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)
March 5, 2015
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

As your department representative, let me just say that I am both proud and honoured to be taking credit for your accomplishments.
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
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

Update or develop strategic plan (every 3-5 years)

**Annually, process starts with data analysis:**
Review Spokane Counts PH Indicators and other data

Rank data* (LDW)

Review research, literature, and ranked indicators; select priority areas

Conduct resource gap analysis; determine action based on evidence-based practice and/or theories

Conduct budget process (LDW)

Present to Board of Health (BOH) for approval

Staff review program data, revise logic models, and conduct quality improvement projects *(see next page)*

Community review data and conduct resource gap analysis (every 3-5 years)

Develop Community Health Improvement Plan (every 3-5 years)

**Involvement by:** Staff, Management, BOH, Public
Appendix A: Strategic Management Process

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**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
Responsibilities

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

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

**Goals of Quality Council:**
- To identify, review, monitor, and make recommendations on QM projects
- To review QM Plan at least annually and adjust as required
- To identify and meet QM training needs
- To provide guidance, support, and resources to QM efforts
- To recognize and acknowledge QM efforts

*Cross Functional Representation assures representation across programs with some managers/supervisors, program staff, and support staff.
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.'

a. Staff was polite while helping me. ________

b. Staff answered my questions well. ________

c. Staff was knowledgeable about programs and services. ________

d. Staff was respectful of my needs. ________

e. I received services/assistance in a timely manner. ________

f. The paperwork I filled out was clear. ________

g. I received information that was easy to understand. ________

h. My overall experience was satisfactory. ________

i. I would tell others about my positive experience. ________

j. I was appropriately referred to other services. ________

k. I did not have problems using DHR's offices (hours, transportation, etc.). ________

l. Customize if needed ________

m. Customize if needed ________

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!

[Logo]
Performance Measurement & Monitoring

Performance Measurements Monitored to Improve the Community’s Health

Agency
Performance Measurements

Division Logic Model
Division Logic Model
Division Logic Model

Program Logic Model
Program Logic Model
Program Logic Model

Community Health Status and Behavior

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
Communication

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

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

- 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

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

<table>
<thead>
<tr>
<th>Tool</th>
<th>Count</th>
<th>Percentage</th>
<th>Total</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Why’s</td>
<td>18</td>
<td>48.6%</td>
<td>753%</td>
<td></td>
</tr>
<tr>
<td>Affinity diagram</td>
<td>18</td>
<td>48.6%</td>
<td>753%</td>
<td></td>
</tr>
<tr>
<td>AIM statements</td>
<td>6</td>
<td>16.2%</td>
<td>-19%</td>
<td></td>
</tr>
<tr>
<td>Brainstorming</td>
<td>31</td>
<td>83.8%</td>
<td>63%</td>
<td></td>
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<tr>
<td>Fishbone diagrams</td>
<td>21</td>
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<td>398%</td>
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<tr>
<td>Flow chart</td>
<td>29</td>
<td>78.4%</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>Pareto chart</td>
<td>3</td>
<td>8.1%</td>
<td>-6%</td>
<td></td>
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<tr>
<td>Prioritization matrix</td>
<td>11</td>
<td>29.7%</td>
<td>108%</td>
<td></td>
</tr>
<tr>
<td>Trend, run, or control charts</td>
<td>6</td>
<td>16.2%</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Voice of the customer</td>
<td>22</td>
<td>59.5%</td>
<td>132%</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>2.7%</td>
<td>-88%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>know/ adv</th>
<th>know/ adv</th>
<th>know/ adv</th>
<th>know/ adv</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Why’s</td>
<td>4</td>
<td>11.2%</td>
<td>22</td>
<td>59.5%</td>
<td>431%</td>
</tr>
<tr>
<td>Affinity diagram</td>
<td>2</td>
<td>2.9%</td>
<td>25</td>
<td>69.4%</td>
<td>2293%</td>
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<tr>
<td>AIM statements</td>
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<td>15.6%</td>
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<td>45.9%</td>
<td>194%</td>
</tr>
<tr>
<td>Brainstorming</td>
<td>20</td>
<td>58.8%</td>
<td>30</td>
<td>81.1%</td>
<td>38%</td>
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<tr>
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<td>27.3%</td>
<td>20</td>
<td>55.6%</td>
<td>104%</td>
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<tr>
<td>Flow chart</td>
<td>31</td>
<td>86.1%</td>
<td>31</td>
<td>86.1%</td>
<td>39%</td>
</tr>
<tr>
<td>Pareto chart</td>
<td>4</td>
<td>12.1%</td>
<td>10</td>
<td>29.4%</td>
<td>143%</td>
</tr>
<tr>
<td>Prioritization matrix</td>
<td>15</td>
<td>42.9%</td>
<td>15</td>
<td>42.9%</td>
<td>136%</td>
</tr>
<tr>
<td>Trend, run, or control charts (tracking trends)</td>
<td>15</td>
<td>41.7%</td>
<td>15</td>
<td>41.7%</td>
<td>53%</td>
</tr>
<tr>
<td>Voice of the customer</td>
<td>24</td>
<td>66.7%</td>
<td>24</td>
<td>66.7%</td>
<td>52%</td>
</tr>
</tbody>
</table>

