



National Public Health Leadership Development Network

2007 Balderson Leadership Project Awards RUNNER-UP

Northeast Regional Public Health Leadership Institute

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Developing an Assessment Model and Related Tools to Promote Synergistic Relationships between Categorical Health Programs and Centralized Data and Analytical Support Units within Public Health Agencies

GOAL: Public health faces resource challenges in performing the Three Core Functions and the Ten Essential Services. This project created a Needs Assessment (NA) Model that centralized functional support units (e.g., communications, data and statistics) within public health agencies can use to develop mutually beneficial (i.e., synergistic) relationships with front line programs. By identifying program needs, central units can determine how best to provide support. The process also identifies resources (e.g., funding, staffing) that programs can provide in return through implementation of this model. Combined with their specialized knowledge and experience, the support units can use these resources more efficiently when centralized and shared as opposed to each program attempting to develop individual expertise. The assessment process is the first step in a broader model of collaborative relationships, which is an ongoing cycle and feedback loop where identified needs lead to the planning, implementation, and evaluation of joint projects and ultimately to new needs assessments.

INTRODUCTION: This study focused on the Center for Health Data and Analysis (CHDA) in the RI Department of Health (DOH). The DOH Director merged existing offices to create the Center in 2005 for the purpose of coordinating and supporting data activities. No formal needs assessment process existed for developing relationships between CHDA and health programs, and no additional resources were available for this expanded role. Through individual and group interviews with 13 DOH managers at the program, office, division, and Director's Office levels, the model evolved from a reactive approach, in which CHDA staff would promote their capabilities and wait for programs to request support, to a proactive approach, in which CHDA staff would directly engage programs in determining their data needs and identifying possible joint projects to support those needs. The authors decided to pilot the process with the public health laboratories, a non-traditional partner for CHDA.

RESULTS: The NA Model is a multi-step process that utilizes specific data collection tools. Initially, CHDA would brief a division director or office chief on the model and obtain approval to work with a program(s). CHDA would then brief program staff and ask them to complete a written self-administered survey on the program's data collection and analytical requirements from state or federal funding sources; existing and proposed datasets, data sources, and analytical products; performance measures and objectives; and other resources that the units can potentially share. Given the wide range of staff expertise related to data activities, the next step entails an in-person interview with program personnel including standard questions and customized items based on information from the written survey. CHDA would also provide the program with a prospectus outlining the full range of the Center's expertise and capabilities. The authors employed the NA Model and tools successfully in a collaboration with CHDA and the public health laboratories to develop and implement a customer satisfaction survey, which has influenced changes in laboratory operations.

CONCLUSION: The ultimate goal of the NA Model and tools is to support the Public Health Core Functions and the Essential Public Health Services through improved data driven decision-making by health programs. The Laboratory Customer Satisfaction Survey demonstrated the merit of the NA concept and the process. The next step is to refine the model through additional pilot administrations and to develop protocols for the subsequent planning, implementation, and evaluation of joint projects. In particular, evaluation will enable partners to develop plans to improve the projects as well as the overall needs assessment process. The NA Model is applicable to central data units and other horizontal support units in all organizations. The model also has relevance for all types of collaborative ventures and partnerships in developing effective, synergistic relationships. Some of the NEPHLI leadership lessons applied in this scholar project include: the importance of challenging the process and status quo; inspiring a vision of doing business differently via resource sharing to increase Public Health capability and capacity; enabling employees to question the status quo and to advocate at the highest managerial levels for changes in operating procedures; encouraging the hearts of program staff to contribute and share their expertise and satisfy aspirations to enhance capacity; and modeling the way by first instituting the NA Model in the authors' respective work areas to achieve the goal of continuous quality improvement.