



DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Public Health Performance Standards Program

N

P

H

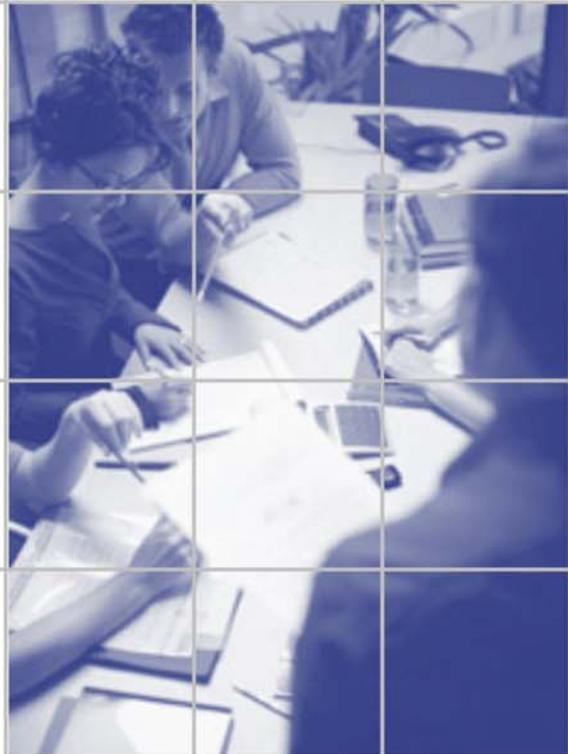
P

S

P

Users' Guide

Using performance standards to improve public health practice.



February 2003



NPHSP PARTNERS:

CENTERS FOR DISEASE CONTROL AND PREVENTION, PUBLIC HEALTH PRACTICE PROGRAM OFFICE (CDC/PHPPO); 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 PUBLIC HEALTH FOUNDATION (PHF)

SAFER • HEALTHIER • PEOPLE™

Table of Contents

Acknowledgments	3
Introduction	4
Concepts Applied in the NPHPSP	6
• The Essential Public Health Services	6
• A Focus on the Public Health System	7
• Optimal Level of Performance	8
• Quality Improvement	8
How to Use the NPHPSP Assessment Instruments	9
• Who Do We Need to Include in this Process?	9
• What Do the Assessment Instruments Look Like?	10
○ What Are the Differences between Assessment Instruments?	12
• How Do We Use the Assessment Instruments?	13
○ Identifying and Recruiting Participants	13
○ Orienting Participants and Completing the Instrument	15
Now that We Have Completed the Assessment, What Next?	20
Summary	24
For More Information	26
Appendix A – Public Health in America statement	27
Appendix B – Respondents	28
Appendix C – Example from Local Instrument: Indicator, Model Standard, and Measures	29
Appendix D – Example from Local Instrument: Measures and Summary Questions	30

Acknowledgments

The National Public Health Performance Standards Program (NPHPSP) User Guide was developed through a collaborative process by representatives of the national partner organizations. The NPHPSP partner organizations include: Centers for Disease Control and Prevention (CDC); 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). Contributors on behalf of these organizations include: Liza Corso, Michael Hatcher, and Natalie Perry, CDC; Laura Landrum, ASTHO; V. Scott Fisher, NACCHO; Ted Pratt, NALBOH; and Ron Bialek and Jennifer Stanley, PHF.

Our deep appreciation is extended to the state and local representatives who reviewed the User Guide and provided feedback based on their experiences with the NPHPSP assessment instruments. The partners thank Joan Ellison, Livingston County Health Department, NY; Jennifer Houlihan, Health Care District of Palm Beach County, FL; Charles Pruski, San Antonio Metropolitan Health District, TX; Leslie Beitsch, Pamela Rollins and Carol Bush, Oklahoma State Department of Health; and Kaye Bender, Mississippi State Department of Health.

The User Guide is considered a fluid document and will be updated periodically as new sites gain experience in using the NPHPSP assessment instruments. We welcome your comments and suggestions for improving the document, as well as quotes, tips, or descriptions of experiences which can enrich the content. Please send all comments to Liza Corso at LCorso@cdc.gov.

Introduction

If you can't measure something, you can't understand it; if you can't understand it, you can't control it; if you can't control it, you can't improve it."

The Improvement Process by H.J. Harrington.

The nation's public health infrastructure is like a jigsaw puzzle – it is comprised of many pieces that represent the national, state and local public health systems throughout the nation. To ensure a strong public health infrastructure, we must work to strengthen each of those puzzle pieces – one by one – and to pull them together into a cohesive and coordinated public health system.

The National Public Health Performance Standards Program (NPHPSP) will help users to answer questions such as, “What are the components, activities, competencies, and capacities of our public health system?” and “How well are the Essential Services being provided?” The dialogue that occurs in answering these will identify strengths and weaknesses; this information can be used to improve and better coordinate public health activities at the state and local levels. Additionally, the results gathered will provide an understanding of how state and local public health systems and governing entities are performing. This information will help local, state, and national policymakers make better and more effective policy and resource decisions that will improve the nation's public health as a whole.

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

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

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Public Health Practice Program Office (CDC / PHPPPO),
- 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
- Public Health Foundation (PHF).

The NPHPSP includes three instruments:

- 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.
- 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 CDC and NACCHO.
- 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 CDC and NALBOH.

Although each instrument was developed under the leadership of a specific partner organization and CDC, all partners were involved throughout the entire process. Additionally, the instruments were collectively reviewed to ensure that each is complementary and supportive of the others and includes consistent terminology and concepts.

The national partners represent many of the organizations and individuals that will use the assessment instruments. Through working groups and field test activities, hundreds of representatives from these organizations were involved in developing, reviewing, testing, and refining the instruments. Their feedback on the draft instruments helped to ensure that the final NPHPSP instruments are practice-oriented and user-friendly. Representatives from other organizations, such as academic partners from the Association of Schools of Public Health and experts from the Council of State and Territorial Epidemiologists, also helped to guide the development of the instruments.

