



Department of Health and Human Services  
Centers for Disease Control and Prevention



# 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

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## *Acknowledgments*

The National Public Health Performance Standards Program (NPHPSP), Division of Public Health Systems Development and Research, Public Health Practice Program Office, CDC, commends all participants for their leadership and diligence in completing the National Public Health Performance Standards Local Public Health System Performance Assessment. The commitment to assess and undertake needed improvements in the quality and performance of public health systems will result in more effective delivery of the essential public health services.



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# *The National Public Health Performance Standards Program*

## INTRODUCTION

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 have been 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 has established four goals:

1. Provide public health performance standards for public health systems;
2. Systematically collect and analyze performance and capacity data;
3. Improve the quality and accountability of public health practice and performance of public health systems; and
4. Develop a scientific basis for public health practice and performance measurement.

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.

## USING RESULTS FOR QUALITY IMPROVEMENT

The NPHPSP assessment instruments are intended to promote and stimulate quality improvement. As a result of the assessment process, the respondents should identify strengths and weaknesses within the local public health system. This information can pinpoint areas that need improvement. If the results of the assessment process are not used, much of the hard work that was devoted to completing the instrument will be wasted. System improvement plans must be developed and implemented.



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 discussed among system partners. The assessment results can drive improvement planning within each organization as well as system-wide.

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

The challenge of preventing illness and improving health is ongoing. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. 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 citizens 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.