NPHPSP

National Public Health Performance Standards Program

User Guide

Fall 2007

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

User Guide
Fall 2007

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Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
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Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
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National Network of Public Health Institutes
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The National Public Health Performance Standards Program (NPHPSP) User Guide was developed collaboratively by the program's national partner organizations. The NPHPSP partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and the Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the creation of this guide.

Our deep appreciation is also extended to the many state, local and board of health representatives who provided input on the original User Guide and its subsequent iterations. Feedback based on their experiences with the NPHPSP assessment instruments has resulted in a more valuable guide for all NPHPSP users.

We continue to periodically update the User Guide as sites gain experience in using the NPHPSP assessment instruments. Please check www.cdc.gov/od/ocphp/nphpsp/ for recent updates. Additional comments and suggestions for improving the document, as well as quotes, tips, or descriptions of experiences to enrich its content are welcome. Please send all comments to phpsp@cdc.gov.

INTRODUCTION

Using the Guide

This guide is intended to provide National Public Health Performance Standards Program (NPHPSP) users with practical guidance, helpful tips, and sample tools for implementing the performance standards assessments in state and local public health systems, or among public health agency governing bodies.

In addition to an introduction to the NPHPSP, this guide includes sections on:

1. Concepts Applied in the NPHPSP
2. Preparing for the NPHPSP Assessment (How Do We Prepare for the NPHPSP Assessment?)
3. Conducting the NPHPSP Assessment (How Do We Conduct the NPHPSP Assessment?)
4. Post Assessment/Performance Improvement (After We Complete the Assessment, What Next?)
5. Resources

A series of appendices provide additional background information, as well as examples of assessment tools, implementation techniques, and performance improvement resources. Additional resources may be found in the Online Tool Kit at the NPHPSP website at www.cdc.gov/od/ocphp/nphpsp/.

Why NPHPSP?

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) helps users 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 in our system?" The dialogue that occurs in answering these questions helps identify strengths and weaknesses within the system or governing entity. This information may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are

performing. This information helps local, state, and national policymakers make better and more effective policy and resource decisions to 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, Office of Chief of Public Health Practice (CDC / OCPHP), 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).

NPHPSP Instruments

The NPHPSP includes three instruments that were originally developed between 1997-2001, and updated in 2005-2007, under the leadership of CDC and its partner organizations. Through working groups and field test activities, hundreds of representatives from these organizations were involved in developing, reviewing, testing, and refining both the version 1 and version 2 instruments. Their feedback has helped to ensure that the final NPHPSP instruments are practice-oriented and user-friendly.

The three instruments are:

- **The State Public Health System Performance Assessment Instrument (State Instrument)** focuses on the "state public health system," and includes state public health agencies and other partners that contribute to public health services at the state level. The State Instrument was developed and updated 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 and updated under the leadership of NACCHO and CDC.

- **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 and updated under the leadership of NALBOH and CDC.

Quote from the Field

"Convening diverse stakeholders to participate in the NPHPSP assessment created a cadre of public health professionals who are now engaged in the performance improvement process. They are very motivated to be part of it and see it succeed."

- Bureau Chief, Policy and Performance Management, New Hampshire

Benefits of NPHPSP

The NPHPSP is a valuable tool in identifying areas for system improvement, strengthening state and local partnerships, and assuring that a strong system is in place for effective response to day-to-day public health issues as well as public health emergencies. NPHPSP users report 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 may 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 may lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.

- Identifying strengths and weaknesses to be addressed in quality improvement efforts. Responses to the assessment may be tracked over time to identify system improvements or changes.

- Providing a baseline on performance to use in preparing for participation in accreditation.

- Providing a benchmark for public health practice improvements, by setting a "gold standard" to which public health systems aspire.

CONCEPTS APPLIED IN THE NPHPSP

This section describes four core concepts that provide a framework for the NPHPSP:

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 may 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.

1. The Essential Public Health Services

The Essential Public Health Services (Essential Services)[1] 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 Public Health Functions Steering Committee in 1994 (convened by U.S. Department of Health and Human Services). The *Public Health in America* statement includes a vision, mission, purpose, and responsibilities for public health. (See Appendix A.)

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

The Ten Essential Public Health Services (Essential 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.

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

2. 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." These systems are a network of entities with differing roles, relationships, and interactions. (See Figure 1 for a visual depiction of such a system.) All of the entities within a public health system contribute to the health and well-being of the community or state.

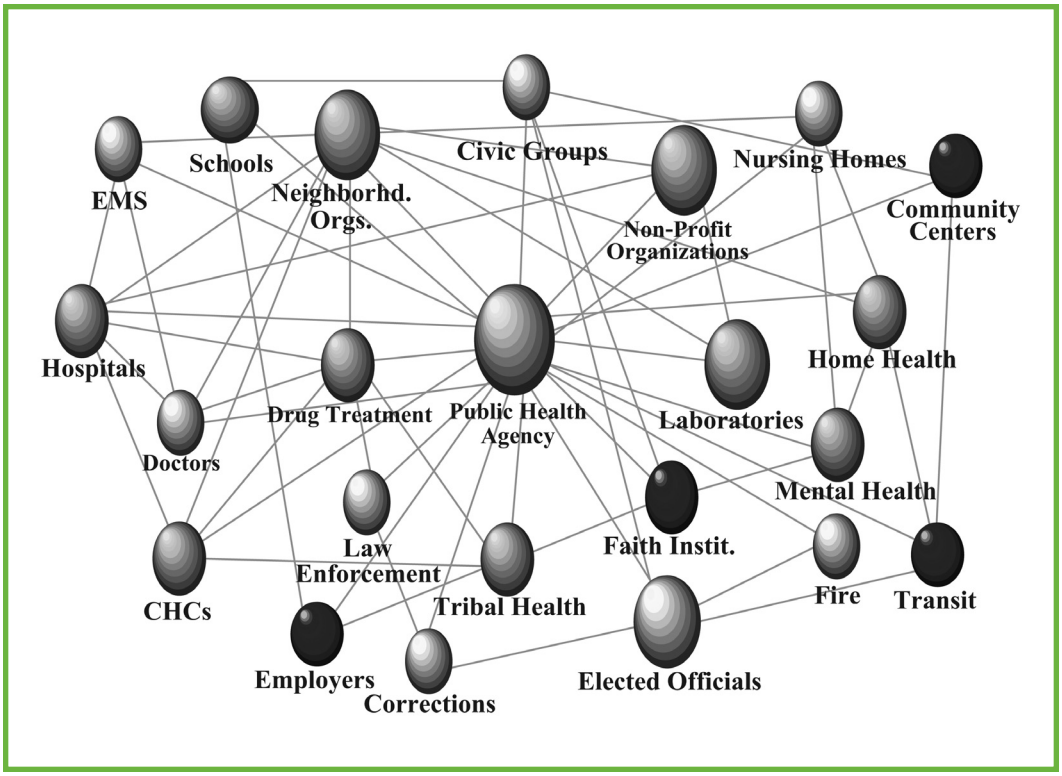


Figure 1: The Public Health System

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** – state or local health departments, 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** – hospitals, physicians, community health centers, mental health organizations, laboratories, and nursing homes, which provide preventive, curative, and rehabilitative care.
- **Public safety agencies** – police, fire and emergency medical services, which are often focused on preventing and coping with injury and other emergency health-related situations.
- **Human service and charity organizations** – 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** – schools, faith institutions, youth centers, and other groups that assist with informing, educating, and preparing children to make informed decisions and act responsibly regarding health and other life choices and to be productive contributors to society.

- **Recreation and arts-related organizations** – parks and recreation departments, community cultural centers, and other groups 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** – 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** – air and water quality authorities, greenspace coalitions, and other groups which contribute to, enforce laws related to, or advocate for a healthy environment.

3. 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 may be judged. In comparing the current status to optimal benchmarks, systems are able to identify strengths and areas for improvement. In addition, optimal standards provide a level of expectation for use in advocating for new resources or needed improvements in order to better serve the population within a jurisdiction.

4. Quality Improvement

Last, but very importantly, the NPHPSP promotes and stimulates quality improvement. As a result of the assessment process, the responding jurisdiction is able to identify strengths and weaknesses within the state or local public health system or the governing entity and may use this information to pinpoint areas that need improvement. If the results of the assessment process are merely filed away or sit idly on a shelf, much of the hard work that is devoted to completing the instrument will be wasted. The responding jurisdiction must develop and implement system improvement plans to realize the full benefit of the NPHPSP.

An optional questionnaire is available for each instrument so that sites may consider the priority of each model standard to their system, or governing body. Sites choosing to complete this supplemental questionnaire receive an additional component to their reports which ranks their scores in relation to how they have prioritized model standards. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

In addition, the Local Instrument is linked to a community-wide strategic planning process for health improvement: *Mobilizing for Action through Planning and Partnerships* (MAPP, see Figure 2). MAPP, released in 2001 by NACCHO and CDC, 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 assessment is the NPHPSP Local Instrument.

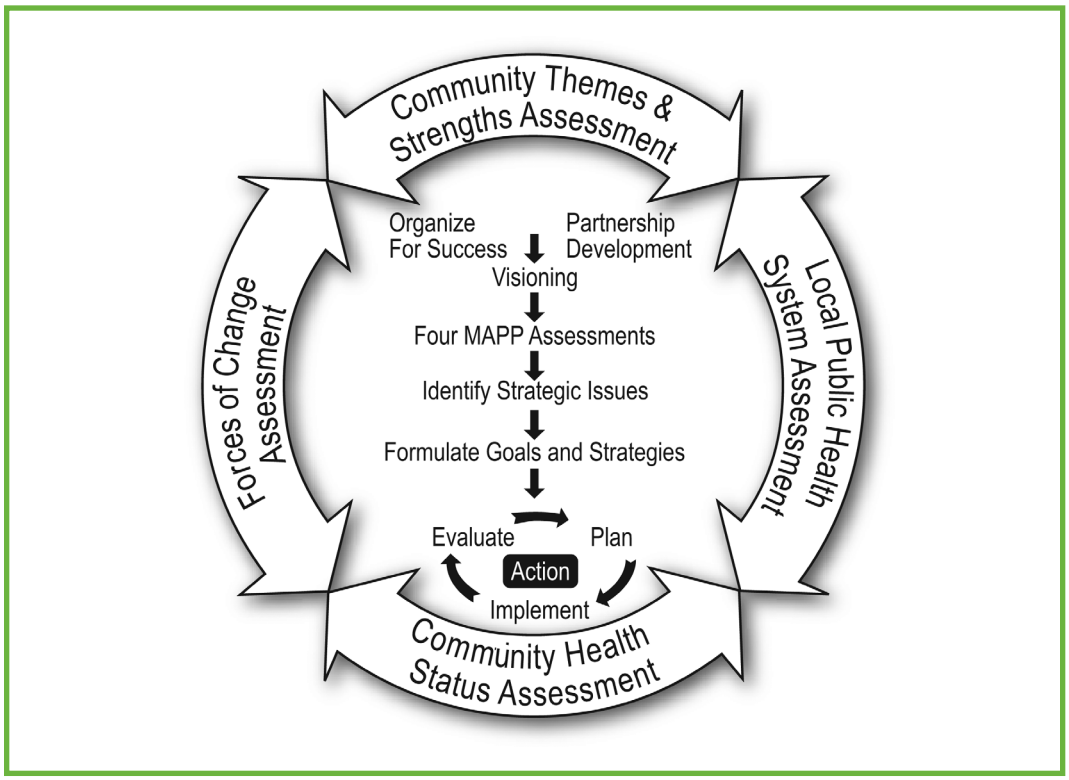


Figure 2: The MAPP Model

Regardless of whether MAPP or another health improvement process is implemented, system partners should use the NPHPSP results for system-wide quality improvement. The "After We Complete the Assessment, What Next?" section (page 32) of this User Guide includes specific references, methods, and tips for guiding performance improvement activities.

