

National Public Health Performance Standards Program—User Stories

November 2004

Solo Determination: Performance Improvement in Stephenson County, Illinois

Stephenson County Illinois is a small county with a big commitment to public health performance. Last year, Stephenson County was looking for a new model to assess their public health system. They decided to conduct the MAPP (Mobilizing for Action through Planning and Partnerships) process because it would provide a sophisticated and comprehensive assessment of their public health system. Stephenson County saw MAPP as a way to effectively assess the needs of their county, especially the National Public Health Performance Standards Program (NPHPSP) component. MAPP and NPHPSP also fit in with their overall diligence for developing community health plans and timely assessments.

Jeff Todd, Public Health Administrator for Stephenson County Health Department, called together a small group of the county's top leaders (e.g. CEOs from the medical system) to plan the process. Together they looked over the NPHPSP self-assessment and decided whom within the county could best answer the questions. After several meetings, the group came up with a list of 12 people who were sent the NPHPSP self-assessment tool and invited to participate in a series of meetings that would produce the data for an NPHPSP self-assessment.

The 12-member group was keenly aware that the self-assessment was measuring the public health system broadly, and not any one sector specifically. Participants were instructed to fill out the self-assessment prior to their first meeting as a group.

The group of 12 met three times and discussed how they rated each item. Any discrepancies in ratings were discussed and a consensus was reached on how to answer the items for the group report.

The good news for Stephenson County was that 8 of the 10 essential public health services (EPHS) were met or substantially met. Only two of the essential public health services were partially met. In

both cases, the county has already taken action. Realizing that they needed to bolster EPHS 10—research—they are now working closely with a university medical school to fulfill the public health research needs of the county. For the section in EPHS 1 that speaks to access and utilization of technology—one of the community partners saw where it could step in and help the county public health agency establish and build a state of the art web site where the results from MAPP and NPHPSP will be available to all who visit the site.

Todd noted, "it's gratifying that we are doing well in so many areas, and the credit for our county's performance is spread throughout the system." Likewise, "where we fell down as a system, the partners were there to help." The NPHPSP process itself supported them "as a team and strengthened community cohesion." "Doing NPHPSP brings out strategic community and public

health issues," Todd said. "It will take several years to see the impact from our efforts. That's when we will do the NPHPSP again, in about five years, to see how far we've come."

Essential Public Health Services

1. Monitor
2. Diagnose and investigate
3. Inform, educate, and empower
4. Mobilize
5. Develop policies and plans
6. Enforce
7. Link
8. Assure
9. Evaluate
10. Research

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Colorado: Using Data for Performance Improvement

The Colorado Department of Public Health and Environment coordinated the National Public Health Performance Standards (NPHPSP) for all 54 of its local public health systems, serving Colorado's 64 counties. More than 300 local stakeholders—including local public health agencies, local boards of health, hospitals, public safety, non-profit organizations, primary care clinics, county commissioners, state and regional representatives, educational institutions, and others—participated in the assessments. Fifty-two systems answered additional web-based survey questions regarding the importance of the essential public health services (EPHS) and their intent to undertake performance improvement.

Colorado identified that the biggest barrier to performance improvement "is that people do not know what to do with their data." The state health department in Colorado responded to this need by creating an outstanding planning group that helps local public health systems think about next steps. Colorado's local public health systems found three things to be of high value: the opportunity to have their own data, an indicator priority matrix, and a quality improvement template.

Already Colorado is moving forward with performance improvement planning by forming the Public Health Performance Improvement Collaborative (PHPIC), in partnership with the Denver Center for Public Health Preparedness. Colorado is also using its data to evaluate planning priorities, and examining the interrelatedness of state and local capacities. And finally, Colorado will link assessment results to a quality improvement process, such as MAPP, as a means of managing performance improvement over time.

The PHPIC is publishing the Colorado Public Health Performance Improvement Plan that contains 115 public health performance improvement plans targeting NPHPSP indicators with a special emphasis in monitoring, diagnosing and evaluating and Bioterrorism preparedness. These plans were submitted by 12 state agencies and organizations and 39 local public health agencies. The plans and their action steps have been entered into the Public Health Performance Database and will be monitored by PHPIC. The plans have been divided up into 13 common groups called Learning Communities. The OLL and PHPIC will use these groups to create opportunities to build partnerships and support in their thematic areas.

Performance Standards: Responding to Changing Contexts in Kansas

Public health systems have unique ways of implementing performance standards. According to Edie Snethen, Executive Director of the Kansas Association of Local Health Departments (KALHD), "Kansas was developing our own set of performance standards when the National Public Health Performance Standards program came out." Because one of the goals of Kansas' public health system partners was to "communicate effectively with policymakers and the public," it was important to adopt standards that were nationally recognized.

During the shift to national standards, the September 11th tragedy occurred, and federal money to protect against bioterrorism began coming into the state to build public health capacity. With these dollars and the results from earlier assessments, such as PHPPO's Public Health Preparedness and Response Capacity Inventory, and a communicable disease assessment using Kansas-developed standards, Kansas embarked on implementing changes that would immediately increase capacity. Kansas focused on essential public health services (EPHS) 2, 4, and 6, and used the NPHPSP as a framework. Kansas is seeing an improvement in diagnosing and investigating health problems and hazards, mobilizing community partnerships, and enforcing laws to protect the public's health. For example, Kansas upgraded their surveillance system and used the NPHPSP self-assessment performance standards associated with EPHS 2 to guide their planning and performance measurement strategies.

