



Northwest Center for Public Health Practice
Promoting excellence in public health practice

**WASHINGTON STATE DEPARTMENT OF HEALTH
MULTISTATE LEARNING COLLABORATIVE-3**

**EVALUATION SUMMARY
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EXECUTIVE SUMMARY

INTRODUCTION

The Northwest Center for Public Health Practice (NWCPHP) promotes excellence in public health practice by linking academia and the practice community. As part of the University of Washington School of Public Health, the NWCPHP provides training, research, and evaluation for state, local, and tribal public health in six Pacific Northwest states (Alaska, Idaho, Montana, Oregon, Washington, and Wyoming). Services provided by the NWCPHP also include technical assistance and a wide range of workforce development education and training.

In November 2010 the NWCPHP was contracted by Washington DOH (WADOH) to conduct an evaluation of the nine Multistate Learning Collaborative (MLC-3) projects implemented by Washington Local Health Jurisdictions (LHJs) in 2010. Each LHJ conducted a quality improvement (QI) project in one of three areas: Chronic Disease Prevention/Physical Activity; Prenatal Care, and Immunizations. The evaluation was designed to gather information on the experiences of the nine LHJs who participated in the MLC-3 grant projects. The evaluation gathered information on:

1. Which aspects of MLC-3 were effective and which need improvement?
2. What were the major lessons learned?
3. To what extent was each MLC-3 project successful in achieving its goals?
4. To what extent did participation in MLC-3 impact the LHJ's systems and or processes?
5. How sustainable are the changes the MLC-3 projects produced in the LHJs?

The evaluation methods included joint interviews conducted with 2-3 staff members from each LHJ that participated in the MLC-3 and two members of the NWCPHP.

FINDINGS

Key informants indicated that many aspects of the MLC-3 process were useful, such as the kickoff event and interaction with other teams. However, some parts of the program needed improvement, particularly the monthly phone calls and the communication between staff at the LHJs and WADOH. Respondents cited successes ranging from increased collaboration with community partners and better documentation of work. However the restrictions imposed by time, money, and staff turnover hampered some projects.

Seven of the nine LHJs achieved all or part of their AIM statements, the written, measurable, and time-sensitive description of goals. All informants indicated that the MLC-3 projects were good learning experiences and increased or refined their skills and abilities in quality improvement work. Although some felt the MLC-3 projects made an impact on their division or entire Health Department, most were unsure what the wider impact of their work was. Similarly, sustainability of their work was often unclear or unknown.

MLC-3 Program

- For most teams, highlights of the program were the kickoff event, QI tools, and interaction with other teams/national MLC groups.

- The monthly phone calls received mixed reviews, with some teams finding them helpful, and others suggesting they were too frequent and/or had the wrong focus.
- Areas requiring improvement include making communication between WADOH and the LHJs more clear and consistent and ensuring strong, ongoing support from WADOH and hired consultants.

Project Successes

- Increased interaction/collaboration with their community partners.
- Heightened ability to use data to support work and explain issues to partners
- Better, more consistent documentation of QI work.
- Growth of new QI work stemming from the MLC work.
- Presentation of findings to wider audiences.

Project Challenges

- Constraints on LHJ staff time, inhibiting their ability to focus on the MLC-3 project.
- Turnover in LHJ and partner agency staff, slowing down project workflow.
- Grant money did not cover full project costs and/or ran out towards the end.

AIM Statements

- Three groups achieved all of their AIM statement.
- Four groups achieved at least part of their AIM statement.
- One group did not achieve their AIM statement, stating that it was overly ambitious.
- One group is waiting on final data and therefore unsure if they achieved their AIM statement.

Impact on Participants and LHJs

- All MLC-3 participants reported increased QI knowledge and skills.
- Three groups saw a clear impact of the MLC work on their LHJ.
- Two groups did not see an impact of the MLC work on their LHJ.
- Five groups were unable to determine whether or not there was an impact on their LHJ, or if the changes in their LHJ were due to the MLC work.

Sustainability

- Five teams felt the work they did was sustainable and would be continued either by their Health Department or by community partners.
- Two did not think the work they did would continue after the MLC-3 grant funding ended.
- Two were unsure if their MLC-3 work would continue.