The use of the NPHPSP instruments should result in numerous benefits, including:

- Improving organizational and community communication and collaboration, by bringing partners to the same table.
- Educating participants about public health and the interconnectedness of activities, which can lead to a higher appreciation and awareness of the many activities related to improving the public’s health.
- Strengthening the diverse network of partners within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- Identifying strengths and weaknesses that can be addressed in quality improvement efforts.
- Providing a benchmark for public health practice improvements, by setting a “gold standard” to which public health systems can aspire.

Concepts Applied in the NPHPSP

There are four concepts that 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. The use of the Essential Services assures that the standards cover the gamut of public health action needed at state and community 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. This ensures that the contributions of all entities are recognized in assessing the provision of essential public health services.
3. The standards describe an optimal level of performance rather than provide minimum expectations. This ensures that the standards can be used for continuous quality improvement.
4. The standards are intended to support a process of quality improvement. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

Each of these concepts is more fully described below.

The Essential Public Health Services

The Essential Public Health Services provide the fundamental framework for the NPHPSP instruments by describing the public health activities that should be undertaken in all states and communities. The Essential Services were first set forth in a statement called *Public Health in America* and were developed by the Core Public Health Functions Steering Committee in 1994 (convened by DHHS). The statement includes a vision, mission, purpose, and responsibilities for public health. To see the statement as well as member organizations of the Steering Committee, go to Appendix A.

The Essential Services are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.¹

¹ Public Health Functions Steering Committee: *Public Health in America*. July 1994.

A more complete description of the activities that fall under each Essential Service is presented in the state, local and governance performance standards.

A Focus on the Public Health System

The second concept is a focus on the overall “public health system.” This ensures that the contributions of all entities are recognized in assessing the provision of public health services. Clearly, the governmental public health agency – either at the state or local level – is a major contributor in the public health system, but these agencies alone cannot provide the full spectrum of Essential Services.

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” Public health systems are a network of entities with differing roles, relationships, and interactions. All of the entities within a public health system contribute to the health and well-being of the community or state.

Some of the organizations and sectors that are involved in the public health system – either at the state or local level – include:

- Public health agencies, such as the state or local health department, which serve as the governmental entity for public health and play a major role in creating and ensuring the existence of a strong public health system.
- Healthcare providers such as hospitals, physicians, community health centers, mental health organizations, laboratories, and nursing homes, which provide preventive, curative, and rehabilitative care.
- Public safety agencies such as police, fire and emergency medical services. Their work is often focused on preventing and coping with injury and other emergency health-related situations.
- Human service and charity organizations, such as food banks, public assistance agencies, and transportation providers, that facilitate access to healthcare and receipt of other health-enhancing services.
- Education and youth development organizations such as schools, faith institutions, youth centers, and other groups that assist with informing, educating, and preparing children to make informed decisions and act responsibly regarding health and other life choices and to be productive contributors to society.
- Recreation and arts-related organizations that contribute to the physical and mental well-being of the community and those that live, work and play in it.
- Economic and philanthropic organizations such as employers, community development organizations, zoning boards, United Way, and community and business foundations that provide resources necessary for individuals and organizations to survive and thrive in the community.
- Environmental agencies or organizations, which contribute to, enforce laws related to, or advocate for a healthy environment.

Quotes from the Field:

"Our process involved about 30 individuals. Participants included representatives from the Department of Social Services, the Office for Aging, mental health, the county planning department, law enforcement, the migrant health center, Catholic Charities, the hospital, United Way, the Board of Supervisors, and the local health department.

Through this process, we learned the importance of our partners' perspectives about the local public health system. Members weren't familiar with all the services provided by the partners; the process helped to facilitate communications."

Local health official,
Livingston County, NY

Optimal Level of Performance

Frequently, performance standards are based on a minimum set of expectations. However, these types of standards may not stimulate organizations to strive for higher levels of achievement.

It is for this reason that the NPHPSP describes an optimal level of performance and capacity to which all public health systems should aspire. Optimal standards provide every public health system – whether more or less sophisticated – with benchmarks by which the system can be judged. In comparing the current status to optimal benchmarks, systems are able to identify strengths and areas for improvement. Additionally, optimal standards provide a level of expectation that can be used to advocate for new resources or needed improvements in order to better serve the population within a public health system.

Quality Improvement

Last, the NPHPSP is intended to promote and stimulate quality improvement. As a result of the assessment process, the responding jurisdiction should identify strengths and weaknesses within the state or local public health system or the governing entity. This information can pinpoint areas that need improvement. If the results of the assessment process are merely filed away or sit idle on a shelf, much of the hard work that is devoted to completing the instrument will be wasted. System improvement plans must be developed and implemented.

For example, the Local Instrument is linked to a recently developed community health improvement process. In 2001, NACCHO and CDC finalized and released Mobilizing for Action through Planning and Partnerships (MAPP). MAPP guides system partners and community members through a community health improvement process that includes a set of four assessments. The assessments address:

1. Community perceptions of strengths, assets, and needs;
2. Forces of change in the community such as changes in legislation, funding shifts, or recent natural disasters;
3. Community health status through the collection and analysis of health data; and
4. The performance and capabilities of the local public health system. The tool used within this fourth assessment is the NPHPSP Local Instrument.

Regardless of whether MAPP or another health improvement process is implemented, the system partners should use the results for system-wide quality improvement. This User Guide includes some methods and tips for guiding these activities.

Quotes from the Field:

"In Palm Beach County, each of the 10 Essential Services was workshopped individually, allowing us to invite the most appropriate and informed members of the community for each Essential Service. Each workshop was conducted by the same facilitator and was attended by key health department staff for consistency throughout the process. This process really allowed us to bring all the public health players together for the first time for a true assessment of the strengths and weaknesses of our local public health system."