“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.”

“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
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
<table>
<thead>
<tr>
<th>Project Idea</th>
<th>Type of Project</th>
<th>Source of Project Idea</th>
<th>Problem Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create online food establishment application tool</td>
<td>Quality Improvement Project</td>
<td>Other</td>
<td>The current food establishment application process is paper based. EPH would like to move it online. This would make the process easier for applicants and renewal.</td>
</tr>
<tr>
<td>Decrease Smoking Rates</td>
<td>Quality Improvement Project</td>
<td>Other</td>
<td>Decrease smoking rates among postpartum women in the NFP and WIC programs.</td>
</tr>
<tr>
<td>Develop Agency Documentation Standards</td>
<td>Quality Improvement Project</td>
<td>Accreditation/Standards</td>
<td>When pulling documentation for WA State Standards and for PHAB, the team faced challenges with for example, reports, fliers, procedures, minutes and other documentation that did not include dates, and difficulty in demonstrating that we met a measure. Development/implementation of documentation standards was a priority for the number of documents available to submit for accreditation.</td>
</tr>
<tr>
<td>Facilitation and Presentation Skills Training</td>
<td>Quality Improvement Project</td>
<td>Other</td>
<td>According to aggregate agency data from the presentation evaluations, staff could use training on how to tailor content to meet the level of audience. Interactive exercises and activities were rated the lowest by the staff. Coalition surveys indicate a need for facilitation skills training. There are techniques that can be taught to help employees develop more effective techniques towards goals, and improved follow-up from members.</td>
</tr>
<tr>
<td>HiAP Decision Support Process &amp; Tool</td>
<td>Quality Planning Project</td>
<td>Strategic Planning</td>
<td>Currently, our agency and BOH does not have consistent and standardized processes and tools to support decision making. Additionally, two of our four strategic planning goal groups have begun to explore different strategies to meet our goals and BOH. There is an opportunity to bring the goal groups together to develop one process and two strategic plans for the agency. This would help further the strategic planning goals related to improving and promoting health status and agency health priority areas.</td>
</tr>
<tr>
<td>Increase % of surveys and evaluations run through CHAPE</td>
<td>Quality Improvement Project</td>
<td>Division Report</td>
<td>In 2012, only 18.5% of customer service surveys, 30% of collaborative partnership evaluations 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.</td>
</tr>
</tbody>
</table>
## Project Ranking and Selection

