

# Here's How We Can Help!

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## CDC Performance Improvement Managers Network Call

**December 22, 2011**

**Today's Presenters:** The Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance Partner Organizations

**Moderator:** Teresa Daub, CDC/OSTLTS

**Operator:** Welcome and thank you for standing by. Today's conference all lines will be open and interactive. To eliminate background noise if you could please use your mute feature when not speaking. If you do not have a mute feature you may press star 6 to mute and un-mute your lines. Today's conference is being recorded; if you have any objections you may disconnect at this time. I would like to turn the call over your first speaker Ms. Teresa Daub. Ma'am you may begin.

**Teresa Daub:** Thank you. Hi everyone and welcome to the December Performance Improvement Managers Network Call. Thank you for joining us on today's call: our tenth of the year, and the last for 2010. I'm Teresa Daub with the Office for State Tribal Local and Territorial Support and I'm joined here today by other colleagues from OSTLTS our office. This call is a monthly webinar series for performance improvement managers is intended to support PIMs and learning from each other as well as from partners and experts in this field. These calls are a way for members of the network to get to know each other better, learn about best practices, and quality improvement and performance management, and share information about resources and training opportunities. I'll just make a note that we really appreciate having you on the call today, but many of your colleagues have already left for their holiday vacations, so with this being a smaller call I certainly encourage you to get to know each other and ask questions as we go through. So there's a great opportunity to do that today.

On today's call we'll be hearing from partners of the NPHII Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance Improvement Initiative. As you all know, because you work so closely with NPHII, the goal of the initiative is to support the provision of capacity building assistance for state, tribal, local, and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. There are five organizations that are a part of the capacity building assistance effort, and they are on the line with us today. Their work is to synthesize, package, and disseminate best or promising practices for adaptation in the field; evaluate best or promising practices that increase the effectiveness and efficiency of public



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health infrastructure investments. We'll be exploring technical assistance with each of these five partners, but before we do, there are a few technological features I'd like to mention.

If you weren't able to join us online, the web portion of the call, there were slides that were emailed to you yesterday that you may reference. For those of you that are on the site with us, you see the slides on your screen now. You can download these slides via the icon at the top right of your screen. It's the icon that looks like three sheets of paper. Also if you're on the web, you'll be able to see other sites participating by looking under the "Attendees" link at the top left of your screen. We'll have two ways in which to take your questions and feedback today. First you may type in your questions and ideas at any time using the Q&A box which you can find by clicking "Q&A" in the toolbar at the top of your screen. Second, as our operator announced, all lines will be open for the duration of today's call. So please remember to mute your phone, either by using your mute button or by using star 6 on your phone's keypad. For those of you submitting questions via LiveMeeting, if you prefer to remain anonymous to the group in posing your question, please type "anon" either before or after your question and we'll honor that request.

Today's call will last approximately one hour and is being recorded so that the full presentation can be archived on the OSTLTS PIM Network webpage. As usual, we have a few polls on today's call. Our first poll is right now. We'd like for you to indicate your affiliation by responding to this poll.

Okay it looks like we have all responses in, so we'll move to our second poll. Our next question gives us an idea of how many people are on the line today. So the question is how many people are in the room with you? So please cast your vote with your mouse click now.

I'm hearing someone getting a vibration from a cell phone it sounds like, so I'll take this as an opportunity to remind you to mute your lines either with your mute button or star 6.

Okay everybody, thank you for participating in the polls. I think we've captured all the results. We will have another poll at the end of today's call to hear your thoughts about today's call.

So now I'd like to introduce our Capacity Building Assistance Partners. There are five on the line. Their intention is to support you all in accreditation readiness activities and in work crossing all the means related to NPHIs to performance management, quality improvement, workforce policy and so forth. We have several representatives here on the call who will highlight their organization's technical assistance expertise and the activities that they're able to provide geared to help you prepare for accreditation. So our speakers today are: Lindsey Caldwell from the Association of State and Territorial Health Officials or ASTHO; Ron Bialek of the Public Health Foundation; Nikki Lawhorn of the National Network of Public Health Institutes or NNPHI; Caroline Fichtenberg of the American Public Health Association or APHA; and Michelle Chuk of the National Association of County and City Health Officials or NACCHO. And again, we thank all of you for joining us on the call and our partners in particular thank you for making time to be here, and Lindsey, I'm going to ask that you kick us off now.



