

**National Public Health Improvement Initiative (NPHII)**  
**Grantee Meeting Summary and Evaluation Results**

**Office for State, Tribal, Local and Territorial Support**  
**Centers for Disease Control and Prevention**

**March 30 – April 1, 2011**

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## **1 Introduction and Background**

The Office for State, Tribal, Local and Territorial Support (OSTLTS) supports state, tribal, local and territorial health departments to implement projects that systematically increase performance management capacity and improve ability to meet national public health standards.

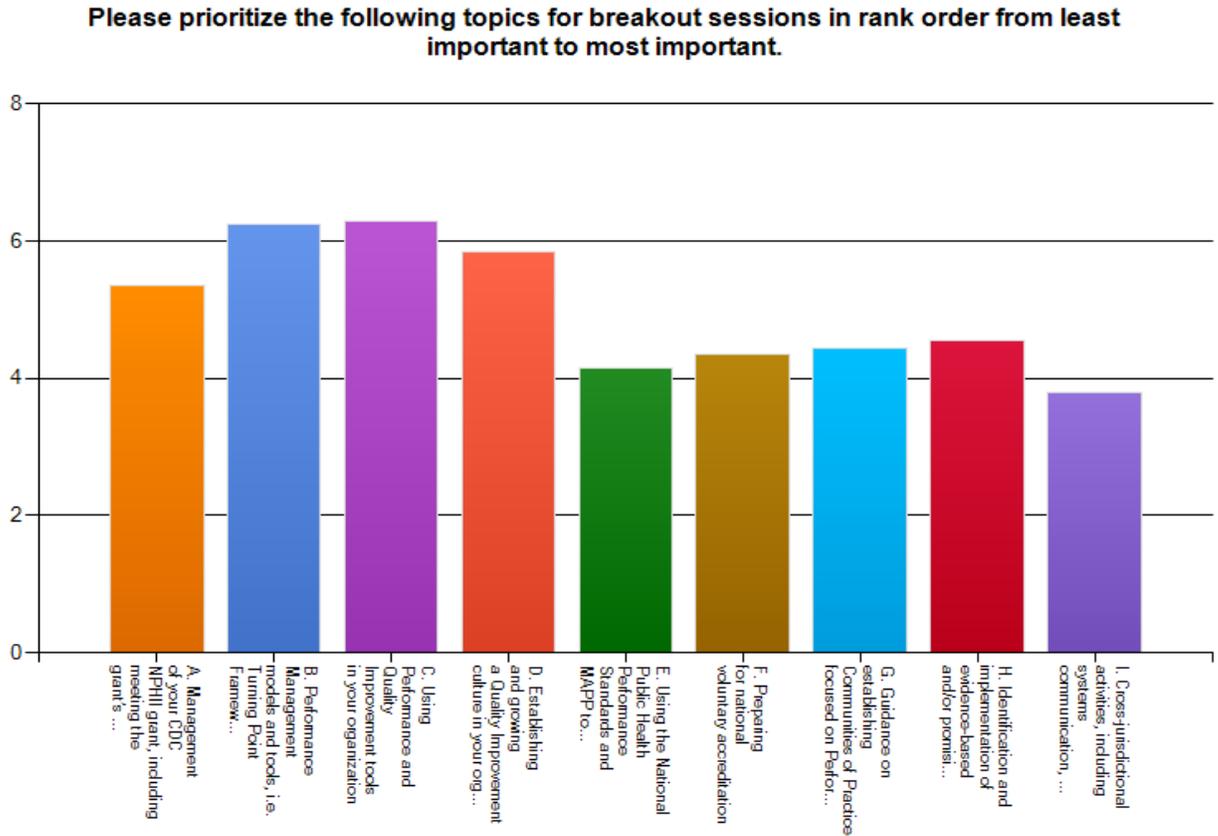
Effective performance management and continuous quality improvement are integral to advancing our public health efforts to improve health outcomes, especially in the current economic climate. To that end, OSTLTS hosted a three-day Grantee Meeting in March 2011 that was designed to increase grantees' awareness and knowledge of systems thinking, and skills for applying performance management tools and practices. In addition, OSTLTS provided the opportunity for in-person technical assistance (TA) with Senior Public Health Advisors (SPHAs), Performance Officers (POs), and other CDC Subject Matter Experts (SMEs); and the Capacity Building Assistance (CBA) partners. CDC will continue its work with CDC SMEs, and CBA partners to meet grantees' technical assistance needs. In addition, the Performance Improvement Managers (PIM) Network will provide additional opportunities for sharing practices and information.

To inform the structure and content of the meeting, a pre-meeting survey was distributed in early February to PIMs and Principal Investigators (PIs) to address the needs of NPHII grantees. The grantees identified priorities for their program over the coming months and ranked various topics for meeting sessions. The planning team used information gleaned from the survey, (specifically, responses to questions 3 and 4 listed under 1.1 Survey Results) and the PIM competencies to develop the meeting goals and outcomes and the agenda.

After the meeting concluded, attendees completed a brief evaluation of the meeting activities and presentations. The information in this report represents a best effort to reflect the tone, substance, and key findings from the evaluations. The data collected will be used by OSTLTS and the CBA Partners in the planning and execution of future NPHII grantee meetings.

### 1.1 Survey Results

The following charts reflect the grantees’ responses to the questionnaire distributed in February to gauge their top priorities and interests. These results were utilized as a key driver for the Grantee Meeting agenda.



**Figure 1: Survey Question #3 Results**

## NPHII Grantee Meeting Summary and Evaluation Results

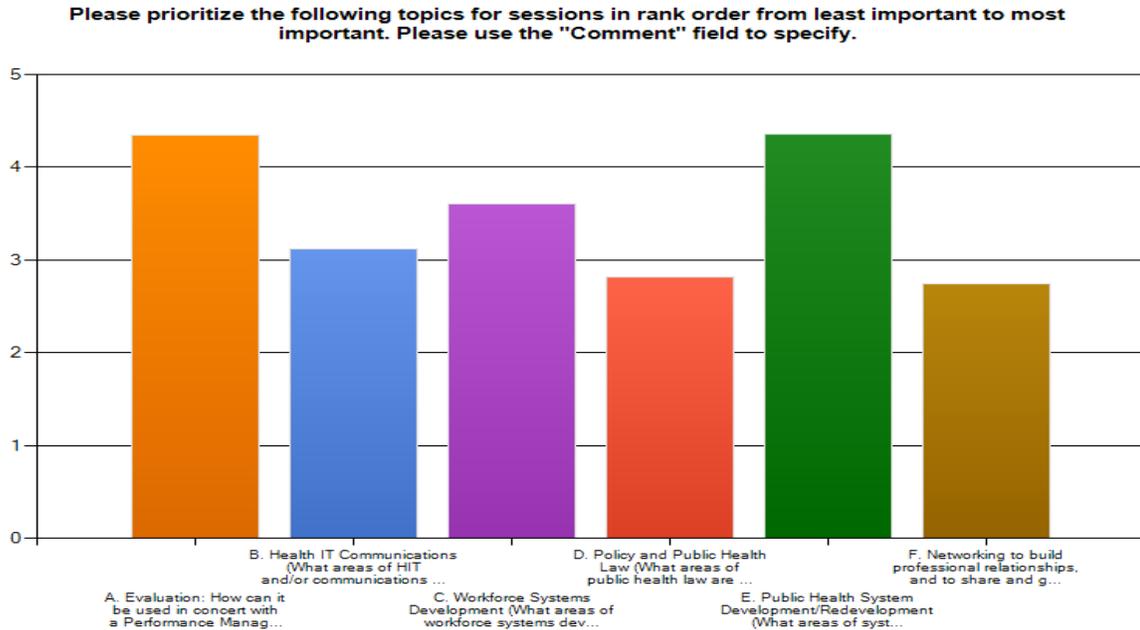


Figure 2: Survey Question #4 Results

### 1.2 PIM Competencies

Below are the core competencies for Performance Improvement Managers as determined by The Council on Linkages Between Academia and Public Health Practice<sup>1</sup>. All meeting sessions were linked to competencies.

