

# NPHII Assessment Results & Workforce Development

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## CDC Performance Improvement Managers Network Call

**August 25, 2011**

**Moderators:** Liza Corso, CDC/OSTLTS

Teresa Daub, CDC/OSTLTS

**Ed (Operator):** Welcome and thank you all for holding. I'd like to inform you that your lines are in listen only during today's conference until the question and answer session. At that time I will open up all lines. So if you have a mute button please utilize it. If not you'll be able to press star 6 to mute and unmute. Today's call is being recorded. If you have any objections you may disconnect. I'd now like turn it over to Liza Corso. Ma'am, you may begin.

**Liza Corso:** Thank you very much. Welcome everyone to the August Performance Improvement Managers Network call. I'm Liza Corso with the Office for State, Tribal, Local and Territorial Support and I'm joined here today by some colleagues from OSTLTS. Theresa Daub and I will be co-moderating this call and we're delighted that everyone could join us for today's call. This is our seventh call in the monthly webinar series for performance improvement managers throughout the country. And as you all know and have heard by now, the PIM Network is intended to be a forum to support all performance improvement managers in learning from each other as well as from partners and experts in the field.

On today's call we'll share results from the baseline assessment about NPHII grantees and then explore ideas and resources for work force development and continuing education. This is certainly an area of interest and need based on the results from the evaluation as well as evidenced by recent discussions in the PIM Network listserv. I'll introduce our speakers shortly but before I do Teresa is going to review some of the technological features of today's call.

**Teresa Daub:** Thanks Liza and I'll start with a reminder that we will be doing something new on today's call and opening the lines for live Q&A after presentation. So please take advantage of the opportunity to mute your lines now using your own mute button or the star 6 feature if you don't have a mute button on your phone.



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For those of you who are not able to be on the Web portion of the call, I hope you'll refer to the slides that were emailed to you yesterday. For those of you who are on the LiveMeeting site, you'll see the slides on your screen. And if you'd like to download them you can do so by using the icon at the top right of your screen. That's the one that looks like three sheets of paper. And you can go ahead and download the slides from there. If you're on the Web you'll also be able to see the other sites participating in today's call by looking at the attendees under the link at the top left of your screen. And it looks like we have about 48 folks on the line at this point.

We have two ways in which we'll take your questions. As I mentioned, we'll be doing live Q&A at the end of the presentation. But you can type in questions at any time using the Q&A feature on the Web site. You can do that by clicking Q&A in the toolbar at the top of your screen and enter your question or comment there.

We will announce your identity with announcing the question unless you prefer to remain anonymous. And if that's the case please let us know in the text of your message that you would prefer not to have your name announced. Our call today will last about one hour and as you heard, is being recorded. The full presentation will be archived on the OSTLTS PIM Network Web page.

As usual, we'll be conducting a few polls on the call and we have our first poll right now. And this is the poll in which we ask you your affiliation. So please indicate your organizational affiliation. Okay. Thanks for casting your vote on that poll. We'll move on to the next one and this is the poll to give us an idea of how many total people are participating via Web.

How many people are in the room with you today? Okay everybody. Thanks for participating in those polls. We will have one more poll at the end of the call so we can find out from you- actually a couple of polls at the end of the call so we can find out from you what you thought about today's call among other things. So now I'll turn the call back to Liza. But before I do, one more reminder to please use the mute feature on your phone or star 6 to mute your lines in anticipation of our opening the lines at the end of the presentation. Back to you Liza.

**LC:** Great. Thanks Teresa. In March 2011 a baseline assessment was conducted with all 76 of the NPHII grantees to determine where everyone stood in the following four areas at the time of the award in October 2010: hiring and qualifications of performance improvement managers, accreditation readiness, grantee experience with performance management and environment for performance management. Today our colleagues from the National Network of Public Health Institutes and a colleague from OSTLTS will review their findings and will discuss how these findings can inform our PIM Network efforts.

Our presenters today are Nikki Lawhorn and Anita McLees. Nikki Lawhorn is the research manager for the National Network of Public Health Institutes and her current duties include evaluation of CDC's NPHII initiative and serving as project director for the Robert Wood Johnson Foundation's public health services and systems research solicitation, which is administered by NNPHI.



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Ms. Lawhorn has a master's degree in public policy from the University of Chicago and is a doctoral candidate in biostatistics at Tulane University School of Public Health and Tropical Medicine. Anita McLees is a health scientist in CDC's OSTLTS. She holds primary responsibility in OSTLTS for the evaluation of the National Public Health Improvement Initiative as well as working on other evaluation related projects within OSTLTS. Ms. McLees has a master's degree in public health and a master's degree in anthropology. Nikki, let me turn it over to you now.

