

Public Hospital District #2 Special Meeting Agenda

OCTOBER 14, 2014
5:30 TO 7:30 PM

Verdant Health Commission
Board Room

-
1. Call to Order
 2. Snohomish County Health Leadership Coalition presentation - Action
 3. Joint Finance Committee/Program Committee meeting on the 2015 Budget
 4. Discussion on program requests when multiple commissioners have a conflict of interest
 5. Update on hospital conference – Dr. Bruce Williams
 6. Update on Board retreat – Tulalip, November 7 to 8, 2014
 7. Executive Session
 - a) Discuss potential litigation related to Swedish/Edmonds
 8. Adjournment

PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON

SPECIAL MEETING

October 14, 2014

5:30 p.m.

Verdant Health Commission Board Room

| | |
|---|---|
| Commissioners Present | Bob Knowles, President J. Bruce Williams, MD, Secretary Deana Knutsen, Commissioner Fred Langer, Commissioner (via telephone) Karianna Wilson, Commissioner |
| Staff | Carl Zapora George Kosovich Jennifer Piplic Lisa King Sue Waldin |
| Guests | Scott Forslund – Snohomish County Health Leadership Coalition |
| Call to Order | The Special Meeting of the Board of Commissioners was called to order by President Knowles at 5:36 p.m. |
| Snohomish County Health Leadership Coalition presentation | Mr. Kosovich introduced Scott Forslund. Mr. Forslund made a presentation (E:57:2014). Questions were asked by the commissioners and answered by Mr. Forslund. President Knowles moved to add the item to the next regular board meeting on October 22, 2014. |
| Joint Finance Committee/ Program Committee meeting re: 2015 budget | Ms. King and Mr. Kosovich presented the 2015 budget, focusing on the program budget (E:58:2014). Discussion occurred and many questions were asked by the commissioners and answered by staff. President Knowles requested the amount of budget available to spend if renewal of every expected grant due to expire in 2015 occurs and assuming a 10% increase in funding. Mr. Kosovich will provide via email. |
| Discussion on program requests when multiple commissioner have a conflict of interest | President Knowles stated that we met with General Council, Brad Berg, at the last board meeting on September 24, 2014 in an attempt to be proactive and not reactive. He noted that we will re-address this issue at our board retreat. |
| Update on hospital conference | Dr. Williams provided a short update on the Providence Health Services conference he attended in Los Angeles which had a healthy communities focus. |
| Update on board retreat | A reminder that the annual board retreat will be held November 7 and 8, 2014 at the Tulalip Resort. |

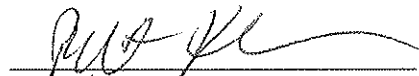
President Knowles recessed into executive session at 6:45 p.m. for 10 minutes to discuss potential litigation related to Swedish Edmonds.
President Knowles stated that no action would be taken in Executive Session.

Adjourn


President Knowles adjourned the Executive Session at 6:55 p.m. into Open Session.
Ms. Knutsen announced that she has been nominated for the federal reserve board as a representative of this District. She stated that her bio includes references to her work at Verdant.

There being no further business to discuss, the meeting was adjourned at 7:00 p.m.

Attest By:



President



Secretary

SNOHOMISH COUNTY
HEALTH LEADERSHIP COALITION



***Gear Up & Go!* Evaluation Report for Verdant Service Area**

2013-14 School Year

Prepared by the Snohomish County Health Leadership Coalition for
Verdant Health Commission

August 2014

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OVERVIEW

Snohomish County Health Leadership Coalition (SCHLC) launched the Gear Up & Go! 5th grade physical activity initiative in Fall 2013 with grants from Verdant Health Commission (PHD2) and other coalition funders. Verdant is an innovative leader focused on improving wellness across its communities in southwest Snohomish County. PHD2 has made substantive investments in education-based wellness initiatives, including a significant grant to the Edmonds School District (a large and diverse district which generally parallels Verdant's boundaries, and serves elementary schools in 5 cities of Edmonds, Mountlake Terrace, Lynnwood, Alderwood Manor and Brier, plus contiguous county territory. Verdant Superintendent Carl Zapora is a cofounder of the SCHLC and member of its governing steering committee

PROGRAM DESCRIPTION: YOUTH ACTIVITY INITIATIVE

Program will directly support a critical Youth Activity aimed at improving indicators of youth health and obesity through a youth activity initiative aimed at improving 5th grade activity levels above what is projected in the 6th grade Healthy Youth Survey, and putting into place a community based self-sustaining program expansion for 2014-15+. Program creates nation's first online, realtime activity heat map which will make it possible to objectively compare activity levels of 5th grade students in Verdant's service area--including the Edmonds School District's Move60! program--with those of other school districts countywide, and will enable correlation of student activity levels with social, economic and environmental data for Verdant Health District at the neighborhood level

PROGRAM NEED: DECLINING YOUTH ACTIVITY

Youth activity correlates with health, healthcare costs, academic performance and life success. Nationally, vigorous daily activity declines from 180 to 43 minutes between grades 4 and 8. Local Healthy Youth Survey data shows further decline in recent years. Despite programs such as Move60!, with over \$900,000 in Verdant funding, no objective, real-time, program-agnostic measure exists to determine whether resulting activity levels are comparatively higher, and no broad community forum exists to identify barriers and enablers, and rapidly disseminate/deploy emerging best practices.

YOUTH ACTIVITY INITIATIVE: Gear Up & Go!® Objectives

1. Reverse the decline in youth physical activity; improve activity levels above current projections for youth in Verdant District and 6,000+ Snohomish County 5th graders . Population-based studies link enhanced activity levels to improved academic performance, better health and lower health risk and costs.
2. Create a community-wide program inventory and actionable recommendations at the school, extracurricular, and social/environmental/economic levels
3. Create a means for rapid identification and dissemination of successful approaches.
4. In the process, validate a working model that can be taken to scale longer-term.

IMPACT MEASURES:

- Local baseline of Healthy Youth Survey activity related questions fall 2013;
- Statewide HYS survey Fall 2014;
- measured data via wrist-band 3-axis accelerometers provided to all 5th graders;
- 3rd party data to correlate activity with school/nonschool/social, economic and environmental determinants.

Independent evaluation led by Center for Community Health Evaluation, Group Health Research Institute

YEAR 1 RESULTS: EXECUTIVE SUMMARY

Countywide, the initiative scaled up dramatically faster than expected. Program goals were to engage 30% of schools in Fall, and up to 60% of schools by year end. Actuals were 76 schools in fall and 100 by January. A rich baseline of data now exists for the Verdant Health Commission territory and comparative data countywide, with more than 10 million hourly activity records for 10,000 participants countywide.

YMCA will establish a Youth Activity Initiative aimed at improving indicators of youth health and obesity by focusing on fifth grade activity levels. Through the initiative, YMCA will partner with the Edmonds School District to track activity levels of fifth graders in the district, and will use its best efforts to enroll at least 1,000 Edmonds School District fifth graders in the program

- 17 Edmonds School District elementary schools engaged in the program in two waves – October 2013 and January 2014. There were 1,122 registered and in use by students and staff over the course of the year, of which 1,109 registered significant activity over time.

YMCA will measure youth activity levels through the Youth Activity Initiative by providing an accelerometer to 5th grade students and supporting the use of the accelerometer through an interactive website. The YMCA will track activity levels of participating students and determine how many students are achieving at least 1 hour of vigorous activity daily.

- The GEAR UP & GO! team considered Sqord's field-testing guideline of 40,000 daily activity points the indicator for an average of 60+ minutes per day of moderate to vigorous activity. A year of baseline data exceeding 10 million hourly records for 10,000 participants at 100 schools suggests that 40,000 may be a reasonable indicator threshold.
- The recorded data is generally consistent with Healthy Youth Survey self-reports, with the median school having 30% of students with 40,000+ average daily points, corresponding with 60 minutes or more of moderate to vigorous activity daily.
- Full range was four schools where no students averaged 40,000 points per day, to one school where 75% of students averaged at least 40K points/day.

YMCA will use data gathered from the accelerometers in concert with third party data to develop an activity heat map comparing PHD2's district activity levels vs. other communities in Snohomish County. YMCA will provide PHD2 with an analysis detailing factors contributing to higher or lower levels of activity (ex. socioeconomic status, neighborhood walkability, availability of programs, etc.) so that PHD2 can evaluate possible policy and program improvements to address childhood obesity.

- A heat map was created showing average daily activity levels for the county as a whole, including Edmonds Schools.
- With assistance from actuaries at coalition partner Premiera Blue Cross, GEAR UP & GO! activity and engagement data were overlaid onto a range of socioeconomic factors.
- Factors with initial potential relationship included Median Family Income; Median Home Value; Households with Children.
- Based on the full year of baseline data captured as of June, project team is now working with school district assessment leadership on further analyses related to academic performance and other factors.

Overall results: Independent Third-Party Research Evaluation

The Snohomish County Health Leadership Coalition secured an Independent evaluation by the Center for Community Health Evaluation (CCHE), Group Health Research Institute. To do its work, CCHE did not rely upon the Physical Activity Dashboard reports developed by Sqord in partnership with the Snohomish County Health Leadership Coalition. CCHE was supplied with raw data and performed its own independent measure, focusing on average time on wrist and average hourly activity levels during waking hours (a underlying factors that combine to create average daily activity points). CCHE's findings follow.

Highlights of Countywide results

- Participating 5th grade activity levels rose 12-13%
- Time on Wrist is linked to 53% higher activity levels
- Individuals with frequent syncing show a 17% higher activity level
- The more engaged the school the more active student base

Summary of results for Edmonds Schools

- Mean hourly activity points across all months were 1-2% higher in Edmonds than in the county overall
- Percent time on wrist recorded stayed roughly constant at around 60% of waking hours
- The mean hourly activity points stayed roughly constant for the Fall 2013 rollout schools and increased for the Spring 2014 schools
- For both the Fall and Jan/Feb rollout periods, participation/engagement (defined as the percent syncing at least once per month) declined from around 80-90% initially to around 20% by May 2014.

DETAILED FINDINGS

SECTION 6.1 DELIVERABLE: ESTABLISHMENT OF INITIATIVE

YMCA will establish a Youth Activity Initiative aimed at improving indicators of youth health and obesity by focusing on fifth grade activity levels. Through the initiative, YMCA will partner with the Edmonds School District to track activity levels of fifth graders in the district, and will use its best efforts to enroll at least 1,000 Edmonds School District fifth graders in the program

- **GEAR UP & GO!** purchased PowerPods for 9,200 students countywide, of which 8,329 were registered and in use by Spring 2014. Of these, 17 Edmonds School District elementary schools engaged in the program in two waves – October 2013 and January 2014.
- Goal was at least 1,000 students. Actual was 1,122 registered and in use by students and staff over the course of the year, of which 1,109 registered significant activity over time. It is estimated that number includes about 75 staff based on staff equipment orders.

Edmonds School District Participating Schools – Gear Up & Go! (Spring 2014 snapshot)

| SCHOOL NAME | DISTRICT | PARTICIPANTS |
|------------------------------|----------|--------------|
| Beverly Elementary | Edmonds | 93 |
| Brier Elementary | Edmonds | 57 |
| College Place Elementary | Edmonds | 73 |
| Edmonds Elementary | Edmonds | 63 |
| Hazelwood Elementary | Edmonds | 109 |
| Lynndale Elementary | Edmonds | 65 |
| Lynnwood Elementary | Edmonds | 62 |
| Madrona K-8 | Edmonds | 40 |
| Maplewood Parent Coop | Edmonds | 59 |
| Meadowdale Elementary | Edmonds | 72 |
| Mountlake Terrace Elementary | Edmonds | 17 |
| Oak Heights Elementary | Edmonds | 79 |
| Seaview Elementary | Edmonds | 64 |
| Sherwood Elementary | Edmonds | 77 |
| Spruce Elementary | Edmonds | 66 |
| Terrace Park Elementary | Edmonds | 75 |
| Westgate Elementary | Edmonds | 51 |

SECTION 6.2 DELIVERABLE: ACTIVITY TRACKING

YMCA will measure youth activity levels through the Youth Activity Initiative by providing an accelerometer to 5th grade students and supporting the use of the accelerometer through an interactive website. The YMCA will track activity levels of participating students and determine how many students are achieving at least 1 hour of vigorous activity daily.

Physical Activity Guidelines and Benchmarks

The U.S. Department of Health and Human Services has established a guideline of 60+ minutes of moderate to vigorous physical activity (MVPA) for children 6 to 17. This level of activity has been associated with improved fitness, BMI, brain and bone development, self-esteem, academic performance and other factors.

For activity baseline, *Gear Up & Go!* relied upon two measures: the 2012 Healthy Youth Survey results as the only pre-existing baseline, and objective accelerometer data as measured and uploaded from Sqord PowerPods.

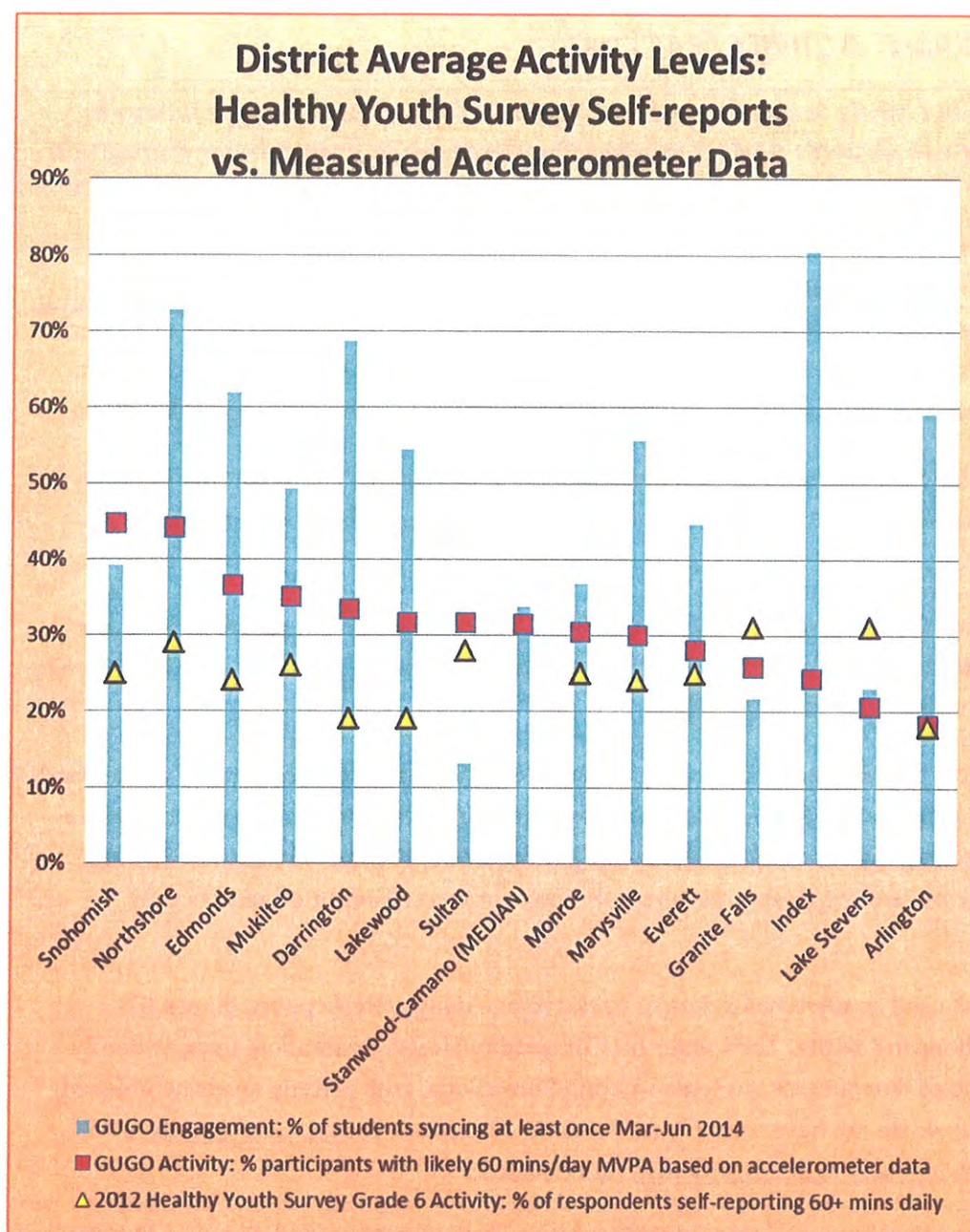
Using the statewide Healthy Youth Survey results from 2000-2012, the *Gear Up & Go!* program developed a more informational comparative report of HYS Activity Reporting results and a projection of 2014 6th Grade Healthy Youth Survey activity results (see appendix).

While this comparison report provides additional insight from the HYS results, the *Gear Up & Go!* team and evaluators found the HYS results are of limited use when comparing smaller groups at the school level or smaller. The shift in the tracking question from “20 minutes per day of MVPA” to “60 minutes” in 2008, with virtually no change in student responses, reinforces the limits of this self-reported result for 6th graders.

The *Gear Up & Go!* initiative used accelerometer data to track average daily activity points across 100 elementary schools in Snohomish County. The Center for Community Health Evaluation, independently evaluating this initiative, notes that because students wearing PowerPods, with activity levels heightened due to the technology itself, we do not have a true “pre” baseline. As a result, measures of activity improvement in this report are likely to be conservative (understated).