- C1. Implement organizational and system-wide strategies for continuous quality improvement
- C2. Implement mechanisms to monitor and evaluate programs for their effectiveness and quality
- C3. Use evaluation results to improve performance
- C4. Integrate data and information to improve organizational processes and performance
- C5. Use cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making
- C6. Establish a performance management system
- C7. Integrate systems thinking into public health practice (e.g., cross-programmatic, cross-organizational approaches)
- C8. Ensure the measuring, reporting, and continuous improvement of organizational performance

### 1.3 Meeting Goals

- Empower Performance Improvement staff by expanding and enhancing their technical knowledge and skills
- Facilitate and support the establishment and implementation of a sustainable Performance Improvement Managers Network
- Identify and discuss how best to support sustained Performance Improvement practices across public health jurisdictions

### 1.4 Meeting Outcomes

- Increased awareness and knowledge of Performance Improvement practices and tools
- Increased connections among Performance Improvement Managers, NPHII grantees, Capacity Building Assistance partners, and others who may serve as resources
- Increased knowledge and skills for applying performance management tools and practices to include CDC program and business processes and budget requirements

## 2 Evaluation

Attendees were asked to complete an evaluation at the end of the meeting regarding overall meeting quality, achievement of meeting goals and outcomes, and the effectiveness of individual sessions and other meeting activities. The response rate is listed in the box to the right. Detailed quantitative and qualitative results are described in the next few sections of the document.

#### Evaluation Response Data

- 258 meeting attendees
- 83 attendees completed an evaluation
- 32% response rate

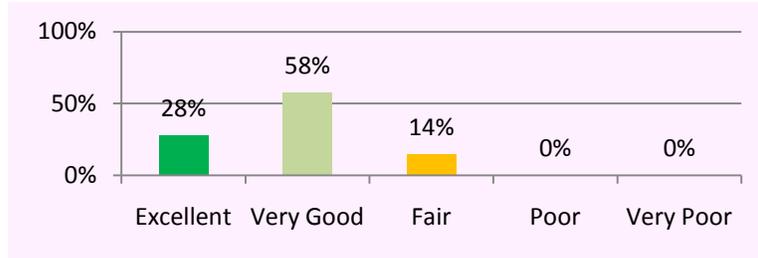
### 2.1 Quantitative Results

#### 2.1.1 Overall Quality

Respondents were queried about their level of satisfaction with the overall quality of the NPHII Grantee meeting. The evaluation choices were Excellent, Very Good, Fair, Poor, and Very Poor. 87% of attendees rated the meeting quality positively (Excellent or Very Good). No Poor or Very Poor responses were received. The chart below illustrates the distribution of responses to this question. A total of 83 attendees submitted responses for this question.

NPHII Grantee Meeting Summary and Evaluation Results

<i>How would you rate the overall quality of the NPHII Grantee Meeting</i>						
Total number of people responding to this question		83				
	Excellent	Very Good	Fair	Poor	Very Poor	
Number of respondents	23	48	12	0	0	
% of respondents	28%	58%	14%	0%	0%	



The quantitative results listed below highlight the respondents’ level of satisfaction with individual sessions, kiosks and partner tables, along with meeting goals, outcomes and time allocation. There were three types of sessions offered during the NPHII Grantee Meeting: general, core, and elective.

**General Sessions:** There were five general sessions.

- A Charge to Action: Improving the Performance of Health Departments
- Evaluation of NPHII
- Performance Improvement Journey
- Improving Performance in Chronic Disease Prevention
- Public Health Transformation

**Core Sessions:** Based on the findings from the survey we conducted in February, we recommended the following four core sessions for Performance Improvement Managers (PIMs).

- Quality Improvement Methods and Tools
- Systems Development and Redevelopment
- Cross-jurisdictional Sharing and Regionalization Efforts
- Accreditation of Public Health Departments-Building Readiness and Driving Quality Improvement

**Elective Sessions:** There were five elective sessions.

- Public Health Law and Policy
- Health Information Technology
- Workforce Development
- Modular kaizen
- Criteria for Performance Excellence: Baldrige, Sterling and the State Alliance

Time was allotted throughout the meeting for visiting the kiosk tables and for one-on-one TA sessions with SPHAs/POs and CBA partners. Because the respondents attended different sessions and visited different kiosks and partner tables, the number of responses for each component of the evaluation varies.

NPHII Grantee Meeting Summary and Evaluation Results

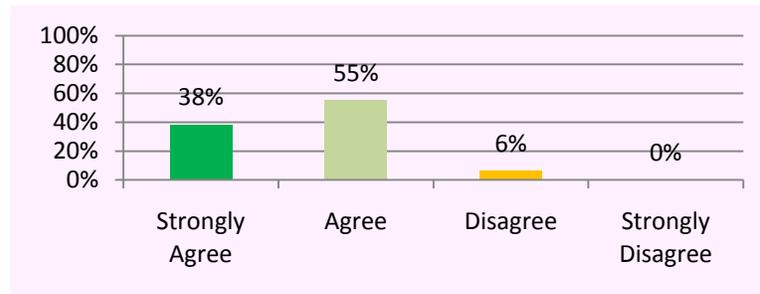
**2.1.2 Overall Needs Met**

	Number of Reponses	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>General Sessions</b>					
A Charge to Action: Improving the Performance of Health Departments	78	38% (30)	55% (43)	6% (5)	0% (0)
Evaluation of NPHII	76	36% (27)	59% (45)	5% (4)	0% (0)
Performance Improvement Journey	76	62% (47)	34% (26)	4% (3)	0% (0)
Improving Performance in Chronic Disease Prevention	68	28% (19)	59% (40)	12% (8)	1% (1)
Public Health Transformation	61	23% (14)	62% (38)	15% (9)	0% (0)
<b>Core Sessions</b>					
Quality Improvement Methods and Tools	67	46% (31)	45% (30)	9% (6)	0% (0)
Systems Development and Redevelopment	65	43% (28)	49% (32)	8% (5)	0% (0)
Cross-jurisdictional Sharing and Regionalization Efforts	61	39% (24)	41% (25)	20% (12)	0% (0)
Accreditation of Public Health Departments – Building Readiness and Driving Quality Improvement	61	57% (35)	34% (21)	7% (4)	2% (1)
<b>Elective Sessions</b>					
Public Health Law and Policy	33	39% (13)	55% (18)	6% (2)	0% (0)
Health Information Technology	36	17% (6)	58% (21)	19% (7)	6% (2)
Workforce Development	41	27% (11)	61% (25)	10% (4)	2% (1)
Modular <i>kaizen</i>	39	15% (6)	69% (27)	15% (6)	0% (0)
Criteria for Performance Excellence: Baldrige, Sterling, & the State Alliance	40	35% (14)	45% (18)	18% (7)	3% (1)
Technical Assistance with SPHAs/Performance Officers	64	55% (35)	42% (27)	2% (1)	2% (1)
<b>Kiosks Tables</b>					
PIM Network & phConnect	54	44% (24)	50% (27)	6% (3)	0% (0)
ELC/EIP	24	33% (8)	58% (14)	8% (2)	0% (0)
PHAB	32	25% (8)	69% (22)	3% (1)	3% (1)
OSTLTS Communications	43	49% (21)	49% (21)	2% (1)	0% (0)
<b>Partner Kiosk Tables</b>					
APHA	44	41% (18)	57% (25)	2% (1)	0% (0)
ASTHO	46	35% (16)	59% (27)	4% (2)	2% (1)
NACCHO	40	38% (15)	58% (23)	5% (2)	0% (0)
NNPHI	38	39% (15)	55% (21)	3% (1)	3% (1)
PHF	57	51% (29)	47% (27)	2% (1)	0% (0)