**Nikki Lawhorn:** Great. Thank you Liza. I'm here today to update you all on the baseline assessment results and I want to start off my presentation by saying thank you to a few people. First and foremost to all of you PIMs on the line who participated in the assessment, we had an overwhelming response and just want to say thank you to all for all the time and effort you put into responding. I'd also like to thank colleagues at CDC OSTLTS and in particular Anita McLees who is on the line today who is going to help me answer any questions that you all have. I want to thank our colleagues at NORC at the University of Chicago, specifically Jessica Kronstadt, Michael Meit and Naomi Hernandez, who were really responsible for implementing the assessment and then doing the data analysis and developing the report. And then also to my NPHII evaluation colleagues Sara Gillen and (Erica Johnson) at the National Network of Public Health Institutes as well as some of our members including Mary Davis from the North Carolina Institute, Chris Parker from Georgia, Gianfranco Pezzino from Kansas, Julia Heaney from Michigan and Kusuma Madamala who is an independent consultant.

Next slide. Today we're going to talk a little bit about the purpose of the evaluation, go through our process for developing the assessment and implementing the assessment and then review the major findings and go through a summary of those findings and implications. And then we'll have time for a Q&A session.

Next slide. The purpose of the evaluation is to examine the NPHII investment and its initial impact on efficiencies in business and program operations, use of evidence based policies and practices to improve program effectiveness and readiness for applying to and achieving accreditation by the PHAB accreditation board.

Next slide. The purpose of the baseline assessment is to document grantee activities prior to and at the time of funding. And as Liza mentioned earlier, there were four key sections to the assessment including PIM qualifications and experience, accreditation readiness, performance management system practices and agency environment and culture for performance management.

Next slide. When we worked on developing the assessment we first reviewed existing instruments and those include the ASTHO survey on performance management practices, the ASTHO and NACCHO profiles and an instrument that we used to evaluate the Multi-State Learning Collaborative. And after reviewing all of the existing instruments we adapted and expanded those to the NPHII programs. We also went through a process of review and revision that included our partners at CDC and at NORC. We also worked with a select number of grantees and also some public health practitioners in terms of beta



testing the assessment. As you all know, the assessment was administered online and it was through Survey Monkey. And we had a lot of cooperation and help from CDC in terms of communicating to you all around introducing the assessment and then sending reminders after the assessment was opened.

Next slide. As I mentioned earlier, we had a tremendous response to the survey and I want to say thank you to all of you who participated. We had 75 grantees responded which was 100% of those that received the assessment. 52 grantee PIMs participated, which represents 69% of the grantees and their response rate for each of the questions ranged from 92-100% of eligible respondents. There was one grantee who was a component two only grantee and they did not participate in this survey because they're a membership organization and all of their members are component one grantees who did participate.

We also had one grantee who hired two PIMs at the time of the assessment and both PIMs completed the assessment and then they worked together, the PIM portion of the assessment and then worked together to complete the remaining sections.

Next slide. So now I'm going to go through a review of the major findings from each of the four sections of the survey. So we'll move on to the findings on performance improvement managers. Next slide. So of the 53 PIMs who responded to the survey 64% have a master's and 15% have doctorates. And of those 42 PIMs with graduate degrees 64% had graduate degrees in public health and 21% have graduate degrees in public policy, administration or management.

When we ask about experience in public health, 51% of you all responded that you worked in public health for ten or more years and 13% responded that you've worked in public health for less than a year. Experience with QI, all of you reported having experience; 96% have experience with QI and about 88% received training in at least one QI method.

You all also identified a few potential competency areas for development including cost effectiveness and cost benefit analysis as well as establishing a performance management system. Next slide. This slide shows a breakout of years of experience in public health by those PIMs who were hired prior to NPHII and those PIMs that were hired through NPHII. And what we see when we look at this slide is that in general those PIMs that were working in their health department before NPHII generally had more experience in public health than PIMs who were hired through the NPHII program. Next slide. But on the flip side when we look at experience in quality improvement, we see that in general those PIMs who were hired through the NPHII program tend to have more experience in quality improvement compared to PIMs that were already working with their health departments before NPHII.

What these two slides tell us is that the experience of PIMs is diverse and that there are potentially a few areas for competency development and I think we'll talk about that a little bit more in the presentation. Next slide. Moving on to accreditation readiness, almost 70% of you all have completed community health assessments.



