



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Frequently Asked Questions **FAQs**



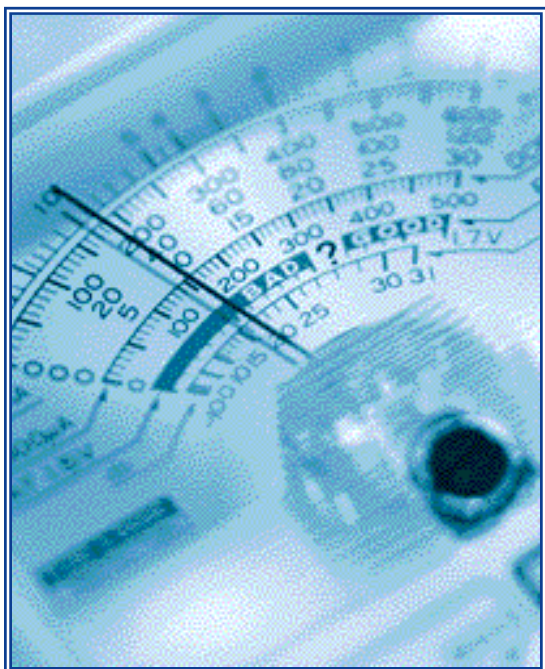
National Public Health Performance Standards Program



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What is the National Public Health Performance Standards Program (NPHPSP)?

The NPHPSP is supported through a partnership of national public health organizations that have worked collaboratively to establish national performance standards. The standards identify the optimal level of performance for state and local public health systems (all organizations that contribute to public health in a given area) and governing bodies. The NPHPSP seeks to ensure that strong effective public health systems are in place to deliver essential public health services.



What are the mission and goals of the NPHPSP?

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.

Who is part of the NPHPSP partnership? Who developed the standards?

The development, oversight and implementation of the NPHPSP are collaborative efforts of seven national partners:

- Centers for Disease Control and Prevention, Public Health Practice Program Office (CDC/PHPPO) – provides the overall coordination for the initiative and is active in all areas.
- American Public Health Association (APHA) – serves as a lead organization in marketing and communications activities.
- Association of State and Territorial Health Officials (ASTHO) – led in developing and testing the performance assessment for state public health systems and also serves as a link to its constituency of state and territorial health officers.
- National Association of County and City Health Officials (NACCHO) – led in developing and testing the performance assessment for local public health systems and also serves as a link to its constituency of local health officers.
- National Association of Local Boards of Health (NALBOH) – led in developing and testing the performance assessment for local governing entities and also serves as a link to its constituency of local boards of health.

- Public Health Foundation (PHF) – plays a significant role in research activities, such as validity testing and researching technical assistance resources.
- National Network of Public Health Institutes (NNPHI) – will serve as a link with public health institutes and facilitate their active participation in marketing, training, and technical assistance activities. (NNPHI joined the partnership in 2001 and was not involved during the development phase.)

These partners represent the organizations and individuals who will use the assessment instruments. Through working groups and field test sites, hundreds of representatives from these organizations were involved in developing, reviewing, testing, and refining the assessment instruments. Their feedback assured 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 in developing the instruments.

What instruments are provided within the NPHPSP?

The NPHPSP includes a set of three instruments:

1. The State Public Health System Performance Assessment Instrument (State Instrument) focuses on the state public health system, which includes state public health agencies and other partners that contribute to public health services at the state level.
2. The Local Public Health System Performance Assessment Instrument (Local Instrument) focuses on the local public health system or all entities that contribute to public health within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.
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.



Each instrument lays out standards that public health systems or governing entities should strive to achieve. For each standard, there are questions to which users respond in determining how well they meet that standard. The instruments are web-based to facilitate data entry of responses and automated analysis of results. The NPHPSP instruments (available in both PDF and web-based interactive format) and supporting documents are located at www.phppo.cdc.gov/nphpsp/.

Where were the NPHPSP instruments tested?