For purposes of this year, the *Gear Up & Go!* team considered Sqord’s field-testing guideline that 40,000 daily activity points is a likely threshold indicating of an average of 60+ minutes per day of moderate to vigorous activity. The *Gear Up & Go!* Initiative, working with GHRI’s Center for Community Health Evaluation, is planning a validation study with a formal pre-post design for Fall and Spring 2014/15.

Meanwhile, beyond Sqord data providing useful RELATIVE activity and engagement benchmarks, a year of baseline data for 15 districts and 100 participating schools suggests that 40,000 may be a reasonable indicator threshold for the HHS daily physical activity standard.



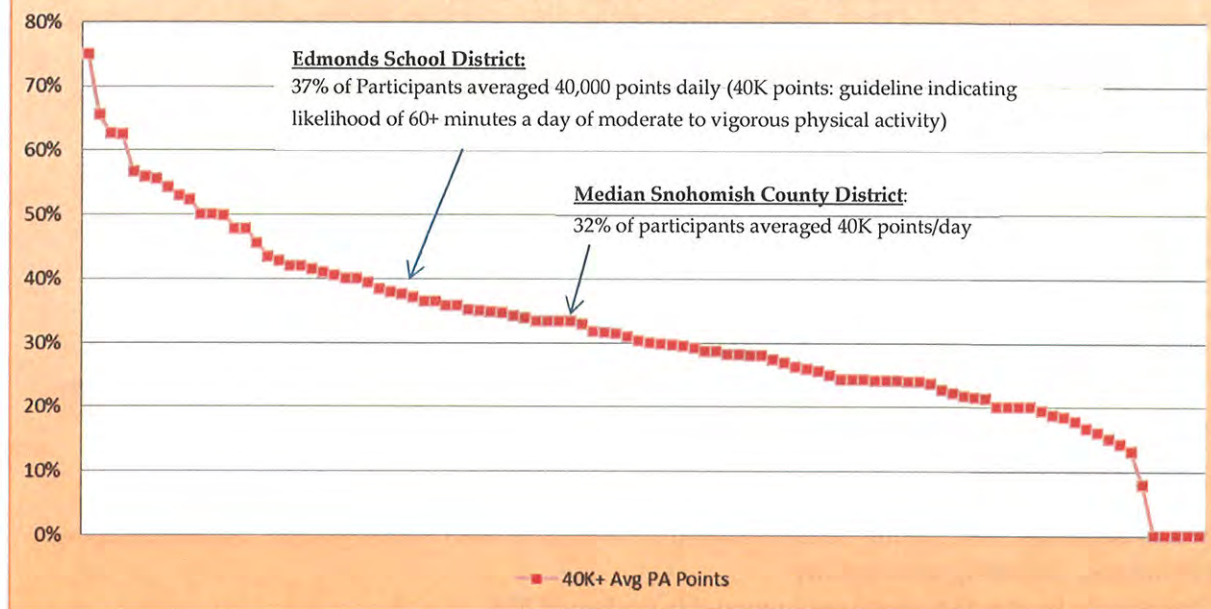
While students HYS self-reports and recorded accelerometer data were generally similar at the county level, HYS self-reports did not trend consistently with recorded accelerometer data captured during the school year, suggesting:

- Samples differ between the HYS respondents and Gear Up & Go! participants; and/or
- Student self-reports may not be reliable – likely given evidence that student self-reports of daily activity changed little in 2008 when the HYS survey question change from asking for 20 minutes per day to 60 minutes per day.

As a result, this initiative focused efforts more on measured data throughout the course of the year.

Distribution of 100 Snohomish County Schools: % of Participating Students Likely to have 60 minutes Moderate-Vigorous Daily Activity

(Based on 40K+ Average Daily Activity Points recorded by Sqord Accelerometer Data,
March-May 2014)



PROPORTION OF PARTICIPATING STUDENTS ACROSS 100 SCHOOLS WITH ACTIVITY LEVELS INDICATING 60+ MINUTES/DAY OF MODERATE TO VIGOROUS ACTIVITY.

The recorded data is generally consistent with county-level Healthy Youth Survey self-reports, with the median district recording 32% of students with 40,000+ average daily points, corresponding with 60 minutes or more of moderate to vigorous activity daily.

- The 25th percentile was 24,000 points and the 75th percentile was 40,000 points.
- Other studies of pedometers and step counters have estimated an experimental effect that happens to coincide with the difference between county-level HYS self-reports and the accelerometer-measured activity levels.

Edmonds Results / District Level

Enrollment:

- 1,125 individuals registered, and 1,109 engaged during at least one month during the 2013-14 school year between October 1, 2013 and June 13, 2015.

Gear Up & Go! tracked three principle metrics:

- Engagement levels (defined by evidence of participants syncing and uploading activity points during a specified period)
- Daily average activity points
- The proportion of participants whose average daily activity points of 40,000 or more, a likely indicator of at least 60 minutes per day of moderate to vigorous physical activity.

General Results

The following engagement and activity levels were summarized for final three months of the year (March-June 13).

- Engagement (syncing activity recorded during March-June 2014):
 - 62% of Edmonds students engaged at least once from March-June
 - Sustained engagement was 126% of the countywide median, and indicates Edmonds is among best-practice districts in student engagement
 - In overall engagement, Edmonds School District ranked #2 of 13 multi-school districts countywide, and #4 of 15 Snohomish County districts (which includes two single-school districts).
 - Edmonds District schools accounted for 4 of the top 10 engaged schools countywide, and 10 of the top 35 schools countywide.
- Average Daily Activity levels
 - Edmonds tracks at 102% of the county median in recorded average daily activity levels
 - This reflected a range of school performance.
 - Six Edmonds district schools ranked in the Top 35 schools countywide for average recorded activity levels.
- Recommended levels of activity (indicator of 60 mins +/-day)
 - 37% of Edmonds participating students logged an average of 40K+ points per day, a soft indicator of 60+ minutes day of vigorous activity
 - This activity level is 16% above the countywide median of 32%
 - Edmonds tracks at the county median in recorded average daily activity levels for participants.

Indicators of 60 mins +/-day of Moderate/Vigorous Physical Activity

- In the 2012 Healthy Youth Survey, Edmonds School District students self-reported that 24% had 60 minutes/day of moderate/vigorous physical activity. Edmonds was ranked 9th of 15 districts based on the 2012 HYS report.
- In the Gear Up & Go! initiative using accelerometer data, Edmonds ranked #3 of 15 Snohomish County districts.
- 37% of participating Edmonds district students logged an average of 40K+ points per day, a soft indicator of 60+ minutes day of vigorous activity, vs. 32% at the median school district.
- Edmonds ranks 16% above median countywide in the % of students with recorded average activity above 40K points/day

Boys vs. Girls

- 28% of participants (314) supplied their age and gender. Of this self-reporting cohort:
 - Recommended levels of activity (indicator of 60 mins +/-day)
 - 48% of boys recorded 40K+ average daily activity points, consistent with a preliminary indicator of 60+mins/day of moderate/vigorous activity
 - 43% of girls
 - Average activity levels (based on the sample self-identifying gender)
 - Edmonds boys tracked 1% above county median for boys
 - Girls tracked 117% of county median for girls

- Engagement: Among those who supplied their age and gender, two findings were notable:
 - Students who self-identified gender were also significantly more engaged than students who did not.
 - Girls tended to be somewhat more engaged than boys over time: 84% of girls engaged March-June, vs. 79% of boys .



| District (3/1-6/13/2014) | Players Synced | Total Players | Engagem ent % | Low % (<20K pts) | Inactive % (20-40K pts) | Recommended % (40-60K pts) | Active % (60-80K pts) | Very % (>80K pts) | % with 60+ min of MVPA/day | Recommended Activity Index | Active+ | Active |
|-----------------------------|-------------------|------------------|------------------|---------------------|----------------------------|-------------------------------|--------------------------|----------------------|----------------------------------|-------------------------------|---------|--------|
| Snohomish | 398 | 1,015 | 39% | 33.4 | 21.6 | 20.6 | 15.3 | 8.8 | 45% | 142% | 24% | |
| Northshore | 705 | 969 | 73% | 27 | 28.8 | 23.3 | 14.3 | 6.5 | 44% | 140% | 21% | |
| Edmonds | 694 | 1,122 | 62% | 36.9 | 26.4 | 18 | 12.4 | 6.1 | 37% | 116% | 19% | |
| Mukilteo | 593 | 1,205 | 49% | 37.4 | 27 | 17.4 | 11.1 | 6.6 | 35% | 111% | 18% | |
| Darrington | 33 | 48 | 69% | 27.3 | 39.4 | 15.2 | 18.2 | 0 | 33% | 106% | 18% | |
| Lakewood | 98 | 180 | 54% | 40.8 | 27.6 | 14.3 | 8.2 | 9.2 | 32% | 101% | 17% | |
| Sultan | 19 | 144 | 13% | 52.6 | 15.8 | 15.8 | 15.8 | 0 | 32% | 100% | 16% | |
| Stanwood-Camano (MEDIAN) | 127 | 376 | 34% | 39.4 | 29.1 | 13.4 | 12.6 | 5.5 | 32% | 100% | 18% | |
| Monroe | 154 | 418 | 37% | 39.6 | 29.2 | 15.6 | 9.7 | 5.2 | 31% | 97% | 15% | |
| Marysville | 509 | 914 | 56% | 42.8 | 26.3 | 17.7 | 8.4 | 3.9 | 30% | 95% | 12% | |
| Everett | 392 | 879 | 45% | 46.7 | 23 | 12.5 | 11.5 | 4.1 | 28% | 89% | 16% | |
| Granite Falls | 31 | 142 | 22% | 54.8 | 16.1 | 9.7 | 9.7 | 6.5 | 26% | 82% | 16% | |
| Index | 33 | 41 | 80% | 39.4 | 36.4 | 6.1 | 12.1 | 6.1 | 24% | 77% | 18% | |
| Lake Stevens | 145 | 628 | 23% | 60 | 18.6 | 12.4 | 4.8 | 3.4 | 21% | 65% | 8% | |
| Arlington | 147 | 248 | 59% | 49 | 32.7 | 9.5 | 6.1 | 2.7 | 18% | 58% | 9% | |
| YMCA/Community | 695 | 1,088 | 64% | 27.9 | 27.3 | 19.6 | 14.8 | 9.1 | 44% | 138% | 24% | |

DISTRICT RANKING: STUDENTS RECORDED ACTIVITY LEVELS ASSOCIATED WITH 60+ MINUTES OF DAILY PHYSICAL ACTIVITY.

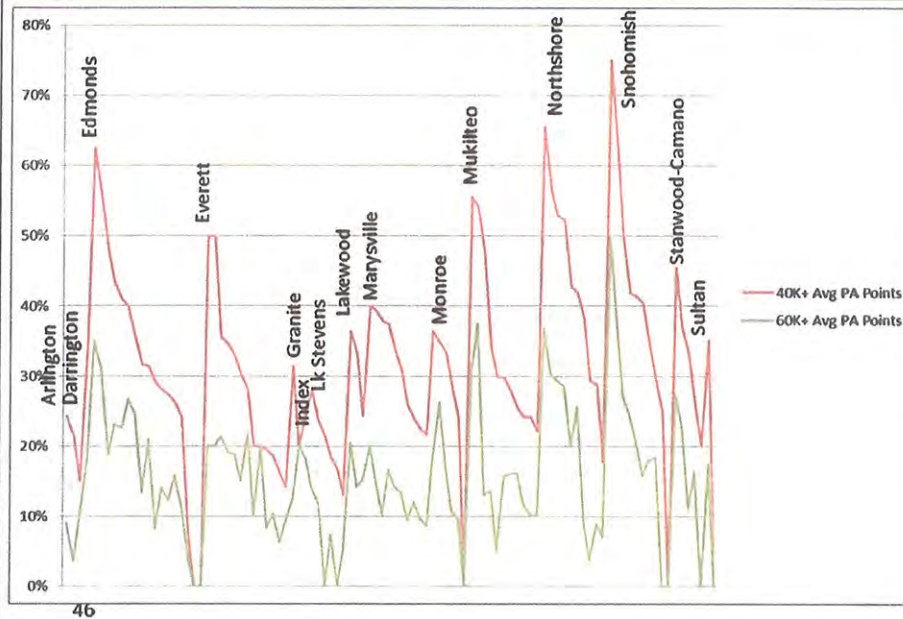
Among Edmonds Schools, 37% of *participants* recorded 40K+ average activity points daily, vs. 32% for the median school district countywide.

The percent of *participating* students likely to be meeting recommended daily physical activity levels was 16% higher than the countywide median.

Note that average daily points are a product of “time on wrist” and “intensity of movement” while the accelerometer is on the wrist, and that participation rates varied considerably by school.

An independent evaluation found that BOTH attributes are important, because students who wore the accelerometer for more hours of the day also had higher average hourly activity levels overall.

Recommended Activity Levels by District



Each district had a range of average activity levels per school. 12 of 15 districts had schools in the top quartile. This chart arranges schools in each district from high to low, showing the diversity within and across districts.

SNOHOMISH COUNTY
HEALTH LEADERSHIP COALITION

EACH SCHOOL DISTRICT EXPERIENCED A RANGE OF RECORDED AVERAGE DAILY ACTIVITY LEVELS.

As shown in the figure above, schools with highest average activity levels were distributed widely across Snohomish County.

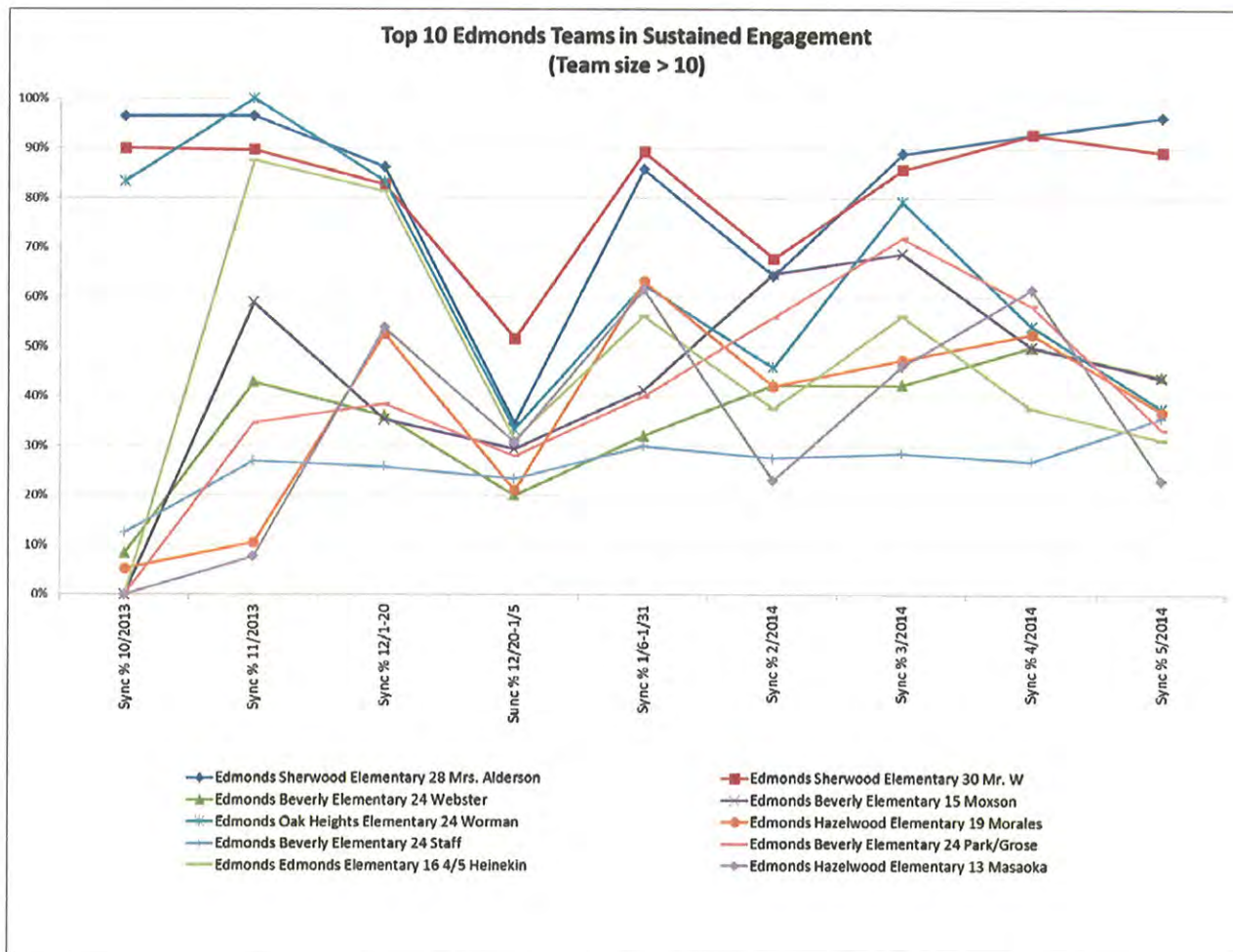
- 80% of school districts have at least 1 school with average recorded daily activity levels in the top quartile countywide.
- About 1 in three districts have at least 1 “Super School” – highest engaged, highest activity levels in county
- All schools now have their own activity and engagement baseline for the 2014-15 school year.

