DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Public Health Performance Standards Program

NPHPSP

Users' Guide

Using performance standards to improve public health practice.

Updated

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NPHPSP PARTNERS:

Centers for Disease Control and Prevention, Public Health Practice Program Office (CDC/PHPPO); American Public Health Association (APHA); Association of State andTerritorial 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)

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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 / 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).

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.

Quotes from the Field:

"The opportunity to sit with system partners, get their view of how well the system is accomplishing a measure of these model standards was priceless. The health department and all the partners learned how others saw their work….. the most obvious benefit was the process of completing the instrument itself. There was a great exchange of information and for the first time many colleagues learned about what others really do within the health department as well as outside it."

Former Deputy State Health Director, Florida

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 responsively 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 work-shopped 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

Conducting the NPHPSP Assessment Process

The following section provides the "nuts and bolts" for conducting the assessment process:

- Who Do We Need to Include in this Process?
- What Do the Assessment Instruments Look Like?
- How Do We Use the Assessment Instruments?

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.

- 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.

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

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% 1	26 - 50% 2	**51 - 75% 3**	76 - 100% 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% 1	26 - 50% 2	**51 - 75% 3**	76 - 100% 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:
    1. Planning and Implementation
    2. Technical Assistance and Support
    3. Evaluation and Quality Improvement
    4. 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 responding site will be asked to fill out brief web-based demographics and evaluation questionnaires when submitting responses to CDC. These questionnaires ask for information such as population size of the jurisdiction, basic characteristics of the public health agency, partners involved in the performance assessment process, and how the assessment was conducted.

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 and allow for comprehensive systems improvement planning.

Determine How the Process Will be Led

Begin by identifying a lead or coordinating group or organization. This organization is often the health department, but other organizations have played this role in some communities. A small group, such as a planning committee, can be instrumental in leading a successful assessment process.

Identify individuals who can serve as facilitators and recorders for the assessment process. If possible, the facilitator and recorder should not be a participant in providing assessment responses. Identify a facilitator early in the process so that he or she will have time to learn about the purpose and content of the assessment instrument. The facilitator should have strong skills in leading group discussions. Multiple facilitators may be needed, depending on the type or number of meetings planned. Additionally, the group may want to identify two recorders – one to record responses to the questions and a second to record discussion points and ideas for improvement.

The lead group, including the facilitator and recorders, should review the User Guide, assessment instrument, and other supporting materials. This preparation will ensure a smoother process in identifying and recruiting

Identify and Recruit 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 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.

Orient Participants

Once participants are recruited, they should be oriented to the process and the assessment instrument. This can be done through individual orientations (as participants are recruited) or at the beginning of the first meeting. The convening organization may want to begin the meeting with a brief overview of the NPHPSP, the Essential Public Health Services, the concept of a "local public health system", and the purpose of completing the assessment instrument. The inviting organization should emphasize that the purpose of this activity is to better understand public health activities in the public health system; the assessment instrument is simply a framework and tool for holding the discussions.

During this orientation, participants may want to spend time sharing initial thoughts about their organization's contributions to the Essential Services. This discussion will help provide information for the completion of the assessment instrument. Some groups have done this by posting flip charts – one for each Essential Service – and asking participants to write their organization names and activities as it relates to that service. 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 feel for 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!

Complete the Assessment Instrument

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. Many sites indicate that the state and local instruments can take 1.5 – 2 hours per Essential Service. Completion of the assessment instrument can be done through a variety of approaches, as described below.

Each instrument includes a small number of model standards (or descriptions of the "gold standard" for public health activities) under each Essential Service. By responding to the questions related to each model standard, participants get a good idea of the activities, capacities, and performance of the public health system or governing entity. Participants will need to identify one set of consensus responses to the instrument. The process of identifying these consensus responses will elicit many ideas and comments regarding current public health activities and capacities.

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 options when determining how to share advance materials with participants:

- Provide participants with a copy of the sections that will be discussed during each meeting. Asking participants to view only one or two Essential Service sections 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 during which they will have the most to contribute.
- Share only the model standards with participants. This allows participants to focus on the content of the assessment. Additionally, participants will receive a smaller amount of paper, which may seem less intimidating and overwhelming.