The instruments were reviewed and/or tested in hundreds of state and local jurisdictions. The table below indicates involvement in the testing process. States are listed in chronological order of their participation in testing the instruments.

State	State Instrument	Local Instrument	Governance Instrument
Texas	No	61	No
Florida	Yes	67	No
Ohio	No	11	No
Missouri	Yes	50	No
Minnesota	Yes	55	Yes
Mississippi	Yes	81	Yes*
Hawaii	Yes	8	No
New York	No	57	No
Massachusetts	No	No	5

* State level only.



What concepts or principles were used in developing the NPHPSP instruments?

These four concepts helped to frame the NPHPSP instruments into their current format:

1. They are designed around the ten Essential Public Health Services. These ten activities describe the full range of public health responsibilities. The Essential Services provide a framework to describe and examine the breadth of public health practice, performance, and infrastructure capability needed within both the state and local public health systems.
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 and community-based organizations, educational and religious institutions and many others. All 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.

What are the Essential Public Health Services?

The Essential Public Health Services were developed in 1994 by the Core Public Health Functions Steering Committee as a method for better identifying and describing the core processes used in public health to promote health and prevent disease. The Steering Committee developed the Public Health in America statement, which outlines those actions that must be undertaken to fulfill the vision, mission, and purpose of public health. The Essential Services are set forth as part of the overall Public Health in America statement. (See <http://www.phppo.cdc.gov/nphpsp/phdpp/10es.htm> for more information on the development and content of Public Health in America.)

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 healthcare 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.



A more complete description of the activities associated with each Essential Service is presented in the performance standards found in each of the assessment instruments.

How will the information obtained from implementing the NPHPSP be used?

First, the instruments are intended to be used by public health systems and governing entities to assess current activities and identify areas and methods for continuous quality improvement. The standards can aid state and local health officials in conducting a comprehensive assessment of public health practice (e.g., to answer, "What public health activities are we doing well or not doing well in our community or in our state? How can we improve?").

Second, the NPHPSP will provide federal agencies and national organizations with a better understanding of the public health capacities and activities in local and state jurisdictions across the nation. Results obtained from completing the NPHPSP instruments can provide a national profile of preparedness and data identifying where the nation's public health infrastructure needs to be strengthened. These findings 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.

What is the value of using the NPHPSP?



The NPHPSP provides valuable guidance for policy and public health leaders. The standards describe the optimal levels of capacity and performance needed to effectively deliver the Essential Services, which are the underlying practices needed to conduct any public health action. Through the NPHPSP assessment process, state and local public health systems and governing bodies identify capacity and performance strengths and weaknesses and develop plans to make desired system improvements.

By creating stronger public health systems, the NPHPSP also will help to improve the capacity of public health systems to deal with emergency preparedness and response issues. To effectively improve emergency preparedness and response, day-to-day public health capabilities must be strong in order to assist in identifying emergency situations and to provide the needed surge capacity of public health personnel and resources during times of emergency response.

Other typical but important benefits that have been reported by those who have used the NPHPSP are:

- Improves organizational and community communication and collaboration, by bringing partners to the same table.
- Educates 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.
- Builds and strengthens 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.

- Identifies strengths and weaknesses that can be addressed in quality improvement efforts.
- Provides a benchmark for public health practice improvements, by providing a “gold standard” to which public health systems can aspire.

What is the public health system?

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 can also be described as a network of entities with differing roles, relationships, and interactions. All these entities contribute to the public’s health and well-being throughout 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 organizations 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, which assist people to access healthcare and receive other health-enhancing services.
- Educational 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 responsively regarding health and other life choices and to be productive contributors to society.
- Recreational and arts-related organizations that contribute to the physical and mental well-being of the community and those who live, work, and play in it.
- Economic and philanthropic organizations such as employers, community development organizations, zoning boards, 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.

The concept of the public health system assures that the contributions of all entities are recognized in assessing the provision of public health services.

What is the role of the public health agency within the public health system?

