

NPHPSP USER CALL SERIES
A CALL FOR ACTION: USING THE STATE NPHPSP ASSESSMENT INSTRUMENT
June 16th, 2009 at 2:00 PM ET

Links to Presentation:

Click [here](#) to access the presentation slides

Click [here](#) to access the presentation audio, including live meeting slides

Introduction: Jennifer McKeever (National Network of Public Health Institutes)

Jennifer welcomed the participants to the NPHPSP User Call Series and provided users with a brief overview of Microsoft Live Meeting features as well as multiple ways they can access the presentation slides and ask questions.

Announcements:

Jennifer informed participants that the next User Call will take place on July 21st at the same time.

Story from the Field: Using the Local NPHPSP Assessment Instrument:

Pamela Kilbey-Fox and Barbara Dingfelder from the Connecticut Department of Public Health share their recent experience using the NPHPSP State Assessment Instrument. Pamela also presented during the NPHPSP Annual Training in Columbus, Ohio last April. Because her talk received such positive feedback, we asked her to share an encore presentation on this teleconference/web meeting.

Questions:

Q: This question references the work you had to do to get buy-in from senior management or agency leaders. Do you have any tips on how to get support from agency leaders for this process?

A: My personal tip is to actually work backwards on what the performance measures, quality improvement, and any of our long-term recommendations will mean to your highest executive leader, instead of talking about “I want to get a group of people together for a day and its going to cost some money, etc.” Don’t start with these details. Start with “after this day or two is done, I want to have some information that we are lacking in the state.” Meet with your elected leaders and convince them that this information is not readily available in your state if you have not taken the challenge, and that you are the person offering this up as a commitment and will see it through as well as keep the energy going throughout the process. Don’t let that individual feel that they are going to have to take the lead personally, because that means it will be state focused. Start with the end result of what you expect to gain, which is information you currently do not have, and that is the benefit to the executive leader.

Q: In regards to your statement in the presentation that you should “use the findings to inform state health planning, evaluation, and assessment initiatives.” What are the next steps with the data that you have? How do you plan on using those findings specifically?

A: What we’re going to do is first finish our priority questionnaire and our agency contribution questionnaire. We are already utilizing some of the information that we ascertained regarding where we were stronger in Connecticut and where we were lacking in the public health system, which were include the areas of enforcement and educating/informing the public at large. We are working now with all of our state planning team partners. The insertion of, not only data, but programs and projects that will able to be evaluated, is all part of quality improvement. If

you take the data and don't turn it into some programs that will make the change, then it's just going to ultimately sit on the shelf. So we are going to blend our information into the state planning process and making sure state programs have evaluations built in.

Q: Could you speak a little bit more of having done the SWOT analysis before you did the Performance Standards assessment?

A: One of the reasons we wanted to the SWOT analysis with our local health departments was to further build the relationship and respect for each other, understanding the local health departments, board members, local directors and staff all have such a hard job in Connecticut. Often times, they see us as the regulators and we really want to be partners with our local public health departments. I think by having a group of folks in a room to talk about our own strengths and weaknesses before we move forward to the larger assessments really built some incredible respect for each other and what we were expecting from each other. People were very honest because we were just 120 people in a room, with commissioners. It was something we wanted to do because we truly see them as our eyes in the field as first responders in public health.