HOW DO WE PREPARE FOR THE NPHPSP ASSESSMENT?

The following section guides sites through four basic steps of preparing to conduct the assessment process:

1. Become Familiar with the Assessment Instruments
2. Make the Decision to Conduct the NPHPSP
3. Determine How the Assessment Will Be Structured and Facilitated
4. Identify and Invite Participants

This User Guide is applicable to any of the three instruments. Similar processes may be used regardless of whether a state, local, or governance assessment is being undertaken. While the User Guide identifies some specific areas of consideration for the different instruments, additional information may be found in the Assessment Meeting Guide for each instrument (available on CDC's NPHPSP Online Toolkit at www.cdc.gov/od/ocphp/nphpsp/).

1. Become Familiar with the Assessment Instruments

This step involves reviewing the format of the assessment instruments and the differences between them so that the jurisdiction considering the NPHPSP becomes familiar with the instrument(s) most suitable for their use.

Review Instrument Format

Each of the instruments shares the same format. 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 **model standards**, which represent major components, activities, or practice areas of the Essential Service. Model standards provide descriptions of optimal performance written in paragraph and bullet format. Each model standard is followed by a series of **assessment questions** that serve as measures of performance. Assessment questions are organized in tiers, with first-tier, or stem questions, being typically more broad, overarching questions, and with second-tier, or subquestions, having more specificity about the performance element being considered. Some stem questions, as well as some subquestions, include a **discussion toolbox**, which contains even more specific elements or characteristics associated with optimal performance. These discussion toolboxes are not inclusive of all aspects related to the topic, but may be used as checkboxes or prompting points to inform responses to the preceding assessment question.

The assessment questions elicit information on how well the model standards are 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, since the model standards are designed to represent optimum performance, it is likely that there will be few model standards that are fully met.

There are five response options associated with each performance measure (assessment question). During the assessment, participants discuss each question and collectively determine the response that best describes the current level of activity within the system. Guidance on how to develop consensus responses is addressed more fully in the section titled, "How Do We Conduct the NPHPSP Assessment?" on page 23. The spectrum of activity associated with each response option is explained below:

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

The NPHPSP assessment process includes three supplemental questionnaires in addition to the performance assessment instrument itself. One of these, the respondent information form (RIF), is required of each responding site, while the other two questionnaires (described below) are optional. Completed by the lead agency only, the RIF is designed to collect demographic information for the jurisdiction completing the assessment along with information about the site's assessment process and their planned next steps for performance improvement.

The first of the optional questionnaires (see Appendix B for an example) asks sites to consider the priority of each model standard to their system, or governing body, using a scale of 1 to 10 (with 1 being low priority and 10 being high priority). For example, "On a scale of 1 to 10, what is the priority of this model standard to our public health system?" This questionnaire is available for each instrument. The responses to this supplemental questionnaire are analyzed so that sites may consider their prioritized model standards in relationship to their performance scores. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

Finally, a second optional questionnaire (see Appendix C for an example) is available for users of the State and Local Instruments to assess the public health agency's contribution to the achievement of the model standard. In this questionnaire, respondents are asked to think about the model standard as a whole and use a four-point scale to assess the percentage of the model standard that is achieved through the direct contribution of the public health agency. The four responses for the agency questionnaire are: 0-25%; 26-50%; 51-75%; and 76-100%.

Sites completing the optional questionnaires receive the results as an additional component of their NPHPSP report. The incorporation of these results is intended to strengthen and better catalyze the performance improvement activities that should occur as a result of the assessment process.

Examine Differences among the Assessment Instruments

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

- **State Instrument** – The State Instrument uses the following four model standard titles within each Essential Service, for a total of 40 model standards in the State Instrument:
    1. Planning and Implementation – focuses on collaborative planning and implementation of key activities to accomplish the Essential Services.
    2. State-Local Relationships – examines the assistance, capacity building, and resources that the state public health system provides to local public health systems in efforts to implement Essential Services.
    3. Performance Management and Quality Improvement – focuses on the state public health system's efforts to review the effectiveness of its performance and the use of these reviews to continuously improve performance.
    4. Public Health Capacity and Resources – examines how effectively the state public health system invests in and utilizes its human, information, organizational and financial resources to carry out the Essential Services.

- **Local Instrument** – For each Essential Service in the Local Instrument, the model standards describe or correspond to the primary activities conducted at the local level. For example, a model standard in Essential Service #3 (inform, educate, and empower the public about health issues) is Health Education and Promotion. The number of model standards varies across the Essential Services; while some Essential Services include only two model standards, others include up to four. There are a total of 30 model standards in this instrument.

- **Governance Instrument** – This instrument is organized using only one model standard for each of the ten Essential Services, for a total of 10 model standards. The model standard relates to all aspects of the governance and oversight activities for each of the Essential Services.

2. Make the Decision to Conduct the NPHPSP

This step involves determining who will lead the NPHPSP assessment process, exploring their role in the process, and assessing to what extent they are ready to undertake it. It is also recommended that a statewide approach be considered when making this decision.

Determine Who Will Lead the NPHPSP Assessment

A lead organization or group is needed to coordinate the NPHPSP assessment process. For governing bodies, the process will most likely be initiated by the board chair or local health official. For state or local public health systems, the lead organization is often the state or local health department. However, other organizations have also played this role in some jurisdictions. State public health institutes and associations, for example, have played significant roles in coordinating statewide assessment processes. If there is an existing public health partnership or coalition in the state (or at the local level) that is broadly representative, it could serve as an appropriate entity to initiate the assessment process.

Quote from the Field

"Conducting the NPHPSP State Assessment under the auspices of the public health institute allowed our state to convene a very broad range of stakeholders and to focus the assessment on the entire public health system."

-Public Health Institute Director, Illinois

The lead organization should be prepared to plan how the assessment process will be undertaken, and how follow up will occur. In addition, they should plan to recruit and orient facilitators and recorders, and identify and invite participants.

Example from the Field – State Association as Lead Organization

The New Jersey Local Board of Health Association (NJLBHA), in collaboration with Rutgers University, hosted over 20 meetings around the state to orient local board of health members on the completion, use, and benefits of the Governance Instrument. The NJLBHA worked with a consulting firm to identify and contact its local boards of health. New Jersey used the process to educate boards about the public health system and their responsibilities. As a result, over 150 Boards of Health were able to complete a governance assessment.

Tip!

Many sites find a small group, such as a planning committee, to be instrumental in leading a successful assessment process.

Assess Readiness

Early in the planning process, it is important for the lead organization to answer critical questions to determine their readiness to engage in the assessment process. The following questions are designed to help lead organizations think about the most significant readiness issues.

- **Leadership Commitment:** Is there clear commitment to the assessment process from high-level organizational leadership? Is there commitment and accountability to use results for improvement?
- **Purpose and Benefits:** Have the purpose and expected benefits of the assessment been clearly articulated? Is there a plan for use of the assessment results?
- **Resources:** Have staff support and other resources necessary to implement the assessment been identified? Have sufficient resources, staff, and expertise to support performance improvement activities after the assessment been considered?
- **Strategic Fit:** Is there general agreement about how the NPHPSP assessment complements existing performance improvement, strategic planning, or community health improvement initiatives?

Taking the time to assure that leadership support and implementation resources are in place helps establish a strong foundation for engaging in performance assessment and improvement efforts. Clearly articulating the purpose and expected benefits of the process, as well as answering how it fits with other assessment and improvement efforts helps establish credibility and buy-in among potential participants in the process.

Tip!

Establish visible support from state or local health officials. The active participation of these leaders in the process emphasizes the importance of the effort. Ideally, they will also provide leadership and support for performance improvement from the outset of the assessment process.

Consider a Coordinated Statewide Approach

It is recommended that the state consider conducting the assessment process statewide within a similar time period. When this is done, 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. The State Instrument should also be implemented at this time. If appropriate, governing entities may use the Governance Instrument

Quote from the Field

"We were able to receive input from all major health system entities in the State, illustrating to external partners that public health truly consists of more than our Division. Ultimately, participants questioned the amount of collaboration between agencies, and saw that there was a need for more."

- Director of Health and State Public Health Officer, Arkansas

during the same time period. When coordinating a statewide approach, state public health systems often 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 provides opportunities to coordinate orientation activities, technical assistance, and improvement planning between state and local public health agencies leading the system assessments. The resulting information provides an in-depth understanding of the strengths and weaknesses within the state and local public health system and allows for comprehensive systems improvement planning.

Example from the Field – A Statewide Approach

The Connecticut Association of Directors of Health (CADH) used a creative approach to prepare local jurisdictions for use of the Local Instrument throughout the State of Connecticut. In an effort to orient local health directors and others to lead the assessment in an effective and timely manner, CADH conducted a "pre-statewide trial" of the assessment in five volunteer local health jurisdictions. The five sites ranged widely in agency structures and population sizes. The volunteer health departments received training from CDC and NACCHO in October 2003 and conducted the assessment with system partners between October and the end of February. They were able to provide CADH with valuable information, including best practices and different approaches for recruiting system partners and completing the assessment instrument, the time and cost of the endeavor, and the challenges encountered. CDC and NACCHO returned in March 2004 to conduct a one-day statewide orientation for the remainder of the local jurisdictions; during the training and in the months thereafter, the health directors from the five sites shared their experiences and served as a rich resource for questions and peer networking.

Move Forward

Once the decision is made to conduct the assessment process, the lead organization (or planning committee) should review the User Guide, assessment instrument, and other supporting materials. A timeline and work plan should be developed to identify upcoming steps. This preparation ensures that the steps of identifying and recruiting participants, orienting the group, responding to the instrument, and discussing the assessment results go smoothly.

3. Determine How the Assessment Will Be Structured and Facilitated

This step involves exploring options for structuring and facilitating the assessment process to determine which approach is most appropriate for the system in which the assessment will be conducted.

Review Options for Structuring the Assessment Process

The lead organization or planning committee should structure the assessment meetings in a way that will best meet the needs of their participants. Many sites indicate that the State and Local Instruments can take 1-2 hours per Essential Service, while the Governance Instrument can take 15-45 minutes per Essential Service. There are several possibilities for structuring the meetings:

- **Hold a "retreat" where the assessment is completed in one sitting** – this may be done in 1-2 days. This allows for a shorter timeframe and helps to maintain momentum. However, it requires an initial commitment of time on behalf of all participants which may seem overwhelming. In a retreat format, all participants typically attend an orientation session which is followed by the full group completing the instrument together, or work in several small groups on assigned Essential Services. For example, five small groups may be assigned to work on two Essential Services each.

- **Use small groups to address pieces of the instrument** – small groups may 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 allows for a more manageable time commitment. However, it may decrease cross-learning, which is a major benefit of this assessment. This method may also create 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 may provide the opportunity for all participants to hear the major points from each group.

- **Conduct a series of meetings** – a series of meetings may be held, addressing one or more Essential Services at a time. Through this process, a core group may be involved to assure a consistent process and cross-learning. In addition, individuals with specific expertise may be invited to specific meetings as needed. This method is often seen as a manageable process since it allows the work to be accomplished in small chunks; however participants sometimes report that this process seems to drag on and delay improvement.

Tip!