The governmental public health agency – both at the state and local levels – is a major contributor and leader in the public health system, but these governmental agencies cannot provide the full spectrum of Essential Services alone. However, the public health agency plays a critical role in creating and assuring the existence and quality of a comprehensive public health system. As such, the governmental public health agency is often the leader and convener in conducting the NPHPSP process.

Can the NPHPSP be used to evaluate or assess public health agencies, programs, or organizations?

The NPHPSP is not intended to serve as an evaluation of program or agency performance or capacity. It is an assessment of overall system performance and how current performance and capacity measure up against optimal benchmarks. NPHPSP results represent the collective performance of all organizational participants in the public health system and should not be interpreted to reflect any single agency, organization, or program. State and local public health systems should use the information as a planning tool for quality improvement.

The local public health governance instrument is unique in that it focuses on the governing body ultimately accountable for public health at the local level. Examples of governing bodies include local boards of health, county councils, or commissions. A governing body has legal authority over the primary governmental public health agency within the local public health system, usually defined as the health department.

How do I access the NPHPSP instruments?

The NPHPSP instruments and all supporting materials can be found on the CDC website at www.phppo.cdc.gov/nphpsp/. The instruments also can be found on the websites of the partner organizations. The state instrument is available on ASTHO's website at www.astho.org; the local instrument is available on NACCHO's website at www.naccho.org; and the governance instrument is available on NALBOH's website at www.nalboh.org.



The complete instruments are available for download in a PDF format using Adobe Acrobat. Use the PDF file to review the standards and plan how the instrument will be used within your public health system or governing body. A few printed copies are available from CDC. One copy is being sent to all state and local public health agencies and governing bodies.

What do the NPHPSP instruments look like?

Go to www.phppo.cdc.gov/nphpsp/ to download the instruments. Each of the instruments shares the same format. The 10 Essential Public Health Services provide the framework for the instruments, so there are 10 sections or “chapters” – one for each Essential Service. Then, each Essential Service section is divided into several indicators, which are essentially titles for the subsections of each Essential Service. The indicators identify 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. Each question / measure is associated with four different response options, which the public health system or governing entity uses to determine its level of performance.

The state and local instruments also include two summary questions at the end of each indicator section. 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:

- Is achieved by the public health system collectively, and
- Is the direct contribution of the public health agency.

The four responses are

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

How do systems or governing entities get started in using the NPHPSP?

First, notify the NPHPSP staff at CDC of your interest or commitment to the process. This will allow us to assist you throughout the entire process, as well as alert you to any connections with other NPHPSP users that can be made in your state or region. NPHPSP staff can be contacted at 1-800-PHPP049 or 1-800-747-7649.



To use any of the assessment instruments, begin by reviewing the instrument(s) and the supporting materials (e.g., the User Guide). These documents can be accessed at www.phppo.cdc.gov/nphpsp/. You will need to think carefully about how you want to approach the assessment process. It can be a lengthy undertaking, and careful preparation will assure that time is well spent. Resources, such as the User Guide and this FAQ document, can help you to think through the entire process.

It is recommended, but not required, that state and local public health systems and governing bodies conduct a coordinated assessment process using all three NPHPSP instruments. The assessments can be conducted more or less simultaneously. Through such an approach, orientation and technical assistance activities can be provided more effectively. In addition, assessment results will provide a picture of a consistent point in time for all respondents throughout the state. Much can be learned from analyzing the aggregate data and developing cross-cutting improvement plans.

Once we have made a commitment to undertake the process, what are the steps to using the NPHPSP instruments?