**Lindsey Caldwell:** Great, thank you Teresa. Welcome everyone. My name is Lindsey Caldwell. I am the Senior Director for Performance Improvement at ASTHO on our performance team. Most of you probably know that ASTHO is the organization representing state health officials, so state health agencies and their staff, including senior deputies, as well as the U.S. territories. We're located in Arlington, Virginia and we provide technical assistance on topics covering practically all areas of state public health. But today I'll focus on those related to infrastructure and performance and the technical assistance that we're doing through our grant to provide capacity building assistance to NPHII grantees. I'd like to thank CDC for this opportunity for this, not only to be on the call today but also to be working with you as grantees in this work.

ASTHO has the opportunity to provide customized technical assistance through a combination of proactive and reactive technical assistance in what we do. We work with a combination of staff providing the assistance coming in from requests also through a mix of our national partners, some of which you will hear from today. Making peer connections, so linking states with each other, connecting learning opportunities. We really believe that states can learn from practical experiences from their peer states. No shame in beg, borrowing, or stealing as we all like to say sometimes, but really learning and sharing best practices, tools, and resources. So ASTHO works to facilitate that and I'll talk a little bit about some of our peer opportunities.

But we also work very closely with our partners at CDC, as well as consultants and subject matter experts. So you'll hear some of the work that we're doing is a combination of pulling together all of these human resources. We also through the methods and various tools, we pull together and convene work groups to help inform our technical assistants as a way to vet our products and a variety of the planning tools and documents that we are able to provide and I'll get into a little bit more detail about that in the next slide.

I mentioned the peer opportunity. Specifically as part of that, we put out some of our newsletters where we share information from states in a way to get the word out to other states. Specifically we have the ASTHO quality connection e-newsletter, and that would be the one most relevant to the performance and infrastructure topics in state public health. But we also have a variety of other electronic newsletters that go out related to environmental health, e-health, et cetera.

Okay, next slide. Okay so I'd like to go over briefly some of the topical areas that we provide technical assistance on. Much of what our NPHII TA so far has been centered around is around preparing grantees for accreditation. Much of the accreditation readiness TA, as we call it, can be broken into a couple different major areas. First is around the PHAB prerequisites. So I think most of you know that PHAB does require for its applicants to have in place a health improvement plan, a health assessment, and a strategic plan. So we've been working closely on providing assistance to health agencies interested in developing these or modifying those that are already in place. Most recently we just put out the link to it's not even on the slide- a resource that we hope will help states with their state health improvement planning. It's a comprehensive framework that's now found on our ASTO website and I'm happy to make sure that you have that link, but it's found on our accreditation page. It's a comprehensive



framework that we developed in partnership with CDC to really help guide states in the planning and the implementation as well as the evaluation and updating of health improvement plans for the states. I encourage all of you to look into that.

We do also, readiness assessment workshops for potential applicants to PHAB. And this is what we're calling now the accreditation workshop concepts, where we come in for a day, work with the state health agency in a site visit setting. This is where we do a lot of our customizable technical assistance. We work very closely with the health agency staff. We've done a few and are beginning to do more through our NPHII work with NPHII grantees to really come in and provide onsite gap analysis of where the health agency might be around the PHAB prerequisites as well as the PHAB standards and measures. So part of this day includes an interactive portion with program department leads in looking at the evidence of and documentation that exist in health agencies and where some gaps may exist and end the day with a planning process to help the health agency get closer to PHAB application. So that concept of road mapping to accreditation.

Also within our accreditation readiness we have the various levels of quality improvement training and we also seek to collaborate with some of our subject matter experts here on quality improvement. Whether it be little or big QI in the context of accreditation as well as moving forward performance improvement in health agency. You'll see on this slide a couple of the other topical areas that we're currently expanding and providing technical assistance on: streamlining contract processes with local health departments, I mentioned the SHIP development related asset matching for state health improvement planning. Return on investments, we recently begun planning a workgroup to help us provide technical assistance on this area to NPHII grantees. Customer satisfaction, workforce development, and then also overall the collection and dissemination of best practices and stories. I think you'll hear all of the partners talk about the importance of the story telling and the sharing of information and that best practice. So really getting to, not recreating the wheel, but working and pulling resources that already exist.

So that's an overview of ASTHO's technical assistance, some of the methods and tools that we use and some of the content areas in the way we do it. Right now I'd like to turn it over to Ron Bialek of the Public Health Foundation.

**Ron Bialek:** Lindsey, thank you so much and thank you all for listening in today, it's great to have you all involved and I look forward to your questions. Public Health Foundation, for those of you who are not familiar with us, our mission is to improve the public's health by stretching the quality and performance of public health practice.