And almost 3/4 have completed a health improvement plan. 85% of you have reported that you have completed an agency strategic plan and just under 1/4 reported that you have completed all three prerequisites for PHAB accreditation. 39% have completed two of the prerequisites and just over 1/4 have completed one of the prerequisites.

When we look at intention to apply for accreditation nearly 3/4 of grantees plan to apply for accreditation and almost 40% of those grantees or of all grantees plan to apply for accreditation within the first two years. When we look at the accreditation readiness completion of prerequisites and intention to apply for accreditation, of the 18 health departments who have already completed all three prerequisites 13 agreed or strongly agreed that they would seek accreditation and eight agreed or strongly agreed that they would do so in the first two years of the accreditation program.

Notably however, among the six health departments that have not yet completed any of the prerequisites four strongly agreed or agreed that they would like to seek accreditation and only one agreed that they would like to do so in the first two years.

Next slide. The next section of the assessment focused on performance management experience and one area that we asked about was performance management system in each of the four components, which include performance standards, performance measurement, quality improvement process and reporting of progress. Next slide. So when we look at the components of a performance management system 92% of grantees reported establishing at least one component for a specific programmatic area such as immunization or maternal and child health. 70% reported establishing at least one component agency wide and the two components that were most often reported as being established agency wide were performance measures and performance reports.

68% of grantees reported implementing systematic QI efforts and 11% of grantees has implemented all performance management components agency wide. Next slide. When asked does your health department's NPHII performance improvement efforts focus on any of the following, the top four responses were increasing coordination among staff in different programs, improving efficiencies in service delivery, increasing coordination with external agencies, departments and organizations and reducing unnecessary redundancy across activities with complementary goals.

Next slide. When we asked about activities that foster performance management, 70% of grantees report that 25% or less of their staff are trained in quality improvement and about 1/3 of grantees had a quality improvement committee. There are a lot of grantees who are using resources to inform programs or practices. 72% report using evidence based health promotion programs and 60% report using a guide to community preventive services. There are also a number of you who reported using ASTHO and NACCHO resources. Next slide. When we asked about use of resources prior to NPHII there were a number of grantees who reported using NACCHO, ASTHO and MLC resources.

Half of you also reported using resources from the Public Health Foundation. Fewer grantees reported using resources from the Institute for Healthcare Improvement. Next slide. This graph shows our



findings in regard to the environment for performance management and if you recall, this section of the survey included 14 items that came from the Multi-State Learning Collaborative's annual assessment of health department culture and improvement. And what we did is we summed up across those 14 statements, we summed for each grantee the number of statements that they agreed to. And so for most grantees, 54% of them agreed with one to five of those statements. Just over 1/3 agreed with six to ten of the statements and about 10% agreed with ten to 14 of those statements.

So the two statements that were agreed with most often were 90% of the respondents agreed or strongly agreed that leaders are receptive to ideas for improving public health department programs, services and outcomes. And about 80% agreed that staff consult with and help one another to solve problems. While those findings are really encouraging, at the same time there were a few questions from that section that highlight areas where performance management culture could be further fostered.

In particular, very few respondents agreed that many individuals responsible for programs and services in my public health department routinely use systematic methods to understand the root causes of problems. And only about 10% agreed that there is an established process for identifying quality improvement priorities with many programs and services in my public health department.

Next slide. So to summarize what we found, we found that PIMs and grantee organizations have diverse backgrounds and that there may be opportunities for technical assistance offering in the following areas - public health, performance management across all staff in the organization, leadership training in change management and performance management culture and specific training in cost efficiency and cost benefit analysis. We also noted that grantees appear to be well positioned to prepare to apply for accreditation. Nearly 3/4 of grantees intend to apply and almost 2/3 have completed at least two prerequisites for PHAB accreditation. Next slide. We also found that most grantees have some QI or PM activities upon which they can build.

Most grantees are using at least one of the performance management system components and most grantees in general have an environment conducive for quality improvement and performance management activities. We also feel that the NPHI initiative can facilitate more systematic use of performance management agency wide.

We found that agencies are engaging in some activities but not on an agency wide or routine basis. Few grantees have implemented QI and performance management activities agency wide for the system and that kind of our one quote that we have from the report to summarize the findings in this area is that many components of QI are in place, but the level of sophistication and the use of formal tools and evaluation varies by program within agencies. So that's the summary of the findings and the implications from the baseline assessment. So now I guess I'd like to open it up for any questions that you all might have.