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.

Structure the assessment meetings in a way that will best meet the needs of your participants. There are several possibilities for structuring the meetings:

- Hold a "retreat" where the assessment is done in one sitting – this can be done in 1 or 1 ½ days. This allows for a shorter timeframe and helps to maintain momentum. However, it requires a commitment of time on behalf of all participants and can seem overwhelming.
- Use small groups to address pieces of the instrument – small groups can be tasked with specific sections of the instrument (e.g., a group to address Essential Services 1, 2, and 3). This allows for the inclusion of expertise, as needed, and can be less overwhelming. However, it can decrease cross-learning, which is a major benefit of this assessment. This method can also cause less consistency in developing responses. Therefore, if this approach is used, a kick-off meeting can help to ensure that all groups approach the assessment in a similar way. A follow-up debriefing meeting can provide the opportunity for all participants to hear the major points from each group.

- Series of meetings – a series of meetings can be held, addressing several Essential Services at a time. Through this process, a core group can be involved to assure a consistent process and cross-learning. In addition, individuals with specific expertise can be invited to specific meetings as needed. This method is often seen as a manageable process since it gets the work done in small chunks, however many feel that this process can seem to drag on.

Regardless of how participation is structured, participants will need to agree on a process for discussing the assessment instrument and identifying consensus responses. Consensus responses should be developed through dialogue among system partner organizations. There are several possible approaches that can be considered, as you design your process:

- Walk through the instrument and questions one by one – this will allow for a very methodical and thorough process. However, it can seem tedious to participants.
- Discuss the model standards with facilitator/recorder judgment on responses – Provide participants with only the model standards. Participants can discuss each model standard for a set period of time (e.g., 10 minutes) during which the facilitator ensures that the discussion hits all of the key points addressed in the model standard. The facilitator and recorders make judgments on the responses to the questions (asking follow-up questions as needed) based on the discussion. This keeps the interest of participants' high, since the discussion is focused more on content than the process of identifying a response. As a drawback, the final responses can be greatly impacted by the facilitator's and recorder's perceptions of activities.
- Discuss the model standards with follow-up voting – Provide participants with the full instruments. Participants discuss each model standard for a set period of time (e.g., 10 minutes) similar to what is described above. After the model standard has been fully discussed, participants vote (using color-coded cards or raised hands) on the response to each question. Further discussion can occur where there is disparity in responses.

Regardless of the method used, the facilitator should keep the discussion moving along so that the discussion does not get bogged down and the instrument is worked through in a timely fashion. As the group moves through the instrument, the discussions will pick up speed as participants become familiar with the process. However, do not forget to track qualitative comments about what drives the group's responses and possible solutions to identified problems. 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.

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.
- 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.
- Ensure a comfortable environment and provide food and beverages, if possible.
- 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!
- 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.
- Keep the process moving along and do not allow the discussion to get overly bogged down.
- Track ideas, comments, and potential solutions so that these ideas can be revisited later.
- 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.

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:

- Obtain your User ID. This can be done by contacting your state coordinator (if you are participating in a statewide process) or by contacting CDC at 1-800-PHPPO49 or 1-800-7649. You can also email your request to phpsp@cdc.gov. Be sure to include the mailing address for the health department and the NPHPSP instrument you are using.
- Go to <http://www.phppo.cdc.gov/takesurvey/>
- Print the instructions for easy reference.
- Click on <Begin Survey>, if this is your first time accessing this survey.
- Type in the survey number and password and then press <ENTER>. The survey numbers and passwords are:
- Local tool: Survey number: 780, password: 780
- State tool: Survey number: 790, password: 790
- Governance tool: Survey number: 820, password: 820
- 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.
- Start entering your assessment responses.

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.

Before final submission of data, each user will be asked to complete brief web-based demographics and evaluation questionnaires before final submission of responses to CDC. The demographics questionnaire asks for information such as population size of the jurisdiction, basic characteristics of the public health agency, and participants involved in the performance assessment process. The evaluation questionnaire asks several questions about how the assessment was conducted, suggestions for improvement, and plans for using the results.