Our three main areas of focus are assisting public health agencies and other organizations in performance management, quality improvement, and workforce development specific to NPHII our capacity building assistances around the same area as performance management, quality improvement, workforce development. For those of you working towards accreditation, we're looking at domains eight, nine, and ten; those are the main areas that we are focusing on. Capacity assistance is provided



through remote training and assistance, so basically here at PHF webinars, consultations, et cetera. Onsite training and facilitation where we come out to your organization and they engage in rapid cycle improvement activities, QI training, or some other types of activities. And then publications and tools that may be found on our website: papers, white papers, QI tools, et cetera.

Next slide please. With regard to the remote training and assistance and some types of assistance could be found, like the webinars I mentioned, there is an archived webinar on performance management that's available through the PIMs Network Public Health Connect. We'll be doing another webinar in 2012. Please participate in PIMs Network and let CDC and the rest of us know what you may be interested in terms of webinars around performance management, quality improvement, and workforce development. Consultations from a distance may be anything from, gee I don't know where to get started, give me some advice on that: pointing people to resources and tools, helping people think through application of tools onsite, et cetera.

Next slide please. Regarding onsite training and facilitation we may mention a number of onsite activities. We've done some rapid cycle improvement work for three states. For instance with Minnesota, they wanted to have a quick success around some areas on improving the way that they used data, generally for local health departments to get back to health departments. In Maine, another example was they were working with their neonatal intensive care unit on how to refer individuals who are in need of potential care to the child development services and so we went through some QI activities with them. Some of the onsite assistance when we go out and it may be one day, it may be three days, it depends upon the needs, is going out and working with the organization and in a moment you will hear from Anna Dillingham from Utah a little bit about her experience with the QI assistance in the field. And last but not least are some of the proactive activities in QI like a publication module that ties in that we developed about a year ago to help with dealing with disruptions: its how to use QI with disruptive activities and also we do some webinars and some workshops in other settings.

Next slide please. Publications and tools. Here's where we spend a good bit of time learning from you. What's needed? What is it that you're working towards? Where are some of the gaps? For instance I mentioned a module that ties-in dealing with disruptions. Well we know that health departments are faced with huge budget cuts, personnel downsizing, other disruptions around natural disasters, and module ties-in is a way to help work through some of those disruptions and still using QI.

Lindsey had mentioned about stories. We know that having stories about how QI can help, how QI can result in better outcomes is key for all of us. We're looking at how is it that we can develop a quick guide on how do you use quality improvement techniques throughout the accreditation process. Yes domain nine focuses on that which shouldn't QI be integrated into what you're doing throughout the organization and the process.

I'm going to highlight here "refreshing the Turning Point Performance Management Framework and Self-Assessment Tool." Just this week I believe was posted some information on the PIM's Network through Public Health Connect. On asking for your feedback, what is it about this that this framework



that you think should be revised? What new examples might there be? What can we do to help you implement performance management? How can we improve these tools that they will serve you better?

In addition we're working with the American Public Health Association on how to use QI techniques with some of the policy development tools that they are working on and we're working with the National Network of Public Health Institutes on this last site on performance indicator selection and how we can help you in the field with selecting indicators and using them effectively within your work.

Next slide please. I'm going to turn this over to Anna Dillingham from the Utah Association of Local Health Departments who actually is the recent recipient of some of the onsite QI TA. Anna.

**Anna Dillingham:** Thanks Ron. When I first approached Public Health Foundation about possible technical assistance I knew we wanted to do something around quality improvement, I just wasn't sure what it was going to look like. So it was really helpful to sit down and talk with the staff at PHF and we talked about my situation here. I work at the Utah Association of Local Health Departments. So there's twelve health districts in the state of Utah and we really wanted to really make a difference and help out as many of those health departments as we could. Looking at where we were starting from, after talking to PHF we decided to do a quality improvement training that was a train-the-trainer.

So we had two sessions: one in September 2011 where we had teams coming in from almost all the health districts in the state of Utah and the focus was quality improvement methods we focused around P-D-C-A and the tools and the exercises to kind of learn these processes. And then the second training was in October, a month later, and that was really focused on the train-the-trainer part with skills about how to involve others in quality improvement, how to teach those skills that we just learned in September to others, and how to kind of start the quality improvement culture in their health departments.