### 2.1.3 General Sessions

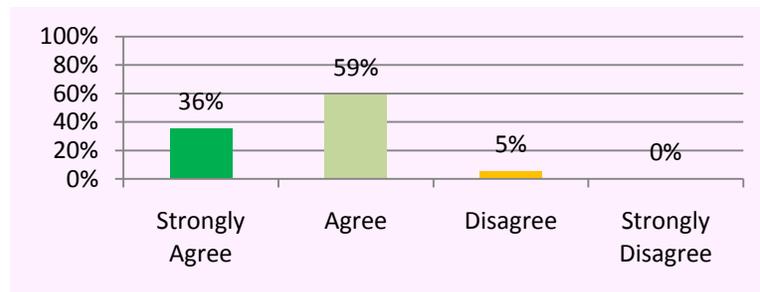
#### 2.1.3.1 A Charge to Action: Improving the Performance of Health Departments

<i>A Charge to Action: Improving Performance of Health Departments</i>					
Total number of people responding to this question		78			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		30	43	5	0
% of respondents		38%	55%	6%	0%



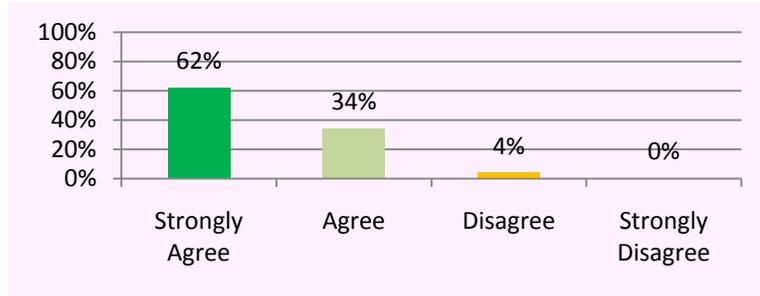
#### 2.1.3.2 Evaluation of NPHII

<i>Evaluation of NPHII</i>					
Total number of people responding to this question		76			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		27	45	4	0
% of respondents		36%	59%	5%	0%



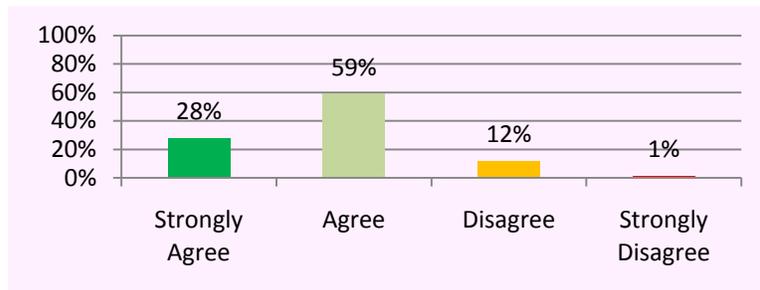
### 2.1.3.3 Performance Improvement Journey

<i>Performance Improvement Journey</i>					
Total number of people responding to this question		76			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		47	26	3	0
% of respondents		62%	34%	4%	0%



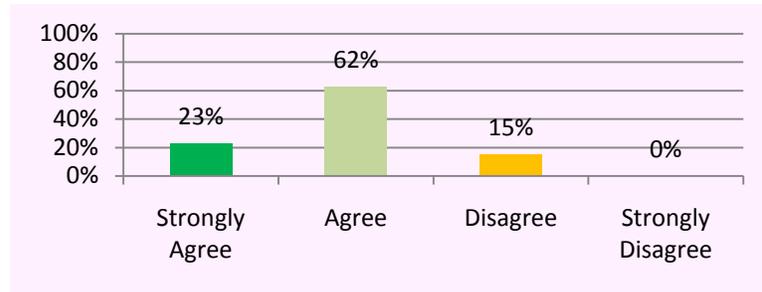
### 2.1.3.4 Improving Performance in Chronic Disease Prevention

<i>Improving Performance in Chronic Disease Prevention</i>					
Total number of people responding to this question		68			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		19	40	8	1
% of respondents		28%	59%	12%	1%



### 2.1.3.5 Public Health Transformation

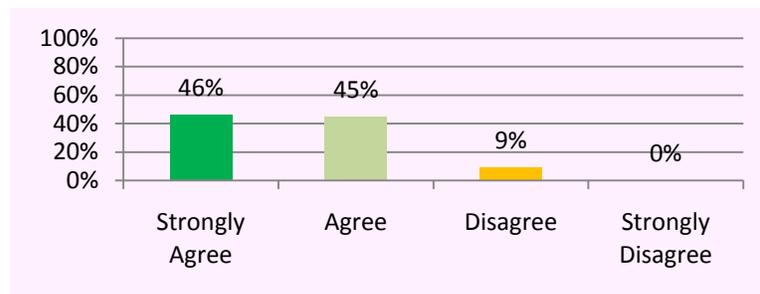
<i>Public Health Transformation</i>					
Total number of people responding to this question		61			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		14	38	9	0
% of respondents		23%	62%	15%	0%



## 2.1.4 Core Sessions

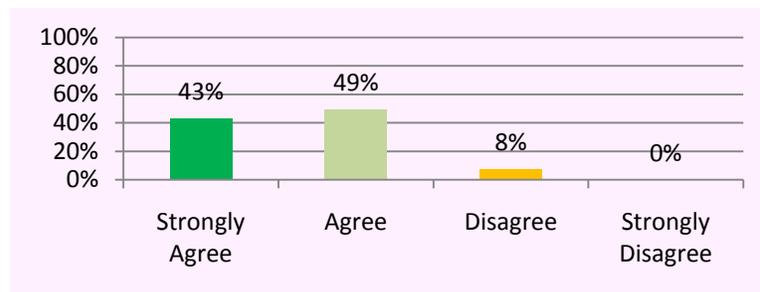
### 2.1.4.1 Quality Improvement Methods and Tools

<i>Quality Improvement Methods and Tools</i>					
Total number of people responding to this question		67			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		31	30	6	0
% of respondents		46%	45%	9%	0%