NEXT STEPS/ RECOMMENDATIONS

WADOH will use these findings to inform current and future QI and performance management training activities. The information collected from key informants will help the WADOH gain a better understanding of the strengths and weaknesses of the MLC-3 program, and continue to increase QI knowledge and capabilities among local health jurisdictions in Washington State.



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FULL REPORT

INTRODUCTION

The Multi-State Learning Collaborative 3 (MLC-3) is the third of a series of programs funded by the Robert Wood Johnson Foundation from April 2010 through July 2011. The MLC programs aim to connect state and local health departments with organizations such as public health institutes, health care providers and universities to improve public health services and the health of their community by implementing quality improvement (QI) practices. Each of the 16 participating states was awarded a grant to implement projects addressing specific health outcomes, like increasing prenatal care or physical activity. Additionally, states will address how they deliver public health services such as how they ensure customer satisfaction with services or collect and use health data.

Washington State has participated in the MLC program since 2008, and was one of the 16 states that participated in MLC-3. At the start of this grant cycle, Washington Department of Health (WADOH) contracted with the following nine local health jurisdictions (LHJs) to do QI projects: Clark, Grant, Grays Harbor, Island, Kittitas, Skagit, Spokane, Tacoma-Pierce, and Walla Walla. Each LHJ conducted a QI project in one of three areas: Chronic Disease Prevention/Physical Activity, Prenatal Care, or Immunizations. In 2010, WADOH contracted the Northwest Center for Public Health Practice (NWCPHP) to evaluate the experiences of the nine LHJs that conducted projects under MLC-3.

The NWCPHP promotes excellence in public health practice by linking academia and the practice community. As part of the University of Washington School of Public Health, the NWCPHP provides training, research, and evaluations for state, local, and tribal public health in six Pacific Northwest states (Alaska, Idaho, Montana, Oregon, Washington, and Wyoming). Services provided by NWCPHP also include technical assistance and a wide range of education and training activities.

The evaluation was designed to gather information on:

1. Which aspects of MLC-3 were effective and which need improvement?
2. What were the major lessons learned?
3. To what extent was each MLC-3 project successful in achieving its goals?
4. To what extent did participation in MLC-3 impact the LHJ's systems and or processes?
5. How sustainable are the changes the MLC-3 projects produced in the LHJs?

The knowledge gained from this evaluation will be used to inform upcoming QI training and work at WADOH. In particular, WADOH recently received funding from the Centers for Disease Control and Prevention (CDC) to systematically increase the performance management capacity of public health departments through the *Strengthen Public Health Infrastructure for Improved Health Outcomes* grant. As part of this grant WADOH has chosen three sites to act as regional Centers for Excellence and provide training and technical assistance for their respective LHJs.

METHODS

Structured joint informant interviews were conducted with sixteen MLC-3 team leaders and team members at each of the nine LHJs. (See Appendices A-C for the *Key Informant Interview Protocol*, *Key Informant Interview Handout*, and a list of *Key Informants*).

A list of twelve interview questions were first developed by the NWCPHP staff. These questions were then reviewed and edited by Washington State DOH staff, and a final list of questions was determined (See Attachment A). Phone interviews lasting 30-60 minutes were conducted with 1-3 people from each LHJ MLC-3 team. Two members of the NWCPHP conducted each interview, with one asking questions and the other typing responses. After each interview, NWCPHP staff reviewed the transcripts for accuracy. Interviews were not audio-recorded.

FINDINGS

MLC-3 Program

Strengths

Overall, MLC-3 teams described three strengths of the program: the kickoff meeting, the monthly calls, the interaction with other teams, and the introduction to and training on QI tools. However, each of these strengths could be improved upon to further enhance the program.

Five groups commented that the kickoff meeting worked well and was a good way to start the grant and be introduced to the program. One respondent noted, *I thought the initial training was good and helpful, particularly in providing an overall framework and guide for the work. I learned a lot more about not only what was expected of us but also about the improvement cycles.* However, one group thought the meeting did not efficiently take advantage of the entire day, commenting, *it was an all day training and I could have read the information in an hour and gotten the same things out of it.* Three groups wanted trainings similar to the kickoff meeting during the rest of the grant year in order to build on the information they had learned at the initial training.