**TD:** Nikki, thank you so much for your presentation. This has been so informative. We actually have not had any questions come in online right now. So what I'm going to suggest we do is if you have questions for Nikki and Anita you can certainly send those in via the LiveMeeting site.

Otherwise when we open the lines in just a few minutes we'll take questions for Anita and Nikki first so you can have those in mind and that's where we'll start our live Q&A period. So Nikki, again thank you so much and now we'll turn it over to Liza.

**LC:** Okay. Great. Thank you and thank you again Nikki and Anita. I think it's such fascinating information. What we wanted to do when we of course saw and understood the baseline results and also thinking about the interests and discussions that have occurred through the PIM network listserv and through other PIM network communication channels, we realized that some of the key themes that you've just highlighted really speak to some workforce development and continuing education areas of interest.

And that there is a lot of interest in training and technical assistance and a whole spectrum of different areas from public health to performance management, leadership training and change management, different cost efficiency, cost benefit analysis. So this led us to first of all re-anchor our thinking and what we had identified as performance improvement manager competencies.

And many of you will remember these from the March meeting that we had. We had identified performance improvement manager competencies from among the core competencies for public health professionals. And these are ones that we felt were especially relevant for performance improvement managers and these were of course something that you saw throughout the agenda, throughout the courses at that March meeting.

And so rethinking of those and then going to the questions of what are some of the widely available opportunities for performance improvement managers and other parties to be able to get professional development and continuing education opportunities. And also one point to be able to share with you and that we would like some particular input on at some point maybe through email or through the phConnect process and through that mechanism is that it would be especially interesting to develop some training plans that meet the needs of performance improvement managers that pull from the current related content within TRAIN.

So the TRAIN system many of you might be familiar with is a learning management system with thousands of courses uploaded. And from that we can pull QI content, other courses and actually develop learning plans. And so that's something that could be shared such that performance improvement managers could actually easily access them of the more relevant courses. So let's go into just fostering some thinking about what continuing education opportunities might look like.

I think as we have always thought about this, that this spans from the more ad hoc or single opportunities to of course thinking about longer term opportunities. Webinars, not just this webinar but certainly many of our partner organizations, national partner organizations such as NACCHO, ASTHO and



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others, actually host webinar series, which are extraordinarily relevant to the work you do. We have actually created some links to some of those archived webinars. Content on our performance management quality improvement page on the CDC OSTLTS web site. Certainly there are trainings or course work that can occur through national conferences, through summer institutes that are hosted by some educational facilities.

I've already mentioned TRAIN, Institute for Healthcare Improvement, American Society for Quality - all of these have some excellent coursework that might be something that appeals to you. We know some grantees and performance improvement managers are actually facilitating the process of getting some onsite training for multiple folks in your jurisdiction.

As an example, I know that our partner the Public Health Foundation has actually done some onsite training of groups with some grantees. And then of course at what I would say is the farthest end of the spectrum is the opportunity for long-term training. We wanted to highlight and showcase one new example, which is especially relevant for performance improvement managers.

The University of Minnesota is just launching a new certificate of performance improvement and public health and today on the phone we have Dr. Bill Riley who is helping to actually lead the work in hosting this. So we thought this would be a good moment for Dr. Riley just to share with you all just a moment, just a few words about this QI certificate program. Bill, are you here?

**Bill Riley:** Yes I am Liza. Thank you very much. Liza, we have the slides but we don't have the - we're not online with the presentation right now. Is the slide on the QI certificate program online?

**LC:** Yes Bill. That one slide is up.

**BR:** Great. Thank you very much. I am the associate dean at the School of Public Health at the University of Minnesota and the topic that is being presented today is a perfect lead in to the QI certificate that Liza has given us an opportunity to speak with you about today because it's exactly the topic that you're discussing today.

The University of Minnesota's School of Public Health has developed this QI certificate program precisely for public health departments that are pursuing accreditation and pursuing performance improvement. And the certificate is going to be launched this fall. There is kind of a short timeline. Some of you I know have heard about this already. But if anybody else is interested we would certainly expedite getting you into this program.

It's a two-year certificate in quality improvement specifically for public health departments and it's 12 graduate credits. We made this specifically for practicing professionals and it's all online and it's all through distance education. And anyone who wants, any enrollees in this program can use these credits towards an MPH either at the University of Minnesota or to transfer to programs that you might prefer.