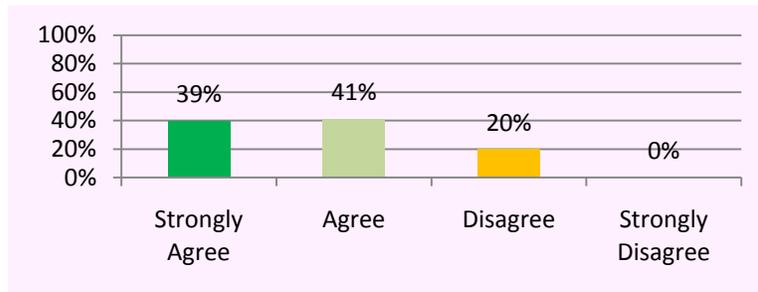
### 2.1.4.2 Systems Development and Redevelopment

<i>Systems Development and Redevelopment</i>					
Total number of people responding to this question		65			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		28	32	5	0
% of respondents		43%	49%	8%	0%



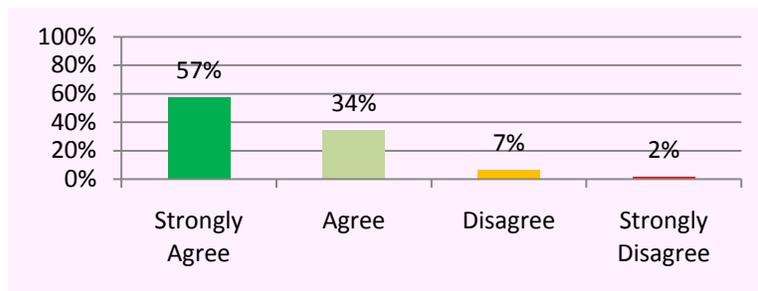
### 2.1.4.3 Cross-jurisdictional Sharing and Regionalization Efforts

<i>Cross-jurisdictional Sharing and Regionalization Efforts</i>				
Total number of people responding to this question				
	61			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents	24	25	12	0
% of respondents	39%	41%	20%	0%



### 2.1.4.4 Accreditation of Public Health Departments – Building Readiness and Driving Quality Improvement

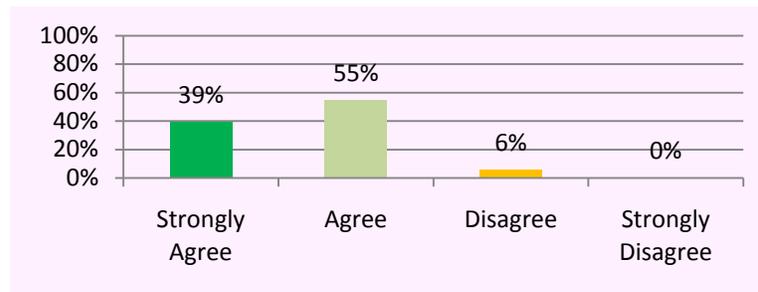
<i>Accreditation of Public Health Departments - Building Readiness and Driving Quality Improvement</i>				
Total number of people responding to this question				
	61			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents	35	21	4	1
% of respondents	57%	34%	7%	2%



## 2.1.5 Elective Sessions

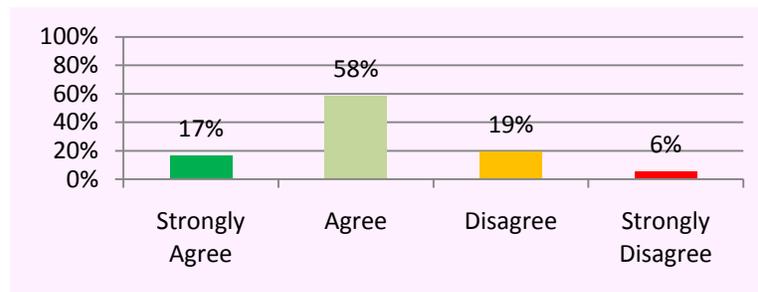
### 2.1.5.1 Public Health Law and Policy

<i>Public Health Law and Policy</i>					
Total number of people responding to this question		33			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		13	18	2	0
% of respondents		39%	55%	6%	0%



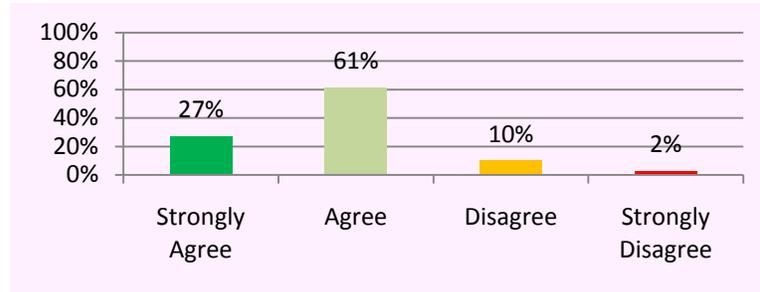
### 2.1.5.2 Health Information Technology

<i>Health Information Technology</i>					
Total number of people responding to this question		36			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		6	21	7	2
% of respondents		17%	58%	19%	6%



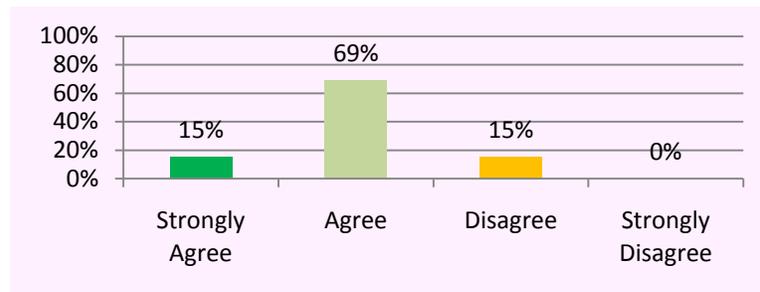
### 2.1.5.3 Workforce Development

<b>Workforce Development</b>					
<b>Total number of people responding to this question</b>		<b>41</b>			
		<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Number of respondents		<b>11</b>	<b>25</b>	<b>4</b>	<b>1</b>
% of respondents		<b>27%</b>	<b>61%</b>	<b>10%</b>	<b>2%</b>



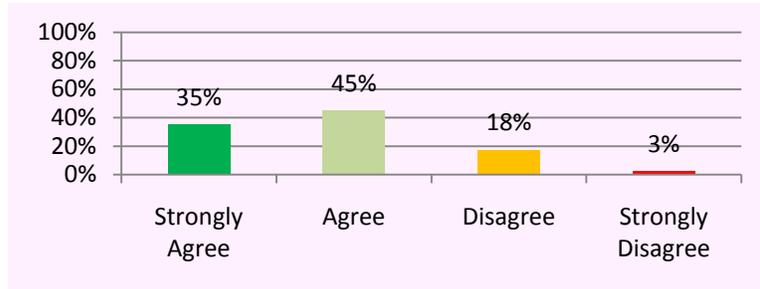
### 2.1.5.4 Modular kaizen

<b>Modular kaizen</b>					
<b>Total number of people responding to this question</b>		<b>39</b>			
		<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Number of respondents		<b>6</b>	<b>27</b>	<b>6</b>	<b>0</b>
% of respondents		<b>15%</b>	<b>69%</b>	<b>15%</b>	<b>0%</b>