Once you press the final "submit" button, an automated process will begin to generate a report of results. To locate your final report, go to the following URL approximately 2-3 business days after you finish submitting your data:

http://www.phppo.cdc.gov/takesurvey/reports/login.asp

On this website, you will see prompts to input the survey login and password and your jurisdiction-specific User ID and self-selected password. After inputting this information, you will arrive at a screen that provides four options for downloading documents. They are:

- A report narrative which provides an overview of the report, data limitations, using the results for quality improvement, etc.
- A summary of the data, along with key information displayed in charts and graphs.
- Two files which allow the user to access their scores in two different formats. These files are useful for those who are interested in conducting further analysis.
- A final file with all of the raw data (survey responses).

The first two reports should be put together to comprise the overall summary report from CDC. Sample reports can be found online at www.phppo.cdc.gov/nphpsp.

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.

Data provided to CDC in response to these data collection instruments are considered public data and governed by CDC data policies. State and local public health system and governance body data will be made available for research purposes upon request. Descriptive statistics, correlations, and investigative methods of analysis are permitted for development of information at national, regional, state, district and/or local level. A statement summarizing data limitations, as described in the paragraph above, is provided to researchers. All researchers will need to agree to a CDC data release policy before acquiring the data.

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. The following section provides a variety of activities that can be considered in undertaking this critical step. Additionally, see the NPHPSP website for information about technical assistance, new links, resources, and examples from the field.

Organize Participation for Performance Improvement

If possible, 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 there is no such planning process underway, consider how to organize your performance improvement discussions. Some sites have established a coalition or improvement committee to take a close look at the results and draft action plans that can be brought to the larger group. Other sites have held large debriefing meetings, during which results are shared, priorities are identified, and action plans are developed. Many sites have indicated that system partners – after spending time participating in the assessment process – are excited about hearing the results and determining next steps. Therefore, careful consideration should be given to sustaining this momentum and ensuring that the assessment results are used in a positive and enduring manner.

Discuss the Results

It is crucial that both the quantitative and qualitative performance assessment results are fully discussed. These discussions should be based on the quantitative information from the CDC report, as well as the ideas and comments that were generated during the assessment process.

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.

Prioritize Areas for Action

After participants have a good sense of the results, the group should give careful thought to the areas that require priority action. The CDC report simply provides numeric scores for each standard. However, sites may find that some standards are priority areas to address, even if they score higher than other areas. For example, a local public health system may receive a score of 56% on Plan for Public Health Emergencies and a score of 25% on Fostering Innovation. System partners may determine that addressing the emergency response plan continues to be an important area of activity, even though it received a higher score.

To assist in identifying priorities, consider gathering participant perceptions on the "perceived priority" of each indicator or Essential Service. This can be done during the assessment itself, during a "debriefing" session, or through a follow-up survey.

Sites that used the Local Instrument can ask participants to rate each of the 32 indicators. *"On a scale of 1 to 10, what is the importance of addressing (e.g., through increased emphasis or resources) this model standard to our public health system?"*

Sites that use the State Instrument or Governance Instrument may want to focus on Essential Service as a whole or the bulleted points within each model standard. Because the State Instrument includes the same four indicators and because the Governance Instrument includes only one indicator per Essential Service section, focusing attention at the bullet points in each model standard will allow discussion around more concrete activities. Therefore, these participants can be asked either of the following questions:

"On a scale of 1 to 10, what is the importance of addressing (e.g., through increased emphasis or resources) the activity reflected in this bullet point to our public health system?" or "On a scale of 1 to 10, what is the importance of addressing (e.g., through increased emphasis or resources) this Essential Service to our public health system?"

Then, review the scores for each indicator from the CDC report and determine how it matches up with the priority rankings. Those that are of high priority, yet low performance, should rise to the top in regards to priorities. These results can be displayed visually, as depicted in Appendix E.