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So as I mentioned, it's a distance education format designed specifically for the working public health professional and the learners will understand and apply quality improvement methods and techniques in their individual work settings. And Liza has worked with us over the last few years and likewise the National Network for Public Health Institutes and the Public Health Foundation.

And we have probably been involved in about 200 health departments around the country working on QI projects. And specifically to help the health departments improve their performance as well as improve their workforce capacity to undertake QI projects and all of which of course is to help prepare a health department for accreditation.

And we feel real strongly about this because both CDC and the Robert Wood Johnson Foundation have concluded as one of their guiding principles is that the single best way to improve the health of the population is to improve the performance of health departments and the best way to achieve that is through both public health accreditation and quality improvement capacity.

So Liza, that's a real quick overview of the program. We do have the contact Katy Korchik who can be contacted or please feel free to call me or call Katy. The deadline for application is a week from today but again for anybody who is interested we could certainly expedite the application and it's very, very simple. All it takes is a letter of intent for why especially somebody from the NPHII program would be interested, secondly, a reference letter and then thirdly the transcripts from college. So it's very, very user friendly and the program as I mentioned before is specifically for public health departments. And we have had a lot of experience and the faculty is a nationally renowned faculty including Les Beitsch who is a former public health commissioner in Oklahoma and Jack Moran who is also on the Public Health Foundation.

Liza, I'll just pause there if there are any questions or other follow up you'd like to do.

**LC:** Yes. Thank you Bill. That was great and I think it's helpful for folks to hear about this. A couple of questions have actually come in through the online that - first of all, I think we can tell folks that I do believe we put a blurb and maybe even a link to a PDF on the phConnect site.

But we can make sure that the link to-is there a Web site specifically that you would drive people to look at that you could mention? Otherwise we could just get that out subsequent to the call. I realize now there is no actual Web site on this slide for people to see.

**BR:** Yes and I'm sorry. We were deficient in that but contacting Katy Korchik and she can send all the links to you. And likewise Liza, we will send you the link. It's at the school of public health Web site, which is School of Public Health University of Minnesota. And there is a link on top in terms of certificates and then just follow that link down to quality improvement in public health. But at the same time we will also send you that link if you can distribute it to you audience please.



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**LC:** Okay. And a couple other questions it's not going to surprise you have come in related to cost. If you could just share a little bit about the tuition and one other person said it looks like a wonderful program, however, it is costly. We're wondering if anyone has done other programs or scholarships are available. So I think just both understanding the tuition as well as maybe other opportunities that might relate to offsetting that if there are any.

**BR:** Yes. First of all it is a graduate program, graduate level and as I mentioned, the learners do receive graduate credit for this and it's about \$2500 per semester. So it's about \$5000 a year. We do have scholarships available and we will distribute those so we have already identified a funding source for scholarships and then if more than three persons from any agency would like to take the program we can also arrange for a scholarship for all three people. And we have had several state health departments take advantage of that where they have teams of three or more people and then we give additional scholarships to all of them.

I think and then Liza unfortunately we don't have any other alternatives for this fall that you and I and others have talked about ways that we can address that in future years.

**LC:** Right. Right. No, thank you so much for this. I think I kind of bundled a few questions together that have come in over the Q&A of LiveMeeting and asking you some of those. But it's definitely folks are interested.

And I think I'll of course recap that this course is one opportunity on one end of the spectrum of longer term training and of course there are less costly opportunities with webinars and other trainings and course work through train and through IHI or national conferences that also of course are wonderful training opportunities.

We have seen a lot of activity on the PIM network listserv just this last week in fact with folks sharing their thoughts, ideas and particular opportunities related to continuing education. We're actually going to capture that in kind of a master list of different opportunities. But we also wanted to take this as an opportunity to actually open the lines as Teresa mentioned earlier and we're trying something new.

This might be a disaster. We might close the lines two minutes later. Who knows? On the ground floor of something new but we thought this was a good opportunity and a good topic for folks to begin to hear each other's voices. It's a large call for actually opening the lines but it's a nice way to build the connections among the PIM Network for you all to be able to hear each other. So with that said I think we'll ask the operator.

**Ed (Operator):** Thank you. One moment.

**TD:** Thanks Ed and this is Teresa and I'll just take this opportunity to remind you that if you haven't muted your own line and don't wish to speak please do so. If you have a question, we have about 20 minutes for discussion-question and discussion. So we would love to hear from you. We seem to be



continuing to get some questions on the Web site so we'll take those as well. But right now we are going to eagerly away to hear our first live question.