After the convening agency fully understands the NPHPSP instrument and has identified a desire to initiate the assessment, there are some key steps to undertake:

1. Identify and recruit participants - You'll first need to begin by bringing together the necessary partners. The User Guide has a special section devoted to identifying and recruiting partners. You can also use the Essential Services as a framework for identifying organizations or individuals which should be included. Local public health systems that are implementing the MAPP process should already have a broad-based group convened to oversee MAPP's implementation. (See the section "What is MAPP and how does it relate to the NPHPSP?" for more information.)
2. Orient participants – Before jumping into the performance assessment discussions, you should consider providing a brief overview of the NPHPSP, the Essential Public Health Services and the purpose of completing the assessment instrument. This ensures that participants understand the process and the outcomes and benefits that should result. See www.phppo.cdc.gov/nphpsp/ for materials useful in orienting participants.
3. The next step is to discuss and complete the assessment instrument. This will differ for each instrument; for example, the completion of the local instrument may require two to five 2- to 3-hour meetings. One way to reduce the time spent in this process is to ensure that participants receive information in advance of the meeting. Keep in mind that it may take several sessions to respond to the entire instrument. The User Guide offers specific suggestions and creative examples for working through the instrument and developing consensus responses.
4. After completing the assessment, submit results to the limited access CDC website. CDC recommends that the governmental public health agency serve as the lead organization in submitting the instrument responses. To reach the point where you begin submitting data, you will first need a User ID and survey password from CDC. For a User ID and a description of how to navigate the web-based instrument, call the CDC help-line at 1-800-PHPPO49 or 1-800-747-7649. If you're doing this through a statewide coordinated process, you should also be able to get a User ID and instructions from the lead contact at the state health department.

Once we have submitted our data, what will we receive back from CDC?



CDC generates an automated report for users. A sample report is available on the CDC website. The report includes:

1. A narrative describing the NPHPSP, data limitations, and suggestions for using the results for quality improvement purposes.
2. A variety of tables, charts, and graphs that summarize and display the performance scores.
3. Downloadable files with the raw responses and scores.

When can we expect our data and summary reports to be returned to us?

Completion of data entry is signaled through use of a “submit button” on the limited access data collection site. Once the data are submitted, it will trigger an automated analysis and reporting process. The resulting report will be available for download from the CDC website within three days after data are submitted. Additional time may be required if problems are identified in our quality assurance review. Such problems may include incomplete data submission or Internet and other hardware failures.

What aggregate information will be available to states that are implementing a coordinated statewide approach?

If state and local public health systems and governing entities conduct a coordinated assessment process using more than one NPHPSP instrument, a timeline should be identified for completing the assessments and submitting data. For example, the state and local participants may decide that all responses should be submitted within three months from the start date. It is critical for all jurisdictions to submit their data in a timely manner, so that the aggregate numbers reflect those of the entire state.

CDC will send summary reports to the state contact indicating all scores. In addition, scores will be aggregated to indicate the average local public health system score for each section of the local instrument. CDC also can work with states to provide aggregate information for the district or regional level. The statewide aggregate reports can be produced within one week after all respondents have completed entering data.

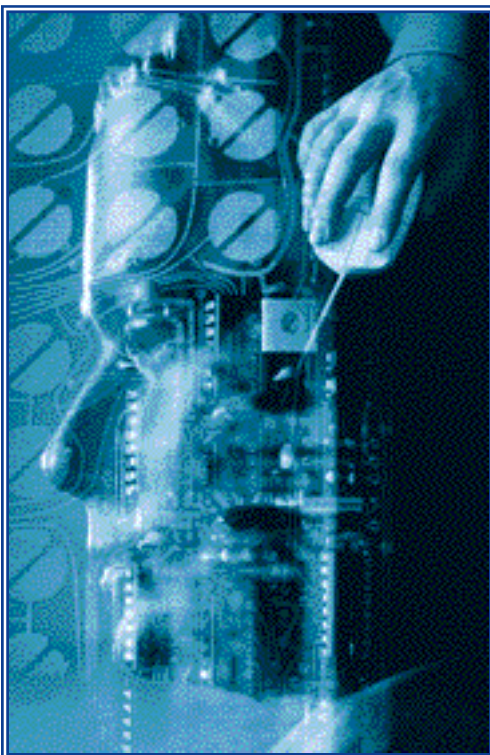
How often should the NPHPSP assessment process be conducted?