In between the two sessions, the health department teams were asked to work on presentations to teach different principles of quality improvement so they got a little practice in teaching these quality improvement tools, but also to kind of work on their QI projects that they started at the first training. So they came back to the second one and got feedback from our trainers. Along the way we had Jack Moran and Grace Duffy, and they were really flexible in the preparation and during the trainings and in between the two trainings in helping us modify it and make it work for our different health departments.

I have on the slide here it just shows you some of the continued work that's going on with the local health departments. Examples of the kind of projects they're working on: we have some working on client wait times and the flow for their clinics. We have one health department that's working on a project around rabies responding to the potential exposures to rabies and working with their partners in that process. In addition to these QI projects that they're working on, it's been really gratifying to see the local health departments just incorporate the tools and techniques that they learned at the training into their daily work and the work of their other staff at their health departments. So for example, at one of our health departments in the southeast, at their staff training just last month, they did a little



training around flowcharting for their entire staff and the participants that came to our QI training led that and they looked at five different processes from different divisions in their health department and taught them kind of how to look through the process, and analyze it through doing a flowchart and look at what's going on. And then just yesterday there was a health department that was having a meeting and it was led by one of the QI training participants. They again used flowcharting to look at a process: they did an as-is flowchart for this particular process and then they did the ideal process. And even those that weren't at the original QI training it was extremely helpful and they were able to use this resource to help their staff. So I really feel like the technical assistance we got through PHF is kind of like the gift that keeps on giving and keep seeing it used more and more and it kind of gave us a foundation statewide with all our different health departments to work together to build on as we go into year two of our NPHII grant. So I think that's all I have, Ron, thanks so much.

**RB:** Thank you so much, Anna, and now I'm going to turn it over to Nikki Lawhorn from the National Network of Public Health Institutes.

**Nikki Lawhorn:** Thank you, Ron. As Ron mentioned, I'm Nikki Lawhorn, and I'm Research and Evaluation Manager for NNPHI. NNPHI is the national membership network committed to helping public health institutes promote and sustain improved health and wellness for all. We're based in New Orleans, but we also have satellite offices in Washington D.C. In an effort to help grantees build internal evaluation in performance management capacity, NNPHI is working to provide technical and capacity building assistance with the ultimate goals of helping grantees evaluate their progress, develop and track performance measures, and differentiate between evaluation and quality improvement activities. In order to achieve these goals NNPHI provides two types of assistance: one-on-one technical assistance as well as crosscutting capacity building assistance.

Next slide. Okay. As I mentioned we provide individual technical assistance to grantees as requested and this can be done via teleconference, email, or onsite. Topics are typically performance evaluation or related to performance measurement. And to provide the TA NNPHI works collaboratively with our national partners, CDC OSTLTS staff, as well as NNPHI members.

Next slide. And we also provide crosscutting capacity building assistance. This includes webinars, presentations, and web-based resources. These resources are typically evaluation focused. We have a few topics that we're considering for upcoming webinars including program and performance evaluation, organization-wide performance measurement, and alignment of programmatic activities with performance measures and use of technology for tracking performance. NNPHI is going to schedule webinars in both the winter and spring of 2012. We also plan to deliver a presentation on the evaluation at the NPHII grantee meeting in 2012 and at one additional national meeting. We are also collaborating with the Public Health Foundation and OSTLTS to develop a resource that will assist grantees in developing and tracking performance measures organization-wide. And that's all I have so I'm going to turn it over to Caroline with APHA.



**Caroline Fichtenberg:** Thanks so much, Nikki. Hi, I am Caroline Fichtenberg with the American Public Health Association and the Director of our Center for Public Health Policy. And APHA as a capacity assistance building partner is here to assist with capacity building in health departments to implement promising and best practices in public health policy and law. And we're doing that through one-on-one technical assistance as well as through other general capacity building assistance activities.

Next slide please. Before I go into what we're doing, I just wanted to kind of clarify what we're talking about when we talk about policy and law: we're really talking about any kinds of policies and laws in lots of different areas that impact population health. And they generally fall in three categories. One is I think what people typically think of when they think of law which is legislation at whatever level you are talking about. This can be city council passing something, this can be a state legislature, a tribal council of some sort: so any kind of legislation. And examples of that as it relates to population health are things like seat belt laws, clean indoor air laws. We're also talking about regulation. So obviously regulatory policy is a very important part of public health departments' function for protecting the health of the populations that they serve. An example of that is food safety regulations. And then there's administrative policies, and these are things that can apply internally to a health department or they can be policies that relate to entire city governments or county governments or state governments talking about food procurement policies, workplace wellness policies, smoking policies, those kinds of things,

Next slide please. So the reason why we're focusing on policy and law and why it's an important component of the NPHII initiative is that policy change is one of the most cost-effective ways to improve population health because it can be both effective because changing the environment changes social norms and changes exposures to help harmful substances. And it's also sustainable and once the change has been made there's often no need for ongoing services. So it's really a very important tool for improving the efficiency and effectiveness of public health services.