The initiative produced comparative data for Edmonds Schools – at the district, school and classroom level:

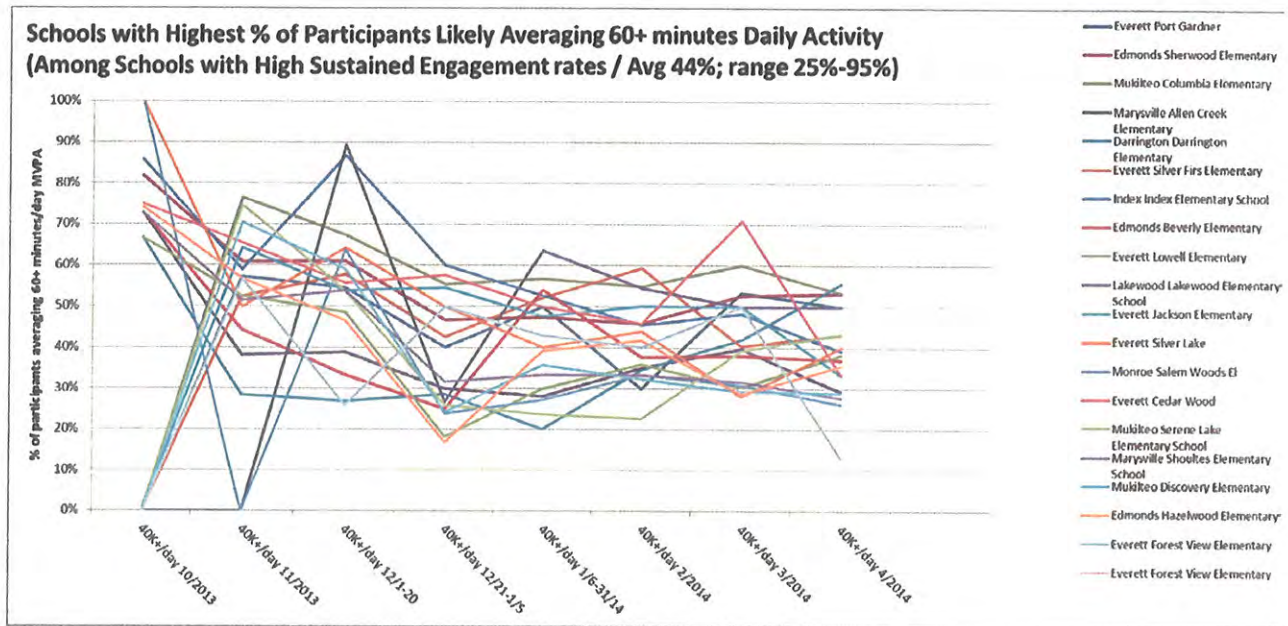
- Level of engagement:
 - Edmonds Schools were represented among six of the top 10 schools in Snohomish County, and 10 of the top 25 from March 1 through June 13, 2014, the final three months of the school year.
- Average Activity Levels:
 - Edmonds schools were represented among six of the top 25 schools countywide in average activity levels for the full school year.

Edmonds Results / Classroom or Team Level

Edmonds Schools displayed a rich tapestry of engagement rates over the course of the 2013-14 school year, with generally higher engagement in Fall and Spring, plummeting engagement during Winter Break (from which many schools did not fully recover); and with most ending the year with 20% to 50% of students engaged. Because levels of engagement directly relate to the average activity levels per hour, program focus is on understanding and supporting efforts to sustain and build engagement in 2014-15.



Year 1 yielded important data about where highest engagement is occurring. Pockets of sustained engagement among the top 10 classrooms or “team” were spread among 6 of 17 participating schools. (Staff teams were removed from this view where possible.) The 2014-15 initiative will focus in part on learning what is common among high-engagement classrooms and schools in Edmonds Schools and countywide.



SCHOOLS WITH HIGHEST SUSTAINED ENGAGEMENT AND ACTIVITY LEVELS.

Sherwood, Beverly, and Hazelwood Elementary schools were among schools countywide with highest sustained engagement and highest percentage of participants likely to be averaging 60+ minutes of MVPA daily. These schools will be studied further in 2014-15 to understand elements of success and shared with schools across the county.

SECTION 6.3 DELIVERABLE: HEAT MAP & PRELIMINARY ANALYSES - SOCIOECONOMIC; OTHER POTENTIAL INFLUENCING FACTORS

YMCA will use data gathered from the accelerometers in concert with third party data to develop an activity heat map comparing PHD2's district activity levels vs. other communities in Snohomish County.

YMCA will provide PHD2 with an analysis detailing factors contributing to higher or lower levels of activity (ex. socioeconomic status, neighborhood walkability, availability of programs, etc.) so that PHD2 can evaluate possible policy and program improvements to address childhood obesity.

Gear Up & Go! Physical Activity Heat Map

A key asset created to make activity and engagement rates visible was the Physical Activity Dashboard commissioned by the Snohomish County Health Leadership Coalition and developed in partnership with Sqord. This PAD incorporates an online, real-time heat map of student activity levels across an entire county. The PAD is accessible to all participating Snohomish County schools.

With this PAD developed and a year of rich data, the initiative will work with teachers, principals and school district administration in 2014-15 to understand what most influences healthy levels of activity and engagement, share this information broadly, and facilitate ability of PE teachers and other educational professionals to collaborate and share practices with one another.

Edmonds School District - Elementary Boundary Map 2013-2014*

Elementary Schools

1. Edmonds
2. Allyn
3. Allyn
4. Allyn
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21. Allyn
22. Allyn
23. Allyn
24. Allyn
25. Allyn
26. Allyn
27. Allyn

K-8 Schools

28. Allyn
29. Allyn
30. Allyn

Middle Schools

31. Allyn
32. Allyn
33. Allyn
34. Allyn

High Schools

35. Allyn
36. Allyn
37. Allyn

J.F. Schools

38. Allyn
39. Allyn
40. Allyn

District Support Sites

- A. Allyn
- B. Allyn
- C. Allyn
- D. Allyn
- E. Allyn
- F. Allyn
- G. Allyn
- H. Allyn
- I. Allyn
- J. Allyn
- K. Allyn
- L. Allyn
- M. Allyn
- N. Allyn
- O. Allyn
- P. Allyn
- Q. Allyn
- R. Allyn
- S. Allyn
- T. Allyn
- U. Allyn
- V. Allyn
- W. Allyn
- X. Allyn
- Y. Allyn
- Z. Allyn

Administrative Center - Educational Services Center 4001

* Please Note: This map is for informational purposes only. It is not intended to be used for legal or financial purposes.

Gear Up and Go! External and Socioeconomic Factors

Organized community-level activity programs

YMCAs throughout Snohomish County, and Boys and Girls Clubs throughout the county, created a partnership of 41 community sync stations.


- Existence of organized after-school involvement in YMCA programs was associated with a significant increase in engagement and activity levels:
 - Overall, students who also participated in YMCA programs (and sync'd at YMCA branches) were 38% more likely than average countywide to record points associated with 60 minutes/day of vigorous activity.
 - 365 participants established new school-year memberships at the YMCA

Socioeconomic Factors

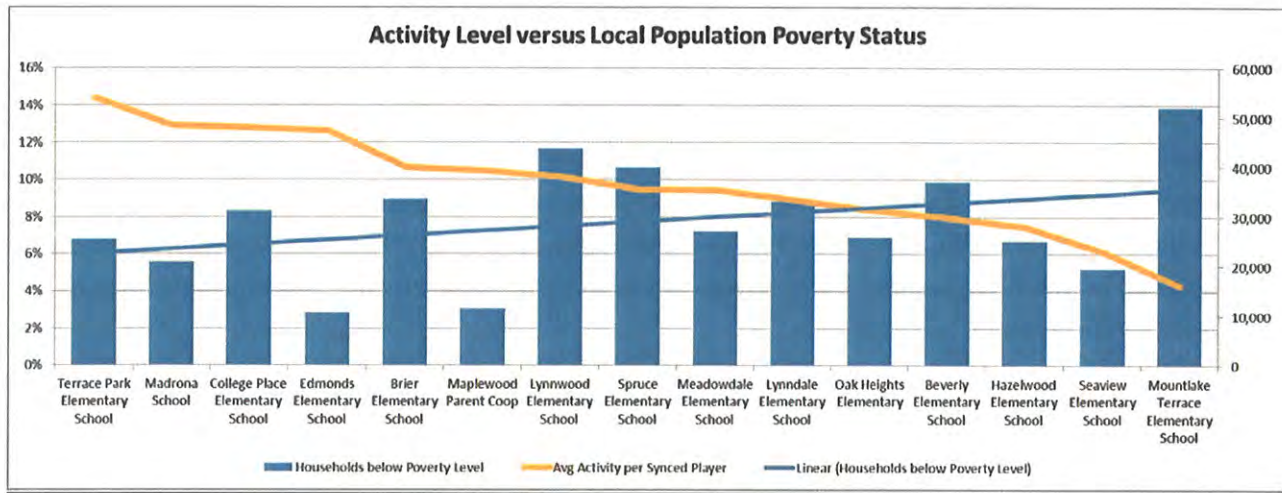
With assistance from actuaries at coalition partner Premier Blue Cross, *Gear Up & Go!* activity and engagement data were overlaid onto a range of factors listed in the figure below onto de-identified school-summary-level activity and engagement data. School-level rollups would require a strong correlation to be visible over more direct factors such as classroom environment, presence of school programs, etc. However, one preliminary finding is an inverse relationship between average daily activity levels and the prevalence of households in poverty in the vicinity of the school.

Linkage with Social Determinants, Academic Performance, other factors
Collaboration with Premier to explore impact of Social Determinants on average engagement, activity levels by school.
Exploring collaboration with School District Assessment leadership

| | |
|---|--|
| <ul style="list-style-type: none">• Walkability Index for school area• Distribution of education level• Race and/or Ethnic Group• Distribution of White/Black/Hispanic• Percent Blue Collar Workers• Percent White Collar Workers• Average Age of Homeowners• Length of Time At Address• Average Home Value• Average Household Income• Average Net Worth• Homeowner Status (Owner or Renter) | <ul style="list-style-type: none">• Distribution of Dwelling Type (Single Family, Condo, Mobile Home, Etc)• Average Number of Adults in Each Household<ul style="list-style-type: none">• Distribution of Adults by Age Range• Average Number of Children in Each Household<ul style="list-style-type: none">• Distribution of Children by Age Range• Percent of Households with a College Graduate• Percent of Households Likely to have Dual Incomes<ul style="list-style-type: none">• Dual Income Index• Distribution of Language Assimilation (How many Households have at least one person who can speak English) |
|---|--|

40

Initial scan of selected socioeconomic factors was undertaken using a vector analysis of all home addresses assigned to the nearest elementary school. This analysis does not necessarily reflect enrollment precisely but does make it possible to estimate patterns without requiring individual identification. Overlays of engagement and activity levels at the school level were compared with an array of socioeconomic and demographic factors, as follows, to determine potential areas for deeper exploration in the 2014-15 school year.

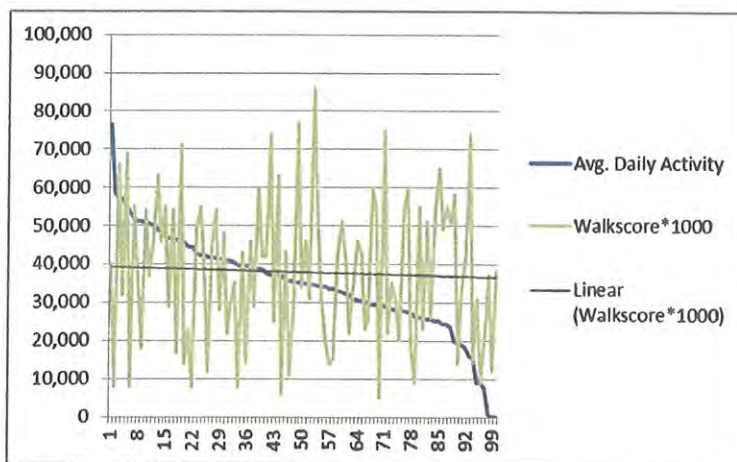
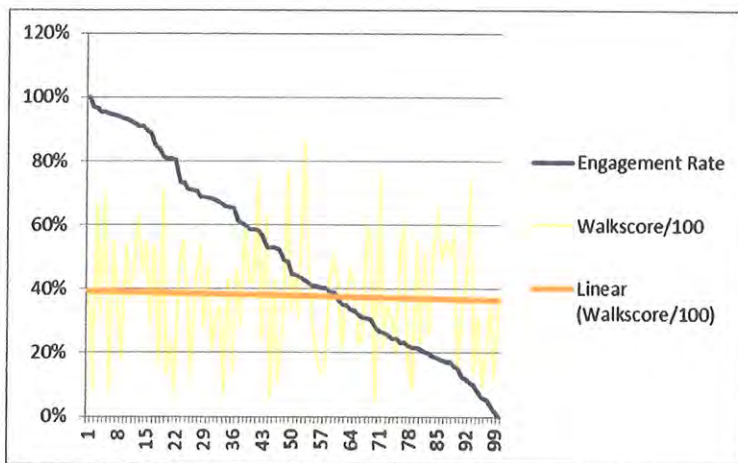


For example, Poverty exhibited a potential relationship even among a small number of schools in the Edmonds School District. Poverty rates averaged 6% in vicinity of the six schools with highest average activity levels vs. 9% in the lowest 2/3rds of schools. This may be of value in future as it may suggest that in the absence of abilities to address poverty levels, some schools with higher poverty levels may be closer to achieving optimal realistic outcomes than raw results suggest.

Walkability Index in vicinity of schools

For this measure, the coalition relied on publicly available data supplied by WalkScore.com, which uses a proprietary algorithm to index relative walkability of addresses throughout Snohomish County and much of the U.S. The WalkScore measure reflects the extent to which errands and activities of daily living are accessible in a reasonable walking distance. Our analysis relied upon the school address WalkScore. When comparing Walkability Index with Activity and Engagement rates across 100 schools countywide, we found a weak relationship between Walkability Index scores and Activity or Engagement. This warrants further attention but initial observations are that:

- Among factors influencing engagement and activity levels, general walkability in the vicinity of a school may overwhelmed by factors that more directly affect individual student activity and engagement, such as school programming.
- Walking and Biking to school may have a significant effect for individual participants but may not be occurring in sufficient numbers to affect school-level average activity levels at this time.



A pilot Activity tagging effort undertaken as part of this year's work suggests that in 2014-15 we may be able to summarize activity levels of students who report walking or biking to school, and quantify the

impact on overall activity levels. In preparation for this, the *Gear Up & Go!* team has done initial work identifying walkshed and bikeshed areas for all Edmonds district schools, to guide efforts we have initiated in developing a Bike-to-School program in Fall 2014, and potentially a Walking School Bus program based on school interest in 2014-15.

One sample is provided in the figure below. A full list of maps is available.

SAMPLE: CHASE LAKE COMMUNITY SCHOOL

WALKSCORE: 55 – SOMEWHAT WALKABLE; SOME ERRANDS CAN BE ACCOMPLISHED ON FOOT

(SOURCE: WALKSCORE.COM)

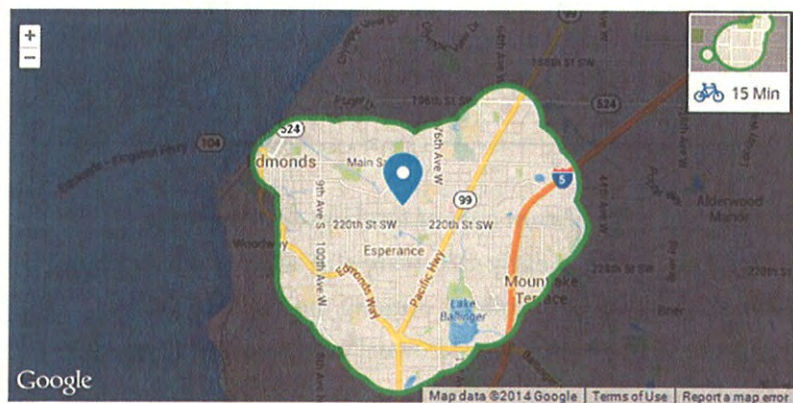
Travel Time Map

Explore how far you can travel by car, bus, bike and foot from 21603 84th Ave W.



Travel Time Map

Explore how far you can travel by car, bus, bike and foot from 21603 84th Ave W.



OVERALL COUNTYWIDE RESULTS/ INDEPENDENT EVALUATORS

The following report was produced by the Center for Community Health Evaluation, which independently evaluated the Gear Up & Go! initiative.

Methods

Sqord PowerPod data

When they are worn, the Sqord PowerPods generate information on movement/activity constantly. When a participant synchs, the last 3 days of hourly activity information are downloaded and recorded. This data yielded over 6 million hourly records on nearly 10,000 participants in year 1, which was used to create several metrics, including:

Activation:

- % synching at least once per month – basic measure of activation – how many kids are participating at the school
- % of time they are wearing the band during waking hours

Physical activity:

- Average hourly activity points when they are wearing the band

Teacher interviews

Semi-structured Key Informant Interviews were conducted with 6 teachers – from both successful and less successful schools – to get their views on what factors made the program work or not work in their school.