- Many larger sites use small breakout groups during a large meeting process.
- The series of meetings option works especially well for boards of health, which may choose to address one or two Essential Services at each board meeting until the assessment is complete.
- Many local public health systems find that using the small group option over a series of meetings works best to engage system partners and accommodate their busy schedules.
- If the assessment will be completed in breakout groups, consider the following groupings of Essential Services which may maximize common themes across Essential Services:
  - For Five Work Groups (two Essential Services per Work Group):
    - ❍ 1 & 2; 3 & 4; 5 & 6; 7 & 9; and 8 & 10.
    - ❍ 1 & 2; 3 & 4; 5 & 6; 7 & 8; and 9 & 10.
    - ❍ 1 & 2; 3 & 7; 4 & 5; 6 & 8; and 9 & 10.
  - For Four Work Groups:
    - ❍ 1 & 2; 3, 4, & 5; 6 & 7; and 8, 9, & 10.
    - ❍ 1 & 2; 3, 7, & 9; 4, 5, & 6; and 8, 9, & 10.
  - For Three Work Groups:
    - ❍ 1, 2, & 5; 3, 4, & 7; and 6, 8, 9, & 10.
    - ❍ 1, 2, & 3; 4, 5, & 6; and 7, 8, 9, & 10.
  - For Two Work Groups:
    - ❍ 1, 2, 6, 8, & 10; and 3, 4, 5, 7, & 9.
    - ❍ 1,2,3,4,5; and 6,7,8,9,10.

While considering options for structuring the assessment process, sites are encouraged to review various approaches for completing the optional questionnaire on the priority of model standards and determine if it will be completed during the assessment process. This questionnaire is best completed by one group so that there is a consistent approach to responding to the questions across the model standards. Therefore, the manner in which the assessment itself is being completed impacts the options for completing the priority questionnaire (see Appendix B). Consider these possibilities:

- If the assessment is being completed by more than one group (whether in a retreat format or a series of meetings) identify participants from among the various groups to form a representative small group to complete the priority questionnaire. The questionnaire may be completed by this small cross-cutting group at scheduled intervals or at the end of the assessment process.

- If the assessment process includes participation of a core group (in addition to a variety of other participants) in completing all 10 Essential Services, invite the core group to respond to the priority questionnaire. With this approach, the core group may meet after each Essential Service, or at the conclusion of the asssessment process.

- If the assessment is being conducted by one group addressing all 10 Essential Services, the priority questionnaire may be included as part of the assessment process, incorporating questions either after each model standard, at the end of each Essential Service, or at the conclusion of the assessment process.

State and local public health systems are encouraged to determine whether they will complete the agency contribution questionnaire as part of their NPHPSP assessment. This questionnaire is also best completed by a single group so that there is a consistent approach across the Essential Services. Members of the group completing this questionnaire may be agency-only personnel or systems partners. However, if systems partners are engaged to respond to this questionnaire, it is not recommended that the questionnaire be completed at the end of each model standard, or Essential Service, even if the entire assessment is being completed by the same group. With the agency questionnaire, participants are asked to set aside the systems perspective with which the rest of the assessment is addressed and consider only the public health agency perspective. This may have the effect of disrupting the flow of the assessment process and present a confusing dynamic for participants. For this reason, it is recommended that the agency questionnaire be completed at a time when only the agency perspective is considered, perhaps during a time or session devoted to this purpose alone.

Tip!

- Plan to ensure a comfortable environment and provide food and beverages, if possible.
- State how long the process will take and stick to the commitment!

Examples from the Field – A Series of Meetings

A local health official in upstate New York convened a group of community partners to respond to the Local Instrument. 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 subsequent 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 Ohio, the City of Kent's local board of health spent time at each of its regular monthly meetings completing the Governance Instrument. Over the course of a year, and in conjunction with the local health department, the board discussed and answered questions for each of the ten Essential Services. The health officer briefed the board on the findings from the local public health system assessment for each Essential Service. The board used that information to assess the breadth of activities being conducted by the city and health department, and to examine their role as board members. The board discussed each model standard and came to consensus on each assessment question through discussion and by majority vote. Participation remained strong throughout the process.

Example from the Field – A Large Assessment Meeting

Holding a large one or two-day assessment meeting is a common method for completing the State Instrument. States such as Arkansas, New Hampshire, Illinois, Montana, New Mexico and Florida have used this approach successfully. Most commonly, the state convenes approximately 75-125 participants for a $1^1/_2$ day meeting. The morning of the first day is generally devoted to supporting statements from the state health official and other key leadership, an orientation to the concepts of the NPHPSP and the assessment instrument (sometimes given by representatives from the NPHPSP partner organizations), an overview of the assessment process and ground rules, and discussion of how the assessment will fit into current state efforts. During the remainder of Day One and the morning of Day Two, participants break into assigned groups. Several states have tasked five groups with two Essential Services each, with approximately 15-25 individuals participating in each small group. Facilitators and recorders assist the groups in completing their assigned Essential Services. Often this is done by holding interactive discussions about the model standards and then walking through the questions to identify votes (e.g., using colored cards) that create a consensus response. During late morning on Day Two, the groups reconvene and share the key points and major insights that emerged during the discussions. The meeting generally concludes with a discussion of next steps and how participants can continue to remain engaged.

Determine How The Process Will Be Facilitated

The type and number of meetings planned to complete the assessment determine how many facilitators and recorders will be needed. Typically, one facilitator is needed for each group that will respond to the instrument. If only one group is meeting at a time, only one facilitator may be needed for the assessment process. However, multiple facilitators are necessary for an assessment process that involves multiple groups meeting simultaneously (as often occurs in a retreat format).

Tip!

Facilitators should have strong skills in leading group discussions. Identify a facilitator and recorder for each group before the process begins. Consider having two recorders – one to track responses and a second to track ideas, comments, and potential solutions. Ideally, the facilitator and recorder do not participate in providing responses during the assessment process. Facilitators should become familiar with the Assessment Meeting Guide for the particular instrument that they plan to use. (This guide is available on CDC's Online Toolkit at www.cdc.gov/od/ocphp/nphpsp/.)

4. Identify and Invite Participants

This step involves identifying and inviting participants with both a breadth and depth of knowledge of the public health system to the assessment process.

Identify Participants

Generate a list of potential assessment participants that includes representation from throughout the public health system and that encompasses a broad range of perspectives and expertise. Use the examples of potential system partners as depicted in Figure 1 and listed in the "A Focus on the Public Health System" section on pages 6-7, and in Appendix D. The focus should be on inviting participation from individuals and organizations that contribute to the Essential Services and the health and well-being of the population.

Tip!

Building on existing partnerships is one way to help bring a cohesive and enthusiastic group together. Where coalitions or other partnerships exist, consider their membership as a starting point for participant identification. Also give careful consideration to who is the most appropriate individual to invite from each organization. Heads of organizations can provide cross-cutting knowledge of all activities. However, senior or mid-level managers as well as front-line workers may also be appropriate, since they may have more time to contribute and more specific information about day-to-day activities.

Quote from the Field

"Our participants ranged from Division of Health colleagues, university and medical school faculty, representatives from community health centers, hospital associations, public and private community organizations, legislators, and many more."

-Director of Health and State Public Health Officer, Arkansas

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

- **STATE INSTRUMENT** – The State Instrument focuses on Essential Services delivered at the state level. Therefore, participants in this assessment may 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 may also be important allies in this effort. It is strongly recommended that representatives from local health departments – perhaps through a state association of local health officials – be invited to participate.

- **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. Potential participants include members of existing coalitions or community committees. Other participants may 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.

- **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. Members of the governing body are the most important respondents to this instrument. Therefore, it is recommended that all members of the board or council participate to maximize awareness, accuracy, and usefulness of the assessment instrument. The Governance Instrument may also benefit from the involvement of individuals beyond just governing entity members. For example, the local health official or other representatives from the local health department should also be involved. Their participation will provide enlightening input and ensure greater coordination between the board and agency.

The ideal number of participants varies depending upon the type of assessment process selected (refer to guidance in the "Determine How the Assessment Process will be Structured" section). Try to strike a balance between a manageable number of participants and a broadly representative group. More participants may be used if the group divides into smaller groups to discuss specific Essential Services. However, the size of the group may become unwieldy if more than 20 – 25 individuals are involved in small group discussions.

Tip!

- If making participant assignments to small groups to work on particular Essential Services, give careful consideration to where each participant will be best able to contribute. At a minimum, small groups should include individuals that directly provide and/or oversee the activities being discussed in each Essential Service. Ideally, the group may also include consumer representatives or persons without an organizational affiliation from the jurisdiction.
- If the optional priority and/or agency questionnaires will be completed as part of an assessment process that involves large groups, or multiple small groups, identify individuals ahead of time to participate in responding to these questions in separate small groups.

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 consumer representatives should be included?
- Who needs to be included to ensure expertise in certain areas (e.g., laboratorians, epidemiologists, health educators)?
- How many people should participate?
- Are there current coalitions or committees that could be used as a starting point for the assessment group?

Invite Participants

Once participants are identified, think carefully about how best to extend the invitation to participate in the NPHPSP assessment. Personal letters or telephone calls from senior state or local health department leadership, 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.

It is helpful for the initial invitation to include basic information about the purpose of the assessment process, as well as what their participation in the assessment process will entail. See the "Orient Participants" portion of the next section for some additional ideas about points to include within a written invitation.

Tip!

See the NPHPSP Online Tool Kit at www.cdc.gov/od/ocphp/nphpsp/ for a participant selection table, sample invitation letters, planning checklists, pre-assessment press releases and other resources to help in preparing for the NPHPSP assessment.

How Do We Conduct The NPHPSP Assessment?

The following section provides guidance for conducting the assessment process and submitting assessment data:

1. Orient Participants
2. Complete the Assessment Instrument
3. Submit Assessment Data

Each instrument includes a small number of model standards (or descriptions of the "gold standard" for public health activities) related to each Essential Service. The NPHPSP assessment is completed when participants discuss the questions related to these model standards and develop consensus responses to them. To maximize the potential of this process, careful attention to orienting participants, facilitating their discussion, and capturing both their consensus responses and qualitative discussion are important.

1. Orient Participants

This step involves orienting participants to the performance assessment instrument and process. Orientation topics, as well as the process for orienting participants should be considered.

Determine Orientation Process and Topics

Orientation to the performance assessment instrument and process is very important. It may be provided through individual orientations (as individual participants agree to participate), at the beginning of the first meeting, or in a "kick-off" session at the start of the retreat or series of meetings. Regardless of the process used, orientation topics should include a brief overview of the NPHPSP, the Essential Public Health Services, and the concept of the "public health system," along with a review of the process

that will be used to complete the assessment. It is also helpful to include an overview of ground rules regarding the discussion and voting methods that will be employed. The orientation may emphasize that the assessment instrument is simply a framework for holding discussions that lead to a better understanding of public health activities in the public health system. It is also important that the orientation cover the purpose of completing the assessment within the jurisdiction and its anticipated benefits and next steps.

Tip!

If the ground rules for discussion and voting are covered during a common orientation session before participants work in small groups, be sure to repeat them in the small group setting.

During the orientation, consider offering participants an opportunity to share initial thoughts about their organization's contributions to the Essential Services. This discussion provides 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 they relate to that service. This helps generate ideas about how each organization contributes to the health of the public. The flip charts are then a useful reference when each Essential Service is later discussed.

Tip!

The facilitator may also want to walk through a small portion of the actual instrument during the orientation so that participants can get a feel for the overall process and develop an understanding of the most effective way to respond to the instrument.

Promote an Advance Review

Because each instrument is fairly lengthy and may initially appear daunting, lead organizations should carefully consider the approach for orienting participants 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 or entity is accomplishing the standards, so that they arrive at the meeting prepared to participate in 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 (or during the meeting in which the person will be involved.)** Asking participants to view only one or two Essential Service sections at a time is less likely to overwhelm them. The copies may be used for noting individual perceptions and will help to prepare participants for group discussion. However, this does not allow participants to experience the full breadth of the assessment and the systems contributions to all of the Essential Services.

- **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 to 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. In addition, participants receive a smaller amount of paper, which may seem less intimidating. (Documents containing only the model standards are available on the NPHPSP website.)