Planning Director, Palm Beach County, FL

How to Use the NPHPSP Assessment Instruments

The NPHPSP User Guide provides the “nuts and bolts” for using the assessment instruments, as specified in the following sections:

- Who Do We Need to Include in this Process?
- What Do the Assessment Instruments Look Like?
- How Do We Use the Assessment Instruments?
- Now that We Have Completed the Assessment, What Next?

This User Guide is applicable to any of the three instruments. The same process should be used regardless of whether you are using the state, local, or governance instrument. The User Guide also identifies special areas of consideration for each of the instruments. Additional information can be found in the preamble to each instrument.

Who Do We Need to Include in this Process?

Ideally, partners from throughout the public health system will collaborate to develop a collective response to the assessment instrument. Strengthening the state or local public health system requires the participation of all entities contributing to public health in a state or community. Therefore, broad participation is important.

Participants should include representatives from organizations that contribute to the Essential Services and the health and well-being of the population. The description of the public health system on pages 4-5 may be useful in identifying potential participants.

Depending upon which instrument is being used, respondents may vary:

- **State Instrument** – The state instrument focuses on essential public health services delivered at the state level. The state public health agency is a natural convener for the process at the state level. Public health institutes may also serve as excellent conveners of a multi-sector process. If there is an existing public health partnership or coalition in the state that is broadly representative, it could serve as an appropriate entity to initiate the assessment process. Regardless of the convening entity, participants can include state governmental agencies, hospitals, managed care organizations, civic organizations, institutions of higher education, the business community, and environmental organizations. Legislators and other state or local policymakers can also be important allies in this effort. It is strongly recommended that representatives from local public health agencies – perhaps through a state association of local health officials – be invited to participate. For a more complete list of suggested participants, see Appendix B.

Quotes from the Field:

"Mississippi began its field test of the NPHPSP with an orientation session that included state-level public health staff, state-level partners (such as the hospital association, the primary care association, the nurses association, mental health, environmental health, etc.), and district directors. CDC, ASTHO, NACCHO, and NALBOH representatives provided the orientation. We had already appointed a steering committee of about 12 staff to drive the statewide assessment process and keep it focused."

Deputy State Health
Official, MS State
Department of Health

- **Local Instrument** – The local instrument focuses on the local public health system, or all entities that contribute to the public's health in a community. Existing coalitions or community committees can provide a good starting point for convening the appropriate partners. Use of this instrument will likely be led by the local public health agency that serves the community. Other participants can include the local board of health, hospitals, social service providers, environmental organizations, community-based organizations, the business community, the faith community, representatives from the state level, and many others. For a more complete list, see Appendix B.
- **Governance Instrument** – The governance instrument assesses the role and performance of the governing entity of the local public health agency, in regards to how it assures delivery of the essential public health services. Examples of governing entities include the board of health, county commissioners, or the city council. Therefore, the most important respondents to this instrument are members of the governing body. It is recommended that all members of the board or council participate to maximize awareness, accuracy, and usefulness of the assessment instrument. In addition, the local health official or other representatives from the local public health agency should also be involved. Their participation will provide enlightening input and ensure greater coordination between the board and agency. For more information, see the preamble to the governance instrument and Appendix B.

What Do the Assessment Instruments Look Like?

Before convening any partners, individuals in the lead agency should review the entire instrument and gain an understanding of the format and content. This preparation will ensure a smoother process in identifying and recruiting participants, orienting the group, responding to the instrument, and discussing the assessment results.

Each of the instruments share the same format (see Appendices C and D for an example from the local instrument). The 10 Essential Services provide the framework for each instrument, so there are 10 sections or "chapters" – one for each Essential Service. Each Essential Service section is further divided into several indicators, which represent major components, activities, or practice areas of the Essential Service. Associated with each indicator are model standards (written in paragraph and bullet format) that describe aspects of optimal performance. Each model standard is followed by a series of assessment questions that serve as measures of performance.

The measures elicit information on how well the model standard is being met. If a state or local public health system or a governing entity responds “yes” to all questions under any one standard, the responding entity should look similar to and function consistently with the model standard. However, the model standards are designed to represent optimum performance and there will likely be few model standards that are fully met. The model standards should stimulate continuous quality improvement that will help to improve state and local public health practice over time.

There are four response options associated with each measure. As the participants collectively discuss each question, they should determine the response that best describes the current level of activity in the system. Guidance on how to develop consensus responses is addressed more fully in the section titled, “How Do We Use the Assessment Instruments?” The spectrum of activity associated with each response option is explained below:

Yes	>75% of the activity described within the question is met within the public health system.
High Partially	> 50%, but no >75% of the activity described within the question is met within the public health system.
Low Partially	>25%, but no >50% of the activity described within the question is met within the public health system.
No	No >25% of the activity described within the question is met within the public health system.

Lastly, the state and local instruments include two summary questions at the end of each indicator section (see Appendix D for an example). Respondents are asked to think about the model standard as a whole and use a four-point scale to assess the percentage of the model standard that 1) is achieved by the public health system collectively and 2) is the direct contribution of the public health agency. The four responses are 1) 0-25%, 2) 26-50%, 3) 51-75%, and 4) 76-100%.

In responding to these questions, respondents should first estimate to what extent the entire system has achieved the overall model standard. Second, they should estimate how much of the activity relevant to the model standard is conducted by the public health agency. Responses to both questions should reflect the current status. For example, if 50% of the model standard is judged to be achieved and all of the activities are conducted by the public health agency, the response to the first question should be 2 (26-50%) and the second question should be 4 (76-100%). On the other hand, if the public health agency conducts very few of the activities related to the model standard, the answer should be 1 (0-25%).

Responding to the Summary Questions – A Case Example

Representatives of the LPHS are responding to the summary questions under Indicator 1.1 of the local instrument (Population-Based Community Health Profile). First, the group considers how much of the overall model standard they are achieving as a local public health system. They have a strong community health profile with fairly comprehensive data, they update the data every two years, and they produce user-friendly documents displaying the data. However, participants recognize that some data are not included, they do not look at the data in comparison to national benchmarks, and they do not disseminate the information widely throughout the community. Therefore, the group decides that overall, they are achieving 51-75% of the model standard.