### Quality Management Opportunities

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEASIBLE</td>
<td>will lead and team participations double within a year timeframe; not too large of scope, not too costly in terms of funding or people power.</td>
<td>process turns over frequently (e.g., high volume)</td>
<td>supports the agency’s big picture and based on data/evidence (strategic plan, rolled-up division report, Accreditation, logic model reviews, AAR, aggregate customer service feedback, HIPAA)</td>
<td>issue/idea is complicated, would benefit from team involvement, and needs analysis for root cause (QI) or customer and stakeholder need (QO). It’s not a just-do-it or implementation project.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Criteria Weight (from exercise)

| Criteria Weight | 0.42 | 0.13 | 0.01 | 0.24 | 0.2 | 1 |

### QC Member Ranking

<table>
<thead>
<tr>
<th>Quality Management Opportunities</th>
<th>RANKING</th>
<th>WT Score</th>
</tr>
</thead>
</table>

1. **Decrease Smoking Rates**
   - RANKING: 6.13
   - WT Score: 2.57

2. **Develop Agency Documentation Standards**
   - RANKING: 3.31
   - WT Score: 1.29

3. **Facilitation and Presentation Skills Training**
   - RANKING: 3.38
   - WT Score: 1.42

4. **Increase % of Surveys and EVS run through CHAPE**
   - RANKING: 3.13
   - WT Score: 1.31

5. **Increase Breastfeeding Rates**
   - RANKING: 4.31
   - WT Score: 1.81

### Prioritization Matrix

<table>
<thead>
<tr>
<th>Project</th>
<th>RANKING</th>
<th>WT Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>5.41</td>
</tr>
<tr>
<td>B</td>
<td>5</td>
<td>3.59</td>
</tr>
<tr>
<td>H</td>
<td>7</td>
<td>3.16</td>
</tr>
<tr>
<td>I</td>
<td>2</td>
<td>4.82</td>
</tr>
<tr>
<td>J</td>
<td>4</td>
<td>3.76</td>
</tr>
<tr>
<td>K</td>
<td>3</td>
<td>4.09</td>
</tr>
</tbody>
</table>

### Ground Rules

- **Ready**

### QM Project Descriptions
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
08-18-2013

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

## Assessing & Framing the Policy Problem
1. Identify problems/needs
2. Define/frames the problem
3. Assess against agency priorities
4. Research policy/system/environment change options

## Analyzing the Policy Options
5. Conduct initial screening of policy options (against defined criteria)
6. Select policy option(s) for further analysis
7. Assess policy options for agency and community alignment
8. Conduct primary analysis of health and equity impacts using analysis tool(s)
9. Modify policy option(s) as needed
10. Conduct secondary analysis of health and equity impacts using analysis tool(s)

## Influencing the Policy Change Process
12. Select preferred policy option
13. Assess priority and timing
14. Develop action plan to influence policy change process
15. Execute policy action plan
16. Support policy implementation

## Evaluating the Policy Intervention
17. Evaluate policy intervention
18. Document learning to inform future policy efforts
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

ONE SIZE DOES NOT FIT ALL
Mentoring and Transitions
KISS

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, now an aspect of quality management, is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization.

Vision

The Quality Coast (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

CHA/CHIP

Strategic Health Priorities

Strategic Plan
Performance Management ... to an Integrated System

- Strategic Plan
- Health Priorities
- CHA/CHIP

Diagram showing the integration of performance management components.
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

<table>
<thead>
<tr>
<th>Phase</th>
<th>Key Activities</th>
</tr>
</thead>
</table>
| **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

- Peter Scholtes, *The Team Handbook*, Joiner, 1988
Additional Resources

- Turning Point Performance Management, refreshed: www.phf.org/programs/PMtoolkit/Pages/Turning_Point_Performance_Management_Refresh.aspx
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

1. Update or develop strategic plan (every 3-5 years)

   Annually, process starts with data analysis:
   Review Spokane Counts PH Indicators and other data

2. Rank data* (LDW)

3. Review research, literature, and ranked indicators; select priority areas

4. Conduct resource gap analysis; determine action based on evidence-based practice and/or theories

5. Conduct budget process (LDW)

6. Staff review program data, revise logic models, and conduct quality improvement projects (see next page)

7. Community review data and conduct resource gap analysis (every 3-5 years)

8. Develop Community Health Improvement Plan (every 3-5 years)

Involvement by: Staff, Management, BOH, Public

Present to Board of Health (BOH) for approval
About the Data Center

http://www.srhd.org/links/data.asp
Use of Data in the Performance Management System

Spokane Counts

Community Indicators

Welcome to Spokane Counts 2013

Spokane Counts provides information about selected public health indicators that are important in public health and community planning. 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 remains 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, as comparison to Washington State and the United States, and by various demographic groups. Click on any of the indicators below.