2. Complete the Assessment Instrument

Once participants have been convened and oriented, the next step is to discuss and complete the performance standards assessment instrument. This very significant step involves facilitating participants in discussing and developing consensus responses to assessment instruments. The lead organization should focus their efforts on involving members of their public health system in an open and honest dialogue the activities within the system around each model standard.

Facilitate Discussion and Develop Consensus Responses on the Performance Assessment Instrument

While the assessment instrument may be completed in a variety of group settings, as described in the "Determine How the Assessment Process will be Structured and Facilitated" section beginning on page 17, it is essential that participants have the opportunity to develop a set of consensus responses to the instrument. Consensus responses should be developed through dialogue among system partner organizations. Through this process, participants get a good idea of the activities, capacities, and performance of the public health system or governing entity.

The recommended approach for completing the assessment instrument includes facilitated discussion in which participants discuss each model standard with follow-up voting on each question. In this approach, participants receive the full instrument and discuss each model standard for a set period of time (e.g., 10 minutes). 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 occurs when there is disparity in responses. This is a frequently used method for completing the assessment instrument because it allows for a richness of discussion and interaction among participants.

However, some sites find that reviewing and discussing the subquestions (second tier) and discussion toolbox items before voting on stem (first tier) questions allows the discussion around the more detailed questions to inform responses to the stem questions, which are often more broad.

The use of the discussion toolboxes to prompt discussion is important to a rich and engaging dialogue among participants. The items in each discussion toolbox serve to clarify the intent of related questions and offer participants the opportunity to consider many aspects of the performance element under consideration. There are no set, or required, responses to the toolbox items, allowing groups to respond to these items in the manner best suited to their process. Some groups may choose to discuss each toolbox item specifically and with detail, while others may discuss only those items that members of the group identify as needing specific attention. No matter the method used, however, it is likely that some discussion toolboxes will generate more discussion than others.

An Assessment Meeting Guide (available online at www.cdc.gov/od/ocphp/nphpsp/) provides step-by-step guidance for facilitators of the NPHPSP assessment. Assessment coordinators should make this document available to identified facilitators well in advance of the assessment meetings so that facilitators are adequately prepared to implement the discussion and voting process. The Assessment Meeting Guide may also be used as the basis for a pre-assessment planning and/or training meeting with facilitators.

It is the facilitator's job to assure that the discussion moves along in a timely fashion. The estimated times needed to complete the assessments are 12 hours for the State Instrument, 16 hours for the Local Instrument, and 5 hours for the Governance Instrument. Many sites indicate that the State and Local Instruments may take 1–2 hours per Essential Service, and that the Governance Instrument may take 15-45 minutes for each Essential Service. Typically, the discussions will pick up speed as participants move through the instruments and become familiar with the process. During this process,

Quote from the Field

"The discussion during the voting process was rich and extremely valuable. It contributed to participants feeling prepared to vote. In addition, strengths, weaknesses, and opportunities for immediate improvement were captured by recorders. Most importantly, the discussion yielded some concrete suggestions for improvement in each essential service as we initiated performance improvement activities."

- Bureau Chief, Policy and Performance Management, New Hampshire

it is important to record the consensus votes on each assessment question, making sure that all participants are aware of the final recorded responses. However, it is also important 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 a laptop to record the consensus responses, the main points of the discussion, and ideas for improvement (which will be helpful in prioritizing areas for action when reviewing assessment results).

Tip!

Plan to provide an opportunity to hear a report of the summary of findings immediately after the assessment is completed. The report out may include an overview of identified strengths and weaknesses related to the Essential Services, insights that shaped group responses, and impressions or early ideas for improving system performance. Such a wrap-discussion is a great opportunity to maintain interest and engagement in moving the performance improvement process forward.

Example from the Field – The Voting Process

Many state and local health jurisdictions use color-coded cards to expedite the process of completing the instrument. When community partners are convened, each receives a copy of the instrument, along with six colored cards. Participants walk through the assessment and raise a colored card to indicate their response to each question. Five different colors indicate the various response options to the instrument and a sixth colored card indicates "we need to discuss this question." When most or all participants raise the same color, the facilitator records the response and moves on. Participants discuss questions for which "Let's discuss" cards or several different response cards are raised.

Complete the Priority and Agency Contribution Questionnaires (Optional)

Sites should complete the priority and/or agency questionnaires either at the time of the assessment, or shortly thereafter. (Examples from these questionnaires may be found in Appendices B and C.) Each of these questionnaires should be completed by a single group to assure a consistent approach across the Essential Services. While system partners should participate in responding to the priority questionnaire, the agency contribution questionnaire may be completed by a group of agency-only representatives. Like the assessment itself, discussions related to these questionnaires should be led

by a facilitator and groups should strive for consensus in generating their responses to these questions. If the group completing the questionnaires didn't participate in all 10 Essential Services, it may be helpful to provide a brief summary of what services are being provided as part of each Essential Service, as well as the various organizations contributing to them.

When responding to the priority questionnaire, participants should rate the priority of each model standard without regard to performance scores or rank order. In considering this questionnaire, the following questions may be helpful for participants: *"On a scale of 1 to 10, what is the priority of this model standard to our public health system?"* or *"On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis or resources)?"* Facilitators should encourage participants to use the full scale and remind them that it is not feasible for every model standard to be a priority at the same time. Also, participants should realize that this questionnaire is an opportunity to arrive at an honest appraisal of the priorities within their system, so there are no right or wrong responses, nor is there a need to reflect what they may view as priorities from other sectors, unless those are truly important within their system.

In responding to the agency questions, participants should estimate how much of the activity relevant to each model standard is conducted by the public health agency. Responses should reflect the current status of state or local public health agency contributions. For example, if all model standard activities are conducted by the public health agency, the response should be 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 0-25%.

Evaluate and Gather Feedback on the Process

Many sites have successfully used brief evaluation forms at the end of the assessment process to collect information from participants about their experience, important next steps, and roles that they would like to play in the improvement process. Sites may also wish to gather input for the feedback questions in the NPHPSP Respondent Information Form (described on page 11), which all sites must complete as part of the data entry process.

Sample evaluation forms are available from the NPHPSP Online Tool Kit at www.cdc.gov/od/ocphp/nphpsp/. Feedback given through brief evaluation may assist assessment coordinators in figuring out what worked well about their process and what kind of changes might be helpful as they move toward performance improvement.

Tip!

For Facilitators (general responsibilities):

- Establish and adhere to ground rules.
- Manage the group process – set the pace. Keep the process moving along and do not allow the discussion to get overly bogged down.
- Get input from everyone.
- Draw out different points of view.
- Reflect and check group opinion.

For Facilitators (NPHPSP responsibilities):

- Keep the focus on the "system."
- Encourage organizational leaders to refrain from voting first. (Consider establishing this as a ground rule.)
- Invite open discussion of each model standard (about who contributes and how) BEFORE voting occurs.
- Encourage consideration of discussion toolbox contents when answering corresponding questions.
- Strive to build true consensus among participants rather than concession.
- Consider starting with an Essential Service or model standard that they view as "easy" or more straightforward.
- Remember that the agency question is intended to be an overall "pulse check" for the model standard. Help groups focus on answering from a broad perspective.
- Think about creative ways to reduce paper-shuffling. For example, the instrument can be projected, using a laptop, onto an overhead screen so that all participants can follow the questions easily.

For Recorders:

- Use a laptop to record scores on the Excel response sheet available from CDC and save them electronically.
- Capture the qualitative discussion – the general points and highlights of what drives the group's consensus vote, including comments on discussion toolbox items.
- Track ideas, comments, and potential solutions to be revisited later.

3. Submit Assessment Data

The formal assessment process concludes with the step of submitting the assessment data. This step involves obtaining a User ID and entering data into a secure, automated data analysis and report generation system.

Obtain a User ID

State and local public health systems and local governing bodies with a User ID can submit data to the on-line NPHPSP data collection and reporting system (www.nphpsp-results.org). To request a User ID and access to the system, users may submit a request for individual jurisdiction User IDs online, or email nphpsp-support@phf.org or call 202-218-4411. All jurisdictions that request a User ID receive instructions on entering data and using the system.

Enter and Submit Data

Users may enter data in numerical order, beginning with Essential Service #1, or begin with any other Essential Service. Follow the prompts to begin data entry. Each user must also complete a brief Respondent Information Form (available for preview on the NPHPSP website). This form asks for information such as population size of the jurisdiction, basic characteristics of the public health agency, questions about how the assessment was conducted, satisfaction with the national program, and plans for using the results.

Tip!

- When preparing to enter data online, be sure to review the Respondent Information Form ahead of time and gather the necessary information to complete the questionnaire before getting online to begin data entry.
- Save your responses frequently to prevent inadvertent loss of data.

Receive Reports

Once users press the final "submit" button, the system automatically analyzes and scores the responses and generates a summary response. Within two hours of data submission, users receive an editable report narrative file, a report with tables and charts, and raw data files for those interested in further analysis.

Summary information for local public health systems or governing bodies is also provided to those involved in coordinating a statewide approach. The collective data from statewide assessment efforts assists 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 the NPHPSP in response to these assessment instruments are considered public data and governed by CDC data policies. State and local public health system and governing 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 levels. All researchers must review a statement summarizing these data limitations and agree to a data use statement before acquiring the data.

Tip!

See the NPHPSP Online Tool Kit at www.cdc.gov/od/ocphp/nphpsp/ for sample agendas, facilitator's guides, evaluation forms, and other resources for conducting the NPHPSP assessment.

After We Complete The Assessment, What Next?

In the final and most important stage of the performance improvement process, participants analyze results and take steps to strengthen the public health system. This section describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments.

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

The key to an effective and sustainable performance improvement process is to plan for it before conducting the assessment. Communicating early plans for an improvement process will help to increase participants' confidence in the value of the assessment, as well as generate excitement about "what happens next." When these next five steps are defined, participants then move quickly into the improvement stage and sustain momentum after the assessment.

1. Organize Participation for Performance Improvement

This step involves assuring leadership support and establishing a structure for success.

Start with Leadership Support

The success of performance improvement efforts often hinges on leadership support. It is important to try to involve leaders at the highest level possible, such as the health commissioner, board chair, and other top executives. Effective leadership support may be summed up in three things—**vision, expectations, and commitment.**

Example from the Field – Leadership Support

Following Florida's statewide completion of the state and local NPHPSP self-assessment instruments in 2005, the Florida Department of Health wasted no time in convening its 67 counties to focus on using the local results for performance improvement. The state's NPHPSP coordinator knew that senior leadership support was essential to show at the outset, so her first post-assessment meeting agenda included time for a senior official to set forth the state's **vision** of using the results for performance improvement as part of the state's MAPP process, along with clear **expectations** and timelines for each county's performance improvement action plans. The coordinator also asked the official to publicly affirm the Department's **commitments** to support the counties' improvement efforts and consider recommendations for state roles and resources that would help counties achieve the national performance standards.

There are specific ways that leaders can assist with performance improvement.

1. Ask leaders and system partners to share their **vision** on the following:
    - How the performance standards relate to their mission or community vision.
    - Improvements that are important to strategic priorities (such as needed improvements in policy development to address obesity or access to care).
    - How improvement efforts will fit with other initiatives, such as MAPP, Healthy People 2010, strategic planning and budgeting cycles.

2. Leaders may demonstrate their **commitment** by:
    - Assigning staff or experts to help convene or assist improvement teams.
    - Participating in the process through a steering committee or improvement team.
    - Working with executives and legislators to achieve system improvements.
    - Making immediate, budget-neutral changes to improve performance where possible, such as shifting personnel assignments or changing procedures.

- Considering all recommendations to strengthen the public health system.
- Requesting or allocating funding to address priorities in the next budget cycle.