Summarize Challenges and Opportunities

Using the results identified above and through interactive discussion, summarize the challenges and opportunities. Two different examples of how this can be done are attached:

- Local Public Health System Assessment: Challenges and Opportunities Worksheet – this worksheet, as depicted below and in Appendix F, demonstrates how indicators can be summarized into challenges and opportunities, as identified in the four quadrants of the priority-setting exercise. The list should be comprehensive enough to include the priority issues identified in the assessment, but short enough (i.e., 10-15 items) for the local public health system to address many of them. Be careful not to include too many indicators under the two "challenges" categories. Consider where indicators or areas of activity can be lumped or consolidated. The development of this worksheet can be done through a brainstorming session by the entire group, or a by a small committee which then shares its ideas with the larger group for further discussion. Additionally, keep in mind that the headings in this worksheet are suggestions and can be tailored based on the needs of your system.

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 overlap activities – some resources could be redirected	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

> *Quotes from the Field:*
>
> *"I see all public health officials as "investment counselors," helping people decide how to use their assets to the fullest… Performance standards, particularly in the context of strategic planning, provide an avenue to a new break-through in public health practice. We need new structures, new relationships, and new partners in order to deliver the ten Essential Services that our communities deserve."*
>
> Local Health Officer, DeKalb County, GA

- Essential Service "Briefing Worksheet" - consider developing a worksheet for each Essential Service, which summarizes the key data from the CDC report, participant comments from the discussions, and opportunities for action. See Appendix G for an example briefing worksheet.

Develop and Implement Action Plans

Regardless of how you choose to summarize the information, it is important to use these worksheets to identify action plans for system improvement. To do this, consider the 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?

Once challenges and opportunities are identified, develop action plans to address the top priority issues. See Appendix H for an example Action Plan. To develop action plans, participants need to agree on:

- The most compelling priority areas to address;
- Strategies or action steps to address each 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. Go to the NPHPSP website for links to related links and resources. Additionally, the following Internet sites contain descriptions of and links to tools and other resources that can help public health systems and governing entities address the activities associated with each model standard. Therefore, if your public health system wants to improve its efforts to develop a community health profile, visit this resource to identify numerous links that can assist in building a community health profile. For more information go to:

- Local Instrument resources: http://www.phf.org/PerformanceTools/NPHPSPtools-EPHS.pdf
- State Instrument resources: http://www.phf.org/PerformanceTools/NPHPSP_State_PI.htm

EXAMPLES FROM THE FIELD
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 Essential Services service score, the numerical score for each indicator, and a brief description of how the Essential Services 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; and • 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, and a brief description of future planning ideas.
Oregon
Oregon is currently engaged in using the NPHPSP Local Public Health System Performance Assessment, which assesses local public health performance against nationally-established optimal standards. In October 2003, a CDC representative traveled to Oregon to orient state and local representatives about the NPHPSP. Oregon selected nine sites as being representative of the 36 local jurisdictions in the state. Several additional questions were added to address the "Oregon Minimum Public Health Standards" that are not addressed in the national standards, so that the assessment could meet both Oregon and national requirements. Three facilitators assisted the nine sites in undertaking the assessment. The facilitators also worked with CDC to input responses into the on-line instrument, which provides a summary report within 24 hours. The assessment process was completed by the end of January 2004 and the analysis of data is underway. The coordinators have already identified some positive outcomes: *"The most striking and consistent finding, at least to us, is (1) without exception, the segments of the NPHPSP pertaining to preparedness are scored among the highest of all the essential services (perhaps suggesting "what gets funded and measured, gets done"), and (2) there is a universal "Aha!" among the community participants as they discover they are part of the public health system, and that there is much that could be done to meet the standards that is cost neutral. That is, there is significant opportunity to improve the local public health system, through collaboration, joint planning and better coordination among community partners."* The experiences of the nine sites will be used to plan a possible statewide process for the remaining local jurisdictions. Use of the State Public Health System Performance Assessment also is planned.

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.

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 contacting CDC's NPHPSP staff by phone (1-800-747-7649) or email (phpsp@cdc.gov).

