

 NJ Collaborative
for Excellence in
Public Health

1 Please provide your contact information. (This should be completed by the Health Officer or applicant Chair.)

Name:	<input type="text"/>
Organization:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone Number :	<input type="text"/>
Email Address:	<input type="text"/>



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Please tell us about your Health Department / organization, by providing the information below.

2 How would you describe your organization?

- Local Health Department (Municipal, County or Regional)
- GPHP



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3 If you are applying as a GPHP, please list the participating members.

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	



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4 Which best describes the community(ies) you serve?

- Urban
- Suburban
- Rural
- Mixed

5 What is the approximate population served by your organization?

6 How many FTEs are in your organization?



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7 Please rank your experience(s), if any, with Quality Improvement (QI) activities, either within your public health organization or elsewhere.

1 2 3 4 5 6 7 8 9 10

'1' is no experience at all and '10' is extensive experience

1 2 3 4 5 6 7 8 9 10

- 8 Please share your thoughts on the voluntary accreditation process, its feasibility, and how you think it may impact the public health system in New Jersey.

- 9 Participation in a Public Health Collaborative requires leadership throughout the process, and a commitment of time and effort. Having reviewed the outline of activities for participation, please describe how you will ensure ongoing commitment to the initiative.

- 10 In addition to the local and state benefits generated by participating in this effort, the resulting data and outcomes will contribute to the national public health accreditation process. Therefore, it is essential that all aspects of participation be documented, and processes and outcomes are monitored and evaluated. Here are some of the key documentation activities expected:

1. Collect, monitor and analyze current data, and data generated by implementing new processes
2. Implement and track new programs / procedures, and document processes and outcomes
3. Contribute as an effective partner in mini-collaborative planning, communications and data collection needs
4. Participate in program evaluation processes, which may include both qualitative and quantitative tools

- Yes, I have read these and will assure participation in all necessary evaluation processes.**

- 11 The NNPHI and RWJF have provided a total of ten (10) potential Target Areas for participants to address during this project. Five of these are 'capacity / process oriented' and five are 'health outcome oriented.'

Each mini-collaborative will address TWO [target areas](#). The Steering Committee has selected one 'capacity / process' target for all participants to address, and that is *Customer Service*.

PLEASE RANK each of the five target areas below in your order of preference as an area in which you would like to focus your quality improvement activities. When ranking, consider current services within your organization that you may wish to improve upon.

The NJCEPH Steering Committee will make every effort to group participants based on preference rankings. However, final decisions will be made by the NJCEPH Steering Committee.

	1	2	3	4	5
Reduce the incidence of vaccine preventable disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce preventable risk factors that predispose to chronic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce infant mortality rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the burden of tobacco-related illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the burden of alcohol-related disease and injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



12 Lastly, to assure full support from your Governing Body, please provide a Letter of Support or a signed Resolution acknowledging your participation in the Collaborative. Items can be faxed to Mitchel Rosen at UMDNJ, at 732-235-5469. Please submit these **no later than July 15th**. Your application will not be considered complete without these.

In the spaces below, please list the names of the individuals from whom letters should be expected.

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	



- 13** If there are any additional thoughts / comments you'd like to share regarding this process, please do so here.



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Your application is complete! Thank you again for your interest in NJ Public Health Collaborative! The Steering Committee will review all submissions, and contact applicants by July 31st. Please note that members of the Steering Committee may contact you if additional information is needed. If you have any immediate questions, please do not hesitate to contact either Pete Tabbot at 973-226-2303 or Mitch Rosen at 732-235-9452.



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