Next, the group discusses the local public health agency's role in this work. Public health agency staff collates and update the majority of the data. However, additional data are provided by the other organizations and the documents that display the data are produced by another system partner. Therefore, they decide that the local public health agency is contributing 51-75% toward the achievement of the overall model standard. The group's final answers are:

1.1.15 How much of this LPHS Model Standard is achieved by the local public health system collectively?

0 – 25%	26 - 50%	51 - 75%	76 - 100%
1	2	3	4

1.1.15.1 What percent of the answer reported in question 1.1.15 is the direct contribution of the local public health agency?

0 – 25%	26 - 50%	51 - 75%	76 - 100%
1	2	3	4

What Are the Differences between Assessment Instruments?

Although the format described above is the same for all instruments, there are some slight variations:

- **State Instrument** – This uses the same four indicators within each Essential Service. The developers of the state instrument believed that core state public health practices are well articulated within these four key indicators:
 - Planning and Implementation
 - Technical Assistance and Support
 - Evaluation and Quality Improvement
 - Resources

Therefore, the same four indicators can be found in each Essential Service.

- **Local Instrument** – For each Essential Service in the local instrument, the indicators describe or correspond to the primary activities conducted at the local level. For example, an indicator found in Essential Service #3 (inform, educate, and empower the public about health issues) is Health Education. The number of indicators varies throughout the instrument; while some Essential Services include only two indicators, others include up to four.

- Governance Instrument – This is organized using only one indicator for each Essential Service. The indicator relates to all aspects of the governance and oversight activities for each of the Essential Services. Additionally, this instrument does not include the summary questions described above.

In addition to completing the overall NPHPSP instrument, each user will be asked to fill out a brief web-based demographics questionnaire before submitting responses to CDC. The demographics questionnaire asks for information such as population size of the jurisdiction, basic characteristics of the public health agency, and partners involved in the performance assessment process. Therefore, each site should track this information and be prepared to respond to these questions when they begin submitting data on CDC's website.

How Do We Use the Assessment Instruments?

It is recommended, but not required, that the assessment process be conducted statewide within a similar time period. For example, all local public health systems should complete the local instrument within the same agreed-upon time period with coordination and assistance from the state level. If appropriate, governing entities can use the governance instrument during the same time period. State public health systems can demonstrate leadership by conducting the state assessment first. Such leadership shows that the state is willing to lead by example and not ask anything of the local jurisdictions that the state is not willing to do itself.

A statewide approach will provide opportunities to coordinate orientation activities, technical assistance, and improvement planning between state and local public health agencies leading the system assessments. The resulting information will provide an in-depth understanding of the strengths and weaknesses within the state and local public health system network and allow for comprehensive systems improvement planning.

Identifying and Recruiting Participants

To use any of the assessment instruments, begin by convening the necessary partners. Use of the state and local instruments requires more extensive participation than the governance instrument; however, the governance instrument can also benefit from the involvement of individuals beyond just governing entity members.

Examples of potential system partners are listed in the section, "Who Do We Need to Include in the Process?" and in Appendix A. Use this information to generate a candidate list that includes representation from throughout the public health system and that encompasses a broad range of perspectives and expertise.

Build on existing partnerships to help bring a cohesive and enthusiastic group together. Give careful consideration to who is the most appropriate individual from each organization. Heads of organizations can provide cross-cutting knowledge of all activities. However, second-level managers may also be appropriate, as they may have more time to contribute and more specific information about day-to-day activities.

Before recruiting participants, determine the number desired. Try to strike a good balance between a manageable number of participants and a broadly representative group. More participants can be used if the group is broken into smaller subcommittees to discuss specific Essential Services (i.e., all of the individuals with assessment and data expertise discuss Essential Service #2). If multiple groups are used, a core set of individuals should participate in all of the discussions to improve the consistency of the process and understanding of assessment findings. If one overall group discusses all of the Essential Services, the size of the group can become unwieldy if more than 20 – 25 individuals are involved.

To summarize, consider the following questions in identifying participants:

- Who plays a role in the public health system and/or in providing the Essential Services?
- What broad, cross-sector participation is needed (e.g., schools, transportation, social services)?
- What consumers can be included?
- Who needs to be included to ensure expertise in certain areas (e.g., laboratorians, epidemiologists)?
- How many people should participate?
- Are there current coalitions or committees that can be used as a starting point for the assessment group?

Once participants are identified, think carefully about how best to extend the invitation. Personal letters or telephone calls from the state or local health official or the heads of other partner organizations will emphasize the importance of this activity and generate more willingness to participate. Follow-up communication from the lead staff will help to ensure that each participant fully understands the process and their role.

Orienting Participants and Completing the Instrument

Once participants are recruited, the convening organization may want to begin the meeting with a brief overview of the NPHPSP, the Essential Public Health Services, and the purpose of completing the assessment instrument. During this orientation, participants may want to spend a few moments sharing initial thoughts about their organization's contributions to the Essential Services. This can spur ideas about how each organization contributes to the health of the public. The facilitator may also want to walk through a small portion of the instrument, so that participants can get a taste of the overall process and weigh in on the most effective way to respond to the instrument. Most importantly – be clear with participants about the purpose of the process!

The next step is to discuss and complete the performance standards assessment instrument. The estimated times needed to complete the assessments are 15 hours for the state instrument, 24 hours for the local instrument, and 6 hours for the governance instrument. This may require multiple meetings of the system partners, in addition to preparation and follow-up time by the lead organization. As the group moves through the instrument, the assessment will go faster as participants become familiar with the process.

Because each instrument is fairly lengthy and may initially appear daunting, the convening organizations should carefully consider the approach for developing consensus responses to the instrument. Ideally, participants will review the materials prior to the meeting in order to limit the amount of reading that occurs during the discussion. In conducting this advance review, participants should be encouraged to think about their perception of how well the system is accomplishing the standards, so that they arrive at the meeting prepared to participate in the discussion.

