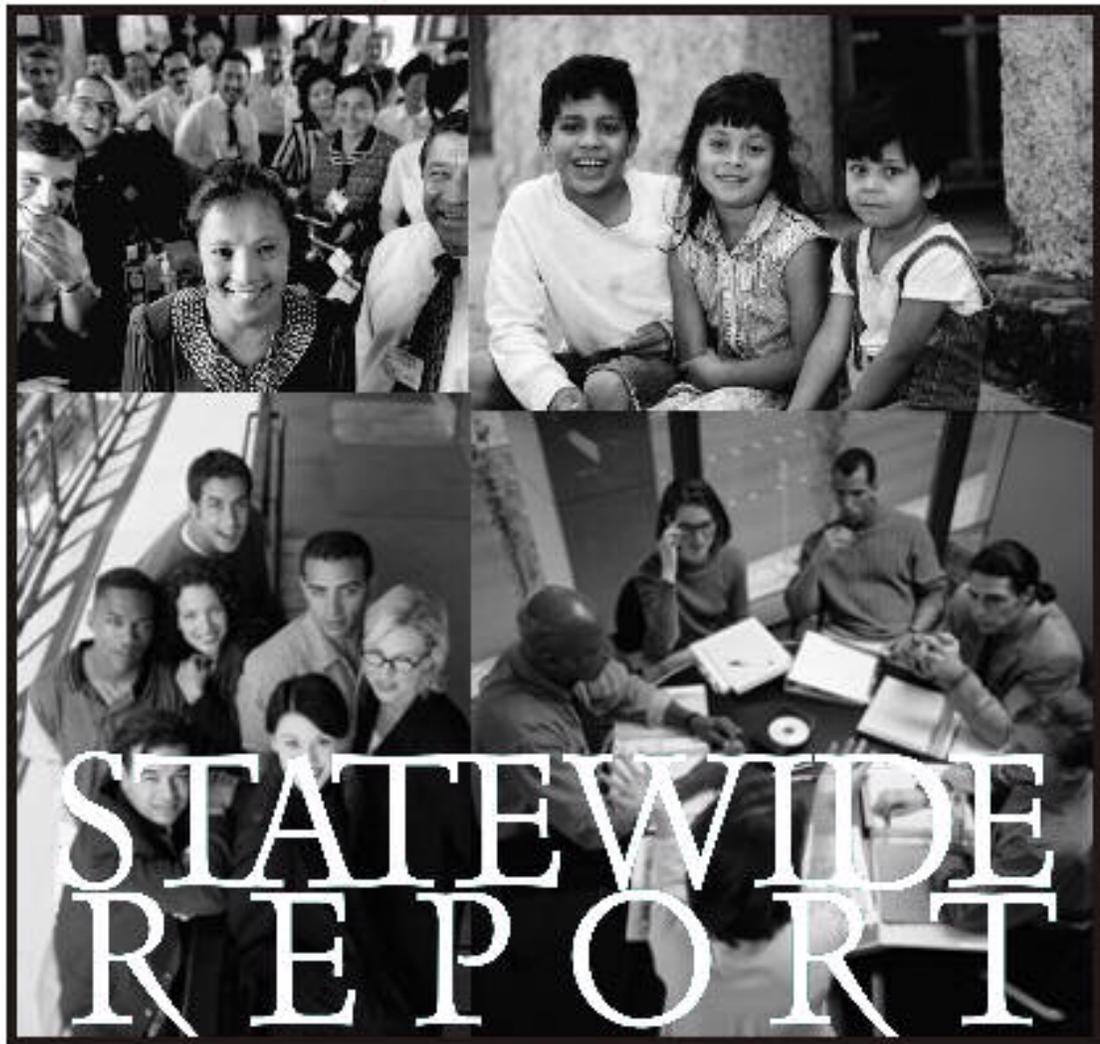




# LOCAL

Public Health System Performance Assessment



Public Health Practice Program Office  
Division of Public Health Systems Development and Research  
National Public Health Performance Standards Program



## *Acknowledgments*

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# *The National Public Health Performance Standards Program*

## INTRODUCTION TO THE PROGRAM

The National Public Health Performance Standards Program (NPHPSP) is a partnership initiative established in 1998 to improve the practice of public health, the performance of public health systems, and the infrastructure supporting public health actions. To accomplish this mission, performance standards for public health systems were collaboratively developed. These standards represent an optimal level of performance that needs to exist to deliver essential public health services within a public health system.