### 2.1.5.5 Criteria for Performance Excellence: Baldrige, Sterling and the State Alliance

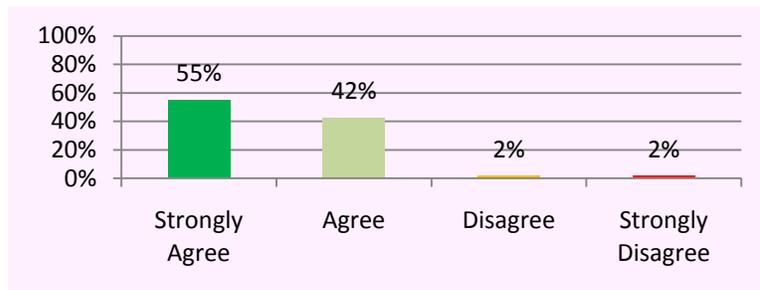
<i>Criteria for Performance Excellence: Baldrige, Sterling, &amp; the State Alliance</i>					
Total number of people responding to this question		40			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		14	18	7	1
% of respondents		35%	45%	18%	3%



### 2.1.6 Technical Assistance and Kiosks Tables

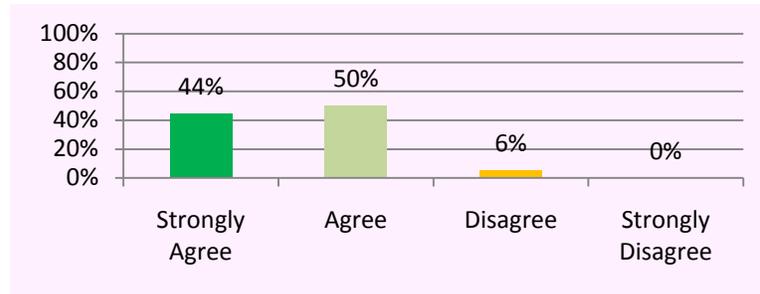
#### 2.1.6.1 Technical Assistance with SPHAs/Performance Officers

<i>Technical Assistance with SPHAs/Performance Officers</i>					
Total number of people responding to this question		64			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		35	27	1	1
% of respondents		55%	42%	2%	2%



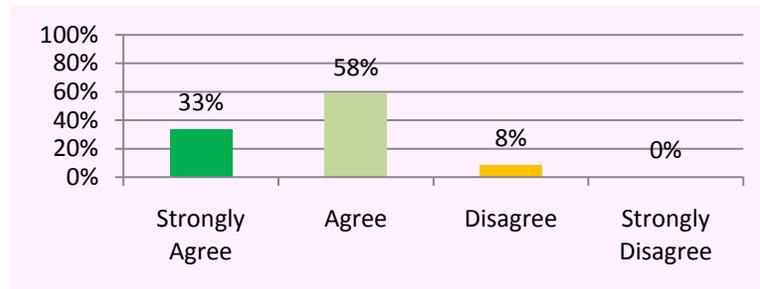
### 2.1.6.2 PIM Network & phConnect Kiosk Table

<i>PIM Network &amp; phConnect Kiosk Table</i>					
Total number of people responding to this question		54			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		24	27	3	0
% of respondents		44%	50%	6%	0%



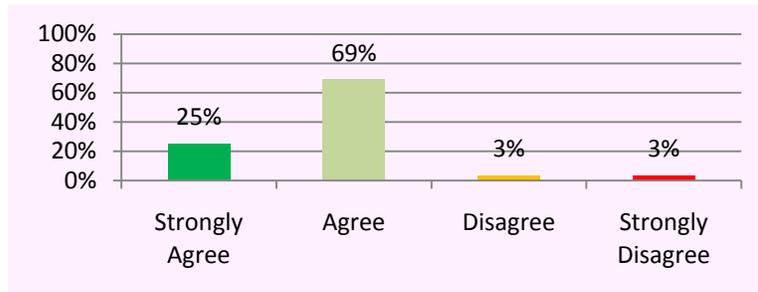
### 2.1.6.3 ELC/EIP Kiosk Table

<i>ELC/EIP Kiosk Table</i>					
Total number of people responding to this question		24			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		8	14	2	0
% of respondents		33%	58%	8%	0%



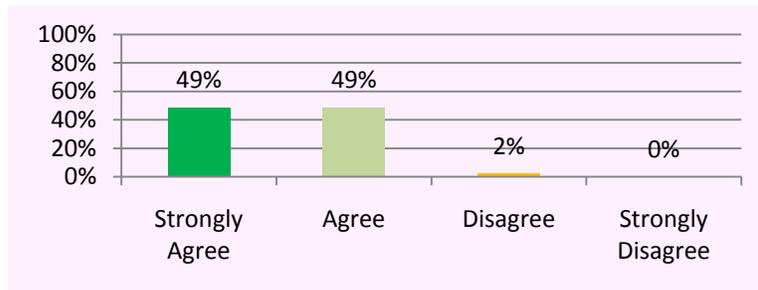
**2.1.6.4 PHAB Kiosk Table**

<i>PHAB Kiosk Table</i>					
Total number of people responding to this question		32			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		8	22	1	1
% of respondents		25%	69%	3%	3%



**2.1.6.5 OSTLTS Communications Kiosk Table**

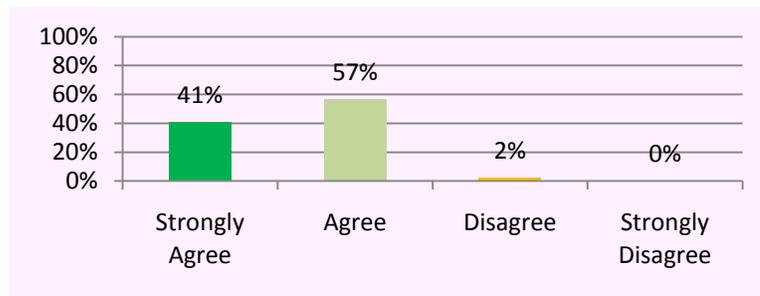
<i>OSTLTS Communications Kiosk Table</i>					
Total number of people responding to this question		43			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		21	21	1	0
% of respondents		49%	49%	2%	0%



## 2.1.7 Partner Kiosk Tables

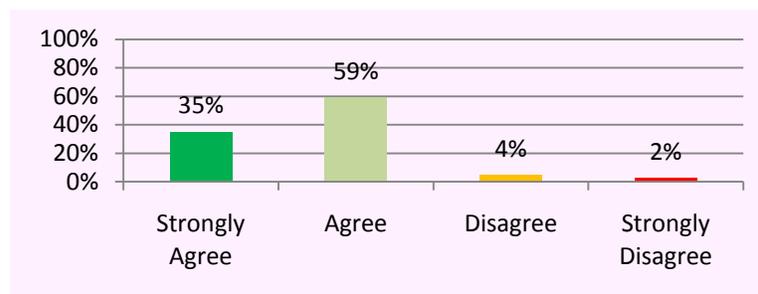
### 2.1.7.1 APHA Partner Kiosk Table

<i>APHA Partner Kiosk Table</i>					
Total number of people responding to this question		44			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		18	25	1	0
% of respondents		41%	57%	2%	0%