3. Help leaders prepare remarks that will clarify performance improvement **expectations** including:
   - Short-term deadlines and responsibilities.
     Example: "I would like each team to test feasible improvements this quarter, then in six months make recommendations that I will use to make decisions for next year's plans, budget requests, and legislative session."
   - Participation expectations.
     Example: "I am asking every division in my organization to participate in improvement teams, and I am counting on our partners to do the same."
   - Authority to act.
     Example: "Managers should give their staff and contractors encouragement and authority to take actions where they see opportunities for improvement. Although not every change will result in improvement, we must reward effort more than inaction."

Create a Structure for Success

Every performance improvement process needs structure, whether it uses an existing advisory committee, an informal professional network, or a mix of methods. Whatever its form, a successful process should:

- Enable participation needed to achieve desired results.
- Match the desired scope and vision of performance improvement.
- Build on existing structures, interests, and capacities.
- Be manageable within the time, resources, and staffing available.

Options to structure improvement activities include one or more the following:

- **Incorporate performance improvement into a broader planning process**, such as MAPP or a similar health improvement process, a governor's health task force, or a local board of health strategic planning committee.

- Identify or form a high-level **steering committee** to oversee the use of the national performance standards, measures, a quality improvement process, and reporting of progress as part of a larger "performance management system" (see Turning Point model, Figure 3 below). Assign **subcommittees or improvement teams** with subject matter experts and front line staff to delve deeper into specific Essential Services or assigned areas, test improvements, and report system progress to the steering committee.

- Create or refer participants to **quality improvement collaboratives** (sometimes organized as "learning communities" or "improvement networks") to learn about effective practices, spread innovations, and voluntarily benchmark with sites that share common improvement goals.

- For jurisdictions using all three NPHPSP instruments, set up a special **statewide coordinating committee** to analyze priorities among governance, local, and state users and align improvements for maximum impact.

Figure 3: The Turning Point Model

A steering committee can be used to oversee the performance management system at the state, local or governance levels.

Source: *From Silos To Systems: Using Performance Management to Improve the Public's Health,* Turning Point Performance Management National Excellence Collaborative, 2003.

Options for sharing information and/or gathering additional input include:

- Hold large **debriefing meetings** with assessment participants (or with a subcommittee) to examine results, discuss priorities, draft action plans, and **refer plans directly to willing agencies or other existing groups.**

- Create **public forums, surveys**, or **webcasts** to inform and gather input from the public and participants about performance improvement.

Careful consideration should be given to structures that will engage and sustain momentum among assessment participants, while allowing others to contribute to improvement efforts. Assessment participants typically are excited about hearing the results and determining next steps. While many participants want to continue their involvement, some prefer those with more expertise, time, or specific job duties to take on improvement efforts. The process should anticipate new partners becoming involved, as well as member attrition and staff turnover.

Above all, be transparent at the outset about what the improvement process is—and what it is not. Clarify details of the process such as its:

- Purpose and scope.
- Member roles and responsibilities.
- Time frame.
- Advisory roles or decision-making authorities.
- Resources (staff and dollars) available for performance improvement, including what partners are willing to contribute or consider to improve system performance, as well as anything that is "off the table" (e.g., current mandates or grant obligations).
- Staff and logistical support.
- Relationships to other groups.

2. Prioritize Areas for Action

This step involves discussing the results, putting the data into context, and then setting priorities. Barriers to priority-setting also may need to be addressed.

Discuss the Results

It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the NPHPSP report should be helpful in identifying high and low performing areas. Groups may find it easiest to begin by discussing results at the Essential Service level and sharing general reactions. The Essential Service bar chart found in Figure 3 displays results for all Essential Services at a glance, making it a useful tool to initiate discussion about high and low performing areas.

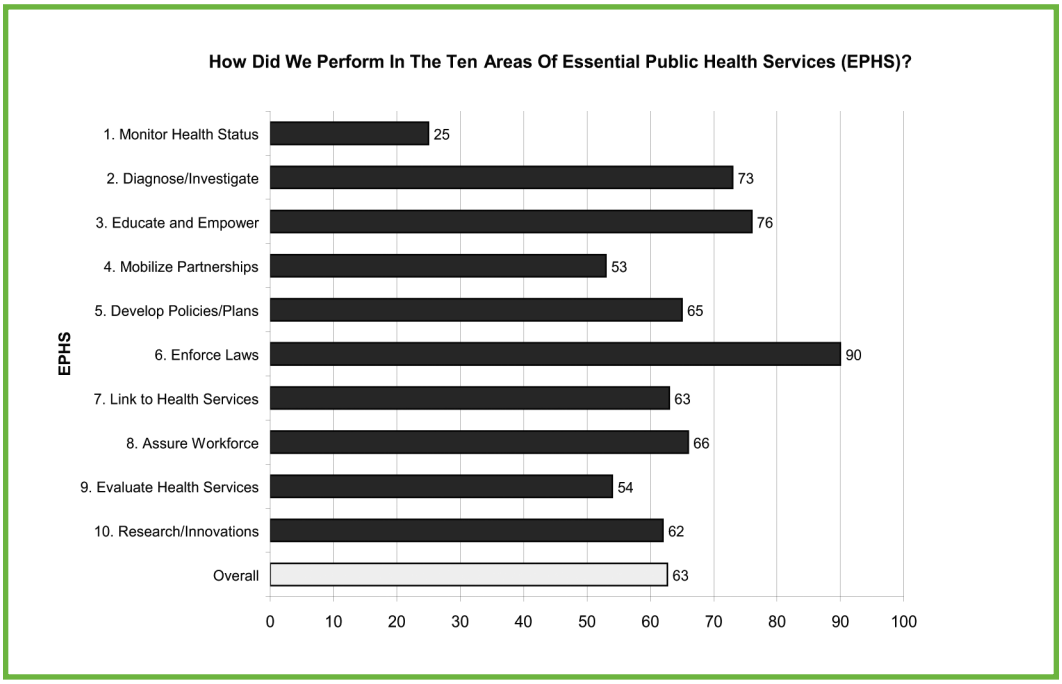


Figure 4: Sample NPHPSP Essential Service Score Summary

Questions such as the following may help initiate discussion:

1. Based on our scores in the ten Essential Services and for all model standards, in which areas do we have the highest performance? In which areas do we have the lowest?
2. Overall, what is your response to the scores? How well do they match your perceptions and experiences of our public health system? Are any surprising?

As participants become more familiar with the results, they may proceed to examine scores in more detail below the model standard level. Many sites also look for common system issues (such as information technology or technical assistance) that affect scores in several Essential Services. Depending upon the structure of your improvement process, a detailed examination may be referred to a work group after identifying general priorities.

Tip!

Facilitators should be prepared for a range of initial reactions to the performance scores. Many participants find the scores confirm their perceptions. Yet others may react with disappointment, defensiveness, or even denial of their validity—particularly when they believe that they do a good job and that low scores reflect poorly on their work. Facilitators may need to remind everyone that scores reflect the performance of the entire public health system, using a "gold standard" to reveal opportunities for collective improvement. Because no individual or agency has a complete picture of the public health system, the value of partner involvement in the process should be reinforced.

Quote 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."

— Former Local Health Officer, DeKalb County, Georgia

Put the Data into Context

Because public health "system performance" is sometimes abstract (even to the most seasoned health professionals!), participants may gain more meaning from the NPHPSP results when they are discussed in the context of the following:

- Comments and ideas captured during the assessment.
- Pressing health needs and related issues affecting the jurisdiction.
- Priorities, strategic opportunities, and initiatives.

Questions such as those below may help participants connect Essential Service scores to concrete public health concerns and prepare them for more detailed priority setting discussions. For additional discussion questions and tips, refer to Appendix E.

1. Based on our scores, what public health issues are our public health system best able to address?
2. What are the most important results that our public health system must deliver for our community?
3. To achieve these results, in what areas must we excel?

Some sites have prepared reports or briefing sheets to present scores with contextual analysis and notes from the assessment process. The notes may include comments regarding priority areas, possible solutions, barriers, and new ideas or opportunities for system coordination and improvement.

Other sites have used a process such as MAPP to put data into a community context. In the MAPP process, local users consider the NPHPSP results in the context of three other assessments—community health status, community themes and strengths, and forces of change—before determining strategic issues, setting priorities, and developing action plans. Some states, like Illinois and New Hampshire, have adapted MAPP concepts for state level strategic planning as well.

Tip!

Refer to MAPP guidance (at www.naccho.org, under "Programs and Activities") for specific guidance on using the NPHPSP results, along with other assessments, to develop strategic priorities.

Example from the Field – Putting Data into Context

After receiving local assessment results, staff in Palm Beach County, Florida provided the NPHPSP planning committee with a one-page summary for each Essential Service. Each of the summaries included the following sections:

- A description of the Essential Service.
- A summary of the numeric scores (overall and for each model standard), with a description of how the scores compared to other Essential Services.
- A bulleted summary of assessment participant comments.
- Possible action steps suggested by participants.

Set Priorities

After participants have a good sense of the results in their local or state context, sites are ready to decide the priority areas for improvement. The NPHPSP report simply provides numeric scores for each standard. It is up to the participants to decide what is important to improve.

Sites may find that some standards are high priorities for improvement, 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 27% on Fostering Innovation. System partners may decide emergency response planning is a higher priority for the improvement team, even though it received a higher score.

Sites have employed a variety of priority setting methods to focus their improvement efforts.

- Sites that completed the optional priority questionnaire (as described on pages 12 and 28) may find their results a compelling place to begin their priority setting discussions.
- Sites who did not complete the priority questionnaire may wish to do so at this point. Sites that choose to complete their priority questionnaire after they have received their NPHPSP assessment reports may enter their priority data using their previously assigned User ID to receive a report on system priorities relative to performance.

Quote from the Field

" The Central Connecticut Health District's board of health has assessed its performance twice using the NPHPSP Governance Instrument. To set improvement priorities, the board compared its 2005 and 2003 results. The board considered persistently low performing areas (such as "Mobilizing Community Partnerships") in its strategic plan and in funding strategies. The board budgeted for a new part-time grant writer focused on increasing resources in the priority areas."

— Board of Health Member, Central Connecticut Health District

An option for rating priority and performance after reviewing the assessment scores is described below, along with some additional options for priority setting:

1. **Rate priority and performance.** Although this method has several variations, its purpose is to inform decisions by showing how each Essential Service or model standard ranks in order of priority and performance. Some sites will choose to complete the optional priority of model standards questionnaire during the assessment process. Those that do not may find this a helpful activity after they have received their assessment results.
    - First, rate the priority of areas (at the Essential Service or model standard level) on 1-10 scale. "On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis or resources)?" (ranks priority after seeing scores; focuses on the importance of improvement; may be asked post-assessment)

Tip!

Sites that used the Local Instrument may ask participants to rate each of the 30 model standards. Sites that use the State or Governance Instruments may want to focus on the Essential Service as a whole or on specific topics covered within each Essential Service. When rating the priority of model standards on a 1-10 scale, remind participants to use the full scale. If everything is a 10, then nothing is a priority!

- As a second step, after each model standard is rated, display them in rank order and consider the appropriateness of the match between importance ratings and current performance scores. Final results may be displayed in a list or visually as depicted in Appendix F.
- Finally, model standards may be assigned to one of four categories based on their high or low importance and performance. The goal of this method is to cluster them into groups that are useful for action plans. As shown in Appendix F and Figure 5, the four categories are as follows:
    - Box A: High importance/low performance – may need increased attention.
    - Box B: High importance/high performance – important to maintain efforts.
    - Box C: Low importance/high performance – potential areas to reduce efforts.
    - Box D: Low importance/low performance – may need little or no attention.