Jurisdictions will be encouraged to use the instruments every few years (e.g., a three-year cycle) so that improvements and changes can be tracked over time. This will allow time to establish and implement systems improvement plans and address capacity and performance issues.

What technical assistance resources are available for NPHPSP users?

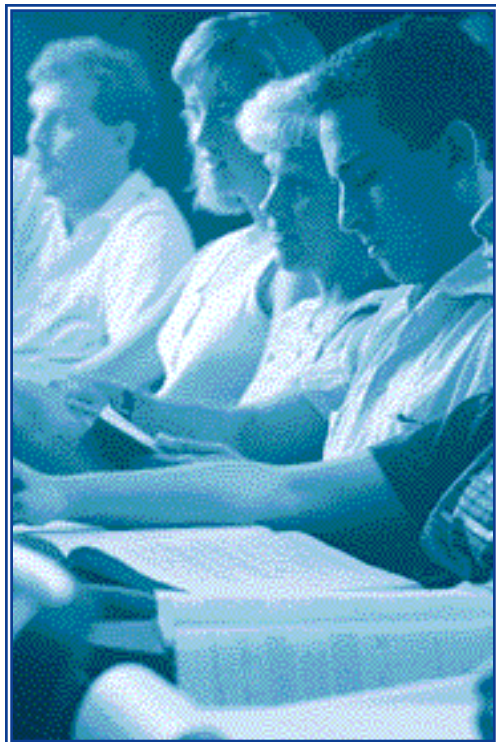
Various products and resources are available to assist state and local public health systems and governing bodies in their assessment process. Unless otherwise stated, all documents below can be found at www.phppo.cdc.gov/nphpsp/.

- NPHPSP Assessment Instruments – designed to assess state public health systems, local public health systems, and public health governing bodies.
- Glossary – provides further detail regarding terminology and acronyms used within the three instruments.
- User Guide – a document with instructions for use of the NPHPSP instruments.
- Frequently Asked Questions – provides responses to frequently asked questions.
- PowerPoint presentation – assists public health leaders in educating others about the NPHPSP assessment process.



- MAPP – a community strategic planning process that includes four assessments – one of which uses the NPHPSP local instrument – and guides communities through a health improvement process. Online at www.naccho.org.
- On-line technical assistance resources for quality improvement – an on-line document providing Internet links to a variety of resources that NPHPSP users can access in their efforts to improve performance in each Essential Service. See: <http://www.phf.org/PerformanceTools/NPHPSPtools-EPHS.pdf>
- Educational materials – folders, fact sheets, and other promotional materials that can assist public health leaders in initiating the NPHPSP assessment process in their state or community.
- CDC Help Line – a help line with direct access to CDC staff supporting use of the NPHPSP. Contact: 1-800-PHPPO49 (1-800-747-7649).

What types of direct training or orientation support can be provided to NPHPSP users?



State and local public health systems should consider implementing the performance assessment instruments through a coordinated statewide approach. Using the instruments simultaneously or during a closely coordinated time period can create opportunities to coordinate orientation activities, technical assistance, and improvement planning at the state and local levels. In fact, some states are using funding from the CDC Bioterrorism (BT) Grant Program to support their statewide efforts.

CDC and NPHPSP partners can provide on-site orientation and training to states supporting statewide implementation of the NPHPSP instruments. The logistics of the training can be determined based on the needs of the state. Different formats, such as in-state videoconferencing, regional meetings, or a statewide orientation conference, can be considered.

In addition, CDC and NPHPSP partners have put together a “train the trainer” workshop that will be provided periodically. Local liaisons in state health departments, public health institute representatives, and others can receive comprehensive training about the NPHPSP. In turn, these individuals will be prepared to provide training to colleagues or can serve as the primary coordinator of a statewide effort. Having a knowledgeable contact within the state is valuable and provides the opportunity for NPHPSP users to hear information about the assessment process from a colleague. Such state-based personnel will receive ongoing assistance from CDC and NPHPSP partners throughout NPHPSP activities.