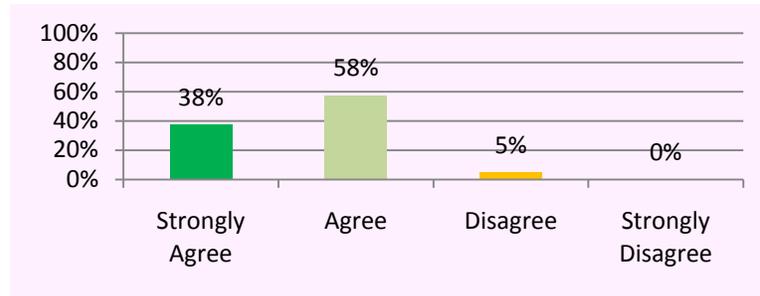
### 2.1.7.2 ASTHO Partner Kiosk Table

<i>ASTHO Partner Kiosk Table</i>					
Total number of people responding to this question		46			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		16	27	2	1
% of respondents		35%	59%	4%	2%



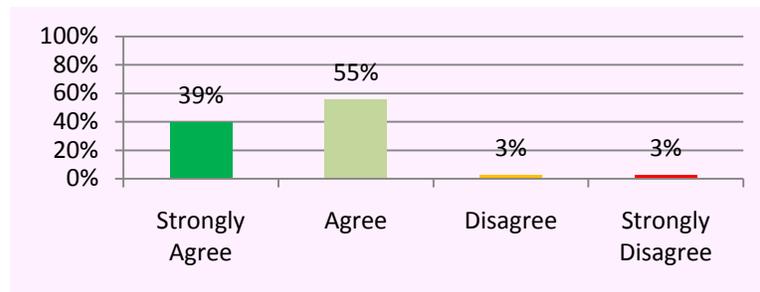
### 2.1.7.3 NACCHO Partner Kiosk Table

<i>NACCHO Partner Kiosk Table</i>					
Total number of people responding to this question		40			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		15	23	2	0
% of respondents		38%	58%	5%	0%



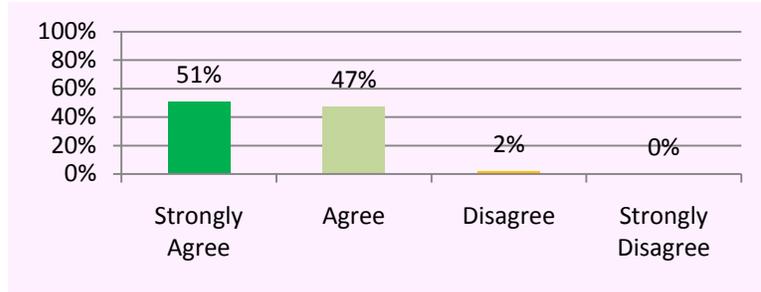
### 2.1.7.4 NNPHI Partner Kiosk Table

<i>NNPHI Partner Kiosk Table</i>					
Total number of people responding to this question		38			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		15	21	1	1
% of respondents		39%	55%	3%	3%



**2.1.7.5 PHF Partner Kiosk Table**

<i>PHF Partner Kiosk Table</i>					
Total number of people responding to this question		57			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		29	27	1	0
% of respondents		51%	47%	2%	0%



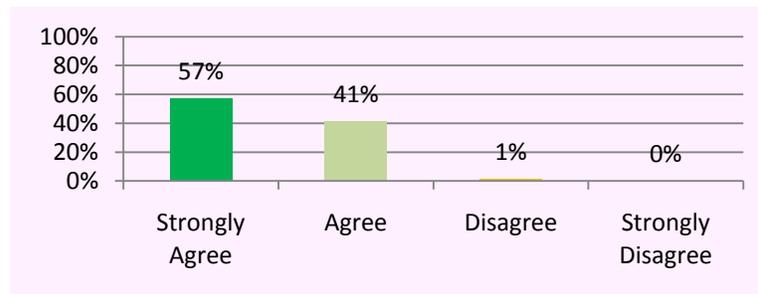
## 2.2 Goals, Outcomes, and Time Allocation

### 2.2.1 Respondents' level of agreement with the following statements

	Number of Responses	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Goals and Outcomes</b>					
The goals and outcomes were relevant to the meeting	82	57% (47)	41% (34)	1% (1)	0% (0)
The outcomes were clearly defined	84	48% (40)	48% (40)	5% (4)	0% (0)
The outcomes, as stated, were met	82	37% (30)	57% (47)	6% (5)	0% (0)
<b>Content</b>					
The content was appropriate given the stated goals and outcomes of the meeting	83	35% (29)	58% (48)	7% (6)	0
The content was presented clearly	81	40% (32)	58% (47)	2% (2)	0% (0)
The content is relevant to my Performance Management responsibilities (if applicable)	66	38% (25)	58% (38)	3% (2)	2% (1)
<b>Sufficient Time</b>					
Sufficient time was allocated for TA with the Partners	74	31% (23)	38% (28)	26% (19)	5% (4)
Sufficient time was allocated for networking	79	25% (20)	54% (43)	18% (14)	3% (2)

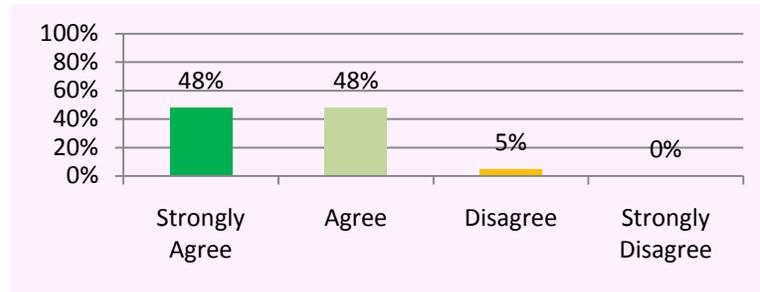
#### 2.2.1.1 The goals and outcomes were relevant to the meeting

<i>The goals and outcomes were relevant to the meeting</i>					
Total number of people responding to this question		82			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		47	34	1	0
% of respondents		57%	41%	1%	0%



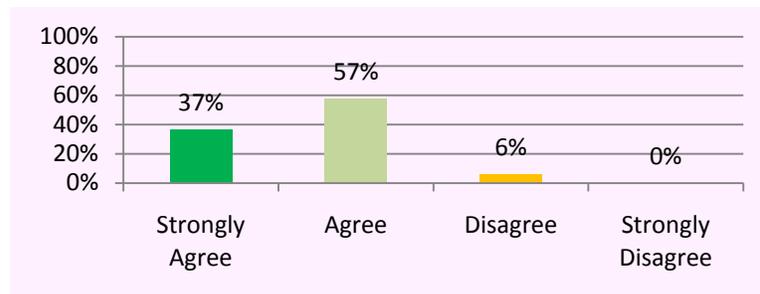
**2.2.1.2 The outcomes were clearly defined**

<i>The outcomes were clearly defined</i>					
Total number of people responding to this question		84			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		40	40	4	0
% of respondents		48%	48%	5%	0%



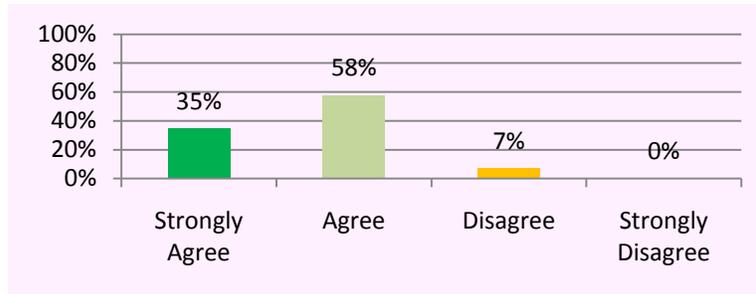
**2.2.1.3 The outcomes, as stated, were met**