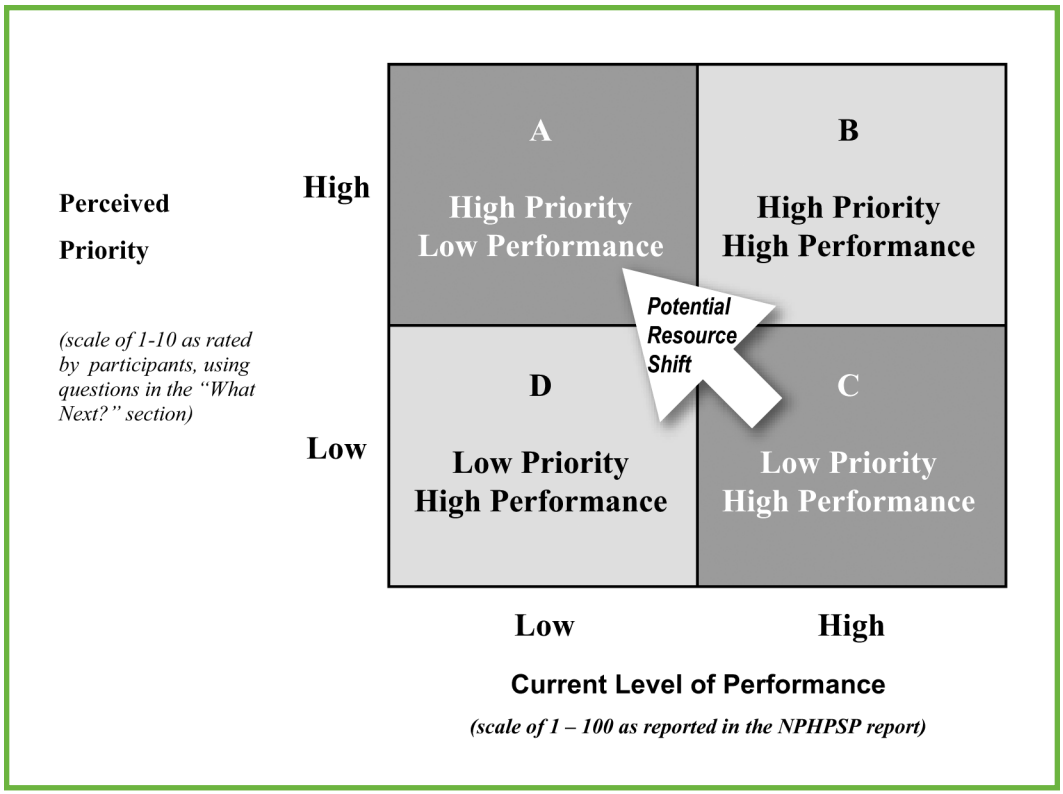


Figure 5: Identifying Priorities – Basic Framework

2. **Use discussion and consensus.** The goal of this method is to reach agreement through discussion, rather than through a formal voting or rating process. The group may be guided to narrow potential priorities.

3. **Use a "priority setting matrix."** In this technique, participants select priorities according to criteria set by the group—such as the impact of the problem on important health issues, availability of effective solutions, feasibility, leadership support, and resources (cost or time) to address. Each Essential Service or model standard being considered is scored (0-5) for each criterion, using data or opinion as appropriate. The goal of this method is to ensure everyone agrees upon and applies certain criteria to decide priorities, as shown in Appendix G.

    - This method may be used to decide model standards or Essential Services to refer to a subcommittee or improvement team. Later, improvement teams may also use it to decide the most important factors to address, or to choose among several potential solutions to try.
    - This method is best used to compare a short list of options.
    - Although participants may use individual score sheets, some groups may prefer to assign a score to each criterion through discussion.

Quote from the Field

"One of the most striking and consistent findings, at least to us, is without exception, the segments of the NPHPSP pertaining to preparedness scored among the highest of all the essential services—perhaps suggesting 'what gets funded and measured, gets done.'"

— Statewide NPHPSP Coordinator, Oregon

Tip!

- Limit the number of priority areas to keep the improvement process focused and manageable. As an example, Colorado used its NPHPSP results and knowledge of its own strategic priorities to focus its statewide improvement efforts on three Essential Services.
- Consider where indicators or areas of activity may be lumped or consolidated, so long as the category remains focused.
- Use simple and familiar priority setting methods whenever possible. Be careful not to exhaust a large group with detailed rating schemes.
- For items being performed well (Figure 5, Box B) it still may be valuable to look for opportunities to achieve better results or efficiencies through increased coordination or quality improvement efforts. Teams also may wish to examine reasons for high performance so they can spread good practices to other areas.

Address Common Priority-Setting Barriers

Setting priorities for improvement is exciting but also challenging for groups. Facilitators and participants should openly acknowledge and work to address barriers that may impact the group's success in setting priorities. Barriers to watch out for:

- Fears of "winners and losers." If people fear that a change in priorities could cost them their jobs, funding, or status, they may focus their energy on guarding their own "turf."
- Thinking the group can "do it all" and that there is no need to prioritize. If people feel guilty admitting that they cannot improve all areas at once, they will resist setting priorities.
- Difficulty focusing the attention of leaders on decisions to select priorities. Without leadership commitment, participants may fear that the group's priorities will be overturned or go nowhere.
- Feeling overwhelmed with the amount of data and options that could be considered to set priorities. By trying to organize and consider too much information, staff or participants may make the "perfect" priority setting process the enemy of one that is good and practical.
- Trouble envisioning priorities across a "system." Despite many policy incentives and voluntary tools for system-wide change, it is often easier to set priorities within an organization than among many.

Priorities likely will have implications for personnel and resources. To achieve significant improvements in these areas, partners may need to shift resources from one area to another, change what people and organizations do within existing staff time and resources, cease activity in certain areas, or create new funding requests. As such, choose a priority setting method that will be effective, fair, and supportable.

3. Explore Root Causes of Performance

Once NPHPSP participants have prioritized which of the Essential Services or model standards need to be addressed, finding a solution entails delving into possible reasons, or "root causes," of the weakness or problem. In this next step, "root causes analysis," sites pause to identify how and why problems occur before jumping to quick conclusions and superficial causes.

Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to some well-defined system causes, such as policies, leadership, funding, incentives, information, personnel, or coordination.

Figure 6, on the next page, shows how two jurisdictions perform the same on an Essential Service, but for completely different reasons. As a result, the improvement actions planned for Jurisdiction A would not work for Jurisdiction B. To create desired results, actions must address the root causes specific to each system.

Two Jurisdictions: Same Score, But for Different Reasons Low Score on Essential Service 10 (Research for New Insights and Innovative Solutions to Health Problems)		
	Jurisdiction A	**Jurisdiction B**
Reasons for Low Score	• No university or research institution within reasonable distance to jurisdiction. • Lack of knowledge on how to create linkages with research institutions, despite interest from senior leadership and staff. • Little or no funding in budget earmarked for research.	• Leadership does not prioritize research with local universities. • No incentives for organizations or personnel to identify innovations that will save money or get better outcomes. • No feedback from management to recognize staff for researching innovative solutions.
Potential Improvement Actions	• Identify at least one potential out-of-state research partner. • Access sample academic-practice linkage agreements from the Council on Linkages. • Try building research time (5%) into two large programs next year, plus seek in-kind student and faculty assistance.	• Meet with leaders to discuss how research benefits local priorities. • Provide internal recognition and grant incentives to identify ways to save money or get better outcomes. • Prompt feedback on "contributions to finding innovative solutions to health problems" through employee review forms.

Figure 6: Two Jurisdictions: Same Score, But for Different Reasons

To determine root causes of performance problems, a team will first generate and sort possible reasons, and then try to check their assumptions to determine what affects performance the most. It is important to remember that people who were involved in the NPHPSP assessment may not be the best ones to analyze potential causes of specific problems. A good team includes people who are familiar with the problem and those whose participation or approval is needed to solve it.

A root causes analysis may be accomplished by asking a team to do the following:

1. Brainstorm all possible causes of the identified performance weakness or problem, or list potential causes after reviewing data and comments collected during the NPHPSP assessment.

2. Organize causes into similar categories.

Example: Why doesn't the state public health system effectively assist local jurisdictions with epidemiologic investigations?

Possible reasons	Category
State personnel shortages, limited expertise	People
Too many hurdles to request help, slow response, no process to detect when help may be needed	Methods
Local staff forget whom to contact, people don't know what technical assistance is available	Information

3. Chart causes and effects. Many root causes analysis tools represent ideas graphically, such as a tree with branches for major categories of causes. A visual format allows participants to diagram their ideas about potential causes and see which ones seem to influence many aspects of performance. For an example showing how a visual analysis tool may be applied to a NPHPSP model standard, refer to the fishbone diagram in Appendix H.

4. Check out assumptions as needed to determine which causes account for most of the problem. It is important to recognize that lists and visual charts contain hypotheses, not necessarily the real causes of problems. Testing the most significant causes now may avoid wasting efforts and resources later. In the above example, staff might tally reasons for technical assistance delays for one month or ask local and state staff to rate the influence of each factor.

Tip!

"Every system is perfectly designed to get exactly the results it gets." To borrow from quality pioneer William E. Deming, you get out of a system what you put in it. If you have powerful and accessible data systems but poorly trained workers and no quality procedures, everyone will get beautiful reports that are useful for nothing.

Example from the Field – Exploring Root Causes and Creating a Structure for Success

When assessment work groups in New Hampshire took the time to ask, "Why haven't we already made improvements in our priority areas?" they realized it was because no entity had oversight and accountability for the entire system. They further recognized that categorical funding made system improvement no one's job, and that it was difficult to have consistent leadership on system improvement when top leaders and their priorities changed. To address this, and to institutionalize their improvement efforts, they got legislation passed to establish a statewide Public Health Improvement Services Council. By statute, the Council has specific responsibilities to oversee improvements in the priority areas that were identified through the system assessment. They credit the root cause analysis for allowing them to arrive at this strategy and avoid spinning their wheels over lack of leadership.

Quote from the Field

"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."*

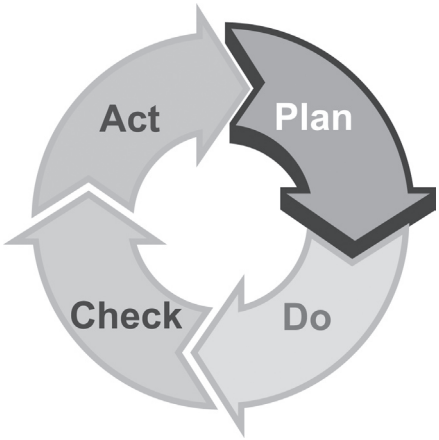
— Statewide NPHPSP Coordinator, Oregon

4. Develop and Implement Action Plans

Once priorities and causes of weaknesses are identified, develop action plans to address the top causes of performance problems within these areas. As part of action planning, participants need to agree on the following:

- The most compelling priority areas to address.
- Organization(s) or entity(ies) responsible for leading improvement efforts.
- A goal statement that defines the desired results.
- Measurable objectives and interim performance measures (see next page).
- Strategies or action steps with a time line that details how and when the goal will be accomplished.
- How, and how often, progress or performance will be checked and reported as the team carries out the action plan.

The Plan-Do-Check-Act (PDCA) cycle, represented in Figure 7, provides a visual summary of ongoing performance improvement activities. Remember, results—not plans—are the intended products of the improvement process. Sites that focus on lengthy, published plans often find that momentum is lost and strategies are outdated by the time such plans are released. For the best results, keep action plans brief and flexible to allow for the PDCA cycle of short-term action, learning, and fine-tuning.



Plan-Do-Check-Act (PDCA) Cycle*

Plan: Plan changes aimed at improvement, matched to root causes; identify measures of improvement.

Do: Carry out changes; try first on a small scale.

Check: See if you get desired results.

Act: Make changes based on what you learned; spread success or try again.