Next slide. So what is APHA able to provide through NPHII? Well, one-on-one technical assistance. It's a big thing. I think [from] all the partners, you've heard kind of the same thing. We're all here to provide one-on-one technical assistance that's really tailored to your needs and the needs of your health department. And for policy and law the kinds of things that we can help with are to conduct policy and legal analysis to identify best practices on in issue that you're interested in working on, to connect you with subject matter experts, to facilitate training and to provide onsite technical assistance. Examples of some of the technical assistance that we've done so far have been an environmental scan and literature review of Health in All Policies and approaches to implementing Health in All Policies and identification of best practices for law and policy approaches for chronic disease prevention.

Next slide. In terms of other kind of general capacity building assistance activities, we're doing a set of things that are listed here. So we have a Power of Policy webinar series that started back in October of this year and I'll have another slide with some details on that. We also just launched a policy innovation contest and I'll give you some information about that in a minute as well. We also have a project right now we're working on some policy case studies to identify some of the promising practices that are out there around how you really build effective policy capacity in health departments. Trying to look at a



range of health departments from small to large, rural to urban, and that should be out in the late spring. We're also working on a Health in all Policies toolkit that will be based on the efforts of the California Health Department. I don't know if anybody's on the line from California? Might have been involved with us? Sorry previous slide. Any case, this is going to be a toolkit that summarizes the work that the California Health Department did in this area and provides some tips and suggestions, lessons learned for any other health departments that are interested in doing similar work. And then we're also developing an online centralized policy resource library on our website and that will be starting up hopefully in late January.

Next slide. Thank you. For the Power of Policy webinar, so these are webinars on a variety of issues related to implementing policy initiatives effectively in health departments. We have the first webinar that was on policy as a cost-effective tool stories from the field from October 5, 2011 and the recording of that webinar is available...

Hello? Am I back online?

**TD:** You are, Caroline,

**CS:** Okay, sorry I got shoved into some music for a second. I don't know if that's a subtle sign that I'm going over my time or not so subtle sign.

**TD:** It is not.

**CS:** Okay. (*laughs*) So we have two webinars so far that have happened already and they're both posted, the recordings as well as the individual presentations, and are available on our website. The link to that website is on the bottom of the page here. And we also have and will be posting shortly the answers to the Q&A which has additional detail about both of these topics. We're going to be working on additional webinars for the late winter and spring.

Next slide please. And so our policy innovation contest that we just launched last week. It is an opportunity for health departments to get some funding and recognition for some innovative policy ideas that they want to implement. We're going to be making somewhere between five and eight awards of 25,000 to 40,000 dollars and all health departments are eligible to apply and health departments can also apply in partnership with non-profit organizations if they'd like to do that. The link to get more information about the contest is at the bottom of the page here. And just in terms of timeline, the applications are due at the end of January and a mandatory but non-binding letter of intent is due by the eighteenth of January.

Next slide and this may be the end. Yes! Great, so I will now pass it off to Michelle Chuk from NACCHO.

**Michelle Chuk:** Thank you, Caroline. Hello everyone, as Caroline said, I'm Michelle Chuk. I'm the Senior Advisor for the Public Health Infrastructure and Systems at NACCHO: the National Association of County and City Health Officials. And I, too, am very appreciative to CDC and all of you that we have the opportunity to work with you on this exciting project. As my colleagues have already mentioned, we too



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have been funded to provide you all with individualized technical assistance as well as general capacity building assistance regardless of the nature of whether you reside at a local, state, territorial, or tribal health department. NACCHO is the national organization who represents the twenty eight hundred local health departments in the country. However, in this particular project, we're all working together in partnership to ensure that all of the NPHI grantees are being supported with the resources and tools around technical assistance that is necessary, irrelevant of what type of organization you represent.

Next slide please. The goal of the project, as my colleagues have already mentioned is certainly to support all of you in your work and to provide technical assistance both general capacity building and individualized technical assistance in two key areas: accreditation readiness as well as public health infrastructure design and redevelopment specifically around health information technology. We're working very closely with the other partners that you've already heard this afternoon on several secondary areas of support which include policy development, quality improvement, using support and logistics, which we're primarily doing with CDC as well as performance management. We have-as other colleagues have presented- we have a wide variety of resources available on our website, tools and resources that can be accessed through the NACCHO website, e-newsletters and ListServes that you can be part of depending on your specific interest and the needs of your health department.

