

## **National Public Health Performance Standards Program Frequently Asked Questions**

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

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

### **What are the mission and goals of the NPHPSP?**

To improve the quality of public health practice and the performance of public health systems by:

- 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

### **What is the value of using the 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 instrument users at all levels report numerous such benefits, including:

- Improves organizational and community communication and collaboration, by bringing partners to the same table.
- Educates participants about public health and the interconnectedness of activities, which can lead to a higher appreciation and awareness of the many activities related to improving the public's health.
- Strengthens the diverse network of partners within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- Identifies strengths and weaknesses to address in quality improvement efforts. Responses to the assessment can be tracked over time to identify system improvements or changes.

- Provides a benchmark for public health practice improvements, by providing a “gold standard” to which public health systems can aspire.

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

The development, oversight and support of the NPHPSP is a collaborative effort of the following national partners:

- Centers for Disease Control and Prevention, Office of the 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).

These partners represent the organizations and individuals who use the assessment instruments. Through working groups and field test sites, hundreds of representatives from these organizations were involved in developing, reviewing, testing, and refining the assessment instruments. Their feedback assured that the final NPHPSP instruments are practice-oriented and user-friendly.

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

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

1. They are designed around the ten Essential Public Health Services. These ten activities describe the full range of public health responsibilities. The Essential Services provide a framework to describe and examine the breadth of public health practice, performance, and infrastructure capability needed within both the state and local public health systems.
2. The standards focus on the overall public health system, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. By focusing on the public health system, the contributions of all entities are recognized in assessing the provision of Essential Services. Entities within a public health system can include hospitals, physicians, managed care organizations, environmental agencies, social service and community-based organizations, educational and religious institutions and many others. All play a role in working to improve the public’s health.
3. The standards describe an optimal level of performance, rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards will stimulate performance and infrastructure improvement in public health systems.

4. The standards are explicitly intended to support a process of quality improvement. System partners should use the assessment process and results as a guide for learning about public health activities throughout the system and determining how to improve services. The standards can also be used to advocate for improvements to better serve populations within a public health system.

### **What are the Essential Public Health Services?**

The Essential Public Health Services were developed in 1994 by the Public Health Functions Steering Committee as a method for better identifying and describing the core processes used in public health to promote health and prevent disease. The Steering Committee developed the [Public Health in America](#) statement, which outlines those actions that must be undertaken to fulfill the vision, mission, and purpose of public health. The Essential Services are set forth as part of the overall Public Health in America statement.

The Essential Services are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

A more complete description of the activities associated with each Essential Service is presented in the performance standards found in each of the assessment instruments and can also be found at: <http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>

### **What is the public health system?**

Public health systems are commonly defined as “all public, private and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” These systems are a network of entities with differing roles, relationships, and interactions. All of the entities within a public health system contribute to the health and well being of the community or state.

Some of the organizations and sectors that are involved in the public health system – either at the state or local level – include public health agencies, healthcare providers, public safety agencies, human service and charity organizations, education and youth

development organizations, recreation and arts-related organizations, economic and philanthropic organizations, and environmental agencies or organizations.

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

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

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

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

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

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

### **What instruments are provided within the NPHPSP?**

The NPHPSP includes a set of three instruments:

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

3. The Local Public Health Governance Performance Assessment Instrument (Governance Instrument) focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners.

Each instrument lays out standards that public health systems or governing entities should strive to achieve. For each standard, there are questions to which users respond in determining how well they meet that standard. The NPHPSP instruments, supporting documents, and other technical assistance materials are located at <http://www.cdc.gov/od/ocphp/nphpsp/>

### **What do the NPHPSP Instruments look like?**

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.

There are 40 model standards within the State Instrument – four for each of the ten Essential Services. The same four model standard topics are assessed within each Essential Service:

- Planning and Implementation
- State-Local Relationships
- Performance Management and Quality Improvement.
- Public Health Capacity and Resources.

There are a total of 30 model standards within the 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.

The Local Public Health Governance Performance Assessment instrument is organized using only one model standard for each of the ten Essential Services, for a total of ten model standards.

The topics addressed within each of the three instruments are complementary and mutually-supporting, although each instrument may be used independently of each other. The crosswalk (add link) displays how the instruments relate and provides a side by side comparison of the model standard titles and topics within each Essential Service.