Kansas is seeing another contextual change at the moment. Local health agencies are going through a major restructuring, with an emphasis on functional regionalization. Even with this new context, NPHPSP is still the guiding framework for performance improvement. "NPHPSP and performance improvement are ongoing efforts," Snethen said. She sees Kansas public health systems conducting the NPHPSP self-assessment in the future. But of course Kansas will be an expert in NPHPSP by then.

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NPHPSP: Springboard for Strategic Planning for the North Dakota Department of Public Health

The North Dakota Department of Public Health (NDDOH) wanted to launch a process of public health quality improvement. After considering the options, they chose the state public health system assessment from the National Public Health Performance Standards Program (NPHPSP) to help them accomplish this goal. The assessment was completed on September 23-24, 2003, and included extensive community partners.

Prior to the September meeting, participants were sent invitations that included an orientation/introduction to the assessment tool, and highlighted the benefits of the assessment for North Dakota. Participants were also encouraged to visit the Centers for Disease Control and Prevention's (CDC) website, in particular, the Frequently Asked Questions section of the NPHPSP site.

For North Dakota's NPHPSP assessment, the 10 essential public health services (EPHS) were divided into 3 categories:

- Data-related: EPHS 1,2,10
- Health services: EPHS 7,8,9
- Community mobilization: EPHS 3,4,5,6

Three public health physicians facilitated the groups: the state health officer; the state medical officer who is also the local health officer in the largest jurisdiction; and a medical epidemiologist from CDC. All participants scored the indicators individually during the September meeting, and then used their individual answers to prime the group discussion. Participants in each group completed their work in four hours on either September 23rd or 24th.

The assessment was scored using a combination of voting, averaging scores, and consensus. It was challenging to score the assessment, in part, because it was the first time that many of these issues were discussed in such a forum. As expected, the assessment identified areas for improvement and set the stage for statewide strategic planning.

Results from the NPHPSP assessment were sent to participants along with a document that asked them to rank the importance of each indicator. There was a strong linear trend between participants'

Representatives from the following community partners participated in the process:

- University of North Dakota
- North Dakota Emergency Management System Association
- Blue Cross/Blue Shield
- North Dakota Healthcare Review Association
- State and local public health agencies
- Attorney General's Office
- St. Alexius Hospital
- Private organizations - Community Action Program, American Heart Association
- American Cancer Society, Children's Services Coordinating Committee
- Indian Affairs Commission
- State legislature
- North Dakota Long-Term Care Association
- North Dakota Medical Association
- Department of Human Services
- North Dakota Nurses Association
- North Dakota Healthcare Association

responses and the NPHPSP report. Using this information, North Dakota held a four-hour workshop to begin action planning for each of the identified priority areas. "Our action planning is starting with those indicators that they feel are the most important and where performance is weakest. The focus of the action planning is based on North Dakota's capacity and what direction the partners think should be established." North Dakota plans to go through all the essential public health services, starting from the most important to the least important. In the next stage, they will identify the key strategies or essential public health services for performance improvement. Their goal is to make sure that the NPHPSP results are included in the state health planning project that is expected to conclude in 2005.

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Coordinated, Comprehensive, Responsive: Performance Standards in New Mexico

New Mexico's innovative approach to the National Public Health Performance Standards (NPSPP) included a coordinated state and local process, used system community partners, and integrated tribal planning. The New Mexico Department of Health (DOH) employed the services of the Institute for Public Health (IPH) at the University of New Mexico to initiate and lead the state's first systematic assessment of its public health system. The implementation was funded through federal bioterrorism emergency preparedness funds.

In New Mexico, the NPSPP assessment was a comprehensive, three-part process that took into consideration Native American needs, and the state and local public health systems. More than 600 people took part in the assessment process, representing all types of partners within the public health system. Each of New Mexico's four local public health districts carried out the NPSPP at the local or county level. State level project leaders conducted an orientation training for each district. Then the districts identified internal staff members who were trained to be facilitators, scribes, or experts for the assessments. Three experts were veteran staff whose expertise was matched to a specific essential public health service (EPHS).

The assessment process was responsive to the needs of each region. In some regions, each county completed the assessment separately. In others, only the county with highest population was assessed. NPSPP scores were obtained in a multi-staged process that included discussion and effort to clarify differences of view, voting, and weighted averages.

IPH used the NPSPP assessment scoring computed by CDC to make comprehensive recommendations for New Mexico's public health

system. Several of IPH recommendations ask that New Mexico:

- Acknowledge and address the social determinants of health and their impact on health status, outcomes, and disparities.
- Strengthen local authority for decision-making and priority setting.
- Develop a shared vision for health in New Mexico.

Within the DOH, implementing the assessment results is under the discretion of district directors. They are using the data and prioritizing next steps.

In 2003, there was a change of governors in New Mexico and in leadership of the DOH. It has taken time for the new administration to familiarize itself with process involved in the NPSPP assessment and to appreciate the opportunity afforded by the results in order to use them to their fullest extent. The wealth of insight from this comprehensive assessment identifies many ways to help New Mexico build a stronger public health infrastructure.

IPH continues to play an important role by disseminating information and encouraging the DOH and local system partners to keep moving toward performance improvement.

The full report can be accessed at <http://hsc.unm.edu/som/iph/Final%20Report.htm>.

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National Public Health Performance Standards Program website:

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