The NPHPSP is intended to improve the quality of public health practice and the performance of public health systems by:

1. Providing performance standards for public health systems and encouraging their widespread use;
2. Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness;
3. Promoting continuous quality improvement of public health systems; and
4. Strengthening the science base for public health practice improvement.

The NPHPSP is led by the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Collaborative partners in establishing and supporting the NPHPSP are the: American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and the Public Health Foundation (PHF). In addition, eight state public health agencies (Florida, Hawaii, Minnesota, Mississippi, Missouri, Ohio, New York and Texas) and hundreds of local public health agencies within these states worked with their system partners to assist in testing and developing the assessment instruments.

The NPHPSP includes three instruments:

1. The **State Public Health System Performance Assessment Instrument (State Instrument)** focuses on the “state public health system.” This system includes state public health agencies and other partners that contribute to public health services at the state level. The instrument was developed under the leadership of ASTHO and CDC.
2. The **Local Public Health System Performance Assessment Instrument (Local Instrument)** focuses on the “local public health system” or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations. The local instrument was developed under the leadership of NACCHO and CDC.
3. The **Local Public Health Governance Performance Assessment Instrument (Governance Instrument)** focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners. The governance instrument was developed under the leadership of NALBOH and CDC.



## CONCEPTS GUIDING PERFORMANCE STANDARDS DEVELOPMENT AND USE

Four concepts have helped to frame the National Public Health Performance Standards into their current format:

1. The standards are **designed around the ten Essential Public Health Services (EPHS)**. These ten services are the foundation of any public health action and describe the full range of public health responsibilities. The EPHS were first articulated in 1994 in the Public Health in America statement. The use of the EPHS provides a way to describe and examine the breadth of public health practice, system performance, and infrastructure capability needed for both the state and local public health system levels.
2. The standards **focus on the overall public health system**, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. By focusing on the public health system, the contributions of all entities are recognized in assessing the provision of EPHS. Entities within a public health system can include hospitals, physicians, managed care organizations, environmental agencies, social service organizations, educational systems, community-based organizations, religious institutions and many others. All of these organizations play a role in working to improve the public's health.
3. The standards **describe an optimal level of performance**, rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards will stimulate performance and infrastructure improvement in public health systems.
4. The standards are explicitly intended to **support a process of quality improvement**. System partners should use the assessment process and results as a guide for learning about public health activities throughout the system and determining how to improve services. The standards can also be used to advocate for improvements to better serve populations within a public health system.

## ASSESSMENT INSTRUMENT STRUCTURE

The NPHPSP assessment instruments are constructed using the Essential Public Health Services as a framework. Within the Local Instrument, each EPHS is divided into indicators that describe critical aspects of public health practice. Each indicator is illustrated by a model standard that describes aspects of an optimal performing public health system. The model standards articulated in the instrument represent expert public health opinion and best practice concepts. Each model standard is addressed by assessment questions that serve as measures of performance.



The measures elicit information on how well the model standard is being met. There are four response options associated with each measure. The spectrum of activity associated with each response option is:

- |                |  |
|----------------|--|
| Yes            | Greater than 75% of the activity described within the question is met within the local public health system.                       |
| High Partially | Greater than 50%, but no more than 75% of the activity described within the question is met within the local public health system. |
| Low Partially  | Greater than 25%, but no more than 50% of the activity described within the question is met within the local public health system. |
| No             | No more than 25% of the activity described within the question is met within the local public health system.                       |

Summary questions are found at the end of each indicator section of the assessment instrument. The summary questions use a four-point scale to assess the percentage of the model standard that 1) is achieved by the local public health system collectively, and 2) is the direct contribution of the local public health agency. The four responses are 1) 0-25%, 2) 26-50%, 3) 51-75%, and 4) 76-100%.