The LHJs highlighted the interaction with other teams and with the national MLC groups as a strength of the program. Five teams appreciated the opportunity to share ideas across county lines and receive feedback from their peers. In addition, one team commented, *we learned we're not the only ones who get waylaid by things like H1N1. There's a lot comfort in that.* However, two teams wished they had had more interaction with the other Washington State teams and MLC-3 teams in other states. One team commented, *we tend to get into our [subject matter] brain. Would have liked to see what [the other subject matter] groups were doing.*

QI tools and training on use of the QI tools were also identified as strengths of the program. Eight teams found the tools and trainings to be very useful. One respondent stated, *I have really enjoyed working with the tools. The training was a way for me to clarify the processes we had been using that didn't have a name.* Although agreement about the usefulness of QI tools and training on QI tools was high, one team reported confusion about how to access the tools and four teams believed the trainings should have been more extensive. One suggestion for a more extensive training on QI tools was: *It'd be useful having an exercise to practice using some of those tools. I'm unlikely to pull out that books and say what does*

this do? And figure it out on my own. I know there are a lot of tools I could be using to facilitate QI work that I haven't had my hands around. We could do it by email or as a homework – apply this tool. It would allow us to see the different ways you can plan.

Areas requiring improvement

MLC-3 teams highlighted three key areas needing improvement in the MLC-3 program: communication between WADOH and the LHJs, amount of support and assistance from WADOH staff and consultants, and the monthly team phone calls.

One area highlighted for improvement was the communication between WADOH and the LHJs. Six teams reported that WADOH did not clearly communicate expectations for LHJs, the staff resources available at WADOH, and due dates for project deliverables. One respondent noted, *I thought the communication and coordination was pretty rocky. More clarification there would have been helpful so we know how to use people for resources better.* One team reported that some WADOH staff were effective communicators, but qualified this comment, saying, *[person] is fabulous at keeping communications going – what's due and when it would be due. But s/he's a support person. The key leadership out of DOH could have been more organized and more helpful.*

Another area for improvement was increase support and availability for assistance from WADOH staff and the hired consultants. Two teams did not feel adequately supported during their project, commenting, *Something that was really difficult for us was we never knew who at WADOH we could turn to for assistance. There was a lot of turnover there.* In contrast, two teams felt they received sufficient support, commenting, *the team at the state was very helpful, we could always call [person] and get some direction. As busy as they were they were willing to jump in and give us a hand.* One team felt that although there was a lot of support, they would have appreciated even more.

There was little consensus among respondents regarding the usefulness of monthly phone calls among LHJ teams. Four teams thought the calls worked well, kept them on track, and encouraged collaboration across counties. However four teams thought there was a great deal of room for improvement. They found the calls to be too focused on small details of the projects and too frequent to report on any significant changes in their projects. One team commented, *often we had a call once a month and we found we didn't have anything to report on. We would check in with all the groups but no one had things to report on – it took more than a couple of weeks for things to start rolling, so these calls were a waste of time.* In addition, teams felt there was not enough explanation of who each person was on the call, their role in the process, and how each person could be used as a resource.

MLC-3 Projects

Successes

There were five areas MLC-3 teams highlighted as successes: interaction/collaboration with community partners, increase ability to use data, increased documentation of activities, new work that grew out of the MLC-3 projects, and presentation of findings.

Six teams found their interactions and collaboration with community partners a high point of their project. As one respondent reported, *our biggest success was that this project was getting organizations working*

together that haven't worked together in the past. On the other hand, two teams reported their interactions with community partners were problematic at times due to staff turnover in partner organizations and difficulty keeping everyone engaged. One respondent noted, *the staff at the organizations we were working with had some turnover. When they needed to do a data query, they had to retrain staff - sometimes there was a good lag between our requests and the provision of data.*

Another success was an increased ability to use data to support and explain their work. Six teams reported using their newly collected data to tell a powerful story to stakeholders. One team commented, *the data was really powerful for the physicians. You go and do a lot of presentations. When the physicians have things to do sometimes they're reluctant to change anything about what they do. However, having that data on how they were performing was really significant to them and influenced how they followed through.*

Three teams reported that the MLC-3 project increased their ability to document their work. One respondent pointed out that, *one thing MLC-3 helped us do was document our process a lot more. Well, at least document it more completely, some would have been documented anyway. A strength is the extent to which we document it.*

Three teams reported that new positive work grew out of the MLC work. As one respondent stated, *Just last week we sat down and looked at the results and asked, What does this mean about our immunization work plan for 201? And that wasn't even on that chart! But it made us think of that.*

Three teams reporting successfully presenting their findings. One respondent stated, *we created a nice visualizations on [health status] by each [group]. We then went out and presented this information a lot. Physicians were really receptive. They thought they were doing a better job than they were. By sharing this information with others it'll be well worth the time and money to gather this data.* One team was able to provide information to their partners, but wished they had had more support disseminating their findings more broadly.