Next slide please. I just want to talk a little bit about some of the specific support that we have available under our project. I want to start with accreditation readiness and we're focusing here on assistance to all the grantees with the prerequisites in preparation for accreditation preparation. We're also assisting with organizing for the accreditation process and providing and disseminating resources, best practices and similar to some others have already mentioned peer-to-peer learning. We're happy to organize for the accreditation process. We're working to help meet the standards and measures and address any areas of weakness through quality improvement processes with anyone who might need that assistance. NACCHO staff are also available to help review documentation or prerequisite documentation that sites intend to use for PHAB accreditation and provide feedback in our opinion as to whether or not that documentation complies with the measures. Of course this is NACCHO's guidance and opinion only and it should be taken as such. It doesn't guarantee that any PHAB reviewers will agree with the documentation but as other colleagues on the phone have already mentioned, we certainly are able to assist with the preparation for those processes throughout the domain.

We also have a new performance improvement teleconference series. Each month that's based on needs that we hear from the field. Each focuses on the prerequisites including Mobilizing for Action for Planning a Partnership, which is community health assessment and accreditation preparation and quality improvement. You can submit your questions or ask questions live during these calls or you can send us emails in advance and we can talk to you and create the content of the calls based on the questions that we hear from the field. These calls take place the second Thursday of each month and the details are on our accreditation website. They're also available and open to any site preparing for accreditation and are not just available for grantees so any of your colleagues are certainly welcome to attend.



NACCHO also has an accreditation learning community similar to ASTHO for local health department applicants for the PHAB. It's a support group if you will for accreditation coordinators to learn from one another and we also have a speaker bureau for an accreditation champion, so you can request a speaker or join the group if you have a story to share specifically in addition to providing one-on-one technical assistance. We also have the ability to send folks out to NPHII grantee sites to provide onsite training and technical assistance around accreditation preparation and we're more than willing to do that. We have many resources as I mentioned on our website. We've also heard over time from tribal health agencies that they've taken some of our tools and tailored them for their own use and have found them very helpful so we encourage if there are questions about that we'd be happy to help the tribes in that way as well. As it relates to health information technology, we can provide guidance on business process, redesign, and knowledge management strategies. We can assist you all with connecting bio-surveillance systems or utilizing BioSense in your health department. We can provide guidance on meaningful use criteria on public health. Best practices, stories and linkages to other health departments using cutting edge resources and helping IT to transform the work of the health departments in their community. In the first year of the NPHII project, NACCHO created a health information toolkit which is available on the NACCHO NPHII website and we'll make sure that that link follows you.

Next slide please. As I mentioned before we're working very closely with our other colleagues on the phone for the other aspects of infrastructure improvement and have worked with APHA to talk with some of the grantees around policy development, provide quality improvement support and guidance in collaboration with PHF and ASTHO and certainly worked on performance management with both PHF and ASTHO as well.

Next slide please. I just have a couple of quick stories from the field that we wanted to share. In Comanche County, they have used the NACCHO quality improvement tools and the Mobilizing for Planning and Partnerships tools to help their agency with community engagement and has assisted them in working through the PHAB beta test. In Kentucky, as you can see, they use the NACCHO PowerPoint presentations and webinars to educate their staff and board about quality improvement and accreditation to help build leadership and support. And in addition in Cedric County, the medical society of Cedric County and the Kansas Department of Health and Environment identified ways to improve immunization rates in Kansas through the use and development of a statewide health information exchange and NACCHO staff was able to help them provide support to that process.

As my other colleagues have mentioned, we're all available and looking forward to helping to support you as you move forward in your preparation and work in infrastructure improvement and I think that's all I have. Thank you all very much.

**TD:** Michelle, thank you. And thank you to all of our presenters for your excellent presentations. It's been very helpful to hear about the great variety of resources and services that are available to PIMs. I want to mention just a couple of things on this slide that you have in front of you now are some additional resources and contact information for each of our partners. In addition you will be receiving



after this call, a fact sheet of each partner of CBA, Capacity Building Assistance, planned activities for NPHII. This will describe further the work of each partner including the available products and services from each partner organization. So look to receive that from Melody after the call. And of course if you have any questions, you can follow up with us.

