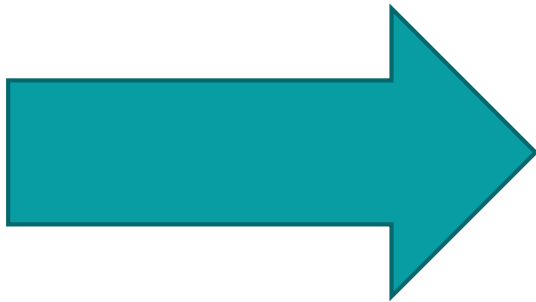


Community Indicators Initiative of Spokane

Why is public health involved?



Source: Dahlgren G and Whitehead M (1991) Policies and strategies to promote social equity in health. Stockholm, Institute for Futures Studies



Health Disparities: Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups.

Social Determinants: Through research, factors (i.e., determinants) in our social and economic environment that have been found to negatively (or positively) affect health.





Spokane Counts 2013

A summary of 61 selected public health indicators

Demographics

Indicator Overview

Executive Summary

Performance Measures

Health Status	Prevalence	Trend score	State score	National score	HP 2020 score	HP 2020 goal	Demographic Disparities				
							Age	Sex	Race	Educa-tion	Income
Asthma (Y)	16.4%	—	—			N/A	*	—	—	—	
Cancer	493.1 per 100,000	—				N/A	*	—	*		
Childhood Disability	8.9%	—	—			N/A	—	—	—		*
Dental Decay (Children)	57.2%	—	—			49.0%			*		*
Depression (Y)	28.5%	—	—	—		7.4%	*	*	*	*	
Diabetes (A)	10.0%	—	—	—		7.2%	*	—	—	—	—
Food Insecurity (Y)	17.6%		—			6.0%	—	—	*	*	
General Health (A)	53.1%	—	—	—		N/A	*	—	*	*	*
Obesity (A)	26.0%	—	—	—		30.6%	—	—	—	—	—
Overweight (Y)	24.4%	—	—			16.1% (obese)	—	*	*	*	
Poor Mental Health (A)	10.9%	—	—			N/A	*	—	*	*	*
Stroke (A)	2.4%	—	—	—		N/A	*	—	—	—	*