## DATA LIMITATIONS

Performance scores are based on somewhat unique processes and system participant groups. Assessment methods are not yet fully standardized and these differences in survey administration can introduce measurement error. Additionally, differences in knowledge can create interpretation issues for some questions and this can introduce a degree of random non-sampling error. Results and recommendations associated with these reported data should be used for quality improvement within an overall public health infrastructure and performance improvement process for public health systems. These data represent the collective performance of all organizational participants in the local public health system and should not be interpreted to reflect any single agency or organization.

## OVERVIEW OF SUMMARY DATA AND CHARTS

This statewide aggregate report provides a summary of the data for all responding jurisdictions within the State. CDC recommends that this data be used to develop statewide performance improvement plans, inform resource allocation decisions, and identify best practices. It should not be used for comparing jurisdictions against each other or for punitive reasons.



Three types of charts are included in the statewide report. To facilitate the effective use of these charts, each is described below:

- **Box Plot** – a box plot, which is sometimes called a “box-and-whisker plot”, illustrates the distribution of performance of Essential Service scores for all responding jurisdictions. The line in the center of the box represents the median; the top and bottom sides of the box show the medians of the lower and upper halves of the data. In other words, the box indicates the middle 50% of the data. The ends of the line segments attached to the box extend to indicate the tenth and ninetieth percentile of the data. The small diamonds indicate data values or outliers that fall in the tenth and ninetieth percentiles. Thus, a box plot shows the distribution of all data values from the least to the greatest.
- **Stacked Bar Chart** – The stacked bar chart is used to display the degree to which all responding jurisdictions have met the standards within each Essential Service. The stacked bar chart differs from a standard bar chart in that multiple sets of data can be represented by one vertical bar. For example, a stacked bar for an Essential Service may indicate that 10% of all responding jurisdictions have not met the standards this Essential Service, 55% have partially met the standards, 27% mostly met the standards, and 8% fully met the standards.
- **Bar Chart** – The remaining charts are simple bar charts that display the average score using the aggregate data for all responding jurisdictions. Some bar charts are arranged in descending order of the data results and some are arranged in order of the Essential Services.

Additional analysis is available to States which use regional designations or include multi-county districts. Aggregate data for the regional or district levels are included in the files summarizing the raw scores and through additional bar charts. For those States which have district or regional designations as well as independent local public health agencies that do not fall into the larger sub-State categories, a category titled “Other” will be included in the charts and raw data.

## USING RESULTS FOR QUALITY IMPROVEMENT

The NPHPSP assessment instruments are intended to promote and stimulate quality improvement. Statewide assessment using the NPHPSP Local Instrument can provide valuable information in identifying overall strengths and weaknesses across a state. Through insights elicited from the statewide data, a state performance improvement plan can be developed to address common issues.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. To assure that this information is appropriately used, results should be shared among system partners, including representatives from local public health agencies, local public health system partners, and state-level representatives. Presenting and sharing the aggregate results at state and local levels will lead to identifying overall strengths and weaknesses and developing innovative plans for performance improvement. The aggregate assessment results should drive improvement planning at many levels – within organizations, within local public health systems, and statewide.



Resources are available to assist in quality improvement activities. The NPHPSP User Guide, Internet Tools for Performance Improvement, Mobilizing for Action through Planning and Partnerships, and other technical assistance documents can be found on or are linked to the NPHPSP website at [www.phppo.cdc.gov/nphpsp/](http://www.phppo.cdc.gov/nphpsp/).

## CONCLUSION

Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. High-performing public health systems will increase the likelihood that all residents have access to a defined optimal level of public health services. Through continuous assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, more effectively and efficiently use resources, and improve health intervention services.

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