Consider the following when determining how to share advance materials with participants:

- Provide participants with a copy of the Essential Service(s) that will be discussed during each meeting. Asking participants to view only one or two services at a time will not overwhelm them. The copies can be used for noting individual perceptions and will help to prepare participants for group discussion.
- Share the full document with all participants at the beginning of the process. This allows participants to review the entire document and the full breadth of the instrument. It also provides participants with an opportunity to identify the Essential Services and discussions where they will have the most to contribute.

A facilitator is required to moderate the discussion. If possible, the facilitator should not be a participant in providing assessment responses. To keep the discussion moving, the facilitator should manage the amount of time devoted to each model standard. The recorder(s) tracks all responses. In addition, qualitative comments about what drives the group's responses and possible solutions to identified problems should be tracked throughout the discussion. To assist in this process, consider using flip charts or posters that track the consensus responses, the main points of the discussion, and ideas for improvement.

Consensus responses should be developed through dialogue among system partner organizations. At a minimum, the group developing the responses should include individuals that directly provide and/or oversee the activities being discussed in each Essential Service. Ideally, the group also may include consumer representatives or persons without an organizational affiliation from the jurisdiction.



Responding to the Assessment Instruments – Examples from the Field

The following are some creative examples of how respondents have completed the instruments:

- A local health official in Minnesota used color-coded cards to expedite the process of completing the local instrument. She convened a group of community partners, gave each a copy of the local instrument, and handed out five colored cards. The participants walked through the tool and raised a card to indicate their response to each question. Different colors indicated the various response options to the instrument and a fifth red card indicated “we need to discuss this question.” When most or all participants raised the same color card, the facilitator recorded the response and moved on. Participants discussed questions for which red cards or several different response cards were raised.
- A local health official in upstate New York convened a group of community partners to respond to the local tool. She promised that the process would take three meetings of two hours each. During the first meeting, the entire group worked through the first two Essential Services. Once the group understood the tool and the process, they were able to divide into two groups to respond to the remainder of the tool during the two remaining meetings. By adhering to her promise of three meetings, the local health official sustained good participation and enthusiasm throughout the three meetings. In retrospect, however, the local health official indicated that four or five meetings could have provided a more manageable timeframe.
- In Palm Beach County, FL, a series of 10 workshops was held to discuss each of the Essential Services. Appropriate and informed individuals from throughout the local public health system were invited to participate throughout the process. The same facilitator and a core group of staff and leadership were present at all workshops to ensure consistency. System partners and organizational staff attended the workshops that were most closely tied to their daily work. Strong participation was maintained throughout the process because system partners felt they could participate at the times best suited to their interest and expertise. Additionally, the core group that attended all workshops was able to identify and share key ideas across Essential Services and ensure consistency in how responses were developed.
- In Mississippi, a large statewide orientation was conducted with representatives from the state health agency, state system partners (such as state associations and other state agencies), and district health directors. The group attending the orientation session then divided itself into smaller work groups to address each of the Essential Services. These smaller groups were composed of “experts” in the area, as well as staff who were not as familiar with the particular Essential Service. Partners were invited to participate in the work groups as they so desired. This process gave the work groups some autonomy to proceed on their own. Including diverse representatives among the members of those work groups was beneficial in that the “experts” were challenged to make themselves clear about what they were describing. Two final meetings were held, for the purposes of hearing the work of the smaller groups and reaching consensus on final responses.

Tips for an Effective Process

- A key factor to success is having visible support from the state health official and local health officials. The active participation of these leaders in the process will emphasize the importance of the effort.
- Identify a facilitator and recorder before the process begins. Consider having two recorders – one to track responses and a second to track ideas, comments and solutions.
- Be clear about the purpose of the process with participants.
- Be sure to orient all participants about the Essential Services.
- Recruit all system partners that are appropriate to assess the public health system. If the entire system is well-represented, then responses will better reflect current activities. Work closely to ensure their full involvement in the assessment process.
- At the beginning, review the methods and process with participants. Allow the group to make suggestions regarding the best way for moving through the instrument efficiently.
- State how long the process will take... and stick to that commitment!
- Keep the process moving along and do not allow the discussion to get overly bogged down.
- Be aware that speed can pick up as participants become familiar with the instrument and the process for responding. The group may want to start with an Essential Service or indicator that they view as "easy" or more straightforward.
- Ensure a comfortable environment and provide food and beverages, if possible.
- Track ideas, comments, and potential solutions so that these ideas can be revisited later.
- Share the instrument in advance, so that participants have a chance to look through it and think about their comments and questions.
- Think about creative ways to reduce paper-shuffling. For example, the instrument can be projected from a laptop to an overhead screen so that all participants can follow the questions easily.
- Share only the model standards and keep the discussion focused on the overall activities being conducted in the system. The facilitator and recorder can use copies of the full instrument to prompt discussion and track responses to questions.
- Consider the pros and cons of using different sets of individuals to respond to different sections of the instrument. A process using one large group will promote maximum cross-fertilization of ideas and sharing of information. If small groups are used, be sure that there is a core group present to ensure consistency. Also, present key ideas or discussion points back to the entire group, so that all participants become informed about and make comments on all sections.

After each discussion (or after each series of discussions), log on to the CDC Internet site to enter responses. Public health agencies, or other entities leading the assessment process, should be responsible for this activity. To do this, follow these steps:

1. Obtain your User ID. This can be done by contacting your state coordinator (if you are participating in a statewide process) or by contacting the CDC Vital Information for Practice (VIP) Center at 1-800-PHPPO49 or 1-800-7649.
2. Go to <http://www.phppo.cdc.gov/takesurvey/>
3. Print the instructions for easy reference.
4. Click on <Begin Survey>, if this is your first time accessing this survey.
5. Type in the survey number and password and then press <ENTER>. The survey numbers and passwords are:
6. Local tool: Survey number: 780, password: 780
7. State tool: Survey number: 790, password: 790
8. Governance tool: Survey number: 820, password: 820
9. Type your User ID / password and press <ENTER>: You will have received your User ID from your state or CDC and you can choose your own password. The password needs to include a combination of both numbers and alphabetical letters.
10. Start entering your assessment responses.