Environmental
- Air Quality
- Food & Waterborne Disease
- Food Safety Service
- Septic System Corrosion
- Well Water

Health Behavior
- Beverage Drinking (Adult)
- Beverage Drinking (Youth)
- Breastfeeding
- Fruit and Vegetable Intake (Youth)
- Illicit Drug Use (Adult)
- Illicit Drug Use (Youth)
- Maternal Smoking
- Physical Activity (Adult)
- Physical Activity (Youth)
- Smokers (Adult)
- Smokers (Youth)

Health Care
- Central Check-up
- Insured (Adult)
- Mammogram
- Personal Doctor (Adult)
- Substance Use/Abuse

Health Status
- Asthma (Youth)
- Cancer
- Childhood Disability
- Dental Disease (Children)
- Depression (Adult)
- Disabilities (Adult)
- Food Insecurity (Youth)
- General Health (Adult)
- Obesity (Adult)
- Overweight (Youth)
- Poor Mental Health (Adult)
- Stroke (Adult)
- Tobacco Use (Adult)

Infectious Disease
- Injury & Violence

Reproductive Health
- Reproductive Health

Summary Measures

Spokane 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 105 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 institutions, 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

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

http://www.communityindicators.ewu.edu/
Appendix A: Strategic Management Process

- Update or develop strategic plan (every 3-5 years)
  - Annually, process starts with data analysis:
    - Review Spokane Counts PH Indicators and other data
  - Rank data* (LDW)
  - Review research, literature, and ranked indicators; select priority areas
  - Conduct resource gap analysis; determine action based on evidence-based practice and/or theories
  - Conduct budget process (LDW)

- Staff review program data, revise logic models, and conduct quality improvement projects (see next page)

- Community review data and conduct resource gap analysis (every 3-5 years)

- Develop Community Health Improvement Plan (every 3-5 years)

Involvement by: Staff, Management, BOH, Public

Present to Board of Health (BOH) for approval
# Scoring of the Data

<table>
<thead>
<tr>
<th>Trend</th>
<th>Getting better</th>
<th>No change</th>
<th>Getting worse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Compared to WA</td>
<td>SC better 1</td>
<td>Same 2</td>
<td>SC worse 3</td>
</tr>
<tr>
<td>Compared to US</td>
<td>SC better 1</td>
<td>Same 2</td>
<td>SC worse 3</td>
</tr>
<tr>
<td>Compared to HP2020</td>
<td>SC better 1</td>
<td>Same 2</td>
<td>SC worse 3</td>
</tr>
<tr>
<td>Disparities</td>
<td>None 1</td>
<td>Up to half 2</td>
<td>GT half 3</td>
</tr>
<tr>
<td>Magnitude</td>
<td>&lt;0.01% (1/10,000)</td>
<td>0.01%-0.9%</td>
<td>1%-9.9%</td>
</tr>
</tbody>
</table>
### Ranking and Prioritization of the Data