ODDS AGAINST TOMORROW

HEALTH INEQUITIES in SPOKANE COUNTY



EDUCATION



HOUSEHOLD INCOME



RACE/ETHNICITY



PLACE/NEIGHBORHOOD

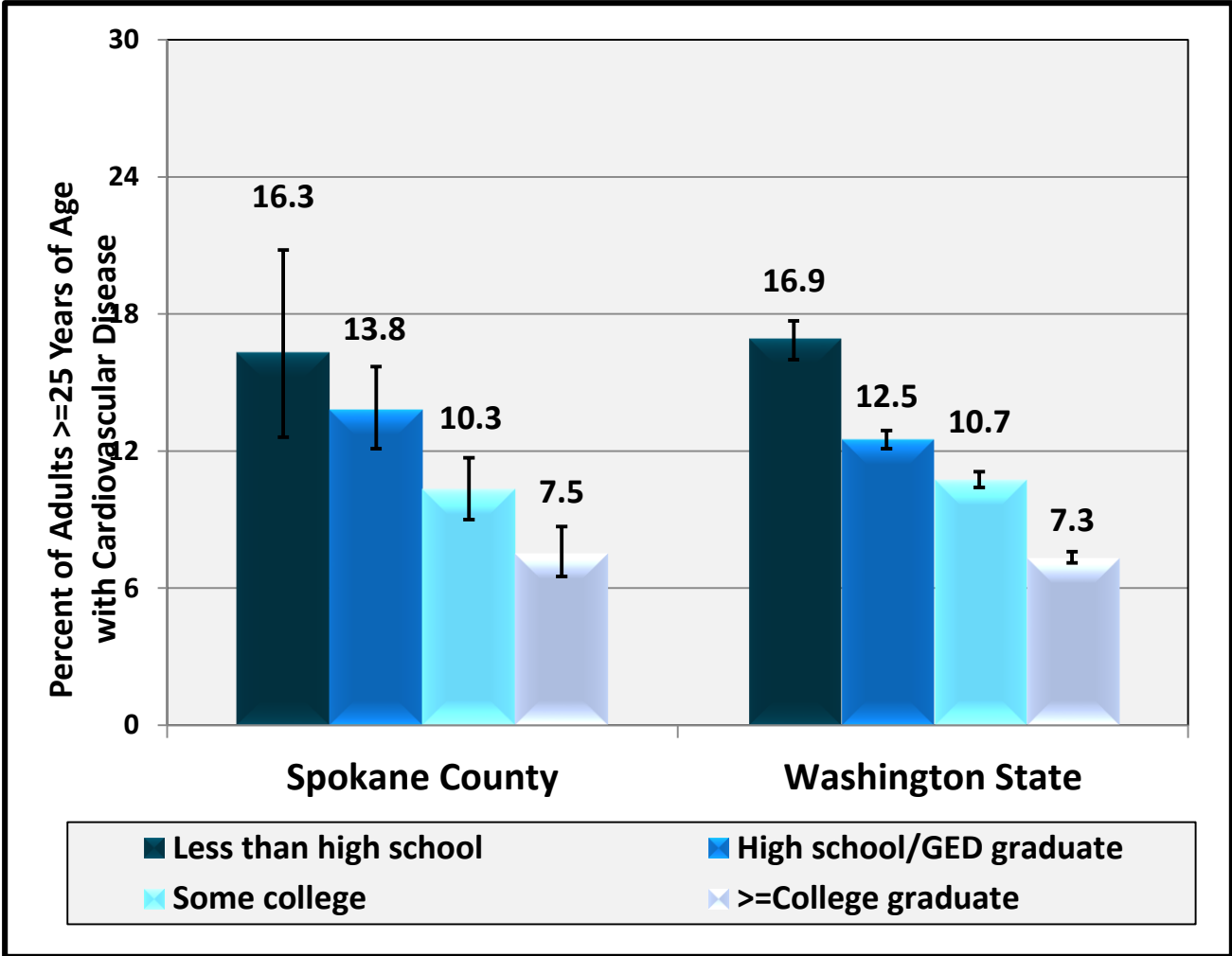
Life isn't just better at the top, it's longer and healthier.