Challenges

There were three areas MLC-3 teams highlighted as challenges: limited LHJ staff time, LHJ staff turnover, and limited funding.

Five teams cited constraints on staff time as a challenge. LHJ staff have many responsibilities, and they sometimes struggled to find the time to do all the things required to make their MLC-3 project successful. In addition, three teams reported staff turnover as a challenge. As one respondent reported, *in the two years prior to getting this program, the county hired a person to do [subject]. She started organizing programs and it would have been perfect to apply this to expand and nurture the new program. She was one of the first hit. In May of last year she was let go because of the funding crises and all [subject] budget was cut.*

An additional challenge reported by some respondents related to the amount of funding received for the project. Five teams reported that the money they received ran out at the end of the project or didn't cover the whole cost of project implementation, noting, *I think that I was supposed to allot 4 hours a week on this project and I think that I spent more hours a lot of weeks. I could have put even more of my time towards the project if I had the option.* Three teams reported they had received enough money and that it was the reason the project was started, and "legitimized" their focus on it. One respondent noted, *any time we can get more money it's definitely nice. To a much larger degree it gave us the funding to try new things. It's helpful every time you can take on more projects that are funded. We may have a financial strain but these projects*

give us the results we need to do good work to have a good community data source. In addition, it initiated something sustainable throughout the community.

AIM Statements

The majority of teams achieved all or at least part of their AIM statement. An AIM statement is a written, measurable, and time-sensitive description of goals.

Three teams achieved all of their AIM statement, four teams achieved at least part of their AIM statement, one team did not achieve their AIM statement because it was overly ambitious, and one team was unsure if they had achieved their AIM statement because they were still waiting on results data. Of the four teams that achieved part of their AIM statement, one team did not follow through on all planned activities; one team achieved short- and medium-term goals but was unsure of long term activities; and one team reported they should have refined their AIM statement further to make it more achievable.

Three teams commented that writing AIM statements at the beginning of the program was valuable and saved time and headaches later on in the process. As one respondent reported, *I think on a broader scale, it is valuable to plow through the beginning steps. However, creating an AIM statement is a hard birthing process. But if you plow through it you can get through it and come up with something worthwhile.* One team reported they found writing the AIM statement so early in the process very difficult.

Impact on QI Knowledge, Skills, Awareness, and Use

There was resounding agreement that participation in the MLC-3 increased individual QI knowledge and skills. All nine teams reported an increase in knowledge after participation in the MLC-3 project. As one respondent put it, *this was my exercise in QI while we're in the planning stages of other things. [QI improvement] comes more naturally to me. I'm able to explain aspects of the QI process to others more easily.*

The impact of the MLC-3 program on the team members' department/division was less clear. Three teams reported participation in the MLC-3 increased awareness and use of QI tools and techniques within their department. Two teams reported no impact on the department. The remaining five teams reported they were unsure whether participation in MLC enhanced their department's awareness of and use of QI tools and techniques. As one respondent noted, *... before MLC we had hired a program evaluation specialist – QI work is what she does. We have really incorporated this thinking into every program in our department. At a minimum in each project we have developed outcome and performance measures. We're all tracking something. Further, we've been doing this work for eight or so years. MLC-3 definitely added to it – we don't want to give the impression that it didn't. But it's kind of hard to separate out. MLC-3 contributed to the QI stuff we were already doing.*