Principal survey

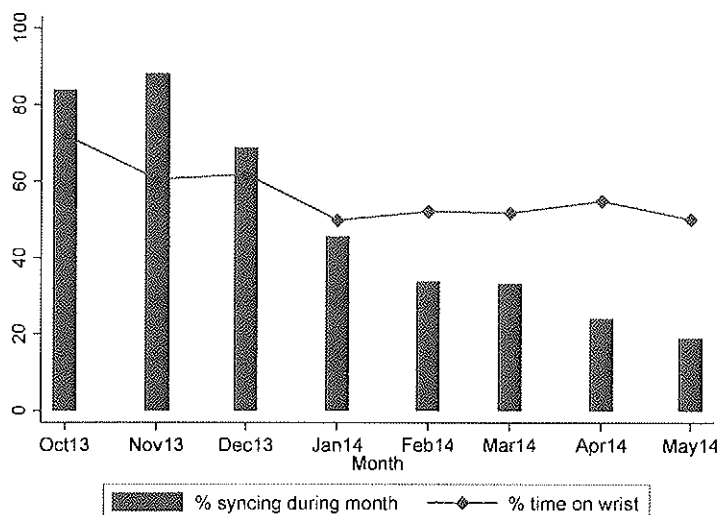
An online survey was conducted of principals in all of the participating schools to get their view of different dimensions of support, commitment and program success within their school. A total of 26 principals responded to the survey

Key Findings

Engagement

Initial high levels of engagement declined over time but a significant core of teachers and students remained committed throughout the year (see Figure 1 – bars). Nearly 40% were still actively participating (synching at least once per month) in March 2014, six months after rollout. Among the students who continued to participate, engagement (measured by how often they wore PowerPods) remained constant.

Figure 1. Engagement – Percent of participants syncing each month, % of time wearing band

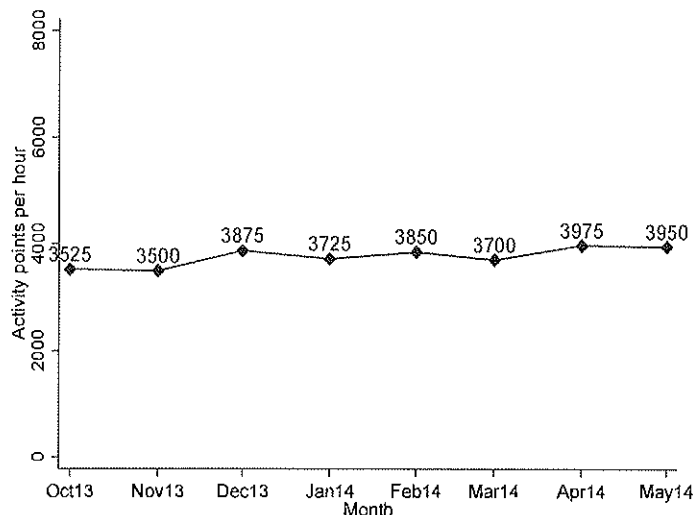


Physical activity.

The average amount of physical activity among participants increased by 12% over the course of the year (Figure 2 - average hourly points for the Fall rollout schools) – from just over 3500 points per hour in October 2013 to over 3900 in May 2014.

This likely understates the true amount of the increase since the first measurement was taken when participants were already receiving feedback on their activity levels (i.e., there was not a “true” baseline). In addition, studies show that physical activity normally *declines* within this age group. So even maintaining physical activity levels is a success.

Figure 2. Average activity levels



Program impact

We measured the impact of the program on individual participants by looking at whether more engaged participants had higher levels of hourly physical activity. Two measures of engagement were used: percent of time wearing the band during waking hours, and an index of syncing (how many hours were recorded through syncing as a percent of total hours).

Figures 3 and 4 show that there was a strong, consistent correlation between measures of engagement (e.g., syncing, wearing the band) and average activity points.

For example, participants who wore the band 75% of the time had 54% higher activity levels than those wearing it 25% or less (Figure 3).

And those in the highest category of syncing regularly had 17% higher activity levels than those in the lowest category (Figure 4).

This is not conclusive evidence, but it suggests that greater participation in the program results in more physical activity.

Figure 3. Average activity levels and engagement - % of hours wearing the band

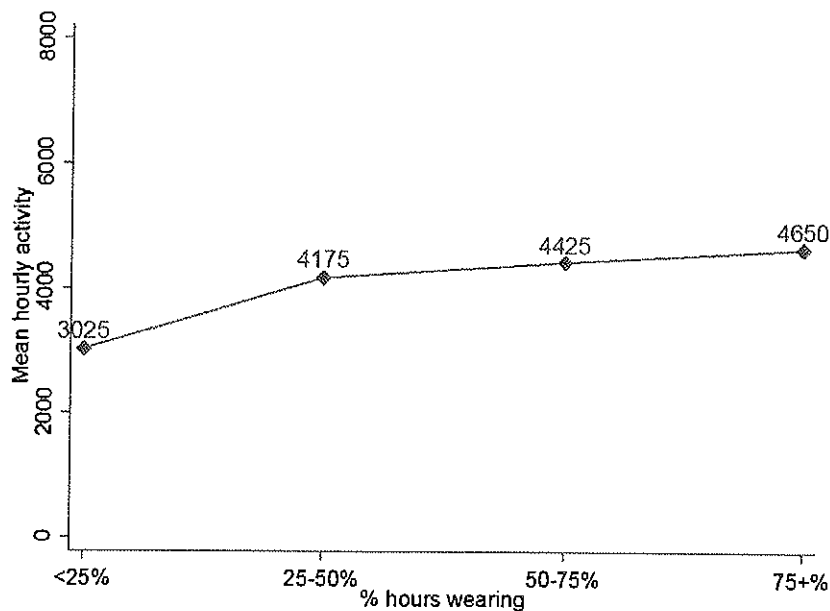
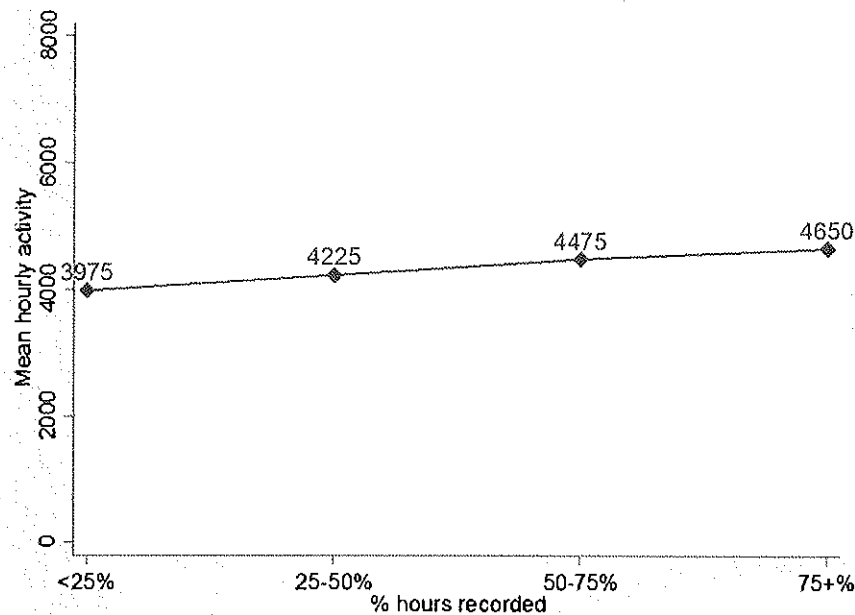


Figure 4. Average activity levels and engagement – index of frequency of synching



Success factors

Table 1 summarizes the results of the interviews with six PE teachers from successful and less successful schools. Themes are listed in the table if they were mentioned by at least two respondents, along with sample quotes from the interviews. Learnings from the interviews are being and will be incorporated into next year's rollout

Table 1. Themes around success factors from PE teacher interviews

| Themes | Quotes |
|---|--|
| School-level commitment | |
| <u>Successful schools</u> <ul style="list-style-type: none"> Highly engaged principals and 5th grade classroom teachers Teachers/principals consistently wear Sqords Weekly or bi-weekly challenges within the school (boys vs. girls, class vs. class, class vs. principal) Dedicated time for synching/challenge | <p><i>"My staff has been very supportive. We have five 5th grade classes and they've all been very supportive. I've done lots of competitions between classes, between different groups of kids, and between classes and teachers. I'm bought-in and I'm excited. So is the staff and the teachers. A lot of the teachers use it, too. They let their kids take time out of class to sync and talk about it...Our staff has been really great, and I think that's the key to why we've been so successful."</i></p> <p><i>"I definitely think that the more involved the teacher is, the more the kids are into it. There's one teacher in particular who competes with me all the time. He's really competitive, and that rubs off on his kids. His encouragement has been really helpful."</i></p> <p><i>"I think that our principal is really excited about it. We have a friendly competition</i></p> |

| Themes | Quotes |
|--|---|
| <p>participation</p> <p><u>Less-successful schools</u></p> <ul style="list-style-type: none"> Less engaged principals Inconsistent attention to <i>Gear Up & Go!</i> by PE teachers | <p><i>between each other, and getting the other teachers involved has been really fun, too. We're doing challenges like teachers vs. kids and boys vs. girls. We got Sqord for the other teachers, too. It has created a new level of excitement."</i></p> <p><i>"I feel that my principal supports us in theory, but I have to beg and borrow equipment from other schools. I don't have a lot of equipment to work with."</i></p> <p><i>"When they (Sqords) come, it was very exciting for the first two weeks... For two weeks the kids were very motivated. As time went on, I didn't use it well as a teaching tool. Not doing the challenges consistently and stuff. The kids were disappointed it didn't do all the things they thought it would."</i></p> |
| District-level commitment | |
| <p><u>Successful schools</u></p> <ul style="list-style-type: none"> District-level support in the form of policies intended to devote time/resources to <i>Gear Up & Go!</i> <p><u>Less-successful schools</u></p> <ul style="list-style-type: none"> PE teachers not taking advantage of district resources and opportunities to support <i>Gear Up & Go!</i> | <p><i>"The district decided all 11 (elementary schools) should participate. That was a really good sign of support of physical activity by our district. We get waiver days to go observe other teachers in our district and other districts. They always want us pushing forward with our professional development."</i></p> <p><i>"I'd say in a general sense they're supportive of PE. We've worked on a 'focus on fitness' grant, and they were supportive of that."</i></p> <p><i>"Last year we did a big push to get elementary schools up to 100 minutes per week of PE instruction as required by law. We've increased from 50 minutes per week to 100 minutes per week. The district drove that effort."</i></p> <p><i>"District-wide, I think opportunities are provided between PE teachers, but I don't think we use them very well. People don't show up and when they do, there's a lot of complaining."</i></p> <p><i>"I'm not a big 'program person'. I get lost in the paperwork and e-mails, and I'm just not into that. We participate in GUAG, but we were told we had to do it."</i></p> |
| School participation in other PA programs | |
| <p><u>Successful schools</u></p> <ul style="list-style-type: none"> Participate in other programs (Move 60, YMCA, Dairy Council Programming, National Association for PE and dance) <p><u>Less successful schools</u></p> | <p><i>"The school has an option for after-school YMCA day care. We don't participate in any</i></p> |

| Themes | Quotes |
|---|---|
| <ul style="list-style-type: none"> Not affiliated with other PA programs | <p><i>other specific programs."</i></p> <p><i>"No, I just touch on the subject with kids about the need to be active and fuel up properly to have good energy. We just encourage them to be active whether they have PE that day or not."</i></p> |
| PE Teacher perception of success factors and/or barriers | |
| <p><u>Success factors</u></p> <ul style="list-style-type: none"> In-school competitions consistently presented to students. PE teacher has strong administrative skills Easy access to Sync stations and dedicated time for Syncing Classroom teachers really involved Engaged principal provides legitimacy and permission to spend time/energy Prizes/incentives for students (Rewards are not always for most points; Sometimes for most-improved, most-consistent, etc.) Alternate-color Sqords and home SyncStations are highly sought-after prizes GUAG Lead does all set-up (activation, | <p><i>"I'm consistent. I do all of this weekly and with enthusiasm. I do class competitions. We've done boys vs. girls. Four out of five times the girls won and the boys were devastated."</i></p> <p><i>"I used to be a classroom teacher, so running through the management system during the day is a skill I have that not all PE teachers have."</i></p> <p><i>"We have one in every 5th grade classroom. There's one in my (PE teacher's) office in the gym and kids can come in any time. One in the library, too."</i></p> <p><i>"The 5th grade teachers are supportive by allowing them (students) to come to the gym and sync."</i></p> <p><i>"They (classroom teachers) have been supportive by participating and Syncing themselves and encouraging their kids. They've supported by letting me have winning kids for special time celebrating them. They let the kids Sync at least once a day. They've been very supportive."</i></p> <p><i>"It was motivating to see who could get the most points over winter break, and there was a prize on the line. They loved winning the winter competition and I was happy to get a lot of families there to celebrate with us."</i></p> <p><i>"I found one area we could focus on like number of Syncs in a week or super active hours. I would track those things and post them and put leaders' names in a hat for a drawing. Water bottles or stickers. Just little things, but they seem to work. When Sqord sends samples of pink and blue ones, I can use those for prizes."</i></p> <p><i>"I've been passing out the colored Sqords we got to kids with the most points and the most improved. We got two blue and two pinks. They love those."</i></p> <p><i>"I did it because I wanted control of user names and passwords. We set up a station in the gym and I was able to do all classes within 45 minutes and had all kids up and running</i></p> |

| Themes | Quotes |
|---|--|
| <p>passwords, etc.)</p> <ul style="list-style-type: none"> • Tech support from Sqord is helpful • YMCA memberships are a big deal <p><u>Barriers</u></p> <ul style="list-style-type: none"> • Weak support from principal or teachers • Lack of technology • Student engagement consistently declines over time (wearing Sqord, Syncing, checking progress, etc.) • Need some replacement PowerPods at no charge for economically challenged kids at teacher's discretion • Graphics on website not sophisticated enough • Inter-school challenges not effective motivators | <p><i>within two days of getting the equipment. It was really easy for me. They (students) give me their information, I set it up, and we're good to go."</i></p> <p><i>Erin has been wonderful. And Carly has been very supportive. I send lots of questions, and they've always responded quickly and helped me out. I feel like they really listen and look for ways to make improvements."</i></p> <p><i>"I think it's really important to get the classroom teacher involved. Schools that sign up should send at least one 5th grade teacher along to the trainings. As PE teachers we're not the heart of the building or educational process. It's hard to have a lot of pull. Maybe even get the principal more involved up front."</i></p> <p><i>"We're lacking in technology. There's one computer the students can use in the PE teacher's office, and a laptop that I put out in the gym in the morning. None anywhere else in the school."</i></p> <p><i>"For students without computers at home, it's more of a challenge and harder for them to stay engaged outside of school."</i></p> <p><i>"Everyone seemed initially to be excited, but it definitely waned. They're 5th graders and need lots of reminders to wear their Sqords."</i></p> <p><i>"Part of it is my lack of consistency of making sure kids wear them. Getting them to wear it permanently is a challenge. I even find it challenging as a teacher. And the luster just wears off some, you know?"</i></p> <p><i>"My opinion, based on talking to the kids (we have about 130 5th graders), was that they didn't like the program on the computer. They used to play a game called "Club Penguin" where you could earn points and personalize your penguin's world. For the Gear Up and Go! Avatar, it wasn't cool enough. There wasn't enough sophistication with the software, and the kids were just not impressed."</i></p> <p><i>"I don't think the school to school challenges were very motivating for them. They don't really care about other schools. They responded more to challenges internal to our program."</i></p> |

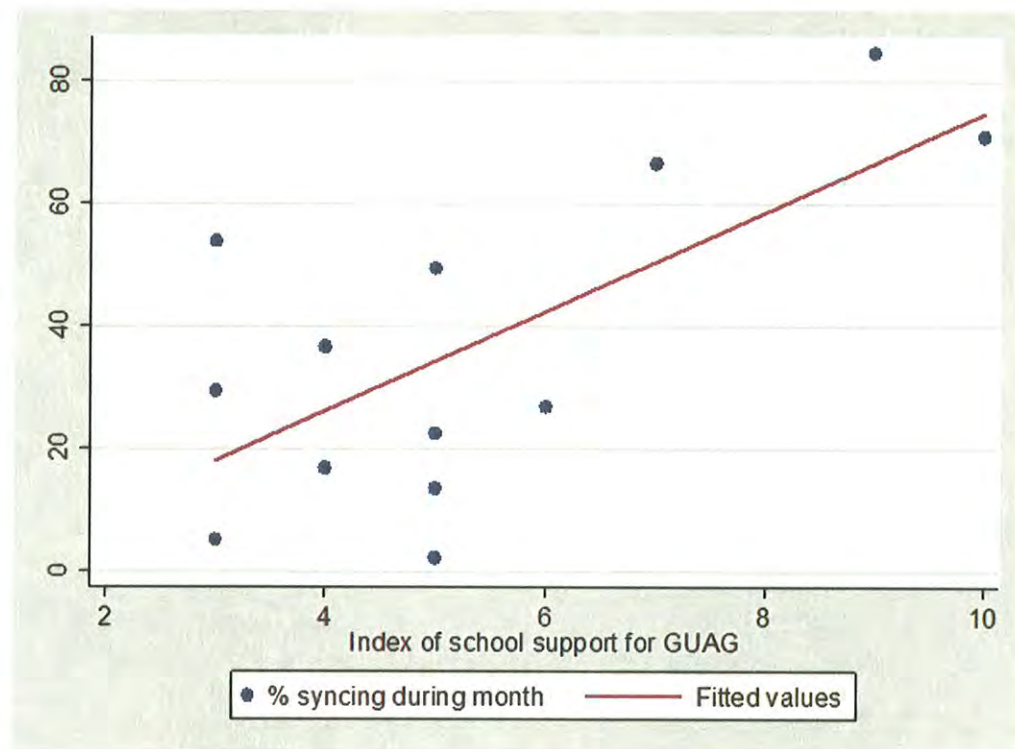
Snohomish County Elementary Principal survey

Another look at success factors came from an online survey of principals. They were asked a series of questions around how supportive the environment within their school was for the program in year 1, including support from school leadership, as well as from PE teachers, classroom teachers and other staff.