Letter from Dr. Joel McCullough, Health Officer



SPOKANE REGIONAL
HEALTH
DISTRICT

Cardiovascular Disease by Education

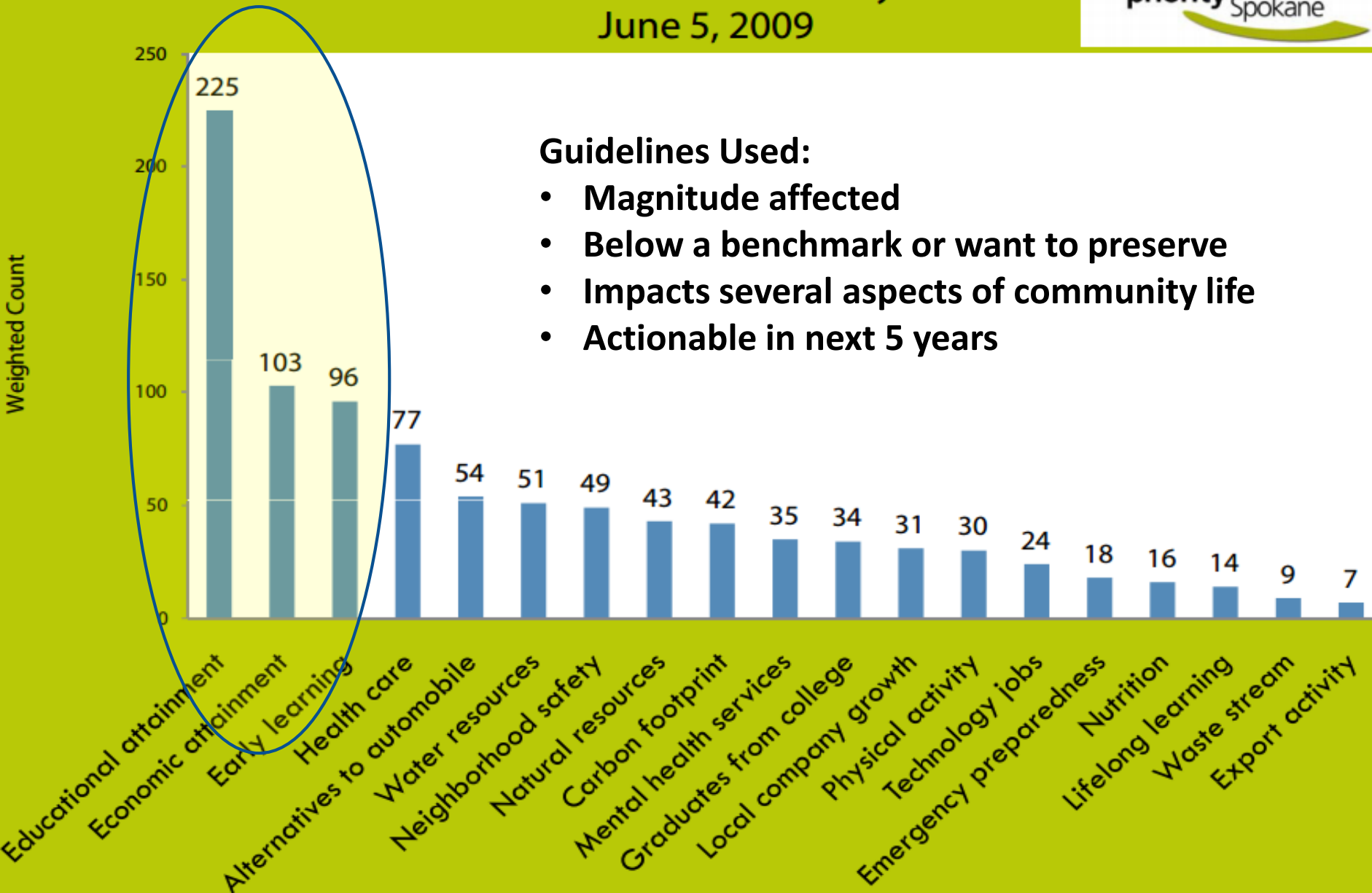


Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2005-2009