The impact of the MLC-3 program on the larger LHJ was also unclear. Three teams indicated that participation increased awareness of and use of QI methods within their LHJ. As one respondent reported, *I think that the rest of the staff became more aware of QI, when we give presentations, when we explain the response we got. I think they feel really good about what they can be a part of. That they can do something of such a high quality. We got a lot of positive feedback and we want to do more, while enhancing programs at the same time. It creates another avenue for creating good programs.* Two teams responded that awareness of and use of QI

methods had not increased. Three teams reported they were unsure whether participation in the MLC-3 project had an effect on the use and awareness of QI methods in their LHJ. As one respondent stated, *This is a little difficult to say – partly because we have been doing other efforts around this. Quality Council 2007 – working in implementing QI at the agency. Seen at least 20 QI projects since 2008 annually. Seen progress in program evaluation and QI. Can't attribute that to this project. We didn't involve a large percentage of our population in it. Some people are aware it was a grant and a QI grant. It's just really hard to say if it is attributable to this grant.* Finally, one team had no response since the team lead was not located in the LHJ.

Sustainability

Responses were mixed with regard to the sustainability of the MLC-3 projects. Five teams reported the work they had done under MLC-3 was sustainable. As one respondent stated, *Absolutely, the programs may go away due to knowledge, but the skills remain and apply to whatever work we do. The change is not what we do but how we do it.* Two teams reported the work they did was not sustainable beyond the MLC-3 funding. Two teams were unable to say whether or not the work they did under MLC-3 would continue. One respondent noted, *At this point we hope [the project is sustainable] but with budget cuts we don't know what's really going to be sustainable. QI would normally involve an assessment coordinator. We're not going to have that next year so I think it's sustainable more so in [a particular division] because there's staff from that division who've worked in this department. Not as sustainable in [another division].*

Other Comments

Respondents also noted a number of other comments about the program that did not fit into the categories above. One respondent talked about learning how to focus one's QI activities, noting, *we were constantly battling where to improve and where not to improve.* Another stated the impact of learning QI processes for a real program saying, *[The MLC program] really helps me to understand, especially in the beginning, how this process could be applied to many real life public health programs. [This] was my first learning experience with QI. Crash learning to do. Really learned what QI was. Being able to learn that process within a program format, not just read in a textbook or in reading materials, [but] actually applying it to a program, do it in action [was very informative].*

A number of comments focused on the assessment aspect of the MLC-3 projects. One said, *It's really important to know how to do something that can then be shared with others.* According to another, *The final assessment was really interesting for me to learn. I haven't done a lot of research in my career and so this was a new experience.* Finally one respondent noted, *[The project] might have gotten to the same place but would have taken longer and wouldn't have looked as polished without MLC-3.*

SUMMARY

Key informants indicated that many aspects of the MLC-3 process were useful, such as the kickoff event, interaction with other teams, and training on QI tools. However, some parts of the program needed improvement, particularly the monthly phone calls and the communication between staff at the LHJs and WADOH. Respondents cited successes including increased collaboration with community partners, increased ability to use data, increased documentation of activities, new work that grew out of the MLC-3 projects, and wider presentation of findings. However the restrictions imposed by time, money, and staff turnover hampered some projects.

Seven of the nine LHJs achieved all or part of their AIM statements, the written, measurable, and time-sensitive description of goals. All informants indicated that the MLC-3 projects were good learning experiences and increased or refined their skills and abilities in quality improvement work. Although some felt the MLC-3 projects made an impact on their division or entire Health Department, many others were unsure. Although MLC-3 may have impacted the QI culture of their larger division or LHJ, it was difficult to disaggregate these effects from other ongoing changes and projects. Similarly, sustainability of their work was often unclear or unknown.



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Office of Public Health Systems Planning and Development Multistate Learning Collaborative Key Informant Interview Protocol

Evaluation Questions

Process

1. Which aspects of MLC-3 were effective and which need improvement?
2. What were the major lessons learned?

Impact

3. To what extent was the MLC-3 project successful in achieving its goals?
4. To what extent did participation in MLC-3 impact your LHD's systems and or processes?
5. How sustainable are the changes the MLC-3 work produced in your LHD?

Key Informant:		Date:	
Interviewer(s):			

Opening Script –

Purpose: The purpose of this conversation is to learn more about your participation in MLC-3, your feedback about the program, and the impact the program had on you, your organization, and your organization's larger systems and/or processes.

Confidentiality – the responses you give will be confidential and your name won't be linked to your responses. All conversation comments will be aggregated and a summary of findings and conclusions will be compiled into an evaluation report.