Partner organizations also can be contacted for more information, as well as for technical assistance:

- 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 504-301-9822

Other useful resources include:

- NPHPSP Glossary, Frequently-Asked-Questions, and other supporting help aids – available at www.phppo.cdc.gov/nphpsp
- Mobilizing for Action through Planning and Partnerships (MAPP) a community health improvement process which incorporates the Local Public Health System Performance Assessment. Online at mapp.naccho.org
- Online help tools for Essential Service areas in the NPHPSP – available at:
  - http://www.phf.org/PerformanceTools/NPHPSPtools-EPHS.pdf
  - http://www.phf.org/PerformanceTools/NPHPSP_State_PI.htm
- 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 Statement

PUBLIC HEALTH IN AMERICA
VISION: Healthy People in Healthy Communities
MISSION: Promote Physical and Mental Health and Prevent Disease, Injury, and Disability
PUBLIC HEALTH: • 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: 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.
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

APPENDIX B: Respondents

PARTICIPANTS

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 Participants for 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 Participants for 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 Participants for 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? — YES / HIGH PARTIALLY / LOW PARTIALLY / NO

2.2.2 Does the LPHS have an emergency preparedness and response plan? — YES / HIGH PARTIALLY / LOW PARTIALLY / NO

If so,

2.2.2.1 Is the emergency preparedness and response plan in written form? — YES / HIGH PARTIALLY / LOW PARTIALLY / NO

2.2.2.2 Is there an established chain-of-command among plan participants? — YES / HIGH PARTIALLY / LOW PARTIALLY / NO

Does the plan:

2.2.2.3 Describe the organizational responsibilities and roles of all plan participants? — YES / HIGH PARTIALLY / LOW PARTIALLY / NO

2.2.2.4 Identify community assets that could be mobilized by plan participants to respond to an emergency? — YES / HIGH PARTIALLY / LOW PARTIALLY / NO

2.2.2.5 Describe LPHS communications and information networks? — YES / HIGH PARTIALLY / LOW PARTIALLY / NO

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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%

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APPENDIX E: Identifying Priorities

Perceived Importance *(scale of 1-10 as queried to participants, based on the questions in the "What Next?" section*			
	High	A Highly Important Low Current Status	B Highly Important Highly Current Status
	Low	D Low Importance Low Current Status	C Low Importance High Current Status
		Low	High
		Current Level of Performance ***(scale of 1 – 100 as reported in the CDC report)***	

Your action plan can be guided by considering where the various indicators fall within the box. For example:

- Items appearing within box A - should be considered for additional attention since they have been identified as highly important yet little is currently being done.
- Items appearing within box B - are successes since they are highly important and the current status is high.
- Items appearing within box C – can be viewed as potential areas to cut or sustain since they are of low importance and their current status is high.
- Items appearing within box D - are issues of low importance and low status and do not need attention.

Appendix F: Example Worksheet – Challenges and Opportunities

Review the results of your assessment. Consider both the CDC report, which display numerical results, as well as the ideas and solutions that emerged during the assessment discussions. If you have identified priority rankings, incorporate the results from that process, as described in the previous attachment. Identify challenges and opportunities. Record the information on the worksheet below. For each category, be sure to list relevant indicator numbers as well as a brief summary of the issue area.

<table>
<tr><td colspan="2">This activity is being done well. We need to maintain our current level of effort in this area. (Success – maintain effort)</td></tr>
<tr><td>Indicator Numbers

---------------------------</td><td>Summary of Opportunity

---</td></tr>
</table>

<table>
<tr><td colspan="2">This activity is being done well. We can withdraw some resources from this activity to devote to some of the higher priority activities. (Success – cut back resources.)</td></tr>
<tr><td>Indicator Numbers

---------------------------</td><td>Summary of Opportunity

---</td></tr>
</table>

<table>
<tr><td colspan="2">This activity requires improvement. More activity needs to be done in this area. (Challenge – requires increased activity)</td></tr>
<tr><td>Indicator Numbers

---------------------------</td><td>Summary of Challenge

---</td></tr>
</table>

<table>
<tr><td colspan="2">This activity requires improvement. More activity needs to be done in this area. (Challenge – requires increased activity)</td></tr>
<tr><td>Indicator Numbers