<i>The outcomes, as stated, were met</i>					
Total number of people responding to this question		82			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		30	47	5	0
% of respondents		37%	57%	6%	0%



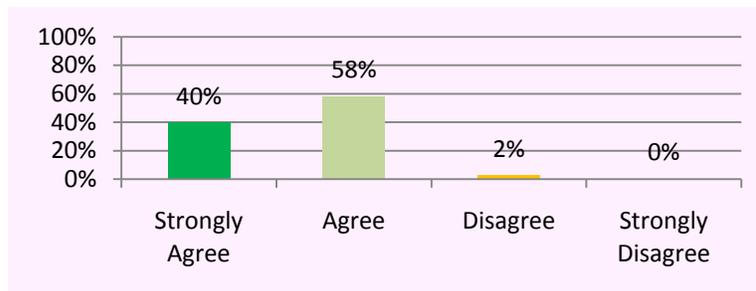
**2.2.1.4 The content was appropriate given the stated goals and outcomes of the meeting**

<i>The content was appropriate given the stated goals and outcomes of the meeting</i>					
Total number of people responding to this question		83			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		29	48	6	0
% of respondents		35%	58%	7%	0%



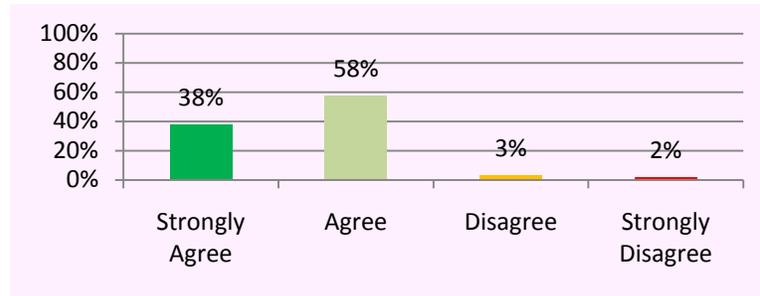
**2.2.1.5 The content was presented clearly**

<i>The content was presented clearly</i>					
Total number of people responding to this question		81			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		32	47	2	0
% of respondents		40%	58%	2%	0%



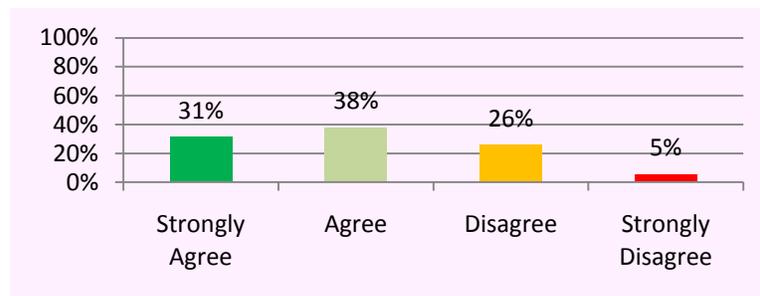
**2.2.1.6 The content is relevant to my Performance Management responsibilities**

<i>The content is relevant to my Performance Management responsibilities (if applicable)</i>					
Total number of people responding to this question		66			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		25	38	2	1
% of respondents		38%	58%	3%	2%



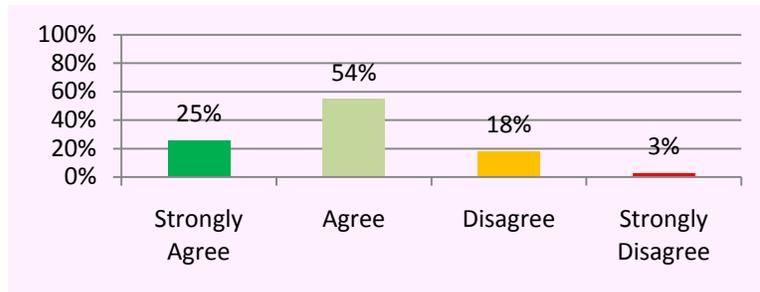
**2.2.1.7 Sufficient time was allocated for TA with the Partners**

<i>Sufficient time was allocated for TA with the Partners</i>					
Total number of people responding to this question		74			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		23	28	19	4
% of respondents		31%	38%	26%	5%



**2.2.1.8 Sufficient time was allocated for networking**

<i>Sufficient time was allocated for networking</i>					
Total number of people responding to this question		79			
		Strongly Agree	Agree	Disagree	Strongly Disagree
Number of respondents		20	43	14	2
% of respondents		25%	54%	18%	3%



## 2.3 Qualitative Results

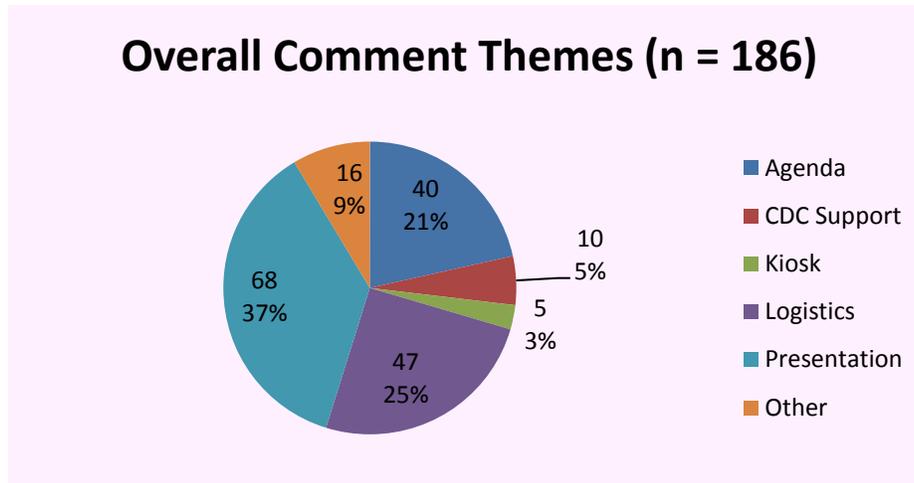
### 2.3.1 Comment Theme Descriptions

Respondents were provided the opportunity to share open-ended comments and suggestions regarding the meeting at the end of the evaluation. Of the 83 evaluations received, 69 of the respondents submitted at least one comment, with 186 total comments received. These comments were analyzed and classified into six overall categories with additional sub-categories as follows:

1. *Agenda (n=40)*
  - a. *Time Allocation (sub-category)* – refers to schedule and time allotment for networking, Q&A, etc (n=20)
  - b. *Structure (sub-category)* – refers to the overall agenda and high-level comments about the meeting structure (n=20)
2. *CDC Support* – refers to comments regarding support from CDC (e.g., technical, leadership, etc.) during the meeting (n=10)
3. *Kiosk* – refers to comments regarding the kiosk table (n=5)
4. *Logistics (n=47)*
  - a. *Materials (sub-category)* – refers to name badges, presentation handouts, etc (n=43)
  - b. *Location (sub-category)* – refers to comments about the Emory Conference Center (n=4)
5. *Presentation (n=68)*
  - a. *Content (sub-category)* – refers to the information presented in the slides or exercise (n=52)
  - b. *Speaker (sub-category)* – refers to communication style and other attributes of the presenter (n=9)
  - c. *Time allocation (sub-category)* – refers to time for presentation and question and answer session (n=7)
6. *Other* – comments which did not fall into any of the above categories (n=16)

### 2.3.2 Overall Distribution of Comment Themes

Over 70% of the comments were regarding the Agenda, Logistics and Presentation. 20% of the overall comments were categorized as positive and the remaining were focused on suggestions for improvement.