Data provided to CDC will be used in accordance with the data use policy that appears on the NPHPSP Internet site. All users will need to agree to this policy before submitting data to CDC.

Once the log-on process is completed, each user will be asked to complete a brief web-based demographics questionnaire before submitting responses to CDC. The demographics questionnaire asks for information such as population size of the jurisdiction, basic characteristics of the public health agency, and partners involved in the performance assessment process.

You may complete the survey in numerical order, beginning with Essential Public Health Service #1, or you may begin with any other Essential Service. Follow the prompts to begin data entry. Save your responses frequently to prevent inadvertent loss of data.

When assessment data are submitted to the CDC, an automated process will begin for data analysis and report generation. This process will result in a performance report that describes the strengths and weaknesses for each public health system. The report will also contain performance scores indicating the overall level of achievement for:

1. Each Essential Service,
2. Each model standard, and
3. Key points of each model standard. Reports will be sent electronically to the primary contact in each responding jurisdiction.

Summary information for local public health systems also will be provided to appropriate state public health agency officials. The collective data from statewide assessment efforts will assist in identifying strengths and weaknesses that can be addressed on a statewide basis. It is important to remember that data from these assessments are intended to assist in quality improvement and are not for the purpose of directly comparing or judging health departments and their public health systems in a punitive manner. For more information on the data use policy, analysis, and reports, visit www.phppo.cdc.gov/nphsp/.

Now that We Have Completed the Assessment, What Next?

The last step in the process is perhaps the most important, because it is at this stage that participants discuss the results, identify challenges and opportunities, establish improvement plans, and move forward with quality improvement efforts.

After completing the instrument, all participants should discuss the performance assessment results. The bar graphs and summary information from the CDC-generated report should be helpful in pinpointing areas that require attention. Additionally, as shown in the example below, the report also will place each indicator into one of four categories: met, substantially met, partially met, and not met.

Example Section from CDC-Generated Report of Assessment Results				
Essential Service	Indicator/Standard Not Met	Indicator/Standard Partially Met	Indicator/Standard Substantially Met	Indicator/Standard Met
#1 – Monitor Health Status	1.1 Population-based community health profile	1.2 Access to and utilization of current technology	1.3 Maintenance of population health registries	
#2 – Diagnose and Investigate			2.1 Identification and surveillance of health threats	2.2 Plan for public health emergencies

As this information is discussed and reviewed, strengths and weaknesses should become quickly apparent. Revisit the notes that were made during the assessment process. The notes may include comments regarding priority areas, possible solutions, barriers, and new ideas or opportunities for system coordination and improvement.

As the assessment results are discussed, consider the organizations and level of coordination connected with each activity. For example, potential questions include:

1. Are adequate resources being devoted to this area?
2. Are there overlapping activities among the system partners in this area?
3. Is there an increasing or decreasing demand for this activity?
4. Is better coordination among system partners required?

Through interactive discussion, create a list of challenges and opportunities. The list should be sufficiently comprehensive to include the major issues identified in the assessment, but small enough (e.g., 10-15 items) for the public health system to address many of them. Include relevant details that emerged through the discussions. These may inform the identification of solutions or barriers.

System participants may want to identify challenges and opportunities by considering the following categories:

1. This activity is being well done. We should maintain our current level of effort in this area. (Success – maintain effort)
2. This activity is being done well, but can be cut back (i.e., overlapping activities, decreasing demand). We may want to redirect resources from this activity to devote to some of the higher priority activities. (Success – cut back resources.)
3. This activity requires improvement. More attention is needed in this area. (Challenge – requires increased activity)
4. This activity requires improvement. Better coordination among partners should occur. (Challenge – requires increased coordination).

Put each category on a flip chart. Briefly revisit each indicator and determine where they should be categorized. Consider where indicators or areas of activity can be lumped or consolidated. If possible, try and keep the number of topics in the two “challenges” categories manageable.



An example of results for several indicators from the local instrument may be as follows:

Success – Maintain Effort	Success – Cut Back Resources	Challenge – Requires Increased Coordination	Challenge – Requires Increased Activity
1.3– population health registries	3.1 – health education- many organizations' activities are overlapping – resources could be redirected to other areas.	1.1 – Population-based community health profile – gather data from throughout system	1.1– more/better surveillance of health threats needed
2.3 Lab support		3.2 – health promotion activities are disjointed	2.1, 2.2, and 2.3 – need emergency response plan/ protocol for investigation of emergencies

Throughout this discussion, the recorder should capture specific comments related to each challenge and opportunity. These details can help to flesh out the action items that are identified on the flip charts.

Once challenges and opportunities are identified, the results should be incorporated into a broader planning process (e.g., a community health improvement process such as MAPP, a state health improvement process, a local board of health strategic planning process). If no planning process is occurring, participants should take some time to identify accountable organizations and action items that address each challenge. To accomplish this, participants should discuss the top priority areas and agree on:

- A strategy or action steps to address the priority area;
- The organization(s) or entity(ies) responsible for implementing the strategy, and;
- A goal statement that identifies how progress can be measured.

Resources are available to assist in quality improvement activities. The following Internet site contains a description of and links to tools and other resources that can help public health systems and governing entities address the activities under each Essential Service. This online resource can be found at: <http://www.phf.org/PerformanceTools/NPHPSPtools-EPHS.pdf>

Using the Results for Action – Examples from the Field

State of Florida

"We wanted to field test the new state and local public health performance standards because they addressed capacity and performance from a different perspective than our Florida quality improvement program. One of the many outcomes from the pilot was the consensus that greater attention needed to be paid to ensuring a competent public health workforce. Shortly thereafter, a workforce development committee was organized to systematically address workforce quality issues statewide."