**Ed (Operator):** At this time all lines are open.

**TD:** Thank you, Ed. All lines are open and we are awaiting your questions on the topic.

**TD:** Actually since I don't hear an immediate question we'll go to a question that has come in online. And the concern raised here is that this is very focused on skill development. But the observation is that the skills are great and very helpful but sometimes a bigger issue can be having - making the organizational culture shift.

So I'm wondering if there are anybody out there among the PIMs, among those of you on the line who can provide some feedback on that concern. Maybe you do have the skills, you do have the additional training in quality improvement so you know how helpful that is. How have you addressed the issue of organizational culture change or shift? And just open the line for anybody to chime in. What have you observed, what's worked for you? What are you excited to try?

**Jessie Baker:** This is Jessie Baker from Vermont. Can you hear me?

**LC:** Yes, thank you Jessie.

**JB:** Hi. I don't have an answer to that but I just wanted to echo the person who wrote in and to add another piece of it if I may, kind of a friendly amendment, which is I think there is obviously a plethora of trainings and webinars and opportunities for the PIMs. I think what I'm finding is then how do I take all of that input back and translate it for practical, tangible use in my state health department. So I would say that as much as the CDC or national partners or each of us can share with each other actual tools you know, forms or processes or templates or procedural manuals or things like that that we can easily adapt so it's not just translating concepts into real world application but actually tools that we can adopt and use. That's helpful.

**LC:** Thank you Jessie. That's a great suggestion and a good reminder as well. And I'll just reiterate that a great place to post some of those tools and maybe provide explanation is the phConnect site. And also you know, as we discover topics and tools that work, that's part of what this call is for as well. Is there anybody who would want to add to Jessie's comment or provide a different perspective?

**Kim McCoy:** This is Kim McCoy in Minnesota. And I might be stating the obvious but you know, one of the first things that we did in our department was to administer a culture of quality assessment. And we actually adapted a tool that was developed by the University of Southern Maine for the Multi-State Learning Collaborative and we administered that assessment to all 1400 employees at the Minnesota Department of Health and we were really excited to get almost an 80% response rate. So we actually administered the survey this summer and are just in the process of analyzing all the results. But I mean I



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think that's going to be a really good step for us in terms of defining what the current culture of quality is at the department and informing our priorities for kind of changing that culture as we go forward.

**TD:** Thank you Kim for sharing that. We'll all be watching and awaiting tales from your experience.

**LC:** Yes. This is Liza. I think you're absolutely right. You have to know first where you are to know how to actually change and where you can go with that. Are there others?

**Kristin Adams:** This is Kristin in Indiana. You know, I think one of the things I have been fortunate in that our leadership, you know, those top tier executives - it's taken some time and as CDC knows, Indiana has gone through some leadership changes within the last year at both the state health commissioner and the deputy commissioner level.

And yet, it's been seamless because we've got at least several layers that are still protected for this message. But I think the other thing is I have involved the executive team in every decision that goes forward. How do you want to assess staff, how do you want to move this initiative forward instead of just doing it out of my office. And the more that they feel like they have that input and that they get to determine what's being asked, they have more buy in. So we've done a workforce climate survey to say really what needs to be changed, what needs to be improved. At the same time we're also getting ready to do exactly that cultural assessment of all staff, not just executives.

But the executives really drove that piece. And of course we're finishing up our strategic plan to develop the performance management system and without their support we couldn't have gotten everybody else involved. So if you don't get that really top tier, it won't drop down.

**TD:** Kirstin, thank you for adding that. Is there anybody else?

**Laura Holmes:** This is Laura from New Hampshire calling. We are in the midst of that and heavily so. We are awaiting some technical assistance to do a cultural assessment and we kind of struggled over do we just assess the top tier or everybody and we kind of compromised and figured we'd do what we call we have a senior management team, which is bureau chief level and then section chief level, which is the next level down.

We'll do the cultural assessment with them but then also do a type of similar survey. We'll have to develop that or maybe Kim, if you could post yours we'll use yours, of all the staff because we have a committee called the PHIT team, public health improvement team, which is anybody and everybody and it's open. Anyone can come. I facilitated, my co-chair has facilitated at the Hoosiers Powerhouse and it is on the senior management team. So I think for us that was a critical piece. We kind of had to get a very powerful champion who can move between management and staff easily and she does and then I kind of ride her coattails.