* Also called Plan–Do–Study–Act (PDSA), Deming, or Shewhart cycles.

Figure 7: Plan-Do-Check-Act (PDCA) Cycle

Tip!

While action planning can be an exciting phase, it is also one of the more challenging phases to sustain. Accordingly, it is important to find areas to make short term gains, and to share these successes in an effort to maintain momentum.

5. Regularly Monitor and Report Progress

Regular reporting of progress is an essential part of the improvement process. A regular reporting cycle promotes accountability for results; helps to sustain momentum; and enables decision-making around improvement efforts, resources, and policies. The key to reporting is to provide the right people with the right information at the right time.

Potential target audiences for regular communications about public health system performance and the improvement process include the following:

- NPHPSP Steering Committee or MAPP Committee
- Assessment participants
- Improvement work groups or networks
- Local or state health officials
- Boards of health
- Legislators
- Media and the public
- Funders
- Organizational partners
- Other stakeholders

Tip!

- Be sure to present performance reports and updates when they will be most useful for decision-making, such as before annual budget requests, steering committee meetings, or partners' strategic planning.
- System performance reports also might be presented in tandem with annual health status reports. In addition to providing context, health-related indicators (such as those listed below) may reveal results of changes in system performance. Potential effects of system changes on health outcomes should be evaluated regularly.

Keep in mind, not everyone needs the same type of information or the same level of detail. To match recipients' responsibilities and interests, sites might choose to report progress in two or more convenient formats. As examples:

- **A one-page "scorecard" of public health system performance measures with a brief analysis of progress and priorities for future action** might be suitable for legislators, boards of health, funders, and the media. Between full NPHPSP assessments every three-to-five years, sites may wish to use a small set (5-10) of quantitative measures to monitor important aspects of system performance. Examples of such measures include:
    - Disease investigations completed in 2 weeks
    - Health workers annually trained in priority areas
    - Publicly-funded health programs that report evaluation outcomes
    - Laboratory response time to diagnose suspicious agents
    - An annually updated community health profile
    - Emergency readiness performance measures that have data available

- **A high-level update on NPHPSP performance improvement plans and work group measures** might be appropriate for the NPHPSP Steering Committee, health officials, assessment participants, and organizational partners.

- **A detailed update** may be useful to work group participants, who need to track information as part of the "Plan-Do-Check-Act" cycle described previously. Work group participants may be responsible for communicating their own progress on tasks and performance measures in meetings or in an online work space. As another approach, Colorado uses a quarterly newsletter to report progress and share innovations among participants in its statewide improvement networks (called "learning communities").

Tip!

Characteristics of Successful Performance Improvement Efforts

Communities that are able to take their NPHPSP data and move towards implementing performance improvement activities have the following characteristics in common.

- Leadership support.
- Ability to find, use, or hire experts.
- Ability to form partnerships/involvement of community.
- Small steps toward system improvements.
- Experience with multiple, related efforts such as MAPP or accreditation.
- Regular performance improvement meetings with feedback.

Tip!

See the NPHPSP Online Tool Kit at www.cdc.gov/od/ocphp/nphpsp/ for sample performance improvement plans, and resources for priority setting and quality improvement activities.

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. This Guide has been developed to help users of the State, Local, and Governance Instruments prepare for and conduct the NPHPSP assessments, and follow up the assessment with performance improvement activities. The major steps necessary for this process are summarized below.

1. Preparing for the NPHPSP Assessment

Preparing for the NPHPSP assessment process is a significant undertaking for any jurisdiction or governing entity. The steps described in this section and summarized below are the necessary first actions for a successful assessment experience.

1. Become Familiar with the Assessment Instruments
    - Review Instrument Format
    - Examine Differences Among the Assessment Instruments
2. Make the Decision to Conduct the NPHPSP
    - Determine Who Will Lead the NPHPSP Assessment
    - Assess Readiness
    - Consider a Coordinated Statewide Approach
    - Move Forward
3. Determine How the Assessment Will Be Structured and Facilitated
    - Review Options for Structuring the Assessment Process
    - Determine How the Process Will Be Facilitated
4. Identify and Invite Participants
    - Identify Participants
    - Invite Participants

2. Conducting the NPHPSP Assessment

Through the NPHPSP assessment, cross-learning, improved coordination between system partners, and continued improvements based upon results and action plans, public health leaders create stronger, high-performing state and local public health systems across the nation. The steps outlined in this section and summarized below are critical to conducting the assessment process in a way that stimulates improved partnerships and ongoing performance improvement.

1. Orient Participants
    - Determine Orientation Process and Topics
    - Promote an Advance Review
2. Complete the Assessment Instrument
    - Facilitate Discussion and Develop Consensus Responses on the Performance Assessment Instrument
    - Complete the Priority and Agency Contribution Questionnaires (Optional)
    - Evaluate and Gather Feedback on the Process
3. Submit Assessment Data
    - Obtain a User ID
    - Enter and Submit Data
    - Receive Reports

3. Facilitating Post Assessment and Performance Improvement Activities

A successful performance improvement process following the NPHPSP assessments takes leadership support and careful planning to ensure the performance improvement process covers five essential steps.

1. Organize Participation for Performance Improvement
    - Start with Leadership Support
    - Create a Structure for Success

2. Prioritize Areas for Action
    - Discuss the Results
    - Put the Data into Context
    - Set Priorities
    - Address Common Priority-Setting Barriers
3. Explore “Root Causes” of Performance
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

To effectively serve as a tool for strengthening the public health system, 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.

RESOURCES

Information and Technical Assistance

Additional detail on assessment instruments and the development of National Public Health Performance Standards Program (NPHPSP) may be found at the program website, www.cdc.gov/od/ocphp/nphpsp, or by contacting CDC's NPHPSP team by phone (1-800-747-7649) or email (phpsp@cdc.gov). The NPHPSP partner organizations may also be contacted for more information and technical assistance:

- American Public Health Association (APHA)
  www.apha.org or 202-777-2742
- 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, 202-218-4413 or 419-353-7714
- Public Health Foundation (PHF)
  www.phf.org or 202-218-4411
- National Network of Public Health Institutes (NNPHI)
  www.nnphi.org or 504-301-9822

NPHPSP Website (www.cdc.gov/od/ocphp/nphpsp)

The NPHPSP website offers a variety of general materials, and a range of resources to aid in preparing for and conducting the assessment, as well as facilitating post assessment and performance improvement activities.

- **General Resources:** State, local and governance assessment instruments, glossary, Frequently Asked Questions, the User Guide, and model standards only documents for each of the three instruments. NPHPSP PowerPoint presentations and video links are also available.

- **Preparing for the Assessment:** Sample readiness assessments, participant lists, invitation letters, planning checklists and other resources to help in preparing for the NPHPSP assessment.

- **Conducting the Assessment:** Sample agendas, facilitator's guides, score sheets, evaluation forms, evaluation and demographics surveys, sample reports, and other resources for conducting the NPHPSP assessment.

- **Facilitating Post Assessment and Performance Improvement:** Sample performance improvement plans, as well as resources for priority setting and quality improvement activities.

Other Resources

Other useful resources include:

- The complete MAPP *(Mobilizing for Action through Planning and Partnerships)* community-wide strategic planning and implementation tool, including a clearinghouse of user resources, is available at www.naccho.org, under "Programs and Activities."

- *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. The Handbook is available for order through the Public Health Foundation's online bookstore (http://bookstore.phf.org/).

- The Public Health Infrastructure Resource Center at the Public Health Foundation: http://www.phf.org/infrastructure/performance.

- American Society for Quality: http://www.asq.org.

- *Healthy People 2010 Toolkit*, "Building the Foundation: Leadership and Structure"—containing tools with options for planning groups' structure, authority, leadership, and staffing; "job descriptions" for a steering group, executive committee, work groups, management, and support staff; and options for structuring public input. See http://www.healthypeople.gov/state/toolkit/06Building2002.pdf.

- The Memory Jogger II by Goal QPC: http://www.goalqpc.com.

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: Example from Local Supplemental Questionnaire – Priority of Model Standards

National Public Health Performance Standards Program

Local Public Health System Assessment Supplemental Questionnaire - Priority of Model Standards

OVERVIEW: This optional questionnaire is made available so that sites may consider the priority of each model standard to their system. Sites choosing to complete this supplemental questionnaire will receive an additional component to their reports which will depict their performance scores in relation to how they have prioritized model standards. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

INSTRUCTIONS: Using a scale of 1 to 10 (with 1 being the lowest and 10 being the highest), please rate the priority of each model standard without regard to performance scores or rank order. In considering this questionnaire, the following questions may be helpful for participants. *Example A: "On a scale of 1 to 10, what is the priority of this model standard to our public health system?" Example B: "On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis or resources)?"* Sites may complete this questionnaire in a single group, either at the same time of the assessment or shortly thereafter, so that there is a consistent approach to responding to the questions across the model standards.

Model Standard Number	Question	Response *(please circle)*
Essential Service #1 - Monitor health status to identify health problems		
P1.1	On a scale of 1 to 10, what is the priority of this model standard - Population-based Community Health Profile - to our local public health system?	1 2 3 4 5 6 7 8 9 10
P1.2	On a scale of 1 to 10, what is the priority of this model standard - Current Technology to Manage and Communicate Population Health Data - to our local public health system?	1 2 3 4 5 6 7 8 9 10
P1.3	On a scale of 1 to 10, what is the priority of this model standard - Maintenance of Population Health Registries - to our local public health system?	1 2 3 4 5 6 7 8 9 10
Essential Service #2 - Diagnose and investigate health problems and health hazards		
P2.1	On a scale of 1 to 10, what is the priority of this model standard - Identification and Surveillance of Health Threats - to our local public health system?	1 2 3 4 5 6 7 8 9 10
P2.2	On a scale of 1 to 10, what is the priority of this model standard - Investigation and Response to Public Health Threats and Emergencies - to our local public health system?	1 2 3 4 5 6 7 8 9 10
P2.3	On a scale of 1 to 10, what is the priority of this model standard - Laboratory Support for Investigation of Health Threats - to our local public health system?	1 2 3 4 5 6 7 8 9 10
Essential Service #3 - Inform, educate and empower people about health issues		
P3.1	On a scale of 1 to 10, what is the priority of this model standard - Health Education and Promotion - to our local public health system?	1 2 3 4 5 6 7 8 9 10
P3.2	On a scale of 1 to 10, what is the priority of this model standard - Health Communication - to our local public health system?	1 2 3 4 5 6 7 8 9 10
P3.3	On a scale of 1 to 10, what is the priority of this model standard - Risk Communication - to our local public health system?	1 2 3 4 5 6 7 8 9 10

APPENDIX C: Example from State Supplemental Questionnaire – Agency Contribution

National Public Health Performance Standards Program

State Public Health System Assessment Supplemental Questionnaire - Agency Contribution

Please use this questionnaire to indicate the contribution of the state public health agency to each model standard. The responses to this questionnaire can be developed at the same time of the assessment or shortly thereafter.

Model Standard Number	Question	Response *(please circle)*
Essential Service #1 - Monitor health status to identify health problems		
A1.1	How much of this model standard - Planning and Implementation around Essential Service #1 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A1.2	How much of this model standard - State-Local Relationships around Essential Service #1 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A1.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #1 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A1.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #1 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
Essential Service #2 - Diagnose and investigate health problems and health hazards		
A2.1	How much of this model standard - Planning and Implementation around Essential Service #2 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A2.2	How much of this model standard - State-Local Relationships around Essential Service #2 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A2.3	How much of this model standard - Performance Management and Quality Improvement around Essential Service #2 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A2.4	How much of this model standard - Public Health Capacity and Resources around Essential Service #2 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
Essential Service #3 - Inform, educate and empower people about health issues		
A3.1	How much of this model standard - Planning and Implementation around Essential Service #3 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%
A3.2	How much of this model standard - State-Local Relationships around Essential Service #3 - is achieved through the direct contribution of the state public health agency?	0-25% 26-50% 51-75% 76-100%

APPENDIX D: 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 are 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 E: Discussion Questions to Put Data into Context

Below are examples of questions that can help participants begin to interpret NPHPSP assessment results and discuss priorities for improvement in the context of what is most important to the jurisdiction.