Prioritization of Community Issues

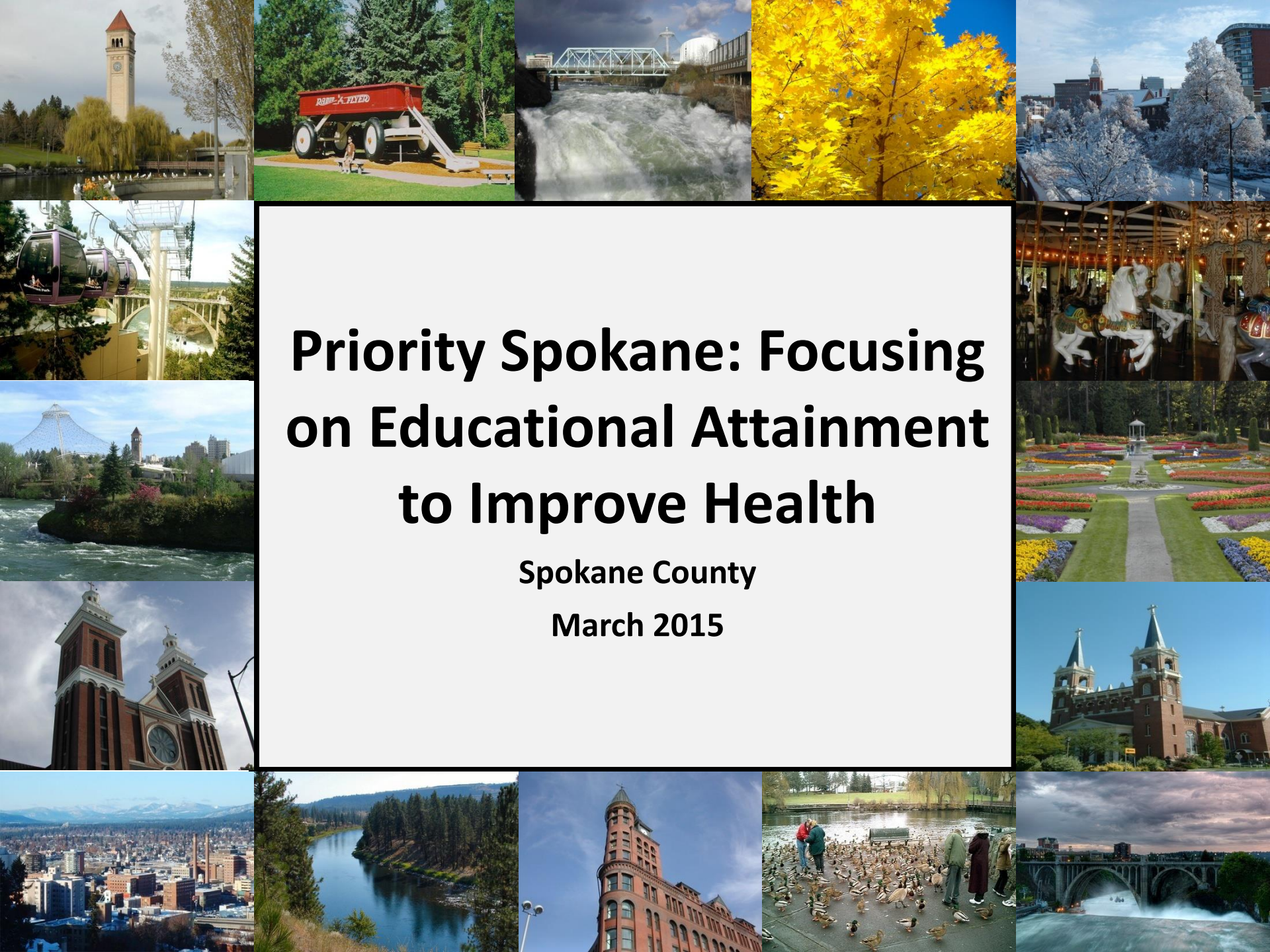
June 5, 2009



Guidelines Used:

- Magnitude affected
- Below a benchmark or want to preserve
- Impacts several aspects of community life
- Actionable in next 5 years