We created a simple index of the school environment from the survey questions and found that it correlated positively with observed year 1 participation rates (% of students synching each month in March 2014 – six months into the program).

Moving forward we will both (1) continue to survey principals (and other staff) to measure their school environment; and (2) use survey findings and other participation data to identify critical success factors that need to be present to encourage high levels of future participation.

Figure 5. School support vs. program engagement (% synching during March 2014)





Palliative Care / Advance Care Planning

Progress Report #1 for Verdant Service Area

Period: Initial 12 months of 18-month program, July 2013-June 2014

Prepared by the Snohomish County Health Leadership Coalition for
Verdant Health Commission

August 2014

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OVERVIEW

Snohomish County Health Leadership Coalition (SCHLC) launched the 2013-2014 Palliative Care/Advance Care Planning initiative in July 2013 with grants from Verdant Health Commission (PHD2) and other coalition funders. Verdant is an innovative leader focused on improving wellness across its communities in southwest Snohomish County. Verdant Superintendent Carl Zapora is a cofounder of the SCHLC and member of its governing steering committee

PROGRAM DESCRIPTION: Palliative Care/Advance Care Planning Initiative

Program will directly support establishment of a proof of principle model for an integrated, community-based, self-sustaining Palliative Care consumer- and physician/ARNP-education program in Snohomish County, Washington. In addition to creation of a community asset for the Verdant Commission service area, this will directly support physician and consumer education efforts via Edmonds Family Medicine, Senior Services of Snohomish County's new South County Senior Info & Assistance Program at the Center for Healthy Living, and other local organizations.

PROGRAM NEED: Inadequate Palliative Care & Advance Care Planning

While our community's senior population is relatively much smaller today than the state or nation, our senior population will grow ~30% faster than the nation as a whole. Palliative and end of life care are not well developed. Multiple organizations are pursuing independent courses. Snohomish County is without an integrated model that puts consumers in control of their healthcare in line with their values. A coalition initiative aims to help citizens take control of their healthcare and costs in line with their own values. Lead organizations include Edmonds Family Medicine and SSSC's new Ctr for Healthy.

INITIATIVE: Palliative Care/Advance Care Planning

1. Educating 1,500 consumers in end of life care planning (unifying divergent efforts), including via Edmonds Family Medicine & SSSC Center for Healthy Living
2. Produce 300 advanced directives (20% rate within 6 months of classes – by June 30, 2015)
3. Educate 130 physicians and ARNPs (~15% of target specialties) to facilitate advanced care planning and palliative care discussions with patients; including up to 30 (25%) from Edmonds Family Medicine.
4. In the process, begin to create and validate a working model that can be taken to scale longer-term to achieve a national-best-practice level goal of 80% of target-age county residents with advanced directives, associated with ensuring comfort, peace of mind, pain reduction, end of life healthcare wishes respected, and an estimated 10-13% reduction in community costs of healthcare.

IMPACT MEASURES:

- Number of consumers, physicians/ARNPs and other medical professionals trained
- #/% of consumers who report completion of advanced directives within 6 months of sessions.
- Compare effect in Verdant District to County overall & identify influencing factor.

12-MONTH PROGRESS REPORT

SECTION 6.1: ESTABLISH ADVANCE CARE PLANNING INITIATIVE

YMCA will establish a Palliative Care Initiative to educate consumers and health care providers about end of life care planning so patients' healthcare wishes are respected

Overview of progress to date

- The initiative strategy was to create a community-based, self-sustaining model that creates and builds on capacity in the community with the ability to scale up from pilot objectives to a full 'production' scale over three years.
- In the initial 12 months, the initiative has:
 - Created an SCHLC Palliative Community Advisory Council (see [Appendix A](#))
 - Verdant territory Advisory Council members include Edmonds Senior Center, Trinity Lutheran Church, Swedish Medical Center - Edmonds, Edmonds Family Medicine, Snohomish County Senior Services via Center for Healthy Living in Lynnwood, and Holy Rosary Catholic Church.
 - Connected Coalition initiative with statewide efforts
 - Coalition Advisory Council co-chair Joanne Roberts, MD, CMO Providence Medical Center Everett, chairs the statewide "Honoring Choices" initiative sponsored by the Washington State Medical Association and Washington State Hospital Association, and sits on the Bree Collaborative.
 - Coalition Steering Committee co-sponsor Rev. Eileen Hanson sits on the statewide WSMA/WSHA initiative curriculum development team
 - Created community alignment around common objectives; shared measurement system
 - Developed a uniform set of Desired Outcomes (see [Appendix B](#))
 - Desired Outcomes vetted by a cross section of community representatives from senior services, faith community, YMCAs, healthcare and employers.
 - Outcomes translated into a participant evaluation/survey (Appendix B) which is being used in all Respecting Choices education courses.
 - Inventoried existing ACP course offerings for consumers and healthcare professionals from multiple sources, and tracking attendance (see Section 6.2 and 6.3 below)
 - Secured a community-based curriculum asset
 - Gunderson Institute's Respecting Choices program materials, with a 5-year license owned by the Coalition and available to the communities we serve.
 - Established a volunteer facilitator plan and resources
 - Initiative co-chair Rev. Eileen Hanson (Trinity Lutheran Church, Lynnwood) has developed a volunteer facilitator network, training plan and implementation plan on behalf of the coalition.

- The coalition has covered costs for Rev. Hanson to become Gunderson-Institute certified, and she has a three-year license and commitment to serve as training director for this program in Verdant territory and countywide.
- Established a volunteer network for physician and consumer training:
 - Gunderson Institute Certified Trainer: [1]
 - Consumer facilitators: [15]
 - Includes 3 from Verdant territory
 - Physician trainers: [3]
- Created website resources to support consumers and volunteers:
 - General consumer information (www.snocohealth.org/palliativecare)
 - Volunteer network website (www.snocovolunteers-acp.org)
- Created online relationship management system
 - CRM system is managed by screened volunteers reporting directly to Rev. Hanson.
 - Supports consumers from initial interest through establishment of advance directives
- Developed Uniform Consumer Evaluation/Survey instruments ([see Appendix C](#))
 - Initial step in shared measurement system allowing diverse curricula to uniformly track progress based on a common agenda.
- Established processes for planning/managing training events and follow-up
- Assessed and compiled evaluation results framework from multiple sources ([see Appendix D](#))
- Working with curricula owners to implement coordinated program evaluation based on community-endorsed Desired Outcomes for MD and consumer training.

Consumer-education Curriculum assets

Two-hour group session / up to 20 people

An introduction to advance care planning, including the documents that can record individual preferences for the care desired through end of life. A trained facilitator leads these classes with an option for follow-up assistance. Sessions are hosted by a variety of local community or medical locations including The Everett Clinic, Group Health locations, YMCA branches, senior centers, and churches. These locations (**Verdant area highlighted**) have hosted or plan to host sessions in 2013-2014:

- Bothell: Northshore Senior Center
- Edmonds: Edmonds Senior Center
- Edmonds: Edmonds Family Medicine
- Edmonds: Holy Rosary Catholic Church
- Edmonds: Edmonds / Sno-Isle Public Library
- Everett: The Everett Clinic
- Everett: Gipson Senior Center
- Everett: YMCA of Snohomish County
- Group Health Cooperative (multiple locations in Snohomish County)
- Harbor Pointe: Pointe of Grace Lutheran Church
- Lynnwood: Center for Healthy Living (Senior Services of Snohomish County)

- Lynnwood: Trinity Lutheran Church
- Marysville: YMCA of Snohomish County
- Mill Creek: YMCA of Snohomish County
- Monroe: YMCA of Snohomish County
- Mountlake Terrace: Puget Sound Kidney Center
- Mountlake Terrace: Mountlake Terrace Senior Center
- Mukilteo: YMCA of Snohomish County
- Snohomish: Snohomish Public Library (Sno-Isle Public Libraries)
- Stanwood: Stanwood Senior Center

Individualized consultation for community citizens

A one-hour individualized or small-group consultation with an experienced clinician or a living will facilitator. An appointment is set up with the clinician where tools are presented, and completed by the end of the appointment. These locations (Verdant area highlighted) have hosted or plan to host sessions in 2013-14:

- Edmonds: Swedish Medical Center
- Lynnwood: Trinity Lutheran Church

Classroom session followed by 1:1 Consult

A collaborative approach class is under development by Swedish Medical Center – Edmonds and SCHLC coalition project team, which blends curricula currently in use: the two-hour “Respecting Choices” curriculum in a classroom setting, followed by an optional individualized consultation using the Swedish-Edmonds model. Scheduled for piloting in Q4. These locations (Verdant area highlighted) have hosted or plan to host sessions in 2013-14:

Multicultural program design (Korean, Filipino, Vietnamese, Chinese, Hispanic, Slavic, Bhutanese)

A SCHLC coalition initiative has convened multicultural outreach staff at Senior Services of Snohomish County, along with representatives from Providence Hospice, Providence Senior and Community Services to develop curriculum tailored to unique needs of ethnic communities we serve. Because of the many taboos, superstitions, and cultural practices around end-of-life care and death and dying for these different groups, there is a need to specifically tailor any education and trainings to address those issues. The team is developing a strategy to offer trainings and education using this information to the specific groups served by Senior Services (Korean, Filipino, Vietnamese, Chinese, Hispanic, Slavic, Bhutanese). Initial course(s) will be piloted in Q4 and serve as a foundation for expansion in 2015. These locations (Verdant area highlighted) have hosted or plan to host sessions in 2013-14:

- Lynnwood: Center for Healthy Living (Senior Services Snohomish County)

Health Professional Curriculum assets

CME Course for professional clinicians

A two-hour session for primary care physicians, specialists, and staff who care for seriously ill patients. Course has been developed by Elizabeth Marshall, MD, at The Everett Clinic. Facilitation is not voluntary: the coalition is paying \$500 per course for two physician facilitators at this time.

Coursework focuses on the special role healthcare professionals play in ensuring that patients get only the care they want and need. Clinical facilitators provide tested tools to ensure excellent care for patients with severe, advanced illness – including a good death guided by the patient's values and wishes. The session is held at a clinician-friendly time and place, typically coordinated around a meal-time, and CME credits are provided to all attendees. These locations have hosted or plan to host sessions in 2013-2014:

- Edmonds: Edmonds Family Medicine
- Everett: The Everett Clinic
- Monroe: Providence Medical Group
- Mountlake Terrace: Puget Sound Kidney Center

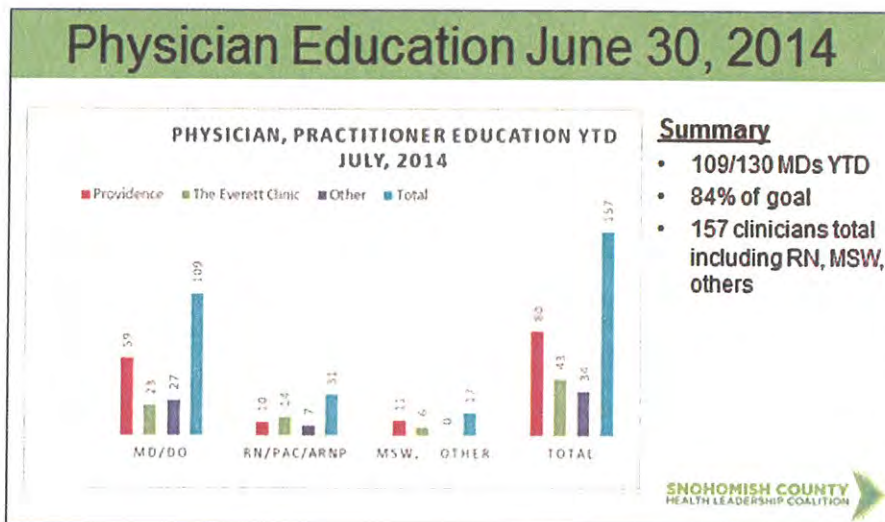
SECTION 6.2: CLINICIAN TRAINING

YMCA will use its best efforts to train at least 30 physicians and ARNPs that practice in PHD2's district on end of life issues and advanced care planning.

Physician/clinicians trained

Verdant Health Commission territory

- Goal through 12/31/2014: 30 MDs
- Actuals through June: 19 MDs (63% of goal to date); 26 clinicians total including 7 ARNPs.
- Current projections for year-end: 24, with best efforts to reach 30.



Countywide

- Goal through 12/31/2014: 130 MDs
- Actuals to through June: 109 MDs (84% of goal); 157 clinicians total including RNs, MSWs, others.
- Current projections for year-end: >130 MDs countywide.

SECTION 6.3: CONSUMER EDUCATION

YMCA will partner with community organizations in PHD2's district to provide consumer education training on end of life care planning. YMCA will use its best efforts to train at least 375 consumers from PHD2's district, and will track the number of advanced care directives put into place by training attendees. YMCA will use its best efforts to reach a population of consumers that reflects PHD2's diverse population.

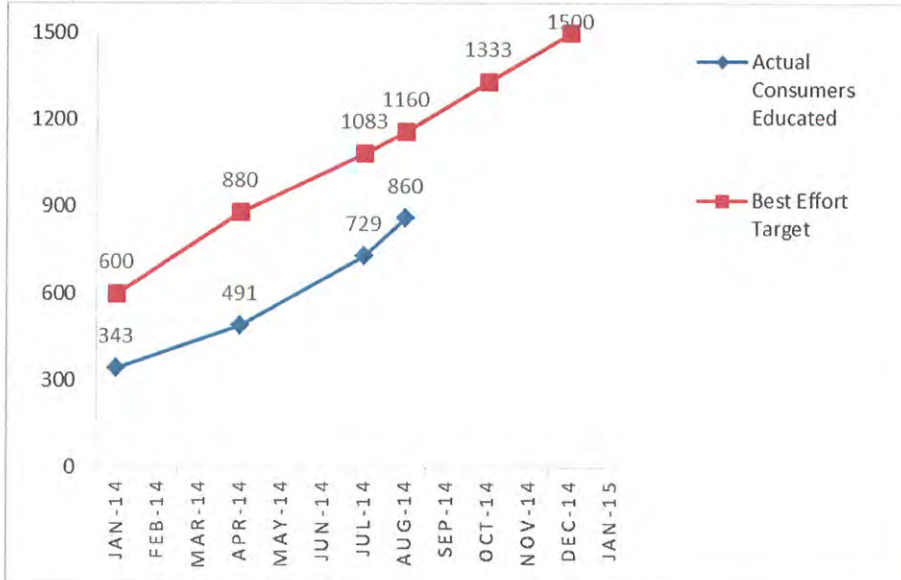
Consumers educated

Verdant Health Commission territory

- Goal through 12/31/2014: 375
- Actuals to date: 313 (84% of goal)
- Current projections for year-end: Exceed goal of 375; potential for over 700 with best efforts as emphasis shifts from creating program and trainer capacity to producing trainings going forward.
 - Projected through year end:
 - Faith Community: up to 250
 - Senior Services sector: ~ 60
 - Healthcare sector: up to 200

Countywide

- Goal through 12/31/2014: 1,500
- Actuals to date: 860 (74% YTD Target; 57% of 12/31/2014 goal).
- Current projections for year-end: 1,300+ countywide.