Deputy State Health
Officer, Florida
Department of Health

State of Florida

- In Palm Beach County, FL, a broad-based group of participants went through the process according to the suggested protocol. Comments and ideas generated during the discussions were tracked and later analyzed by staff for identification of key comments and possible action steps. After results were received, staff provided an "analysis" document to the planning committee for each Essential Service. Each analysis document included the following sections:
 - A description of the Essential Service
 - Scoring analysis, which provided the overall ES service score, the numerical score for each indicator, and a brief description of how the ES and indicators ranked in relation to other areas of the instrument.
 - Workshop participant comments, which provided a bulleted summary of key comments, potential solutions, or barriers to the activities.
 - Possible action steps
- The planning committee discussed the analysis documents, identified priority areas, and developed action plans for each priority area. The action plan included a goal statement, objective, example outputs, resources, a list of technical advisory group members, a planning impact statement, a brief description of future planning ideas.

New York State

- New York State has traditionally required all local jurisdictions to provide a periodic report of local capabilities. In 2001, New York State altered the statute requirements to allow for use of the NPHPSP local instrument. All 57 counties and New York City conducted the local performance assessment process in Spring 2001. The New York State Public Health Council's Public Health Infrastructure Work Group – which includes representatives from local health departments, schools of public health, the state health department, community-based organizations, the faith community, the business community, and other sectors – is currently using the data to identify best practices, barriers to success, and gaps at the local level. In-depth case studies will be conducted in selected sites to explore these issues further, with an emphasis on systems and relationships, data and information, and workforce issues. Capacities related to emergency preparedness and surge capacity are also being highlighted. The information will be compiled in a report that will be presented to the Public Health Council in early 2003. It is anticipated that the report will drive future policy and resource decisions and help to create a statewide public health improvement plan.

Summary

The NPHPSP is a groundbreaking initiative to provide the tools that systems need to improve public health infrastructure and performance at the local, state, and national levels. Most importantly, it should promote a process that stimulates ongoing improvement. The assessment process should be repeated every few years to allow for ongoing monitoring and measurement. Through repeated use, public health systems and governing entities will be able to track how the weaknesses or gaps identified in previous years have been addressed and celebrate the development of a truly coordinated public health system.

The role of partners in this effort is invaluable. Conducting the assessment process with a broad-based group of individuals and organizations will promote collaboration, cooperation, and dialogue that will not only directly improve the results of the assessment process but also benefit the daily work of each organization.

The performance assessment process is truly a quality improvement effort. Through assessment of current capacity, cross-learning and improved coordination between system partners, and continued improvements based upon results and action plans, public health leaders can create stronger, high-performing state and local public health systems across the nation.



Benefits and Limitations: Comments from the Field

The State of Minnesota used both the state instrument and local instrument (within 51 counties and four cities). The following is excerpted from a summary report from the State Community Health Services Advisory Committee. It provides a summary of benefits, limitations, and comments about the process. The text is included under a section titled "What did state and local participants learn from the Field Test?"

- The process has value. Having an opportunity to discuss with staff, colleagues, and partners the model standards for providing the Essential Public Health Services was useful. It provided a framework for the public health system to begin to discuss responsibilities for public health functions and services.
- The process takes time. The process to complete the tool was time-consuming, due to its length, repetition, and sometimes-confusing questions. Time was also needed to establish relationships with community partners in order to successfully involve them in completing the tool.*
- There is variability in performance within public health agencies and systems. This assessment demonstrated to participants that performance varies within a single public health agency, or a system, across program or focus areas. For example, a state or local public health department may be strong in community mobilization for HIV prevention, but not in teen pregnancy prevention efforts. Or, organizations within a public health system may be strong in health education for certain populations, but not all minority or ethnic populations.
- The results do not necessarily reflect the capacity of the public health agency. There was no distinction of responsibilities or roles for government within the public health system. So, participants who were primarily interested in assessing their agency's capacity did not find that the assessment was useful for that purpose.
- The tool is a self-assessment, so results are subjective. Responses are based upon the interpretations and perceptions of the persons completing the tool. Therefore, results cannot be easily compared among participants or tracked over time.

** Based on feedback from Minnesota and other field test sites, significant improvements were made to the assessment instruments.*

For More Information

Additional detail on assessment instruments and the development of National Public Health Performance Standards can be obtained at <http://www.phppo.cdc.gov/nphpsp> or by calling CDC's performance measures Help-line at 1-800-747-7649.

Partner organizations also can be contacted for more information:

- American Public Health Association (APHA); www.apha.org or 202-777-2494
- Association of State and Territorial Health Officials (ASTHO); www.astho.org or 202-371-9090
- National Association of County and City Health Officials (NACCHO); www.naccho.org or 202-783-5550
- National Association of Local Boards of Health (NALBOH); www.nalboh.org or 419-353-7714
- Public Health Foundation (PHF); www.phf.org or 202-898-5600
- National Network of Public Health Institutes (NNPHI); www.nnphi.org or 504-539-9493

Last, other useful resources include:

- NPHPSP Glossary, Frequently-Asked-Questions, and other supporting help aids – available at www.phppo.cdc.gov/nphpsp
- Online help tools for Essential Service areas in the NPHPSP –available at <http://www.phf.org/PerformanceTools/NPHPSPtools-EPHS.pdf>
- The Public Health Competency Handbook: Optimizing Individual and Organizational Performance for the Public's Health, by Jane Nelson, Joyce Essien, Rick Loudermilk, and Daniel Cohen. This three-ring binder contains a wealth of resources and research-based information that further describes the current state of public health practice, competencies for optimal public health performance, and techniques for implementing the competencies. Connections to the NPHPSP are made within this document. Order through NACCHO at www.naccho.org