In the meantime, in the next few minutes that we have on the call we can take your questions and you can pose those directly to Michelle and Lindsey, and Caroline, Nikki, and Ron. We do have a couple of questions we will start with that came in via LiveMeeting. And Lindsey the first questions are for you.

From Joann Mitten from Idaho, there's a question about the streamlining contract processes with local health departments. Is that document available on the ASTHO website?

**LC:** That was actually a process. Thank you for the question. It was a process of technical assistance through conference calls and TA. What I can do is hook you up with the right person to perhaps provide some assistance in that area for you.

**TD:** Okay, thank you very much Lindsey. Joann actually added to her question about if the state health department would, asking if the state health department would like to hire a QI consultant or coach which technical assistance agency should we contact. And I'm going to jump in and respond to that. And, Joann, the best thing I think for you to do there is coordinate with your performance officer. So if you would make that your first contact and describe what your QI consultant and coaching needs are, and then they can help make sure that you are connected with the appropriate TA partner and of course if you heard something on the call or review something in the factsheet that really gets your interest, you can be sure to mention that to your performance officer.

But Lindsey, don't go too far, because the next question from LiveMeeting is also for you. It's from Drew Hanchett in New York state. And the question is: are the accreditation readiness technical assistance services mentioned (example: the gap-analysis), is that available to states who have not yet submitted letter of intent for accreditation?

**LC:** Drew, if I could clarify, do you mean the letter of intent for accreditation to PHAB. I'm only asking this because we had asked about a letter of invitation which often we sometimes get confusion about.

**Drew Hanchett:** No, that's correct. I mean the letter of intent to PHAB. We're in the process of accreditation readiness right now; we have not officially submitted a letter of intent.

**LC:** No in fact, it's actually good question. It's actually probably most targeted to those who have not and are still in the phase of determining when they will be applying and so I'll give a little more background. What we do is we work with the program area leads from across the domains and we pull together in a one day type of visit where we walk through some of the evidence and documentation that had been identified prior to our visit as possible sources of documentation and we walk through and provide some guidance on what may or may not work and it gives them an early start of assessing where the gaps are and what they have around documentation for the PHAB standards.



**DH:** Great. Thanks! And would we contact you to talk about something like that?

**LC:** I think again, going back to Teresa's question, I would be the one for ASTHO, but I think Teresa, do you want to steer grantees to the appropriate CDC contact?

**TD:** Yeah, again, Drew and everyone, if you would start with your performance officer as your initial contact and they will help make the connection to the appropriate TA partner.

**DH:** Great, sorry about that. I did hear that earlier.

**LC:** Chances are we will be connected through them.

**TD:** That's exactly right and that's not a test at this late hour on a Thursday! We need to let you all know that here at CDC has been kicked offline, so we're not able to take any further questions via LiveMeeting. So if anyone else had posed a question via LiveMeeting or if you have any questions at all, please right now, feel free to chime in, un-mute your phone and pose your questions.

**Brenda Nickel:** Hello, this is Brenda Nickel with the Kansas Department of Health and Environment.

**TD:** Hi Brenda. Please go ahead.

**BN:** Hi. I had posted a question online. I was curious in the technical assistance that's been described today, whether it's available by e-mail or by telephone or webinar or in person. Are there fees associated with that technical assistance? That's been a question we've had here in Kansas related to, we understand these are our partners and they can provide technical assistance, we've been accessing that via the web but for some of the face-to-face or some other things that we're wanting. Are there fees scheduled provided or are we able to request that technical assistance through our performance officer as part of what is available without a fee.

**TD:** That is a great question and thank you Brenda for posing that. Again going back to your performance officer, they will help you figure out what's part of what can be part of your capacity building assistance request for which there wouldn't be a fee incurred. So the fee schedule would not be part of the fact sheet that Melody is sending out because again, many services are available through the capacity building assistance agreements. If you find yourself in need of services beyond that, you will be in a position of working with your performance officer, you'll figure out what can be covered through capacity building assistance in what may be services beyond the scope of what's available there. So you'll see in the fact sheet of what products and services are available and then if you need something beyond that, you can work on that on a one-on-one basis.

**RB:** Teresa, this is Ron, may I chime in?

**TD:** Certainly.

**RB:** Brenda, we had a slide up that has the QI assistance that we've provided to help, some long-distance, some on-site, a hundred percent of that has been supported through NPHII through the funds



that we receive through CDC and so most of what we have been talking about here would be supported through the cooperative agreements to partners as Teresa was mentioning. But there's a limitation to so much free assistance that can be provided. But right now, I would say that the majority of grantees have not yet taken advantage of what it is they could get for free.