APPENDICES

Appendix A: Community Advisory Council

Chairs

- Joanne Roberts, MD, CMO
Providence Regional Medical Center
Co-Chair, Community Advisory Council
- Tina Turner
Senior Internal Consultant, Premera Blue Cross
Co-Chair, Community Advisory Council
Interim Strategic Program Manager
- Elizabeth Marshall, MD,
The Everett Clinic
Advisory Council Chair, Physician Education & Standards

Council Members

- Paula Beatty
Independent Health and Wellness
Edmonds, WA
- Suzanne Bigelow, MD
North Sound Emergency Medicine
- Allen Cheadle
Group Health Research Institute
- Cathe Clapp, RN, MN
Director of Nursing, Swedish Edmonds Medical
Center
- Hans Dankers, MD
Retired Physician
- Woody English, MD
Providence Oregon
- Arthur Grossman, MD
Retired Physician
- Sharmon Figenshaw, ARNP
Providence Medical Group
- Velda Filzen, RN, BSN, CHPN
The Everett Clinic
- Jeff Hambleton, MD
Providence Medical Group
- Kari Hayden, CCP, Health Coach
Premera Blue Cross
- Lori Hermansen, RN
Director, Providence Hospice & Home Care
Snohomish
- Terri Huffer
Health & Well Being Coordinator, YMCA Mill
Creek
- Abbi Kaplan
Abbi Kaplan, Co.
- Dan Kent, MD
Premera Blue Cross
- Tao Kwan-Gett
UW School of Public Health
- Rob Luck
Director, OR Region Palliative Care & Connections
Providence Health & Services
- John Neimitz
Strategic Management, Providence Health &
Services
- Michelle Reitan, MSW
Edmonds Senior Center Clinic
- Bruce Smith, MD
Group Health
- Richard Stewart, DSW
Professor Emeritus Univ. of WA

Appendix B: Community-endorsed Uniform Desired Outcomes

| Outcome | Survey Questions | Timing |
|---|--|--------------------------------------|
| Identified relevant personal values and goals if facing a serious illness or advanced disease, including emotional, spiritual and physical/medical goals. | I have completed a list of what's most important to me if I face a serious illness or an advanced disease (<i>Response choices: Yes, I've completed a list; No, but in progress of writing one, No, have not started one</i>) | End of class survey 60 day FU |
| Identify your preferences for the types of medical care you want if faced with a serious illness. | I have made choices regarding options for the following types of care: (<i>Response choices: Yes made choice and am comfortable; Yes made choice but not comfortable yet; No have not made a choice yet</i>) <ul style="list-style-type: none"> • Palliative care • Hospice care • CPR • Artificial respiration • Artificial nutrition • Artificial hydration • Antibiotics | End of class survey 60 day FU |
| Understand that to get medical care in line with priorities requires communication, documentation, and advocacy | I understand I need to do the following to set up my plan (<i>Response choices: Understand, no questions, understand, have questions, and no I don't understand</i>) <ul style="list-style-type: none"> • Talk with my loved ones, friends, family and medical care team about my wishes. • Identify a person to advocate for me if I can't to loved ones and medical team • Document my wishes in writing | End of class survey 60 day FU |

| <i>Outcome</i> | <i>Survey Questions</i> | <i>Timing</i> |
|---|--|---|
| Taken actions to ensure end of life medical care will reflect personal values | <p>I have taken the following actions (Yes/No):</p> <ul style="list-style-type: none"> • Communicated wishes w/ loved ones • Communicated wishes w/ my medical team • Created a Durable Power of Attorney naming my advocate to speak for me if necessary • Created an Advance Directive (Living Will & POLST - (Physician Orders for Life Sustaining Treatment)) • Shared advance directives with loved ones • Shared advance directives with medical team | <p>End of class survey</p> <p>60 day FU</p> |
| Barriers to making end-of-life plans (use for future program development) | <p>My current barriers to my having a conversation with my loved ones: (check all that apply):</p> <ul style="list-style-type: none"> • Unsure of what I want • Family members don't want to discuss • My family members and I disagree • I've put it off for a while/don't know how to start • Other barrier _____ <p>My current barriers to completing forms: (check all that apply):</p> <ul style="list-style-type: none"> • I don't have the forms • Don't understand forms • Family and I disagree • I had questions about the concepts • I've put it off for a while/don't know how to start • Other barrier _____ | <p>End of class survey</p> <p>60 day FU</p> |
| Received opportunities to address questions in class and supplemental support (including spiritual assistance) as needed following the class. | <ul style="list-style-type: none"> • Please note any key questions you didn't get answered in class • Please note anything else you think should be added/changed about this class • Would you like to speak confidentially with your facilitator at a later date?(Yes/No) | <p>End of class survey</p> <p>60 day FU</p> |
| Demographics, contact information | <p>Name</p> <p>Email (to be used to send 60 day follow up survey only)</p> <p>Phone number (to be used if they would like to have facilitator contact them)</p> | <p>End of class survey</p> <p>60 day FU (name only)</p> |

End of Class Survey

SNOHOMISH COUNTY
HEALTH LEADERSHIP COALITION



Thank you for your time today!! You're part of an important pioneering effort in Snohomish County. Please take a few minutes to fill out this feedback form today. Your feedback will help us improve the session for others.

1. Do you understand what to do to set up your plan?

| | I Understand, No questions | I Understand, Have questions | I Don't Understand |
|--|---------------------------------------|---|---------------------------------------|
| Make a list of what's important to me in serious illness/advanced disease | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Talk about my wishes with loved ones, friends, family & medical team | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Identify someone to advocate for me to loved ones & medical team if I can't | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Document my wishes in writing | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

2. Have you decided yet whether or not you want these options? (It's ok if you haven't!)

| | No decision Don't understand | No decision Have questions | No decision No Questions | Tentative Decision | Definite Decision |
|----------------------------|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Palliative care | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Hospice care | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| CPR | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Help with breathing | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Tube feedings | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Antibiotics | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

3. Have you taken these steps? (If not, don't worry; that's what this class is for!)

| | Yes Complete | Yes In process | No but I intend to | No not sure yet |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Make a list of what's important to me if I face a serious illness or advanced disease | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Discuss values with loved ones | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Discuss values with my medical team | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Created a Durable Power of Attorney naming my advocate to speak for me if necessary | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Created an Advance Directive Living Will | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Completed an Physician Orders for Life Sustaining Treatment (POLST) with my doctor | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Given a copy of forms to loved ones | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Given doctor advance directive forms to put into medical record | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

4. Please list barriers you've had to conversations about this topic: (check all that apply)

| | Barrier to talking to loved ones | Barrier to talking to Physician | Barrier to Filling Out Forms |
|------------------------------------|--|---------------------------------------|---------------------------------------|
| I'm unsure of what I want | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| I don't know how to start | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| I didn't understand the topics | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| They don't want to discuss with me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | N/A |
| We have different points of view | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | N/A |
| I didn't have the forms | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Other _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

5. Is there anything we could do to help you move past any of these barriers?

6. Please note remaining questions, or anything we might add/change about this class:

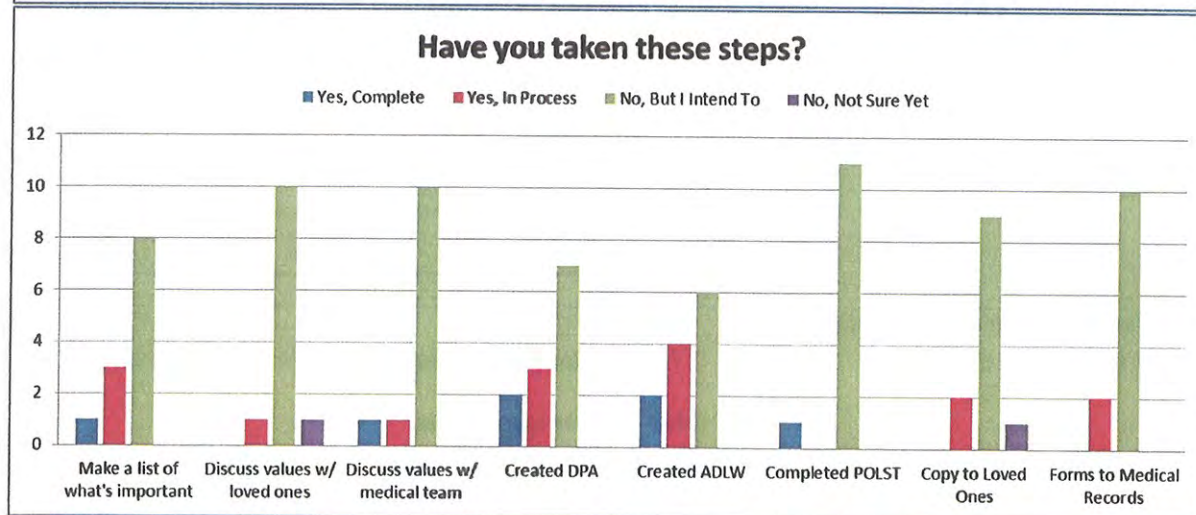
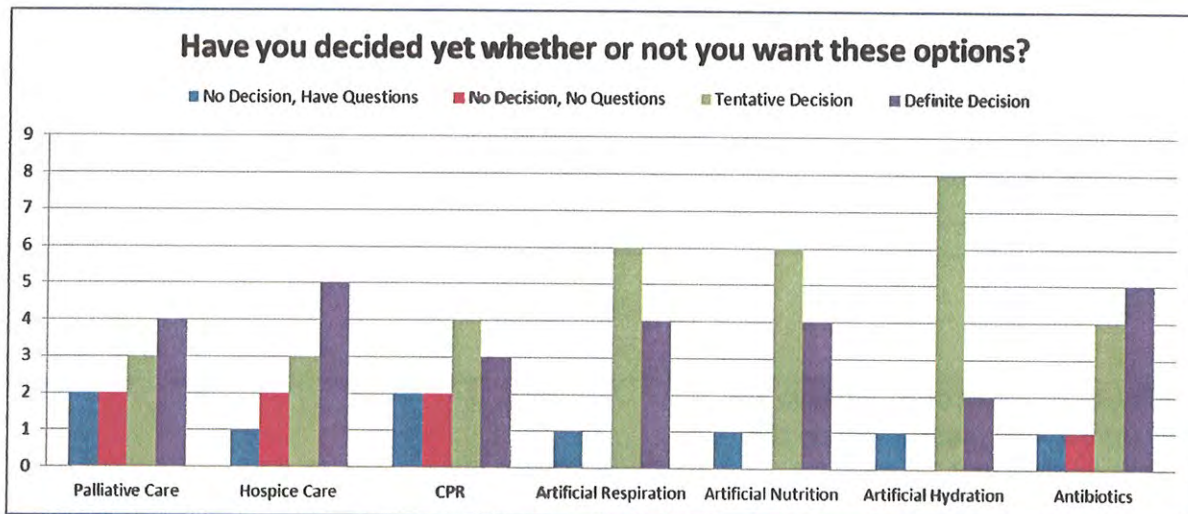
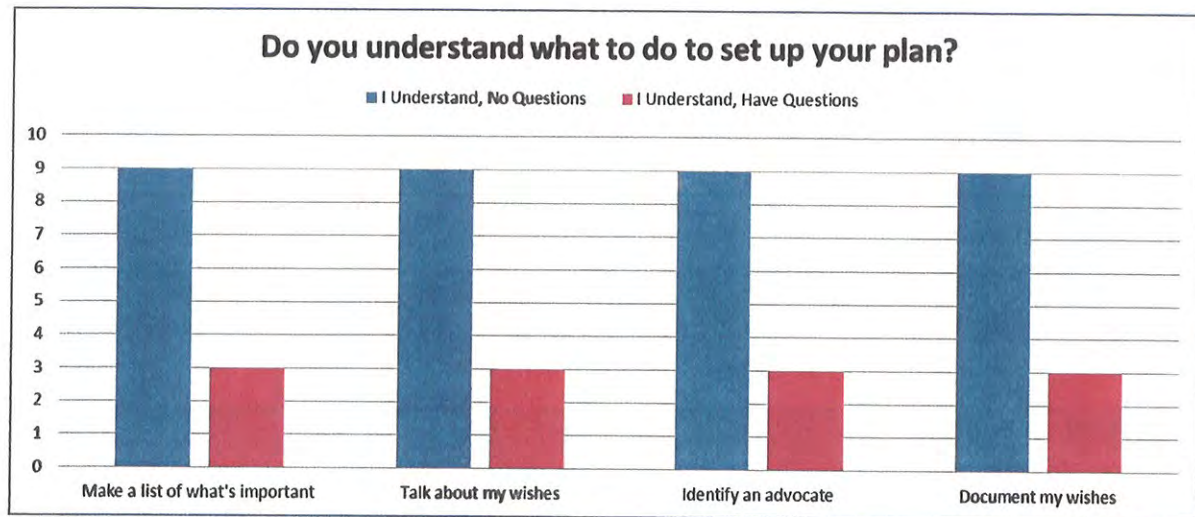
7. Please rate this class:

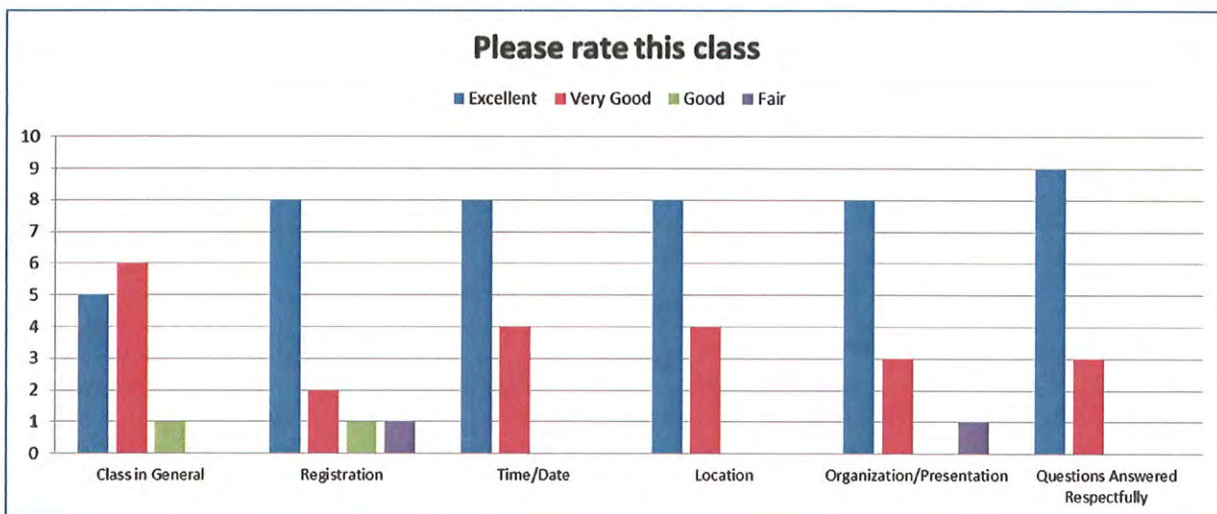
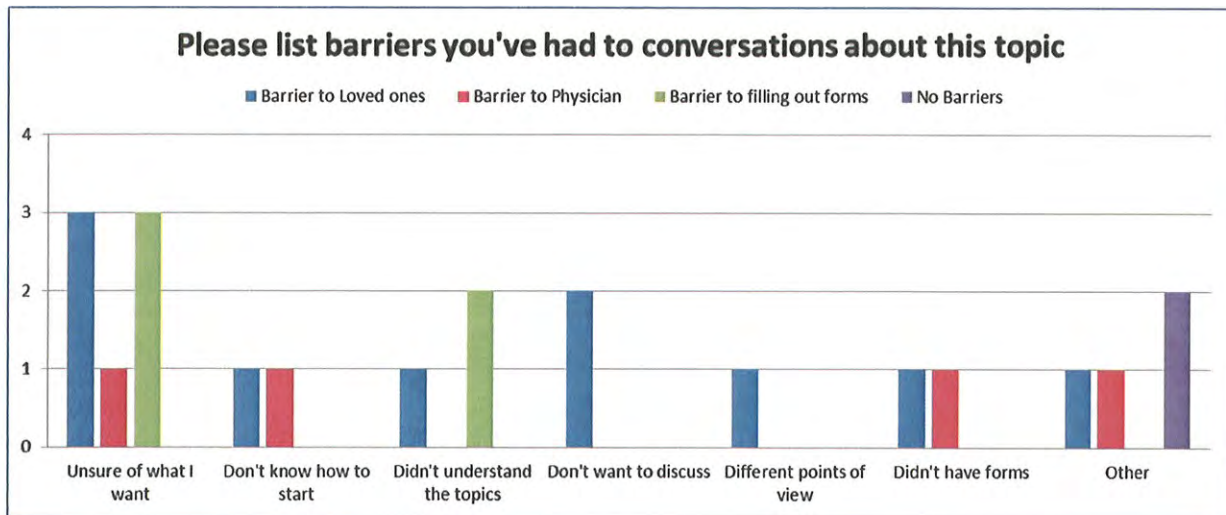
| | Excellent | Very Good | Good | Fair | Poor |
|---------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| The class in general | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Registration/sign-up process | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Time/day the class was offered | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Place where the class was held | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Organization and presentation | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Questions answered respectfully | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

| | |
|---|---|
| What is your name? | |
| We would like to contact you in 60 days for a follow up survey: please include the best way(s) to contact you | Email _____ Phone (____) ____-_____ Address _____ _____ |
| Would you like to speak confidentially with the facilitator at a later date? | <input type="checkbox"/> Yes contact me (please provide phone # above) <input type="checkbox"/> No further questions |

THANK YOU VERY MUCH!!