## **How do I access the NPHPSP instruments?**

The NPHPSP instruments and all supporting materials can be found on the CDC website at <http://www.cdc.gov/od/ocphp/nphpsp>. There are several resources available:

- **NPHPSP instruments PDF** – The complete instruments are available for download in a PDF format using Adobe Acrobat. Use the PDF file to review the standards and plan how the instrument will be used within your public health system or governing body.
- **Model standards only document** – documents that simply provide the model standards (and do not include all of the measurement questions) are available for download from the CDC website.
- **Bound Copies of the Instruments, User Guide, Glossary and Model Standards** (in limited quantities) are available for free from CDC and can be ordered online at <http://www.cdc.gov/od/ocphp/nphpsp/orderForm.htm>

## **What are the Priority and Agency Contribution Questionnaires?**

The Priority and Agency Contribution questionnaires are two new supplemental and optional components to the Version 2 instruments. The Priority Questionnaire asks about the "priority" of addressing each model standard, while the Agency Contribution Questionnaire asks about the public health agency contribution to each model standard. Those that complete either or both of these questionnaires receive additional components to their reports. For example, those that answer the priority questions receive a set of charts and graphs which compare their performance scores in relation to how they have prioritized the standards. This new component is intended to strengthen and better catalyze the performance improvement activities that should occur as a result of the assessment process.

More information about the Priority and Agency Contribution questionnaires can be found in the NPHPSP User Guide located online at <http://www.cdc.gov/od/ocphp/nphpsp/Documents/NPHPSPuserguide2004Apr.pdf>.

## **How are the version 1 and version 2 instruments different?**

The first version of the NPHPSP instruments were available for use from 2002-2006. The "Version 2" instruments were developed to ensure that the instruments remain updated and to incorporate new opportunities for user-friendliness and streamlining. The Version 2 instruments were released with OMB clearance in Fall 2007.

Overall, the instruments retain the same structure, format, and concepts. However, some of the key changes that were made include the following:

- Modernized and updated the content to ensure the standards remain current, in topic areas such as preparedness, informatics, public health law, laboratory issues.

- Streamlined the instruments by including new “discussion boxes” and deleted longer lists of sub-questions.
- Revised the response option labels and added a fifth response option to capture “Absolute No” responses.
- Moved the question about the contribution of the agency into a separate optional questionnaire, entitled “Agency Contribution Questionnaire”.
- Added an optional priority questionnaire to aid in strengthening and catalyzing the performance improvement activities that should occur as a result of the assessment process.

Additional information on the key changes to the version 2 instruments can be found on the NPHPSP website at <http://www.cdc.gov/od/ocphp/nphpsp/KeyChanges.htm>

### **How do systems or governing entities get started using NPHPSP?**

First, notify the NPHPSP staff at CDC of your interest or commitment to the process. This will allow us to assist you throughout the entire process, as well as alert you to any connections with other NPHPSP users that can be made in your state or region. NPHPSP staff can be contacted at 1-800-747-7649 or by email at [phpsp@cdc.gov](mailto:phpsp@cdc.gov).

In making the decision to undertake the NPHPSP assessment, entities should become familiar with the assessment instruments, determine what organization(s) can serve as the lead entity, and establish the resources and commitment needed to support the process. Additionally, give careful consideration to how the NPHPSP assessment process can link to concurrent or previous improvement efforts. The User Guide, the assessment instruments themselves, and other resources for getting started in using the NPHPSP are available at <http://www.cdc.gov/od/ocphp/nphpsp/>.

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

### **What technical assistance resources are available for NPHPSP users?**

- **NPHPSP Website** – Go to <http://www.cdc.gov/od/ocphp/nphpsp/> for a wide assortment of resources. The Assessment Instruments (State, Local, and Governance), Glossary, User Guide, and Frequently Asked Questions documents are found at this website. Also, the website includes a “Tool Kit” section that includes a variety of resources in the following four categories: general

resources, preparing for the assessment, conducting the assessment, and facilitating post-assessment performance improvement activities. The on-line Tool Kit includes links to other resources as well as sample materials from the field, such as example agendas, invitation letters and performance improvement plans.