General Interpretation Questions

1. Based upon our self-assessment of our performance according to national standards, what are the strengths and weaknesses in our jurisdiction's capacity to protect and promote the public's health?

a. Our public health system is strongest in (1)_____, (2)_____, and (3)_____. *[Select from "10 Essential Public Health Services."]*

b. Our public health system is weakest in (1)_____, (2)_____, and (3)_____. *[Select from "10 Essential Public Health Services."]*

2. Overall, what is your response to the performance scores?
a. How well do they match your perceptions and experiences of our public health system?
b. Were any surprising?

Discussion Questions to Give Context: How Our Performance Hurts or Helps the Public

Refer to the bar chart provided with the NPHPSP report, *How did we perform in the ten areas of Essential Public Health Services (EPHS)?*

3. Based on our scores, what public health issues would we expect our (public health system or board of health) to best address? As examples:

Tuberculosis	or	Nursing shortages?
Food safety	or	Emergency response?
Teen smoking	or	Cost of diabetes care?

4. What has led our system to look like this? Why do we perform better in some areas and worse in others? *[List potential underlying reasons for the distribution of scores across the 10 EPHS.]*

5. Has strong performance in certain areas benefited our community(-ies)? Have our weaknesses hurt us in the past? How? *[Identify concrete examples or stories.]*

6. What are the most important results that our public health system must deliver for our community(-ies)? *[Identify top health-related priorities from current strategic plans, recent health assessments, or community themes.]*

7. To achieve these results, in what areas must our (public health system or board of health) excel? *[Select from Essential Public Health Services, specific standards, or cross-cutting system issues, as appropriate.]*

Discussion Questions to Identify Priorities for Improvement and System Change

8. Considering our strengths, our weaknesses, and what results are most important to us, what are our priorities for system improvement? *[Select from Essential Public Health Services, specific standards, or cross-cutting system issues, as appropriate.]*

9. To improve performance within these specific areas, what do we need to do? What are our next steps? *[Identify high-level action plan, with details to follow. Specify any actions needed from leaders to proceed with this plan.]*

10. To get better results, we should begin to shift some resources and attention away from _____ and towards _____. *[Select from Essential Public Health Services, citing specific standards as appropriate. See also Appendix F.]*

11. To make this shift, what do we need to do? *[Identify specific action recommendations, including decisions or actions needed from leaders.]*

APPENDIX F: Identifying Priorities—Worksheet

This priority setting worksheet allows groups to cluster NPHPSP model standards, Essential Services, or activity areas into one of four categories based on their **importance** and their **current performance** status. This worksheet may be completed through a brainstorming session by the entire group or a by a subcommittee. Be sure to list relevant model standard numbers and a brief summary of each area. If the group has already ranked model standards, this worksheet may help clarify and visually display decisions about the priorities. The suggested headings may be tailored based on the needs of your system or board of health.

A. These important activities require increased attention.		
Model Standard Numbers	Summary	Action
B. These activities are being done well, and we need to maintain efforts.		
Model Standard Numbers	Summary	Action
C. These activities are being done well, but we can shift or reduce some resources or attention to focus on higher priority activities.		
Model Standard Numbers	Summary	Action
D. These activities could be improved, but are of low priority. They need little or no attention at this time.		
Model Standard Numbers	Summary	Action

APPENDIX G: Priority Setting Matrix with Example Criteria

A matrix like the one below may be used to decide priorities for performance improvement from a list of NPHPSP model standards. Such a matrix also may be used to decide priorities among possible causes of a performance weakness or problem to address, or to choose the best solution(s) for a given problem. Decisions are based on agreed upon criteria, thus reducing the potential for choices based on hidden agendas. For instructions on using this technique, see the next page.

In this example, a jurisdiction has scored low on four model standards in the NPHPSP assessment. Because the group believes all are important, the matrix will help them decide which model standards should be addressed in a performance improvement process.

Criteria (weight) / **Options for Improvement**	**Impact on important health issues** (5)	**Feasibility to address** (4)	**Time required** (2)	**Support** (3)	**Total**
Identification and surveillance of health threats (2.1)	4* X 5** = 20	4 X 4 = 16	5 X2 = 10	4 X3 = 12	58
Constituency development (4.1)	2 X 5 = 10	1 X 4 = 4	2 X2 = 4	3 X3 = 9	27
Identification of personal health service needs of populations (7.1)	3 X 5 = 15	3 X 4 = 12	4 x2 = 8	3 X3 = 9	44
Linkage with institutions of higher learning and/or research (10.2)	3 X 5 = 15	5 X 4 = 20	2 X2 = 4	2 x3 = 6	45

*Score (0-5) assigned to each option in relation to criterion
** Weight (multiplier) for the criterion (1-5)

Commonly used criteria to set priorities

Priority setting criteria commonly fall under the following categories:

- Effectiveness
- Feasibility
- Resources
- Seriousness
- Impact on systems or health
- Size of population affected
- Support or acceptability
- Within control of team

Instructions

The following lists the steps to take in developing a priority setting matrix.

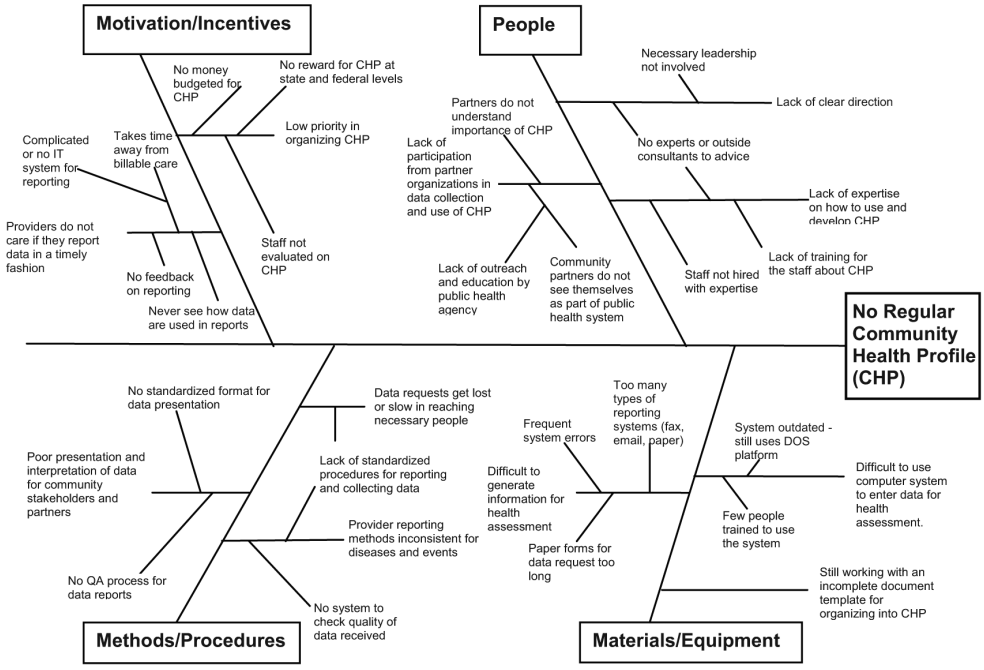
1. List the options the team will be considering.
2. Brainstorm the criteria that will be used to evaluate the options.
3. Discuss and refine the list of criteria. Ideally, reduce the list to two to five criteria that the team believes are most important.
4. Decide if some criteria are more important than others; and if so, assign a relative weight (multiplier) to each criterion. For example, if the team finds "Cost" to be a more important criterion then "Time" in considering a solution, they would give "Cost" a higher numerical weight than "Time." It is suggested to use a weight scale between 1 and 5 to keep scoring simple. Determining the weight of each criterion may be done by discussion and consensus. Or each member can record weights for each criterion, then the use the team average as the weight.
5. Draw a matrix similar to the example. Write the criteria and their corresponding weights as labels along one edge and the list of options along the other edge.
6. Rate each option (0-5 points) according to the criteria—assigning higher points to those with favorable characteristics. For example, if the team favors low cost options, the lowest cost option receives the highest score (5) related to the "Cost" criterion. Points may be assigned individually or as a group, using data or opinion as appropriate.
7. Multiply each option's point rating by the weight. Add the total points for each option. The option with the highest score may not always be the best option, but the relative scores can generate meaningful discussion and lead the team toward consensus.

Adapted from the American Society of Quality, http://www.asq.org, and Goal QPC, http://www.goalqpc.com.

Other potential priority setting criteria to use in a performance improvement process	
When you have many **problems** or improvement opportunities, and you need to choose one(s) to work on…	When you have a list of many potential **solutions** to a defined problem, and you need to choose one(s) to try…
• Impact of the problem on health issues • Effect on other system issues (i.e., Is it causing weakness in many EPHS?) • Availability of effective solutions • Within control of the team to solve • Cost of problem (or potential financial payback to resolve) • Resources likely required to solve (money, time, others) • Ease of solving • # of people or organizations affected • "Customer pain" caused by problem (to partners, staff, consumers, others) • Support for solving the problem (interest or buy-in from team, partners, community, management, or leaders) • Urgency of solving the problem	• Effectiveness of solution • Extent it will resolve the problem; or # of root causes addressed by a solution • Potential effects on other systems • Within control and authority to implement • Cost to implement and maintain (or return on investment) • Availability of needed resources • Capability or expertise to implement • Ease of implementation or maintenance • Time until solution is fully implemented • Support for the solution (interest or buy-in from team, partners, community, management, or leaders) • Safety, health, or environmental factors • Legal or ethical considerations • Potential negative consequences

APPENDIX H: Root Cause Analysis—Fishbone Technique (Example)

The example below shows how a fishbone diagram (also known as an Ishikawa diagram) may be used to analyze root causes of performance related to a NPHPSP model standard. For instructions on using this technique, see the next page.



The fishbone diagram allows participants to organize a large amount of information by showing links between events and their potential or actual causes and provides a means of generating ideas about why the problem is occurring and possible effects of that cause. When developing the fishbone diagram, remember to focus the team on causes and not symptoms.

Instructions

The following steps describe how to carry out a root causes analysis using the fishbone diagram.

1. Agree on a problem statement. Be specific, and use data to specify the problem where possible. Place it in a box on the right side of a writing surface. Allow plenty of space.

Examples of problem statements:

"Only 40% of notifiable disease reports are submitted within required time frames"
"No community health profile is produced regularly as described in NPHPSP model standard 1.1"

2. Brainstorm the major categories of causes of the problem, or use generic headings such as the following. Draw a line from each category to the backbone of the fishbone chart.
    - Methods/Procedures
    - Motivation/Incentives
    - Materials/Equipment (including technology)
    - People (including personnel, patients, partners, or providers)
    - Information/feedback
    - Environment
    - Policy

3. Brainstorm all the possible causes of the problem. Ask: "Why does this happen?" As each idea is given, the facilitator will write it as a branch from the appropriate category. Causes can be written in several places if they relate to several categories.

4. Again ask, "Why does this happen?" about each cause. Write sub-causes branching off the causes. Continue to ask "Why?" and generate deeper levels of causes. Push for deeper understanding but know when to stop.

5. Look for causes that appear repeatedly within or across major categories. When the group runs out of ideas, focus attention to places on the chart where ideas are few.

Adapted from the American Society of Quality, http://www.asq.org, and Goal QPC, http://www.goalqpc.com.

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