---------------------------</td><td>Summary of Challenge

---</td></tr>
</table>

Appendix G: Example of Briefing Sheet for an Essential Service

SPRING COUNTY PUBLIC HEALTH SYSTEM ASSESSMENT
LPHS ESSENTIAL SERVICE #1

Monitor Health Status to Identify Community Health Problems
This service evaluates to what extent the LPHS conducts regular community health assessments to monitor progress towards health-related objectives. This service is measured by whether or not the LPHS gathers information from community assessment activities and compiles the data into a Community Health Profile (CHP). This service is also measured by how well the LPHS utilizes current technology to manage, display, analyze, and communicate population health data. Finally this service is measured by whether or not the LPHS develops, maintains, and regularly contributes to health-related registries in order to track health related events such as disease patterns and vaccine coverage rates.

Scoring Analysis

Overall Essential Service #1 Score	**47**
1.1 Population-Based Community Health Profile	14
1.2 Access to and Utilization of Current Technology	30
1.3 Maintenance of Population Health Registries	96

This service ranked 7th overall and is one of the weaker essential services for Spring County. Indicator 1.1 which measures the population-based community health profile (CHP) is one of the overall weakest scoring indicators. One of the key discussion points for this indicator was the lack of a comprehensive community health profile, which is reflected in the scoring. The score for indicator 1.2 was also weak, since the lack of a CHP means the county lacks certain data and thus the technology used to track and/or analyze the data. Results do indicate Spring County scored well on the maintenance of population health registries, which indicates the local health department is doing a good job of maintaining these.

Participant Comments

- A comprehensive health profile does not exist because an overall health assessment has not been conducted on a regular basis in Spring County; it should be noted that Spring County does have several agencies/organizations that conduct community assessments for specific population groups and/or targeted diseases.
- There is an absence of coordination to define local community health priorities in Spring County.
- Information/data is often not always shared; some information is reported due to state mandates, however this information is not always used in the decision making process.
- Health resources have not been concentrated in the mental health and substance abuse arenas.

Possible Action Steps
Develop a comprehensive community health profile (CHP). In order to do this, the LPHS will have to determine a) who the responsible entity is for developing the CHP, b) how buy-in is to be achieved in the process, c) how the process is organized so that the CHP is used to direct/guide budget decisions, and d) how often the profile is to be updated.

APPENDIX H: Example Action Plan for an Essential Service

ESSENTIAL SERVICE NUMBER 1 – MONITOR HEALTH STATUS

FOCUS: Community Health Profile (data and planning)
GOAL: Develop a comprehensive community health profile for Spring County
OBJECTIVES:

- To compile current data into a community health profile.
- To identify data gaps and build new mechanisms for gathering data. Current known gaps include Delivery System Access and Capacity Issues.
- To analyze data to identify key issues to address in a community health improvement process. Example outputs of this process may contain:
  - Analysis of inappropriate use of emergency room
  - Analysis of EMS diversion
  - Assessment of primary care physicians and other providers to determine supply needs
  - Analysis of Spring County hospital capacity

RESOURCES:

- Staff: The Health Department can commit staff to conduct and coordinate the data collection process.
- Technical Advisory Group: Several health-related coalitions are active in Spring County (e.g., tobacco, maternal and child health) – representatives can be pulled from these groups to create a broad-based committee to oversee the CHP process. The Spring County Health Department, the Spring County Board of Commissioners, and the hospital can play a lead role in convening the new committee.

PLANNING IMPACT:
The comprehensive community health profile can be used to guide future budget and program decisions of the health department and will be sent to other public health related organizations to provide information for their budgeting and program development processes.

FUTURE PLANNING FOCUS:
Future health planning efforts will focus on analyzing data related to Access to Care issues and could include the following:

- Identification of barriers to health care
- Identification of unmet healthcare needs
- Identification and collection of county specific morbidity data (i.e. asthma, diabetes, heart disease)
- Analysis of health insurance coverage rates
- Analysis of safety net providers

Additionally, there is need for a comprehensive planning process. The community health profile will be crucial data for a broad-based community health improvement process.