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>BULLIED (YOUTH)</td>
<td>18</td>
</tr>
<tr>
<td>PRESCHOOL IMMUNIZATION</td>
<td>18</td>
</tr>
<tr>
<td>MATERNAL SMOKING</td>
<td>16</td>
</tr>
<tr>
<td>DENTAL DECAY (CHILDREN)</td>
<td>16</td>
</tr>
<tr>
<td>DEPRESSION (YOUTH)</td>
<td>16</td>
</tr>
<tr>
<td>CHILD ABUSE</td>
<td>16</td>
</tr>
<tr>
<td>MAMMOGRAM</td>
<td>15</td>
</tr>
<tr>
<td>FRUIT AND VEGETABLE INTAKE (YOUTH)</td>
<td>15</td>
</tr>
<tr>
<td>GENERAL HEALTH (ADULT)</td>
<td>15</td>
</tr>
<tr>
<td>FLU SHOT (ADULT)</td>
<td>15</td>
</tr>
<tr>
<td>ADVERSE CHILDHOOD EXPERIENCES (ADULT)</td>
<td>15</td>
</tr>
<tr>
<td>SMOKERS (ADULT)</td>
<td>14</td>
</tr>
<tr>
<td>SIGMOIDOSCOPY/Colonoscopy</td>
<td>14</td>
</tr>
<tr>
<td>BINGE DRINKING (YOUTH)</td>
<td>14</td>
</tr>
<tr>
<td>ASTHMA</td>
<td>14</td>
</tr>
<tr>
<td>DIABETES (ADULT)</td>
<td>14</td>
</tr>
<tr>
<td>POOR MENTAL HEALTH (ADULT)</td>
<td>14</td>
</tr>
<tr>
<td>UNINTENDED PREGNANCY</td>
<td>14</td>
</tr>
<tr>
<td>INSURED (ADULT)</td>
<td>14</td>
</tr>
<tr>
<td>LIFE EXPECTANCY</td>
<td>14</td>
</tr>
<tr>
<td>FOOD SERVICE SAFETY</td>
<td>13</td>
</tr>
<tr>
<td>TOOTH LOSS (ADULT)</td>
<td>13</td>
</tr>
<tr>
<td>DIABETES</td>
<td>13</td>
</tr>
<tr>
<td>FOOD INSECURITY (YOUTH)</td>
<td>13</td>
</tr>
<tr>
<td>POOR HEALTH</td>
<td>13</td>
</tr>
<tr>
<td>SEXUALLY TRANSMITTED INFECTIONS</td>
<td>13</td>
</tr>
<tr>
<td>UNINTENTIONAL INJURY</td>
<td>13</td>
</tr>
<tr>
<td>DEATHS</td>
<td>13</td>
</tr>
<tr>
<td>PERSONAL DOCTOR (ADULT)</td>
<td>12</td>
</tr>
<tr>
<td>SCHOOL-AGE IMMUNIZATION</td>
<td>12</td>
</tr>
<tr>
<td>CANCER</td>
<td>12</td>
</tr>
<tr>
<td>WELL WATER</td>
<td>12</td>
</tr>
<tr>
<td>PHYSICAL ACTIVITY (YOUTH)</td>
<td>12</td>
</tr>
<tr>
<td>PHYSICAL ACTIVITY (ADULT)</td>
<td>12</td>
</tr>
<tr>
<td>ILLICIT DRUG USE (YOUTH)</td>
<td>12</td>
</tr>
<tr>
<td>ILLICIT DRUG USE (ADULT)</td>
<td>12</td>
</tr>
<tr>
<td>CHILDHOOD DISABILITY</td>
<td>12</td>
</tr>
<tr>
<td>STROKE (ADULT)</td>
<td>12</td>
</tr>
<tr>
<td>OBESITY (ADULT)</td>
<td>12</td>
</tr>
<tr>
<td>OVERWEIGHT/OBESE (YOUTH)</td>
<td>12</td>
</tr>
<tr>
<td>CONDOM USE (YOUTH)</td>
<td>12</td>
</tr>
<tr>
<td>PHYSICAL ABUSE (YOUTH)</td>
<td>12</td>
</tr>
<tr>
<td>DOMESTIC VIOLENCE</td>
<td>12</td>
</tr>
<tr>
<td>SUICIDE</td>
<td>12</td>
</tr>
<tr>
<td>LIFE SATISFACTION</td>
<td>12</td>
</tr>
<tr>
<td>LOW BIRTH WEIGHT</td>
<td>10</td>
</tr>
<tr>
<td>LOW BIRTH WEIGHT</td>
<td>10</td>
</tr>
<tr>
<td>CORRECTION OF SEPTIC SYSTEM FAILURE</td>
<td>9</td>
</tr>
<tr>
<td>TUBERCULOSIS</td>
<td>9</td>
</tr>
<tr>
<td>PRETERM BIRTH</td>
<td>9</td>
</tr>
<tr>
<td>DROWNING</td>
<td>9</td>
</tr>
<tr>
<td>VACCINE-PREVENTABLE DISEASES</td>
<td>7</td>
</tr>
</tbody>
</table>
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Involvement by: Staff, Management, BOH, Public

Present to Board of Health (BOH) for approval
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:
- 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.