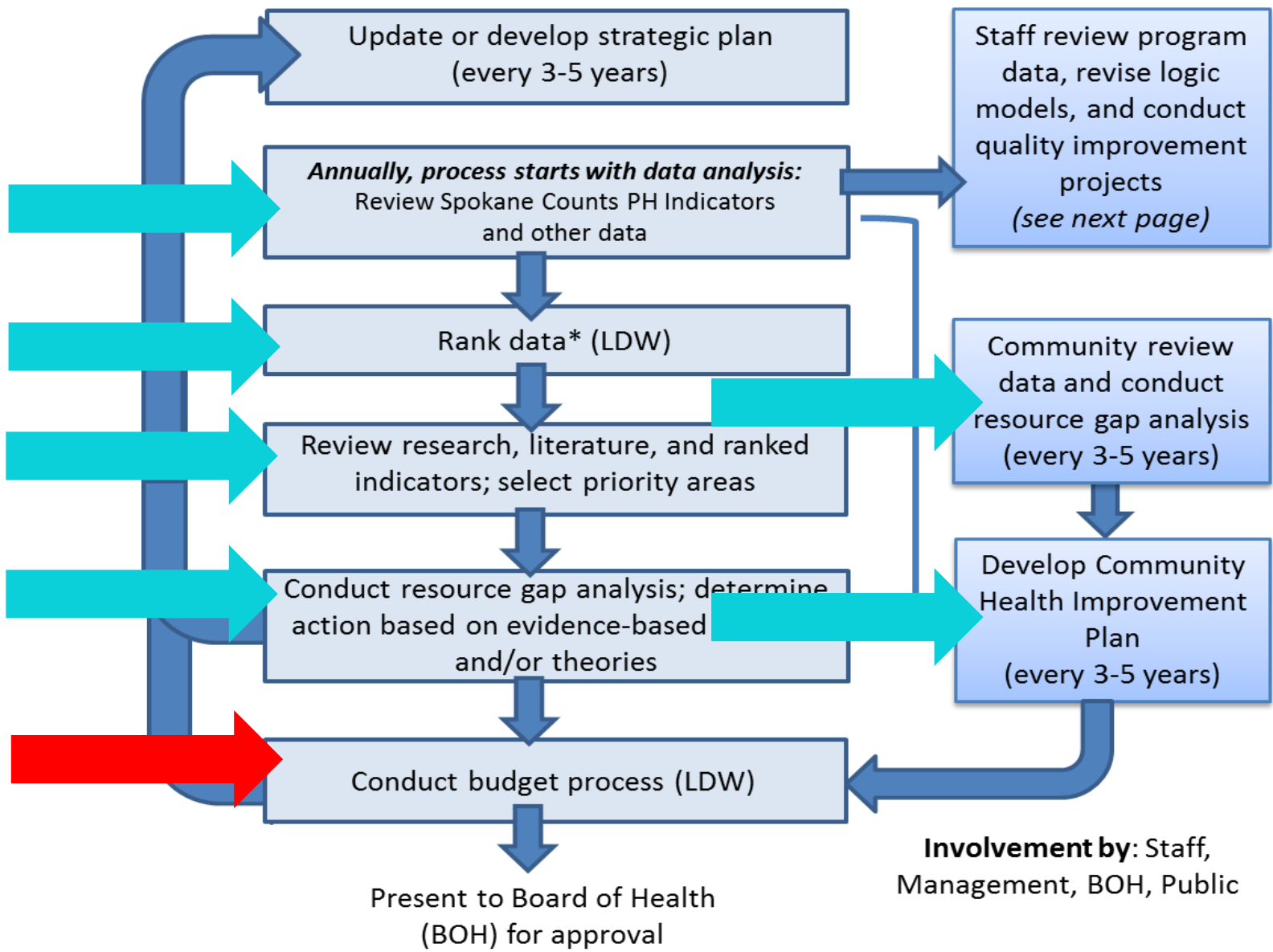


Priority Spokane: Focusing on Educational Attainment to Improve Health

Spokane County

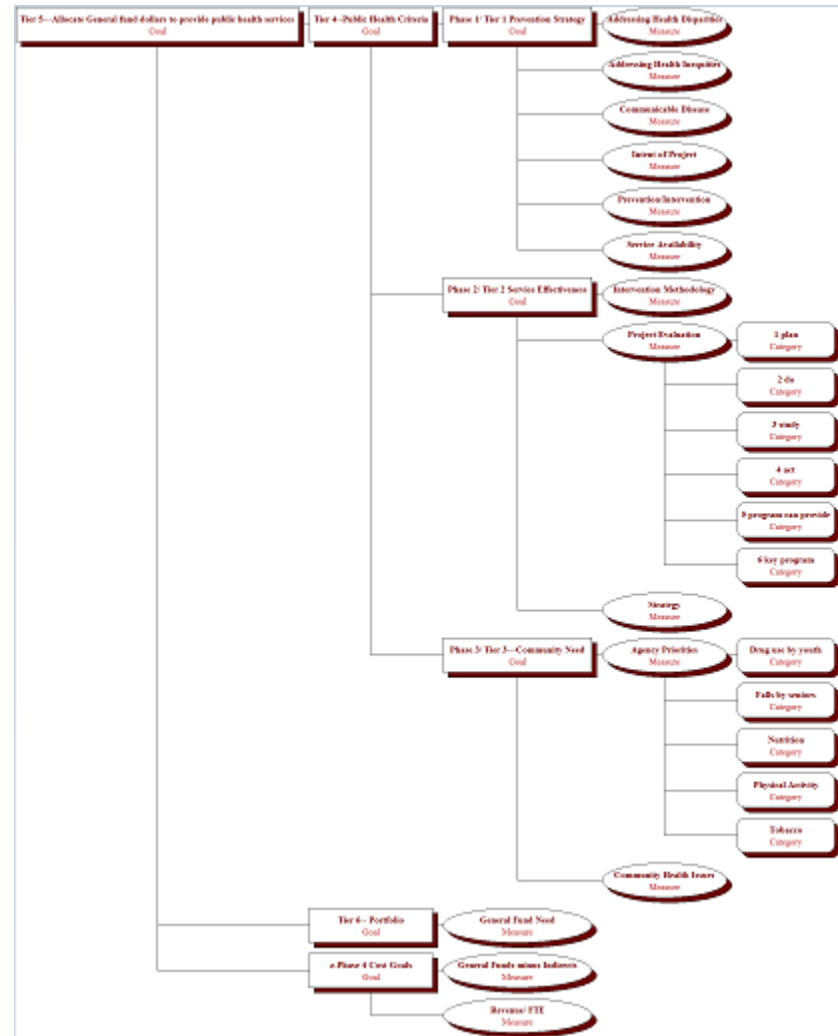
March 2015

Appendix A: Strategic Management Process



Spokane's History & Process

Logical Decisions for Windows



Logical Decisions for Windows