Appendix A

Public Health In America	
Vision:	Healthy People in Healthy Communities
Mission:	Promote Physical and Mental Health and Prevent Disease, Injury, and Disability
Public Health:	<ul style="list-style-type: none"> • Prevents epidemics and the spread of disease. • Protects against environmental hazards. • Prevents injuries. • Promotes and encourages healthy behaviors. • Responds to disasters and assists communities in recovery. • Assures the quality and accessibility of health services.
Essential Public Health Services:	<ol style="list-style-type: none"> 1. Monitor health status to identify community health problems. 2. Diagnose and investigate health problems and health hazards in the community. 3. Inform, educate, and empower people about health issues. 4. Mobilize community partnerships to identify and solve health problems. 5. Develop policies and plans that support individual and community health efforts. 6. Enforce laws and regulations that protect health and ensure safety. 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable. 8. Assure a competent public health and personal health care workforce. 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. 10. Research for new insights and innovative solutions to health problems.
<p><i>Adopted: Fall 1994, Source: Public Health Functions Steering Committee Members (July 1995): American Public Health Association, Association of Schools of Public Health, Association of State and Territorial Health Officials, Environmental Council of the States, National Association of County and City Health Officials, National Association of State Alcohol and Drug Abuse Directors, National Association of State Mental Health Program Directors, Public Health Foundation, U.S. Public Health Service - Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Services, National Institutes of Health, Office of the Assistant Secretary for Health, Substance Abuse and Mental Health Services Administration</i></p>	

Appendix B

Respondents

The lists below illustrate the range of possible organizations or individuals that may participate in responding to the assessment instrument. Statewide associations or local coalitions can be useful in gaining representation from a large number of entities (e.g., state hospital association, chamber of commerce). Convening a broad-based group will result in a more valuable process, as well as a more accurate depiction of public health system performance.

Possible Respondents to the State Public Health System Assessment

- State public health agency
- State government agency
- Local health department
- Hospital or other healthcare facility
- Philanthropic organization
- Managed care organization
- Physician, Nurse or other healthcare worker or organization
- Social service provider
- Civic organization
- Professional public health or healthcare association
- Business
- Labor organization
- Faith institution
- School
- Institution of higher education
- Public safety or emergency response organization
- Environmental or occupational health organization
- Community member or consumer
- Legislator, Governor's Office representative or other state or local policy maker
- State Board of Health

Possible Respondents to the Local Public Health System Assessment

- The local governmental public health agency
- The local governing entity (e.g., board of health)
- Other governmental entities (e.g., state agencies, other local agencies)
- Hospitals
- Managed care organizations
- Primary care clinics and physicians
- Social service providers
- Civic organizations
- Professional organizations
- Local businesses and employers
- Neighborhood organizations
- Faith institutions
- Transportation providers
- Educational institutions
- Public safety and emergency response organizations
- Environmental or environmental-health agencies
- Non-profit organizations/advocacy groups
- Local officials who impact policy and fiscal decisions
- Other community organizations
- Community residents

Possible Respondents to the Local Public Health Governance Assessment

- Members of the governing entity (board of health, city council, county commissioners, etc.)
- Local health officer / top agency executive of the local public health agency
- Other senior management of the local public health agency
- Advisory board, if applicable

Appendix C

Example from Local Instrument Indicator, Model Standard, And Measures

Essential Service # 2

Diagnose and Investigate Health Problems and Health Hazards in the Community

Indicator 2.2

Plan for Public Health Emergencies

LPHS Model Standard:

An emergency preparedness and response plan describes the roles, functions and responsibilities of LPHS entities in the event of one or more types of public health emergencies. Careful planning and mobilization of resources and partners prior to an event is crucial to a prompt and effective response. LPHS entities, including the local public health agency, law enforcement, fire departments, health care providers, and other partners work collaboratively to formulate emergency response plans and procedures. The plan should create a dual-use response infrastructure, in that it outlines the capacity of the LPHS to respond to all public health emergencies (including natural disasters), while taking into account the unique and complex challenges presented by chemical hazards or bioterrorism.

In order to plan for public health emergencies, the LPHS:

- Defines and describes public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan.
- Develops a plan that defines organizational responsibilities, establishes communication and information networks, and clearly outlines alert and evacuation protocols.
- Tests the plan each year through the staging of one or more "mock events."
- Revises its emergency response plan at least every two years.

Please answer the following questions related to Indicator 2.2:

- 2.2.1 Has the LPHS identified public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan?
- 2.2.2 Does the LPHS have an emergency preparedness and response plan?
if so,
- 2.2.2.1 Is the emergency preparedness and response plan in written form?
- 2.2.2.2 Is there an established chain-of-command among plan participants?
- Does the plan:*
- 2.2.2.3 Describe the organizational responsibilities and roles of all plan participants?
- 2.2.2.4 Identify community assets that could be mobilized by plan participants to respond to an emergency?
- 2.2.2.5 Describe LPHS communications and information networks?

YES HIGH PARTIALLY LOW PARTIALLY NO

Appendix D

Example from Local Instrument Measures and Summary Questions

Essential Service # 2 Diagnose and Investigate Health Problems and Health Hazards in the Community

2.2.2.6 Connect, where possible, to the state emergency response and preparedness plan? YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.7 Clearly outline protocols for emergency response? YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the plan:

2.2.2.7.1 Build on existing plans, protocols, and procedures within the community? YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.7.2 Include written alert protocols to implement an emergency program of source and contact tracing for communicable diseases and toxic exposures? YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.7.3 Include protocols to alert affected populations? YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.7.4 Include an evacuation plan? YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.2.7.5 Include procedures for coordinating public health responsibilities with law enforcement responsibilities? YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.3 Has any part of the plan been tested through simulations of one or more "mock events" within the past year? YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.4 Has the plan been reviewed or revised within the past two years? YES HIGH PARTIALLY LOW PARTIALLY NO

2.2.5 How much of this LPHS Model Standard is achieved by the local public health system collectively?

0-25% 26-50% 51-75% 76-100%

2.2.5.1 What percent of the answer reported in question 2.2.5 is the direct contribution of the local public health agency?

0-25% 26-50% 51-75% 76-100%