Site News: Reported child abuse rate increases in county
Why is public health involved?

**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

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Prevalence</th>
<th>Trend score</th>
<th>State score</th>
<th>National score</th>
<th>HP 2020 score</th>
<th>HP 2020 goal</th>
<th>Demographic Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma (Y)</td>
<td>16.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>*</td>
</tr>
<tr>
<td>Cancer</td>
<td>493.1 per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>* * *</td>
</tr>
<tr>
<td>Childhood Disability</td>
<td>8.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>*</td>
</tr>
<tr>
<td>Dental Decay (Children)</td>
<td>57.2%</td>
<td></td>
<td></td>
<td></td>
<td>49.0%</td>
<td></td>
<td>* * *</td>
</tr>
<tr>
<td>Depression (Y)</td>
<td>28.5%</td>
<td></td>
<td></td>
<td></td>
<td>7.4%</td>
<td></td>
<td>* * * * *</td>
</tr>
<tr>
<td>Diabetes (A)</td>
<td>10.0%</td>
<td></td>
<td></td>
<td></td>
<td>7.2%</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Food Insecurity (Y)</td>
<td>17.6%</td>
<td></td>
<td></td>
<td></td>
<td>6.0%</td>
<td></td>
<td>* * * * *</td>
</tr>
<tr>
<td>General Health (A)</td>
<td>53.1%</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td>* * * * *</td>
</tr>
<tr>
<td>Obesity (A)</td>
<td>26.0%</td>
<td></td>
<td></td>
<td></td>
<td>30.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight (Y)</td>
<td>24.4%</td>
<td></td>
<td></td>
<td></td>
<td>16.1% (obese)</td>
<td></td>
<td>* * * * *</td>
</tr>
<tr>
<td>Poor Mental Health (A)</td>
<td>10.9%</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td>* * * * *</td>
</tr>
<tr>
<td>Stroke (A)</td>
<td>2.4%</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>
ODDS AGAINST TOMORROW

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

Letter from Dr. Joel McCullough, Health Officer
Cardiovascular Disease by Education

Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2005-2009
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
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Present to Board of Health (BOH) for approval
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

The image contains a ranking chart showing the amount of need for various alternatives. The chart lists different programs or initiatives, such as "Dental Program," "General Info MSW NWMA," and "ASCE Project," among others. Each alternative is ranked by utility, with bars indicating the level of need from left to right.

The chart includes a legend explaining the colors used: red for risk of expansion, green for county trend and state comparison of issue, and yellow for percent of population with the problem. The preference set is marked as "HRD smarter."
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**

| Extensive research done and highly effective. | 1.00 |
| Some research done with some results demonstrated. | 0.85 |
| Literature suggests potential effectiveness, but not thoroughly researched. | 0.60 |
| New idea being tested and evaluated by staff. | 0.45 |
| No science base and is not being evaluated. | 0.00 |

**Comments:**
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**Involvement by:** Staff, Management, BOH, Public
Strategic Plan

Life At SRHD

WE'RE THINKING OF GETTING INTO THE STRATEGIC PLANNING GAME

IF I UNDERSTAND THE PRINCIPLE, YOU BASICALLY HALLUCINATE ABOUT THE FUTURE AND THEN SOMETHING DIFFERENT HAPPENS.

YOU ALSO HAVE TO PRETEND IT'S USEFUL.

REALLY? THAT SOUNDS HARD. CAN YOU DO IT?

Cartoon adapted from Dilbert