**BN:** I really appreciate your comments. You probably haven't had a lot of requests because we've all been curious if there's fees, so that's very helpful information. Thank you so much.

**TD:** Thank you, Ron, for clarifying, and you, Brenda, for raising the question that's important for us to hear. So what you're going to see in the fact sheet is available to all of you and while there might be some variability that you can discuss one-on-one, there is a lot available currently. Are there any other questions on the line?

**DH:** Hi, this is Drew Hanchett from New York again. I had a quick question for Ron, actually. During your presentation you mentioned the rapid cycle change that you did in Minnesota recently regarding the state health department and feeding information back to their locals, and we face a lot of the same work in New York. So I was just wondering, if there was any details about that project, that improvement project you did in Minnesota that we would be able to get. I'm kind of poking around on your website and I can't really see anything but maybe there is and I'm missing it.

**RB:** Yeah, that's true. If you go to our website, and if you in the search area just put in RCI for rapid cycle improvement, there are short papers on a couple of those and Minnesota is one of them. I'm 99 percent sure, and if not, you have my email address and I can get you something.

**DH:** There it is. There I found it. Thanks so much.

**RB:** Sure.

**Cody Brady:** Hi, this is Cody Brady from Texas. Do we have time for one more question?

**TD:** Absolutely. Go ahead, Cody.

**CB:** This is for PHF. And we are very excited. They are going to come do some training for us in January with leadership and then we have a plan to do some training for train-the-trainer and we were discussing what their task force, what's an effective method for recruiting train-the-trainers? What kind of skills are we looking for? What kind of experience? We have a very large health department so we'd like to have some assistance thinking through that. Do you guys have anything on the PHF website that would help us sort of consider how to select people for train-the-trainer?

**RB:** This is Ron. Great question. What we often do is try to talk with the agency because there are all sorts of different situations and scenarios that exist. What we typically try to do is to find individuals or suggest to the health department that they identify individuals who have some experience actually using QI. Because it's difficult for somebody to be a trainer if they've never experienced the use of QI in the field within a health department. That's one area. However, that's not always the case. So my



suggestion is that you know working through the performance officer, there could be a conference call set up and we could have some dialogue about here's how we could go about suggesting ways for you to select trainers. So if the number's an issue, the types of individuals an issue, also what you want to accomplish and that's typically where we start. We usually say at the end, where do you want to be? And then we try to work back and figure out how to get you there.

**CB:** And you guys have been wonderful to work with. I just have to point out it's been a real pleasure.

**RB:** Well, thank you.

**Joann Mitten:** This is Joann Mitten, Idaho. I just had one more question for Caroline.

**TD:** Thanks Joann, go ahead.

**JM:** I was curious, are your examples for your environmental scan and literature review of Health in All Policies and the best practices for law and policy approaches to chronic disease prevention. Are those on the APHA website?

**CS:** That is a great question. So we're in the process of getting those up on the website and they should be there hopefully towards the end of January, but if you want copies of anything, please feel free to just contact us directly and we can send you a copy of those documents

**JM:** Okay sounds good. Thank you.

**CS:** Most welcome.

**TD:** Yes, thank you Caroline. Are there any other questions on the line or any comments from PIMs or from our presenters?

Alright then. I want to thank everyone very much for making time this afternoon to join us for the final call of 2011. Lindsey, Ron, Anna, Nikki, Caroline, Michelle, thank you especially for making time in your schedule to share with us about the work that you're doing. It's been very helpful to hear about the range of resources and services that you provide. Before we leave, we did get our LiveMeeting connection back up so we want to ask if you all are still there, to please rate the webinar overall: one of our final polls. But thank you for participating in the poll, and please remember that if you would like to give any additional feedback on the call, or suggest topics for future calls, we would love to hear from you at [pimnetwork@cdc.gov](mailto:pimnetwork@cdc.gov). So please send us an email with any thoughts or ideas you have on this call or topics for future calls at [pimnetwork@cdc.gov](mailto:pimnetwork@cdc.gov). We hope you'll plan to be with us after the winter break on January 26th for our next call. Don't forget that for any of the previous calls, they can be viewed or downloaded at the OSTLTS PIM Network website. So all PIM Network web conference calls materials are found there. Thanks again for joining us this afternoon. We'll see you in January. Happy Holidays and goodbye.

**Operator:** This concludes today's conference. You may disconnect at this time.