But everything that is discussed at the PHIT team, which is kind of like a QI council but not that formal, we bring back to the senior management team and we just devised a process to identify QI projects,



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little, medium and big, and kind of had a draft and said this is what we're thinking. We brought it to management team or first we presented it to our director to get his blessing.

This is the approach we want to take, this is kind of the framework we want to use to break or redo, redesign the culture here to enable and support QI from all levels. We have had difficulties with that in the past. So we presented it to management team and it was great to hear our own words come back to us from the director. That's when you know you've got it and that it's going to be implemented because like Kim and Kristin said, if you don't have that top it's not going to happen. And so we also interviewed around six MLC states and said what did you guys do for training. But we also said how did you get that cultural piece?

How did you get that leadership? And it was number one response back from everybody was you need to have that leadership and they have to walk the talk. They can't just say it and then disappear. I want this to happen and then walk away. They have to be modeling it. So that's what we're working on and creating this organic flow up and down and across so that there is no rank, there is no blockage and barriers or sabotage or anything like that. And so far my fingers are crossed and it's looking good. We're in the early stages but we really have a lot of energy behind this initiative.

**TD:** Laura, that's great and I think the process that you're describing is the sort of concrete translational example people are looking for. So thank you for describing that. I'm wondering if there are any other comments on this topic before we switch to another question.

**Ron Bialek:** Teresa, this is Ron Bialek at the Public Health Foundation. You know, I think this is a great discussion. I've been taking tons of notes as we've been going along and I think the cultural issue is one that we are hearing more and more.

And you know, one of the key factors to success that we're seeing working with health departments on quality improvement and performance management is the real need for clear and visible leadership commitment. And I know that's really tough. But we have had experiences where the leader in the health department may come into a training, say you know 30 seconds worth of words, sit down and start using the Blackberry, leave, come back, leave, come back.

That doesn't really send a clear and visible commitment to folks and so to the extent that performance improvement managers can work with the leadership in a way for them to understand that people really do see, they observe what it is that the leader does and says about this and even paying attention during a training or being really supportive, that seems to be very, very instrumental in the success of the training. Another thought around this is that involving staff at different levels in the training is key, that yes, you can build skills, you can build competence but you also need to be working across the organization and building confidence. So that means with the training there need to be exercises and practical examples and the ability to practice different tools.



And what we're also finding key is making the training and the exercises relevant. So you can do it. You can mix a training, a technical assistance and a real problem solving activity into one where you're addressing something that is a priority within the grant for the organizations and also is building some skills and building some confidence and competence as one goes along.

**TD:** Ron, thank you for joining in on that one. It was helpful to have your information as well. We have about seven more minutes for questions so I want to provide the opportunity to switch topics now and see if there are any other questions out there.

**KM:** This is Kim McCoy again in Minnesota. I mentioned on the listserv that we're working on developing a training plan that kind of does what Ron just described, which is to - we're looking at kind of developing three tiers of training. So one for leadership, one to establish kind of a core group of experts across the department who can serve as resources to others and then the third tier would be kind of the baseline you know, what does everybody need to know. So if anyone has - I'm looking for both lists of quality improvement competencies for each tier of that training plan.

And then we're also just collecting lists of resources that are already available so that we can avoid recreating the wheel as much as possible.

**TD:** Kim, thank you for raising that question because that's actually very similar to a question that came in online. So let's hear from the group if there are any suggestions for training at the different tiers that Kim mentioned. Any ideas out there?

**Participant:** Would you repeat the three levels please?

**KM:** Sure. One is leadership so thinking about you know, if you want to train your top level of leaders to actually administer kind of a broad department wide quality improvement initiative, what are the skills that they need? Then the second tier is kind of a core group of quality improvement experts so the people who can train others or help facilitate quality improvement projects for others. And then the third tier is kind of the baseline. So what does everybody in your agency need to know about quality improvement and you know, how to be part of a continuous improvement climate or culture.

**Bree Thomas:** This is Bree Thomas in Arizona and we have done it a little bit different in that we should have by the end of September an introduction to QI training for all of our staff on the Web.

So we developed we called it objectives for that. So I could share that obviously. Our second level of training will be for the core experts, the people we envision leading process improvement teams. And we have a generic outline that we're still working through because we haven't completed the training so I can share that as well.

But we have not yet developed competencies for the leadership. And once our intro to QI is completed it will be available to anybody who would like to use it. It's based on the NACCHO presentation on QI but it's so different from that that we reference them as a starting point in it.