Is the NPHPSP connected to BT and emergency preparedness and response activities?

Yes, the NPHPSP is strongly connected with the concepts of emergency preparedness and response. It is also specifically identified in the CDC Grant Program, Public Health Preparedness and Response for BT.

- First, the NPHPSP instruments, by helping to improve public health infrastructure, will create stronger public health systems that will be better prepared to provide surge capacity response and deal with emergency situations, whether biological, chemical, natural, etc.
- Second, the instruments specifically address some areas of emergency preparedness as basic responsibilities of public health. For example, under Essential Service #2 (the second section of each instrument), the standards address activities such as:

1. Surveillance systems to assure identification and surveillance of health threats and health hazards;
 2. Development, maintenance, and testing of emergency response plans;
 3. Investigation and response to public health emergencies; and
 4. Laboratory support for investigation of health threats.
- Other Essential Service sections also address critical activities required for strong emergency preparedness, such as mobilization of system partners, public health workforce development, and enforcement of laws and regulations.
 - Third, the NPHPSP is specifically mentioned in the CDC grant guidance (Public Health Preparedness and Response for BT) as an activity that may be considered under Focus Area A (Preparedness Planning and Readiness Assessment). See www.bt.cdc.gov for more information.

What is MAPP and how does it relate to the NPHPSP?

MAPP is the acronym for Mobilizing for Action through Planning and Partnerships.



Developed by NACCHO and CDC and released in February 2001, it is a web-based tool designed to guide communities through a health improvement process. To access this tool, go to NACCHO's website at www.naccho.org and click on the link for "Tools." Additionally, a 24-page Field Guide provides a shorter overview of MAPP and can be found in the publications section of the NACCHO website.

Through the MAPP process, system and community partners are guided through a strategic planning process that includes a set of four assessments. The assessments allow partners to develop a community health improvement plan based on a diverse set of information:

- Community Themes and Strengths Assessment – identifies issues that interest the community, perceptions about quality of life, and community assets.
- Community Health Status Assessment – assesses data about health status, quality of life, and risk factors in the community.
- Forces of Change Assessment – identifies forces that are or may affect the community or the local public health system.
- Local Public Health System Assessment – measures the capacity and performance of the local public health system – all organizations and entities that contribute to the public's health.

The tool used within this fourth assessment is the NPHPSP Local Instrument. This assessment helps community partners determine the system's areas for improvement which should be included as part of the overall MAPP action plan. It also provides information about system strengths and capacities, which will help the community to determine its capability to accomplish its health improvement plan.

Local public health systems should strongly consider using the NPHPSP local instrument as part of a broader MAPP process. MAPP provides the framework and process for improving upon strengths and weaknesses and therefore assures that the results of the performance assessment are actively used. Also, because MAPP includes three other assessments in addition to the information collected in the local public health system assessment, the community health improvement plan truly addresses the gamut of strengths, weaknesses, challenges and opportunities that exist in the community.

How does the NPHPSP fit with accreditation efforts?

Many states are interested in or involved with accreditation of public health agencies. The NPHPSP focuses on the overall public health system, rather than a specific organization. For this reason, the NPHPSP is able to serve as a complementary – rather than redundant – program to state accreditation efforts. For example, a state can use its accreditation program to look at specific activities within local public health agencies but also use the NPHPSP to look at system-wide activities at the state and local levels.



There has also been discussion of a national accreditation system. Because the NPHPSP focuses on the system, rather than a specific organization, it could not be used in its current format. However, the NPHPSP does provide a potential research and monitoring system for moving in the direction of accreditation. It will provide national partners with information about current performance and capacities at the state and local levels. It can also serve as a basis for a future accreditation system, if so desired. Once the NPHPSP has been in use for several years and is recognized as a successful monitoring system for public health systems, a set of questions or criteria could be incorporated to specifically address public health agencies.