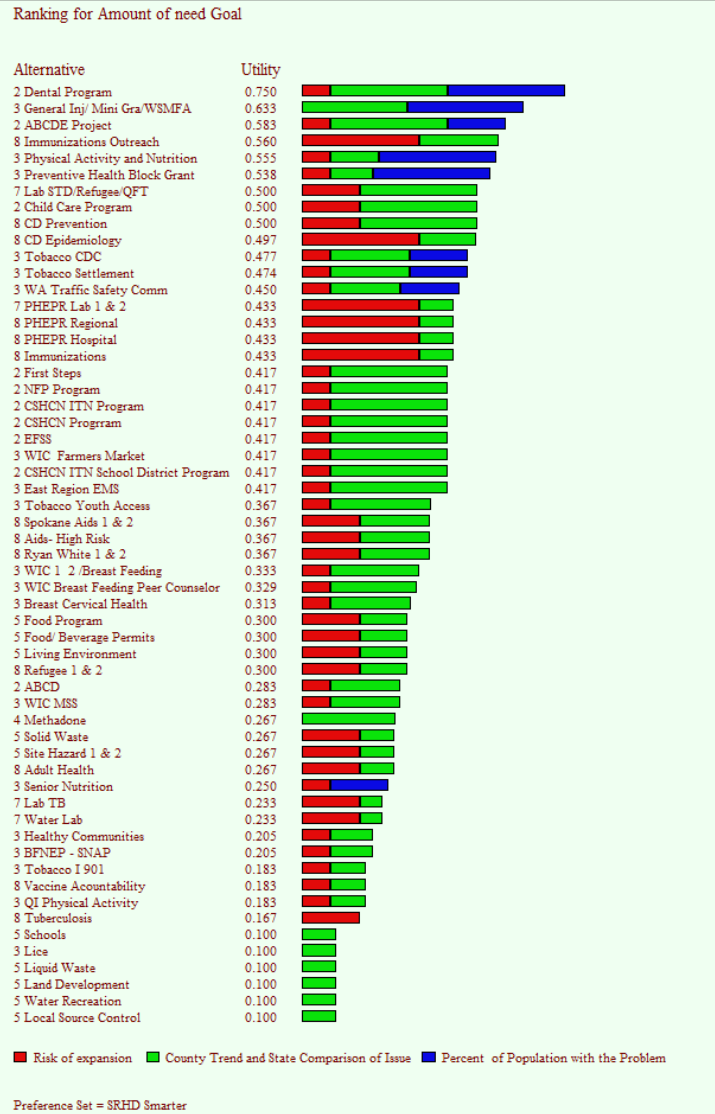
⦿ Why Use It?

- Complex problems
- Limited resources
- Many disciplines/divisions involved with differing priorities
- Consensus required

⦿ The structure is based on SRHD values



Ranking Amount of Need



Audience Question

What values drive your organization's budgeting decisions/allocations?