**Dawn Jacobson:** Hi. This is Dawn Jacobson from Los Angeles. We're just - our training work group looking at PI approaches, we've also settled on the three categories just to give more validation or affirmation of that approach.

And we really have focused on two separate than PI specialist competencies. One is really understanding our performance management system, the Turning Point four quadrants and then really training folks how to then write a measure and identify data sources to go with that. So we call that kind of a performance measurement competency.

And then the second module we're going to be creating is then the Plan-Do-Study-Act. How do you take your data and then make it real? And we're definitely trying to do everything you suggested like tailor it to programs, make it really applied rather than conceptual.

**LC:** Thanks Dawn. I think that's helpful to hear what LA is doing. One thing I wanted to mention and I don't know if Ron Bialek, if you're still on the phone because I think there has been some discussion of competencies.

And of course we shared the nine competencies that we had pulled for the performance improvement managers. Those really come from those core competencies of public health professionals, which actually do have three tiers although I cannot quite remember exactly, I think it's like front line, mid-level manager and leadership.

Ron, do you think you could just for 30 seconds, one minute, just say just a little bit about those three tiers of competencies and now with the new 2010 version how QI has been included?

**RB:** Sure Liza. I mean the tiers are pretty similar to what we've been talking about and you did a nice job of summarizing what they are. And really again, you know, QI/performance management and just the basic practice of public health are incorporated in there.

I'm not sure Liza, how much more I can add to that other than suggesting to folks that if they're developing specific QI competencies it would be good to look at the core competencies of public health professionals as a place to start as we did with CDC for the NPHII meeting.

**LC:** Right. And those just for folks to remember, those are actually on the PHF Web site and there is a link for the core competencies.

So we are close to our need to close down and there is one question that we wanted to have Nikki and Anita chime in on and that's of course someone was interested in accessing or wanting to know if the information is available in the report. And so could you just share a little bit about that?

**Anita McLees:** This is Anita. I'd be happy to. So we do have a final version of the full report. The slides that you saw were really some of the primary highlights of the findings.



And it's currently in clearance within our division and office. So as soon as it's done with clearance we'll be happy to post it on the PIM Network listserv so that you all have access to it as well as potentially to the Web site although we have to get an additional layer of clearance we think for that. So hopefully within the next couple of weeks it'll be completely cleared and the full version of the report will be available to you all.

**LC:** Great. Thank you Anita and thanks to you and to Nikki for the presentation and sharing of the baseline assessment results. I also want to thank Dr. Bill Riley for sharing information about the new QI certificate program. I think that's very exciting for public health and will help to advance the field for those who are able to take advantage of that opportunity.

And I think we want to thank everyone on the line for chiming in during the time that we opened the lines. I think that was a nice, robust conversation. It was not disastrous, which of course you always wonder if it's going to be like that with 60 or more lines on the call. And it was wonderful. So I think we are going to - I'm going to pass it over to Teresa for a few concluding remarks and a couple of concluding polls.

**TD:** Yes. Thanks everybody for participating today and most especially for doing such a great job with helping with the open line concept and discussion. So before we leave today we have a couple of polls.

And our first poll is what is your opinion of having all lines open today? We really want to know if you liked it or if you have other ideas. So we'll take a minute to get your response on this poll. I have to say it's looking like most of you thought it was a great, let's do it again. All right. Thanks for your participation there.

We'll move to the next poll and that is how would you rate this webinar overall? This poll is open so you may cast your votes. So thank you for your vote on that poll. I'll continue speaking as you're submitting your final votes. I wanted to let you know that if you'd like to give us additional feedback on this particular call or if you have suggestions for future calls please email us at [pimnetwork@cdc.gov](mailto:pimnetwork@cdc.gov).

Your feedback is so important to the future of this call and how it moves along. We hope you will plan to join us on September 23rd, that's our next call. We'll be hearing from Kaye Bender of the Public Health Accreditation Board. This is a particularly timely call for the month of September because it will occur right after the official launch of the accreditation program. Our October call will continue to focus on accreditation and what it means for state and local and tribal public health. We'll be looking at state and local government perspectives in October and getting some insights on preparing for accreditation. And as a final reminder, you'll be able to view and download all calls from the PIM Network on the OSTLTS PIM Network page.

We hope you'll do that if there is a need and let us know if you have any questions via [pimnetwork@cdc.gov](mailto:pimnetwork@cdc.gov). And this will conclude our call for today. Thanks for joining us and good luck.



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**Ed (Operator):** At this time that will conclude today's conference. You may disconnect. Thank you for joining.



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