### 2.3.3 Agenda Comments Distribution

Fifty percent of Agenda comments were related to Time Allocation (time for networking, etc.) and 50% to Structure (training modules, teaching methods, etc.). Ten percent of the Agenda comments were positive while the remainder of comments was related to possible improvements. Twenty respondents requested additional time for TA and/or networking.

#### Sample *Agenda* comments:

- “Two tracks are needed, one for beginners and one for advanced”
- “More time was needed with regions and grant senior Public Health advisors”
- “Excellent first grantee meeting. Would recommend more time for TA and networking for future meetings”

### 2.3.4 Logistics Comments Distribution

The Logistics comments focused on Materials (91%), such as presentation handouts, participant list, name tags identifying state, etc. The most frequently cited suggestion was regarding the addition of state and department information to name badges. Respondents stated that this would encourage networking and allow PIMs to easily seek out other attendees with similar locations and exposures. Many attendees also suggested that handouts of the presentations prior to each session would aid in note taking.

#### Sample *Logistics* comments:

- “Put states or organizations on name badges”
- “Get presentations out in advance or on flash drives at registration”
- “A list of registrants at the meeting's start would have been helpful, maybe a speed networking activity, and perhaps brief profiles on grantee initiatives / interests to facilitate meaningful connections. Thanks!”

### 2.3.5 Presentation Comments Distribution

The Presentation comments were primarily focused on Content of the sessions (77%) and Speaker presentations. Seventy-five percent of these comments were suggestions for improvement. Some attendees requested more case studies and real life examples to help explain how other states overcame challenges to be successful. Recommendations were also made for interactive discussions rather than didactic presentations, and more time for questions and answers with speakers.

#### **Sample *Presentation* comments:**

- “Heavy focus on Florida, North Carolina. Would have been nice to hear from departments who were struggling.”
- “Speakers went WAY too fast - would have been helpful to have presentations (slides) in front of us - in advance.”
- “I would really appreciate examples, case studies, etc from a state perspective. I'm having a tough time translating local presentations into the state environment.”

### 3 Conclusion

In summary, 87% of evaluation respondents were satisfied with the quality of the meeting. Also, 94% of respondents strongly agreed or agreed that the meeting goals and outcomes were met. Moreover, most respondents (96%) stated that the information gained in these sessions was relevant to their performance management responsibilities. There were also some suggestions for improvement that could be considered including logistical issues, presentation needs, and agenda modifications.

These evaluation results will be considered to inform future planning efforts.

## Appendix A: Evaluation Form

### NPHII GRANTEE MEETING EVALUATION

Thank you for your participation in the NPHII Grantee Meeting. Please evaluate the sessions you have attended and turn in this form before leaving the meeting. All information you provide will remain confidential; therefore, your identity will never be associated with your responses. We welcome your candid, honest responses that will be used to inform the next grantee meeting.

#### 2011 NPHII Grantee Meeting Goals and Outcomes

**Meeting Goals:**

- Empower Performance Improvement staff by expanding and enhancing their technical knowledge and skills
- Facilitate and support the establishment and implementation of a sustainable Performance Improvement Managers Network
- Identify and discuss how best to support sustained Performance Improvement practices across public health jurisdictions

**Meeting Outcomes:**

- Increased awareness and knowledge of Performance Improvement practices and tools
- Increased connections among Performance Improvement Managers, NPHII grantees, Capacity Building Assistance partners, and others who may serve as resources
- Increased knowledge and skills for applying performance management tools and practices to include CDC program and business processes and budget requirements

1. Place an “X” in the column that reflects how well your needs were met for the sessions you attended and/or the kiosk tables you visited:

	Strongly Agree	Agree	Disagree	Strongly Disagree
A Charge to Action: Improving the Performance of Health Departments				
Evaluation of NPHII				
Performance Improvement Journey				
Improving Performance in Chronic Disease Prevention				
Public Health Transformation				
Quality Improvement Methods and Tools				
Systems Development and Redevelopment				
Cross-jurisdictional Sharing and Regionalization Efforts				
Accreditation of Public Health Departments – Building Readiness and Driving Quality Improvement				
Public Health Law and Policy				
Health Information Technology				
Workforce Development				
Modular <i>kaizen</i>				
Criteria for Performance Excellence: Baldrige, Sterling, & the State Alliance				
Technical Assistance with SPHAs/Performance Officers				
PIM Network & phConnect Kiosk Table				
ELC Kiosk Table				
PHAB Kiosk Table				
OSTLTS Communications Kiosk Table				
APHA Partner Kiosk Table				
ASTHO Partner Kiosk Table				
NACCHO Partner Kiosk Table				
NNPHI Partner Kiosk Table				
PHF Partner Kiosk Table				

NPHII Grantee Meeting Summary and Evaluation Results

**2. Place an “X” in the column which accurately reflects your level of agreement with the following statements:**

	Strongly Agree	Agree	Disagree	Strongly Disagree
The goals and outcomes were relevant to the meeting				
The outcomes were clearly defined				
The outcomes, as stated, were met				
The content was appropriate given the stated goals and outcomes of the meeting				
The content was presented clearly				
The content is relevant to my Performance Management responsibilities (if applicable)				
Sufficient time was allocated for TA with the Partners				
Sufficient time was allocated for networking				

**3. How would you rate the overall quality of the NPHII Grantee Meeting?**

- Excellent     
  Very Good     
  Fair     
  Poor     
  Very Poor

**4. Please provide any comments and/or suggestions for improvement that you would like to share about the NPHII Grantee Meeting:**



# NPHII Grantee Meeting, 2011

**4. Please prioritize the following topics for sessions in rank order from least important to most important. Please use the "Comment" field to specify.**

	Least Important					Most Important
A. Evaluation: How can it be used in concert with a Performance Management System?	<input type="radio"/>					
B. Health IT Communications (What areas of HIT and/or communications are of greatest interest/concern to your department?)	<input type="radio"/>					
C. Workforce Systems Development (What areas of workforce systems development are of greatest interest/concern to your department?)	<input type="radio"/>					
D. Policy and Public Health Law (What areas of public health law are of greatest interest/concern to your department?)	<input type="radio"/>					
E. Public Health System Development/Redevelopment (What areas of system development are of greatest interest/concern to your department?)	<input type="radio"/>					
F. Networking to build professional relationships, and to share and gain expertise	<input type="radio"/>					

Comments (Please label each comment A through F)

**5. Do you have suggestions for specific speakers on any of the above topics?**

No

Yes, provide topic, name, affiliation, and contact info

**6. Please prioritize resources that would best help you to achieve public health goals from the least important resource to the most important resource.**

	Least Important			Most Important
Basic materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compilation of practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One-on-one Technical Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## NPHII Grantee Meeting, 2011

**7. Do you have experiences related to Performance and/or Quality Improvement that you would be willing to share with other grantees?**

No

Yes, please specify

**8. Are you willing to make a presentation, serve on a panel, or do you have examples of promising practices related to Performance Management to share?**

No

Yes, what is the topic?

**9. Please share any other recommendations or comments that might help inform planning this meeting.**