Appendix D: Example of Class Evaluation Results (Raw Counts)





Snohomish County Health Leadership Coalition | Q4 Incremental Budget; Full Year 2015 Budget; 2016 School Initiative runout only

| Q4 2014-2016 Budget & Funding Sources | | 12 MO BUDGET | Q4 2014 | 2,015 | Q1-2 2016 | 2014-16 SUM |
|--|---------|----------------|----------------|----------------|----------------|------------------|
| Assumes in-kind resources from coalition: facility usage for meetings/events; some staff support; contract services pro bono | | | | | | |
| INITIATIVE BUDGETS | | | | | | |
| Youth Activity Initiative | | | | | | |
| 2435 Project Management & Administration | | 74,880 | | | | - |
| PM @ \$5,200/mo, 12 mo | 62,400 | | 15,600 | 62,400 | 46,800 | 124,800 |
| 16hrs/mo X \$20/hr X 12 mo/year: patient evaluation data entry, web updates, event coordination | 12,480 | | 3,120 | 12,480 | 9,360 | 24,960 |
| 3350 Program Dev/Fall Teacher & IT training | | 1,000 | | | | - |
| Expenses for 6 trainings (103 schools) | 1,000 | | 1,000 | 1,000 | | 2,000 |
| 2930 Mapping & Analytics technology (SQORD) | | - | | | | - |
| 2930 Data acquisition and processing | | 13,000 | | | | - |
| Walkscore™ and/or other overlay data | 10,000 | | | 10,000 | 10,000 | 20,000 |
| Data processing / permission slips | 3,000 | | 3,000 | 3,000 | | 6,000 |
| 2930 Motion tracking hardware (shipped, taxes, warranted) | | 235,200 | | | 115,130 | 115,130 |
| 11,505 powerpods | 230,100 | | 230,100 | 230,100 | | 460,200 |
| 51 sync stations | 5,100 | | 5,100 | 3,825 | | 8,925 |
| 2435 Evaluation (assumes assist from Premera Informatics, some CCHE pro bono, grants) | | 14,160 | | | 14,160 | 28,320 |
| Communication/PR support (pro bono from coalition members) | | - | | | | - |
| Web, PR, baseline and perf tracking, profiles, etc. | | | | | | - |
| Printing (12,000 toolkits; reports to 103 schools) | | 28,000 | | 28,000 | | 28,000 |
| Free School-Year YMCA Membership | | - | | | | - |
| 3110 Promotion/Awards (events, school assemblies, etc.) | | 9,900 | | 9,900 | 9,900 | 19,800 |
| 3 sets of matchups - 30 banners | 1,300 | | | | | - |
| 2 recess celebrations with giveaways and incentives | 2,000 | | | | | - |
| teacher + student awards for end of year ceremony | 2,000 | | | | | - |
| 2 \$500 prizes to Winter Games Winners | 1,000 | | | | | - |
| Powerpods + synch stations for incentives (10) | 1,100 | | | | | - |
| Gear Up & Go! t-shirts for Winter Games Winners | 2,500 | | | | | - |
| Collaboration events | | 9,000 | | | | - |
| Teacher Advisory Council meetings (6@1,500) | 9,000 | | 2,250 | 9,000 | 6,750 | 18,000 |
| 3110 | | | | | | - |
| Youth Activity Initiative Subtotal | | 385,140 | 260,170 | 383,865 | 212,100 | 856,135.0 |
| Palliative Care Initiative | | | | | | |
| 2435 Project Management (18 months through Q4 2014) | | 66,240 | | 66,240 | | 66,240 |
| 2435 | | | | | | - |
| PM @ \$5,200/mo, 12 mo | 62,400 | | | | | - |
| 16hrs/mo X \$20/hr X 12 mo/year: patient evaluation data entry, web updates, event coordination | 3,840 | | | | | - |
| 3350 Consumer Training / trainer education and trainer expense | | 14,460 | | 14,460 | | 14,460 |
| Gundersen; online, day training, qrtly mtgs., | 7,960 | | | | | - |
| Annual Meeting Dinner | 5,000 | | | | | - |
| Webbly volunteer website | 100 | | | | | - |
| Background checking | 800 | | | | | - |
| High Rise monthly fees | 600 | | | | | - |
| 3350 Consumer Training program materials | | 15,500 | | 15,500 | | 15,500 |
| 2000 new consumers @5.25 full package, info survey, follow up mat'ls | 10,500 | | | | | - |
| Collateral supplies, community promotion | 5,000 | | | | | - |
| 3350 Physician Education | | 21,500 | | 21,500 | | 21,500 |
| 130 physicians and clinicians (12 CME classes@\$1000 trainer | 12,000 | | | | | - |
| Printing, food | 2,000 | | | | | - |
| Annual Community Dinner Meeting (60 MDs, community lea | 7,500 | | | | | - |
| 2435 Evaluation (assumes assist from clinics; some CCHE pro bono, self-funded grants) | | 10,000 | | 10,000 | | 10,000 |
| Legal/contract preparation costs (pro bono from coalition member) | | - | | | | - |
| Communications support (pro bono from coalition member) | | - | | | | - |
| Collaboration events | | 4,000 | | 4,000 | | 4,000 |
| Advisory Council dinner 2x/yr @ \$2000 | 4,000 | | | | | - |
| Palliative Care Initiative Subtotal | | 131,700 | - | 131,700 | - | 131,700 |
| Sustaining Vision Oversight Committee | | | | | | |
| Project Management | | 68,950 | | | | - |
| The Giving Practice | 19,600 | | 19,600 | | | 19,600 |
| The Giving Practice (range 28.8 - 69.9 | 49,350 | | | 49,350 | | 49,350 |
| Metrics / Development & Tracking & Collective Impact Evaluation | | 25,500 | | 25,500 | | 25,500 |
| 1. Document/Literature review of community best practices \$2000-\$4000 | 4,000 | | | | | - |
| 2. Develop monitoring and evaluation plan \$6000-\$8000 | 8,000 | | | | | - |
| 3. Key informant interviews of Coalition members and leaders \$7,000-\$10,000 | 8,500 | | | | | - |
| 4. Survey of service recipients \$5,000 | 5,000 | | | | | - |
| Sustaining Vision Project Subtotal | | 94,450 | 19,600 | 74,850 | | 94,450 |

Public Hospital District 2, Snohomish County 2015 Draft Budget

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F

| | A | | B | | C | | D | | E | | Notes |
|---|----------------|------------------|----------|------------|--------------------------|--|------|------|------|------|-------|
| | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2015 | 2015 | 2015 | 2015 | |
| | Revised Budget | Projected Actual | Variance | Budget | Projection v 2015 Budget | Variance | | | | | |
| Income | | | | | | | | | | | |
| Operating Revenues | | | | | | | | | | | |
| 1 5791 · Rental Income | 9,493,750 | 9,493,759 | 9 | 9,708,814 | 215,054 | | | | | | |
| 2 5791 · S/E Hospital Rental Income | | | - | | - | 8.18m | | | | | |
| 3 5791 · Kruger Clinic Rental Income | | | - | | - | 1.23m | | | | | |
| 4 5791 · Value Village Rental Income | | | - | | - | 293k | | | | | |
| 5 5791 · Deferred Rental Income | 2,203,526 | 2,203,526 | - | 1,927,530 | (275,996) | Annual Adj for straight-line of Swedish Leases | | | | | |
| 6 5792 · Pavilion Ground Lease Income | 46,707 | 46,707 | - | 46,707 | - | Healthcare Realty | | | | | |
| 7 5793 · Other Operating Income | 8,875 | 8,875 | - | 3,000 | (5,875) | VCWC Programs | | | | | |
| 8 Total Operating Revenues | 11,752,859 | 11,752,867 | 8 | 11,686,051 | - | | | | | | |
| Expense | | | | | | | | | | | |
| Operating Expenses | | | | | | | | | | | |
| Salaries | | | | | | | | | | | |
| 9 6010 · Salaries | 567,649 | 568,304 | 655 | 642,265 | 73,961 | +5 FTEs, Succession Plan & 5% annual increase | | | | | |
| 10 6011 · Payroll Tax Expense | 39,804 | 37,772 | (2,032) | 48,379 | 10,607 | | | | | | |
| 11 6020 · Commissioners Wages | 40,000 | 26,538 | (13,462) | 54,720 | 28,182 | Maximum eligible meetings | | | | | |
| 12 Total Salaries | 647,453 | 632,614 | (14,839) | 745,364 | 112,750 | | | | | | |
| Benefits | | | | | | | | | | | |
| 13 6111 · Accrued Vacation/Sick Leave | 10,000 | 17,420 | 7,420 | 15,000 | (2,420) | | | | | | |
| 14 6155 · Health Insurance | 41,670 | 39,557 | (2,113) | 39,224 | (333) | 10% increase in July | | | | | |
| 15 6156 · Dental Insurance | 5,134 | 5,236 | 102 | 6,288 | 1,052 | 10% increase in July | | | | | |
| 16 6160 · 401(a) Retirement Expense | 34,059 | 34,209 | 150 | 36,916 | 2,706 | 6% of Full time Salaries | | | | | |
| 17 6190 · Other Employee Benefits | 11,772 | 12,547 | 775 | 13,687 | 1,140 | FSA, Car allowance, Life Ins (5% increase) | | | | | |
| 18 6130 · Workers Comp Self Insurance | 18,000 | 12,661 | (5,339) | 12,000 | (661) | | | | | | |
| 19 6131 · Workers Comp Service Fee | 15,375 | 15,375 | - | 15,836 | 461 | 3% increase | | | | | |
| 20 6137 · Workers Comp - State fund | 1,443 | 1,528 | 85 | 1,500 | (28) | | | | | | |
| 21 Total Benefits | 137,453 | 138,533 | 1,080 | 140,451 | 1,918 | | | | | | |
| Professional Services | | | | | | | | | | | |
| 22 6210 · Professional Fees | 10,000 | 15,027 | 5,027 | 50,000 | 34,973 | IT & AV Support | | | | | |
| 23 6220 · Kruger Clinic Property Management | 39,041 | 40,492 | 1,451 | 37,446 | (3,046) | Healthcare Realty | | | | | |
| 24 6230 · Consulting | 88,350 | 82,138 | (6,212) | 90,000 | 7,862 | Includes \$14,500 for Interim Marketing Director | | | | | |
| 25 6240 · Legal | 75,000 | 62,854 | (12,146) | 75,000 | 12,146 | | | | | | |
| 26 6250 · Accounting/Audit | 50,000 | 47,500 | (2,500) | 75,000 | 27,500 | SAO two year audit & Moss Adams financial audit | | | | | |
| 27 Total Professional Services | 262,391 | 248,012 | (14,379) | 327,446 | 79,434 | | | | | | |
| Other Amortization | | | | | | | | | | | |
| 28 8969 · Amortization - 12 LTGO Premium | (62,030) | (62,030) | - | (62,030) | - | | | | | | |
| 29 6966 · TI Amortization (New) | - | 25,310 | 25,310 | 50,620 | 25,310 | Swedish TI Amortization | | | | | |
| 30 Total Other Amortization | (62,030) | (36,720) | 25,310 | (11,409) | 25,310 | | | | | | |

Public Hospital District 2, Snohomish County 2015 Draft Budget

10/14/2014

| | | A | B | C | D | E | F |
|----|---|----------------|------------------|----------|---------|-----------------------------------|--|
| | | 2014 | 2014 | 2014 | 2015 | 2015 | |
| | | Revised Budget | Projected Actual | Variance | Budget | Projection v 2015 Budget Variance | Notes |
| 31 | Interest Expense | | | | | | |
| 32 | 6954 · 12 LTGO Interest Exp | 168,458 | 168,458 | - | 152,875 | (15,583) | Per schedule |
| | Total Interest Expense | 168,458 | 168,458 | - | 152,875 | (15,583) | |
| 33 | Purchased Services | | | | | | |
| 34 | 6650 · Purchased Services | 20,000 | 18,800 | (1,200) | 50,000 | 31,200 | Bank Fees/Landscaping/Janitorial/Windows/Parking Lot/Canon |
| 35 | 6651 · Purchased Services Kruger Clinic | 74,597 | 69,910 | (4,687) | 83,885 | 13,975 | Kruger Clinic - Security/Janitorial |
| 36 | 6675 · Marketing/Advertising | 107,640 | 73,839 | (33,801) | 137,640 | 63,801 | Includes S/E Gala, 2 Newsletters, Website, VCWC Launch |
| 37 | 6697 · Network Hosting | 600 | 731 | 131 | 1,924 | 1,193 | Licenses for staff w/ upgrade to Office 2013 |
| | Total Purchased Services | 202,837 | 163,280 | (39,557) | 273,449 | 110,169 | |
| 38 | Supplies | | | | | | |
| 39 | 6300 · Supplies | 6,000 | 6,000 | (0) | 6,000 | 0 | |
| 40 | 6460 · Postage | 3,000 | 1,000 | (2,000) | 3,000 | 2,000 | |
| 41 | 6480 · Books and Publications | 1,000 | 65 | (935) | 1,000 | 935 | |
| | Total Supplies | 10,000 | 7,064 | (2,936) | 10,000 | 2,936 | |
| 42 | Repairs and Maintenance | | | | | | |
| 43 | 6620 · Repairs | 15,000 | 5,062 | (9,938) | 15,000 | 9,938 | |
| 44 | 6621 · Maintenance Contracts | 6,000 | 2,382 | (3,618) | 6,000 | 3,618 | Elevator/Fire Sprinklers (move landscaping to 6650) |
| 45 | 6622 · R&M Kruger Clinic | 133,914 | 118,396 | (15,518) | 87,422 | (30,974) | Per Healthcare Realty |
| | Total Repairs and Maintenance | 154,914 | 125,840 | (29,074) | 108,422 | (17,418) | |
| 46 | Insurance | | | | | | |
| 47 | 6910 · Professional Insurance | 31,878 | 30,897 | (981) | 31,878 | 981 | Enduris |
| 48 | 6911 · Liability Claims Admin Fees | 2,000 | 2,000 | 0 | 500 | (1,500) | Sedgwick - Closing report filing only |
| | Total Insurance | 33,878 | 32,897 | (981) | 32,378 | (519) | |
| 49 | Utilities | | | | | | |
| 50 | 6500 · Utilities Kruger Clinic | 113,391 | 103,302 | (10,089) | 130,364 | 27,061 | Per Healthcare Realty |
| 51 | 6510 · Electricity | 7,200 | 3,139 | (4,061) | 7,200 | 4,061 | |
| 52 | 6540 · Water/Sewer | 11,000 | 4,943 | (6,057) | 11,000 | 6,057 | |
| 53 | 6550 · Garbage | 2,750 | 2,053 | (697) | 2,400 | 347 | Garbage/recycling/compost |
| 54 | 6560 · Natural Gas | 4,000 | 3,800 | (200) | 4,000 | 200 | |
| 55 | 6570 · Telephone | 3,600 | 3,201 | (399) | 6,720 | 3,519 | Comcast VOIP & T-Mobile |
| 56 | 6575 · Internet | 1,480 | 2,019 | 539 | 2,960 | 941 | Comcast |
| 57 | 6580 · Security Monitoring | 1,000 | 500 | (500) | 3,600 | 3,100 | |
| | Total Utilities | 144,421 | 122,957 | (21,464) | 168,243 | 45,286 | |
| 58 | Taxes | | | | | | |
| 59 | 6820 · License and Tax | 55 | (3,460) | (3,515) | 55 | 3,515 | Refund received in 2014 for property tax on KC |
| 60 | 6821 · Leasehold Taxes | 83,423 | 83,399 | (24) | 83,423 | 24 | Kruger Clinic & Value Village Leasehold Tax |
| 61 | 6825 · B&O Tax | 10,061 | 9,432 | (629) | 8,936 | (495) | S/E Assets |
| | Total Taxes | 93,539 | 89,371 | (4,168) | 92,414 | 3,043 | |

| | A | B | C | D | E | F |
|-------------------------------------|----------------|------------------|-------------|-----------|-----------------------------------|--|
| | 2014 | 2014 | 2014 | 2015 | 2015 | |
| | Revised Budget | Projected Actual | Variance | Budget | Projection v 2015 Budget Variance | Notes |
| Other Expenses | | | | | | |
| 62 | 36,540 | 36,540 | - | - | (36,540) | None |
| 63 | 17,900 | 5,802 | (12,098) | 15,812 | 10,010 | \$901/mnth CRM + \$5000 misc. computer |
| 64 | 3,600 | 2,172 | (1,428) | 3,600 | 1,428 | |
| 65 | 10,000 | 9,295 | (705) | 10,000 | 705 | |
| 66 | 10,000 | 10,296 | 296 | 10,000 | (296) | |
| 67 | 15,000 | 11,600 | (3,400) | 15,000 | 3,400 | |
| 68 | 7,500 | 7,500 | 0 | 7,500 | (0) | |
| 69 | 5,000 | 187 | (4,813) | 5,000 | 4,813 | |
| 70 | 5,360 | 5,360 | 0 | 5,276 | (84) | Per Healthcare Realty for Administration |
| 71 | 110,900 | 88,751 | (22,149) | 72,188 | (16,563) | |
| 72 | 1,904,214 | 1,781,058 | (123,156) | 2,111,821 | 330,763 | |
| Programs | | | | | | |
| 73 | 5,087,500 | 4,238,343 | (849,157) | 5,115,550 | 877,207 | Includes \$500k Mental Health RFP |
| 74 | 237,500 | 77,204 | (160,296) | 288,450 | 211,246 | 5% of program budget |
| 75 | 250,000 | 60,702 | (189,298) | 290,000 | 229,298 | |
| 76 | - | - | - | - | - | 30k |
| 77 | - | - | - | - | - | 30k |
| 78 | - | - | - | - | - | 10k |
| 79 | - | - | - | - | - | 220k (Includes 211 FTE) |
| 80 | 75,000 | 45,755 | (29,245) | 75,000 | 29,245 | |
| 81 | 1,100,000 | 1,099,845 | (155) | 1,331,000 | 231,155 | |
| 82 | 6,750,000 | 5,521,850 | (1,228,150) | 7,100,000 | 1,578,150 | |
| 83 | 3,098,645 | 4,449,960 | 1,351,315 | 2,474,230 | (1,975,730) | |
| Net Ordinary Income | | | | | | |
| 84 | 1,401 | 2,655 | 1,255 | - | (2,655) | Per county receipts |
| 85 | 2,104,000 | 2,103,286 | (714) | 2,160,851 | 57,566 | 1% automatic increase |
| 86 | - | 43,034 | 43,034 | - | (43,034) | |
| 87 | 550,000 | 395,928 | (154,072) | 360,000 | (35,928) | |
| 88 | - | 755,487 | 755,487 | - | (755,487) | |
| 89 | 700 | 812 | 112 | - | (812) | |
| 90 | 2,656,101 | 3,301,202 | 645,102 | 2,520,851 | (780,351) | |
| 91 | 5,754,745 | 7,750,162 | 1,995,416 | 4,995,081 | (2,755,081) | |
| Earnings before Depreciation | | | | | | |
| 92 | 80,887 | 80,955 | 68 | 80,376 | (579) | |
| 93 | 1,573,840 | 1,573,840 | (0) | 1,656,577 | 82,736 | Includes Estimate of Wellness Center |
| 94 | 383,470 | 383,518 | 48 | 379,538 | (3,980) | |
| 95 | 1,324,301 | 1,324,301 | (0) | 520,856 | (803,445) | Major Assets fully depreciated in 2014 |
| 96 | 21,946 | 22,169 | 222 | 32,654 | 10,486 | Includes Estimate of Wellness Center |
| 97 | 3,384,445 | 3,384,784 | 339 | 2,670,001 | (714,782) | |
| 98 | 2,370,301 | 4,365,378 | 1,995,077 | 2,325,079 | (2,040,299) | |
| 99 | | | | | | |

