1. **Community Description**: Briefly characterize the community(ies) served by your agency (location, population served, jurisdiction type, organization structure, etc.). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

   We are a Health District serving the 5 most northern counties of Idaho. The population is primarily suburban and rural, working class families. We operate out of 5 offices, one in each county.

2. **Project Overview**: Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed during the ASI project period and the key activities engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

   The most significant accomplishment was application to PHAB and beginning documentation. It was much more realistic for our Board of Health to support accreditation efforts with a discounted price tag.

3. **Challenges**: Describe any challenges or barriers encountered as your agency worked to complete the selected deliverables. These can be challenges your agency may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities and completing your deliverables. If challenges were noted in your interim report, please do include them here as well. Please include both tangible (e.g., natural disaster, leadership change) and intangible (e.g., lack of staff engagement) challenges.

   We did not encounter any major challenges.

4. **Facilitators of Success**: Describe factors or strategies that helped to facilitate completion of your agency’s work. These can be conditions at your agency that contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above. Please include both tangible (e.g., influx of funds from another source) and intangible (e.g., staff or leadership engagement) facilitators.

   We have had significant leadership engagement throughout the organization.

5. **Impact of ASI**: To what extent do you feel your health department was more prepared for accreditation at the end of the ASI5 project as compared to the beginning? What specifically
changed during that time that made your agency more prepared for accreditation? How did the ASI contribute to your health department’s progress?

The funds for application and peer mentorship has made us feel more prepared for the accreditation process. We are now uploading documentation and have a clearer picture of the site visit compared to 6 months ago.

6. **Lessons Learned**: Please describe your agency’s overall lessons learned from participating in the ASI. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

   We would encourage other health districts to seek out funding opportunities to initiate leadership buy-in and would suggest

7. **Funding Impact**: Describe the impact that this funding has had on your agency. How has this funding advanced your agency’s accreditation readiness or quality improvement efforts?

   The funding impact has been integral to our Health District pursuing accreditation. We may not have been able to convince our leadership without the $15,000, which was half of our fees.

8. **Next Steps and Sustainability**: What are your agency’s general plans for the next 12-24 months in terms of accreditation preparation and quality improvement? How will the work completed as part of the ASI be sustained moving forward?

   We have paid our 5-year accreditation fee in full and will continue to seek funding for reaccreditation in the future.