- I expect this conversation will take 45-60 minutes. Do you have any questions before we begin?

Q#	QUESTION	RESPONSE
MLC process		
01	What aspects of MLC-3 worked well? <i>Probe: Most useful tools?</i>	-
02	What aspects of MLC-3 need improvement? <i>Probe: Suggestions for how to improve?</i>	-
03	Was anything missing from the program that should be included in the future?	-
Lessons Learned		
04	What major lessons did you learn by participating in MLC-3?	-
MLC Project		
05	What were the major success during your project? <i>Probe: Lesson Learned?</i>	-
5.5	What were the major challenges during your project?	-

06	Were you successful in achieving your AIM statement? <i>Probe: What assisted or prevented you from doing so?</i>	-
07	Did you have the resources and support needed to conduct this project? <i>Training? Financial?</i>	-
08	To what extent has participation in MLC-3 increased your knowledge and skills around QI?	-
Impact		
09	To what extent has participation in MLC-3 integrated QI into the everyday systems and/or process of your division/section?	-
10	To what extent has participation in MLC-3 increased awareness and use of QI in the entire Health Department ? <i>Probe: To what extent has participation in MLC-3 prepared the LHD for national voluntary accreditation?</i>	-
Sustainability		
11	Do you think the changes in the LHD due to the MLC work (such as increased QI focus) are sustainable? <i>Probe: without the MLC funding?</i>	-
Final Questions/Comments		
12	Do you have any additional thoughts or comments for us?	-



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Multistate Learning Collaborative- 3 Discussion Topics

The Northwest Center for Public Health Practice (NWCPHP) is an organization dedicated to linking academia and the practice community to improve the quality and effectiveness of public health. On behalf of the Washington State DOH we are evaluating the MLC-3 projects through discussions with the team leads at each LHJ.

The following are topics we would like to discuss during our conversation. The conversation will take 45-60 minutes and all responses will be confidential.

Discussion Topics:

- Aspects of MLC-3 that worked well and aspects that need improvement.
- Ways to improve the program in the future.
- Major lessons learned from participating in MLC-3.
- Major success and challenges of your MLC-3 project, including if you were able to achieve your AIM statement.
- If there was the necessary resources and support (training, financial, etc).
- If participation in MLC-3 increased your knowledge and skills around QI.
- If participation in MLC-3 integrated QI into the everyday systems and/or process of your division/department.
- If participation in MLC-3 increased awareness and use of QI in **the entire Health Department**.
- If the changes in the LHD due to the MLC work (such as increased QI focus) are sustainable.
- Any additional thoughts or comments.



MLC Key Informants

Name(s)	LHJ	MLC Area	Project
Linda Navarre	Kittitas	Immunization	Identify and eliminate the barriers to increase the use of new and underused vaccines.
Karolyn Holden	Grays Harbor	Immunization	Completion of a birth certificate follow-back survey using a random sample of 200 children in the targeted age cohort.
Whitney Webber	Island	Chronic Disease Prevention/ Physical Activity	Increase the percentage of adolescents in grades 9-12 who engage in 20 minutes of vigorous physical activity 3 or more days each week
Liz McNett Crowl	Skagit	Chronic Disease Prevention/ Physical Activity	Increase the percentage of adults 18 years of age and older who engage in 30 minutes of moderate physical activity 5 or more days each week, conduct a Health Impact Assessment (HIA)
Cindy Green, Heleen Dewey, & Liz Wallace	Spokane	Chronic Disease Prevention/ Physical Activity	Increase the percentage of adults 18 years of age and older who engage in 30 minutes of moderate physical activity 5 or more days each week
Marni Storey & Melanie Payne	Clark County	Prenatal Care	Work with Community prenatal Care Access group to use findings from the prenatal care assessment to improve access.
Susan Pfeifer, Leah Johnson, & Patricia Jiles	Tacoma- Pierce	Prenatal Care	Identify prenatal care areas of improvement for Native American and Medicaid women.
Joy Reese & Carol Shimke	Grant	Immunization	Decrease the exemption rates in Grant County schools with targeted activity toward specific schools
Susann Bassham & Sara Bru	Walla Walla	Prenatal Care	Use data to reduce barriers to teens accessing first trimester care
Marni Mason & Diane Altman Dautoff	MarMason Consultants		