Program Payout Schedule (Updated thru September 2014)

| | Budget 2014 | Budget 2015 |
|--|------------------------|------------------------|
| 7100 . Grants | | |
| Committed | | |
| Edmonds School District Move 60! | \$ 315,466 | \$ - |
| 3rd Grade Swim Lessons | \$ 44,406 | \$ - |
| Boys & Girls Club Healthy Habits | \$ 74,626 | \$ - |
| City of Lynnwood Move 60: Teens! | \$ 77,468 | \$ - |
| Project Access Northwest | \$ 66,667 | \$ - |
| Community Health Center ER Diversion | \$ 83,333 | \$ - |
| Parent Trust Continuum of Family Support Services | \$ 4,166 | \$ - |
| Domestic Violence Services Teen Prevention | \$ 19,453 | \$ 9,726 |
| Providence Hospice & Home Care Foundation | \$ 155,000 | \$ 64,583 |
| YWCA Children's Domestic Violence | \$ 25,000 | \$ 8,333 |
| Medical Teams Intl. Mobile Dental Program | \$ 48,000 | \$ 28,000 |
| Program for Early Parent Support (PEPS) | \$ 40,000 | \$ - |
| Perscription Drug Assistance Program | \$ 50,000 | \$ 50,000 |
| YWCA Mental Health Counseling | \$ 25,000 | \$ 20,833 |
| EdCC Student Health & Wellness Program | \$ 136,216 | \$ 95,790 |
| Center for Human Services Counseling | \$ 162,284 | \$ 162,284 |
| Cascade Bicycling Club Advanced Basics | \$ 32,000 | \$ 32,000 |
| Cascade Bicycling Club Policy Proposal | \$ 25,000 | \$ - |
| American Diabetes Association Stop Diabetes | \$ 50,000 | \$ 50,000 |
| Team Child Policy/Advocacy Project | \$ 8,188 | \$ - |
| Senior Services Center for Healthy Living | \$ 560,240 | \$ 560,240 |
| Alzheimer's Association | \$ 50,464 | \$ - |
| Wonderland Development Center | \$ 135,000 | \$ 135,000 |
| Within Reach | \$ 25,000 | \$ - |
| PSCC Mental Health Counseling Program | \$ 16,667 | \$ 21,667 |
| Seattle Visiting Nurses Flu Shots | \$ 43,750 | \$ - |
| Free Range Health Acupuncture at Lynnwood Senior Center | \$ 12,372 | \$ - |
| Washington CAN! Insurance Enrollment | \$ 118,000 | \$ 100,000 |
| Community Paramedic | \$ 144,426 | \$ 144,426 |
| Smithwright | \$ 65,000 | \$ 65,000 |
| Campfire | \$ 50,000 | \$ - |
| Snohomish County Health Leadership Coalition | \$ 50,000 | \$ - |
| Edmonds School District No. 15 Student Support Advocate | \$ 310,586 | \$ 310,586 |
| PSCC Mobile Medical Clinic | \$ 90,000 | \$ 90,000 |
| ChildStrive Nurse Family Partnership | \$ 271,920 | \$ 277,359 |
| Senior Services of Snohomish County Care Coordination | \$ 135,000 | \$ - |
| American Heart Association GO Red | \$ 26,660 | \$ - |
| Edmonds Community College Veteran's Support | \$ 30,774 | \$ 52,756 |
| City of Lynnwood Fire Departement Mobile Integrated Care | \$ 81,194 | \$ 108,259 |
| Edmonds School District Nutritian Assessment | \$ 11,980 | \$ - |
| CHC of Snohomish County Dental Program | \$ 50,000 | \$ 50,000 |
| Edmonds School District Move 60! Renewal | \$ 164,042 | \$ 498,869 |
| MTI Mobile Dental Van | \$ 180,000 | \$ - |
| Within Reach Insurance Enrollments | \$ 33,000 | \$ - |
| Kinderling Early Intervention | \$ 22,500 | \$ 90,000 |
| Boys & Girls Club Healthy Habits Renewal | \$ 38,500 | \$ 154,000 |
| American Red Cross CPR Training | \$ 5,000 | \$ 10,000 |

Program Payout Schedule (Updated thru September 2014)

| | | |
|---|---------------------|---------------------|
| Edmonds Senior Center Enhanced Wellness | \$ 68,162 | \$ 110,000 |
| Puget Sound Kidney Center | \$ 5,833 | \$ 68,333 |
| Total Committed | \$ 4,238,343 | \$ 3,368,046 |
| Not Committed (Available to Spend) | \$ 849,157 | \$ 1,747,504 |
| Total Grants | \$ 5,087,500 | \$ 5,115,550 |
| 7300 . Internal Programs | | |
| Committed | | |
| CARES Mental health provider training | \$ 9,370 | \$ - |
| 6 Weeks to a Healthier You | \$ 97,000 | \$ - |
| Total Committed | \$ 106,370 | \$ - |
| Not Committed (Available to Spend) | \$ 143,630 | \$ 290,000 |
| Total Internal Programs | \$ 250,000 | \$ 290,000 |
| 7200 . Discretionary | | |
| Committed | | |
| March of Dimes March for Babies | \$ 5,000 | \$ - |
| Healthy Living Expo at City of Edmonds | \$ 2,000 | \$ - |
| Lynnwood Convention Center for Jason McGill | \$ 1,132 | \$ - |
| Lynnwood Convention Center for Partner Roundtable | \$ 855 | \$ - |
| Town of Woodway Fair | \$ 500 | \$ - |
| Lynnwood Food Bank Turkey Trot | \$ 500 | \$ - |
| Swedish Edmond Emergency Department | \$ 50,000 | \$ - |
| Total Committed | \$ 59,987 | \$ - |
| Not Committed (Available to Spend) | \$ 177,513 | \$ 288,450 |
| Total Discretionary Programs | \$ 237,500 | \$ 288,450 |
| 7500 . Building Healthy Communities Fund | | |
| Committed | | |
| City of Brier Walking Program | \$ 90,345 | \$ - |
| City of Edmonds Fitness Center Upgrade | \$ 39,513 | \$ - |
| Woodway Recreation Campus Renovation | \$ 500,000 | \$ 625,000 |
| Bike Link | \$ 470,000 | \$ 706,000 |
| Total Committed | \$ 1,099,858 | \$ 1,331,000 |
| Not Committed (Available to Spend) | \$ 142 | \$ - |
| Total BHCF Programs | \$ 1,100,000 | \$ 1,331,000 |
| 7400 . One time Events | | |
| Committed | | |
| Swedish/Edmonds Java Music Program | \$ 2,755 | \$ - |
| Sight Connection Low Vision Expo | \$ 11,000 | \$ - |
| EdCC Celebration of Food | \$ 5,000 | \$ - |
| Communities of Color Coalition Conf on Race | \$ 3,500 | \$ - |
| First Baptist Church Wings for Reading Program | \$ 10,000 | \$ - |
| LCS Back to School Resourse & Health Fair | \$ 10,000 | \$ - |
| BEST | \$ 3,500 | \$ - |
| Total Committed | \$ 45,755 | \$ - |
| Not Committed (Available to Spend) | \$ 29,245 | \$ 75,000 |
| Total One Time Events Programs | \$ 75,000 | \$ 75,000 |
| TOTAL | \$ 6,750,000 | \$ 7,100,000 |



Snohomish County

Assessor's Office

October 1, 2014

Cindy Portmann
County Assessor

Linda Hjelle
Chief Deputy

M/S #510
3000 Rockefeller Ave.
Everett, WA 98201-4046

(425) 388-3433
FAX (425) 388-3961

Carl Zapora, Superintendent
Hospital District No. 2
P O Box 2606
Lynnwood, WA 98036

RE: 2015 Available Nos. for Hospital Dist 2 Maintenance levy

Dear Mr. Zapora:

We are providing numbers to assist you with your budgeting process and completing the Levy Certification and Resolution(s)/Ordinance(s) documents for the coming year. We need to receive these by **December 1, 2014**. The Actual Levy and Highest Lawful Levy amounts are based on your 2014 tax year levy limit calculations. The new construction, annexation and refund are preliminary numbers for the coming tax year. The State Assessed Utility numbers are unavailable at this time.

We show the population of your district to be over/under 10,000: **over**

Actual Levy: **\$2,104,816.61**

This is the amount you levied last year for your Hospital Dist 2 Maintenance levy.

Highest Lawful Levy: **\$2,128,882.24**

This is the amount you could have levied last year for your Hospital Dist 2 Maintenance levy. If you did not levy the maximum allowed, but "banked" the difference then this amount will be higher than the previous year's actual levy amount.

Banked Capacity: **\$24,065.63**

This is the amount available for tax year 2015 which is the difference between highest lawful levy that could have been made and the actual levy that was imposed. Note: if your levy is capped at the statutory limit this may preclude you from using banked capacity this year.

The following are estimated "add-ons" amounts that can be used for the coming tax year:

Estimated New Construction: **\$29,889.36**

This is the amount allowed for new construction using this year's new construction value at roll close of \$282,008,544

Estimated Annexation: **\$0.00**

This is the amount allowed for annexations using this year's annexation assessed value times last year's levy rate.

Estimated Refund: **\$5,097.05**

This is the amount allowed to recoup refunds.

2015 Property Tax Levy Options

| | | |
|---------------------|-----|-----------------|
| Highest Lawful Levy | HLL | \$ 2,128,882.24 |
| Actual Levy (2014) | AL | \$ 2,104,816.61 |
| Banked Capacity | BC | \$ 24,065.63 |
| New Construction | NC | \$ 29,889.36 |
| Refunds | R | \$ 5,097.05 |

Scenario A Using all Banked Capacity & Automatic 1%

| | |
|------------------------|------------------------|
| HLL x 101% = | \$ 2,150,171.06 |
| Less AL = | \$ 45,354.45 |
| % Increase over 2014 | 2.155% |
| Increase + NC and R | \$ 80,340.86 |
| Total 2015 Levy | \$ 2,185,157.47 |

Scenario B Using 50% of Banked Capacity & Automatic 1%

| | |
|-------------------------|------------------------|
| AL + 50% of BC x 101% = | \$ 2,138,017.92 |
| Less AL = | \$ 33,201.31 |
| % Increase over 2014 | 1.577% |
| Increase + NC and R | \$ 68,187.72 |
| Total 2015 Levy | \$ 2,173,004.33 |

Scenario C Using 0% of Banked Capacity & Automatic 1%

| | |
|------------------------|------------------------|
| AL x 101% = | \$ 2,125,864.78 |
| Less AL = | \$ 21,048.17 |
| % Increase over 2014 | 1.000% |
| Increase + NC and R | \$ 56,034.58 |
| Total 2015 Levy | \$ 2,160,851.19 |

Scenario D Using 0% of Banked Capacity & No Increase

| | |
|------------------------|------------------------|
| AL x 100% = | \$ 2,104,816.61 |
| % Increase over 2014 | 0% |
| NC + R = | \$ 34,986.41 |
| Total 2015 Levy | \$ 2,139,803.02 |



Public Hospital District 2, Snohomish County
2015 Draft Capital Budget

10/13/2014

| | | |
|----|---------------------------------|---------|
| 1 | Verdant | |
| 2 | Computer Replacements (5 staff) | 8,500 |
| 3 | AV Equipment for VCWC | 5,000 |
| 4 | Asphalt Sealcoat and Striping | 10,000 |
| 5 | Total Verdant | 23,500 |
| 6 | Kruger Clinic | |
| 7 | Asphalt Repair and Striping | 82,000 |
| 8 | Roof & Interior Painting | 56,000 |
| 9 | ADA Door Operator on E Entrance | 5,500 |
| 10 | Total Kruger Clinic | 143,500 |
| 11 | Total Capital Improvements | 167,000 |

PRIORITY: PROGRAM EXP & OBTAIN \$40M IN CASH RESERVES BY 2020

| | \$ Millions | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------------------|-------------|---------|---------|---------|----------|---------|---------|---------|---------|---------|---------|---------|
| Revenue | | | | | | | | | | | | |
| 1 Lease Income | | \$2.50 | \$7.59 | \$7.82 | \$8.07 | \$9.58 | \$9.87 | \$10.13 | \$10.40 | \$10.75 | \$10.69 | \$11.02 |
| 2 Investment Earnings | | \$0.22 | \$1.07 | \$1.68 | \$1.03 | \$0.40 | \$0.40 | \$0.41 | \$0.42 | \$0.43 | \$0.44 | \$0.45 |
| 3 Levy | | \$1.40 | \$3.20 | \$2.04 | \$2.06 | \$2.10 | \$2.12 | \$2.15 | \$2.17 | \$2.19 | \$2.21 | \$2.23 |
| 4 Total Revenue | | \$4.12 | \$11.85 | \$11.53 | \$11.17 | \$12.08 | \$12.40 | \$12.69 | \$12.99 | \$13.36 | \$13.33 | \$13.70 |
| Expenses | | | | | | | | | | | | |
| 5 Operating Expenses | | \$0.76 | \$1.30 | \$1.19 | \$1.34 | \$1.82 | \$1.93 | \$1.98 | \$2.04 | \$2.10 | \$2.17 | \$2.23 |
| 6 Program Expenses | | \$0.00 | \$0.30 | \$1.87 | \$3.12 | \$5.52 | \$7.10 | \$7.71 | \$8.32 | \$8.93 | \$9.54 | \$10.15 |
| 7 Total Expenses | | \$0.76 | \$1.59 | \$3.06 | \$4.47 | \$7.34 | \$9.03 | \$9.69 | \$10.36 | \$11.03 | \$11.70 | \$12.38 |
| 8 Hospital Legacy | | \$13.04 | \$13.63 | \$0.01 | -\$0.44 | -\$1.05 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 9 Bond Payments | | -\$3.02 | -\$2.16 | -\$1.38 | -\$0.72 | -\$0.75 | -\$0.77 | -\$0.81 | -\$0.84 | -\$0.88 | -\$0.92 | -\$0.96 |
| 10 Capital Outlay | | \$0.00 | \$0.00 | \$0.00 | -\$15.91 | -\$3.25 | -\$0.17 | -\$0.10 | -\$0.10 | -\$0.10 | -\$0.10 | -\$0.10 |
| 11 Net Cash Flow | | \$13.39 | \$21.73 | \$7.10 | -\$10.36 | -\$0.31 | \$2.44 | \$2.09 | \$1.69 | \$1.36 | \$0.61 | \$0.27 |
| 12 Beginning Cash Balance* | | \$0.00 | \$13.39 | \$35.12 | \$42.22 | \$31.85 | \$31.55 | \$33.98 | \$36.07 | \$37.76 | \$39.12 | \$39.73 |
| 13 Net Cash Flow | | \$13.39 | \$21.73 | \$7.10 | -\$10.36 | -\$0.31 | \$2.44 | \$2.09 | \$1.69 | \$1.36 | \$0.61 | \$0.27 |
| 14 Ending Cash Balance* | | \$13.39 | \$35.12 | \$42.22 | \$31.85 | \$31.55 | \$33.98 | \$36.07 | \$37.76 | \$39.12 | \$39.73 | \$40.00 |
| 15 Days Cash on Hand | | 20.1 | 52.7 | 63.3 | 47.8 | 47.3 | 51.0 | 54.1 | 56.6 | 58.7 | 59.6 | 60.0 |

| Assumptions | |
|----------------------------------|----|
| Operating Expense Growth Rate | 3% |
| Earnings on Investment Portfolio | 2% |

Assumes 3% increase on Kruger Clinic for NW Derm (2016-2020)

Assumes Value Village does not renew after 2018

Assumes \$100k per year reserve from 2016 to 2020 for capital improvements



TOTAL PROGRAM SPENDING 2014 - 2020

\$57.26

Capital Project Budget **Verdant Community Wellness Center**

| | Approved August 2013 | Approved February 2014 | Hard Bid March 2014 | Update October 2014 |
|---------------------------------------|-------------------------|---------------------------|------------------------|------------------------|
| Building & Land Acquisition: | \$ 1,825,000 | \$ 1,822,245 | \$ 1,822,245 | \$ 1,822,245 |
| Project Management: | \$ 65,000 | \$ 85,000 | \$ 85,000 | \$ 85,000 |
| Architecture and Engineering Design: | \$ 190,000 | \$ 271,000 | \$ 271,000 | \$ 271,000 |
| Construction and Tenant Improvements: | \$ 765,000 | \$ 1,974,952 | \$ 1,840,494 | \$ 1,928,834 |
| Furniture, Fixtures & Equipment: | \$ 80,000 | \$ 98,000 | \$ 98,000 | \$ 110,839 |
| Contingency: | \$ 75,000 | \$ 177,489 | \$ 311,947 | \$ 210,767 |
| Total Capital Project Budget: | \$ 3,000,000 | \$ 4,428,686 | \$ 4,428,686 | \$ 4,428,686 |