Please use the chat window to provide some brief responses.



SRHD Values

- ⦿ Prevention strategy
- ⦿ Effective
- ⦿ Service Level
- ⦿ Community Need

EFFECTIVE:

These measures determine if the project is using the most effective methods to achieve the desired outcome and whether or not we are using data to support the outcomes.

Strategy: Activities or approaches which have been shown through research and/or evaluation to be effective at preventing or improving health outcomes.

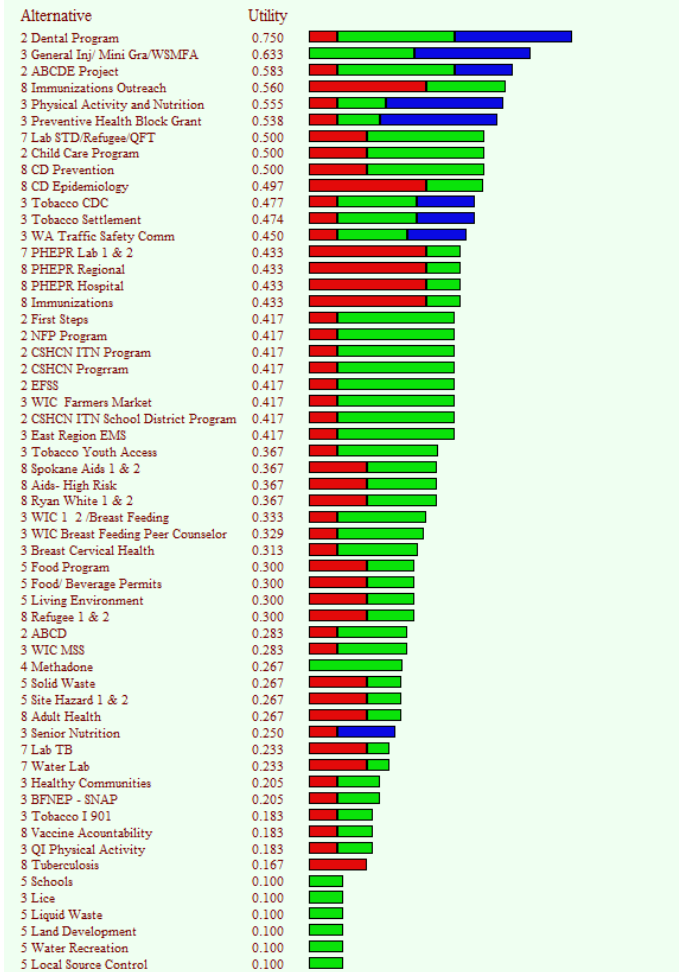
This can be broken into percentages for a total of 100%.

Percentages

1	Extensive research done and highly effective.
0.85	Some research done with some results demonstrated.
0.5	Literature suggests potential effectiveness, but not thoroughly researched.
0.6	New idea being tested and evaluated by staff.
0	No science base and is not being evaluated.

Comments:

Ranking for Amount of need Goal



■ Risk of expansion ■ County Trend and State Comparison of Issue ■ Percent of Population with the Problem

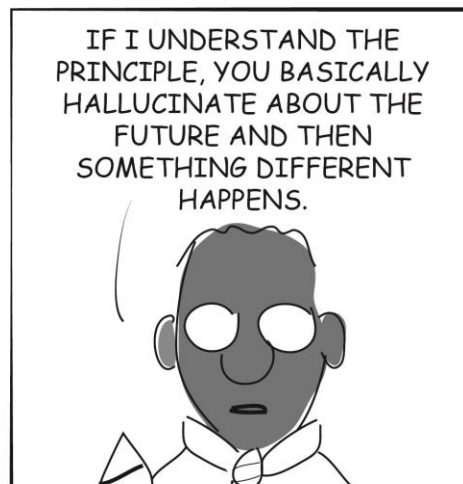
Preference Set = SRHD Smarter



Strategic Plan



Life At SRHD



Cartoon adapted from Dilbert