- **Technical Assistance** – CDC and NPHPSP partners are available for phone and email consultation to states and localities as they plan for NPHPSP implementation. Contact CDC by calling 1-800-747-7649 or by email at [phpsp@cdc.gov](mailto:phpsp@cdc.gov). Contact information for other NPHPSP partner organizations can be found at: <http://www.cdc.gov/od/ocphp/nphpsp/Partners.htm>
- **On-Site Training and Participation in Statewide Events** – CDC and NPHPSP partners can provide training to states planning statewide implementation of the NPHPSP instruments. Different formats such as satellite videoconferencing, regional meetings, and statewide orientation conferences have been successfully utilized. CDC and NPHPSP partners are available to work with states to help them identify the method best suited to their state, plan for the event, and participate as guest speakers, facilitators, or trainers.
- **Annual Training Workshop** – a two-day workshop is held in the spring of each year. The workshop is designed for new users of the NPHPSP as well as users that are engaged in performance improvement activities. It is particularly useful for individuals responsible for coordinating statewide performance standards assessment processes.

### **How do we submit our assessment data?**

State and local jurisdictions can submit data to the on-line NPHPSP data collection and reporting system. To request a User ID and access to the system, email a request to [nphpsp-support@phf.org](mailto:nphpsp-support@phf.org) or call 202-212-4411. Please include the following information: the instrument used (State, Local or Governance), the name and address of your jurisdiction, contact name and information.

For those that would like multiple User IDs or are coordinating data submission for a statewide process, please contact CDC staff or email PHF at [nphpsp-support@phf.org](mailto:nphpsp-support@phf.org) to discuss details on how these requests can be handled most smoothly.

### **Once we have submitted our data, what will we receive back?**

Once you press the final “submit” button, the NPHPSP on-line system automatically analyzes and scores the responses and generates a report. Sample reports are available on the CDC website. The report includes:



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

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

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

Summary reports are generated with aggregate information about all scores. Three summary reports are available:

- Statewide aggregate report for all responding local public health systems
- Statewide aggregate report for all responding governing entities
- Statewide aggregate report for all responding local public health systems and the state public health system

In addition to total aggregate scores, these reports also can include aggregate information for subcategories specified by the state, such as district or regional categories.

CDC and NPHPSP partner staff can provide further information. Please contact [phpsp@cdc.gov](mailto:phpsp@cdc.gov).

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

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

Second, the NPHPSP provides federal agencies and national organizations with a better understanding of the public health capacities and activities in local and state jurisdictions across the nation. These findings help local, state, and national policymakers make better and more effective policy and resource decisions that will improve the nation's public health as a whole.

## **How do systems and governing entities use the NPHPSP for performance improvement?**

The NPHPSP performance assessments should provide system participants with an understanding of the gaps between their current performance and the optimal level of performance described by the standards. System partners can then determine where the largest or most crucial gaps in performance are; these are the areas on which the action plan should focus.

The results should be incorporated into a broader planning process, such as a community health improvement process like MAPP, a state health improvement process, or a local board of health strategic planning process. If this type of planning process is not underway, go to the "What Next?" section of the NPHPSP User Guide (located at <http://www.cdc.gov/od/ocphp/nphpsp/Documents/NPHPSPuserguide2004Apr.pdf> ) for strategies and ideas for moving forward with performance improvement efforts.

Additionally, a variety of technical and training resources, including an on-line toolkit are available to assist jurisdictions in undertaking post-assessment performance improvement activities at <http://www.cdc.gov/od/ocphp/nphpsp/Improving.htm>

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

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

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

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

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

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

### **How does the NPHPSP fit with accreditation efforts?**

There is considerable activity currently occurring in building a national voluntary accreditation system for state and local public health agencies. The newly created Public Health Accreditation Board (PHAB) is spearheading these efforts by building off of the recommendations of the "Exploring Accreditation" project and the experiences of numerous states that have implemented accreditation or standards programs.

A commonly asked question is how the NPHPSP fits with these efforts. The NPHPSP, given its use of optimal level standards and the focus on the public health system, cannot serve as the standards for agency accreditation. However, the NPHPSP has been identified by the Exploring Accreditation project as an important building block for the development of standards for the national agency accreditation program. As such, the NPHPSP instruments have been heavily used by the PHAB Standards Work Group in their work to create PHAB standards and measures.

Most importantly, the program can offer much in preparing the state and local levels for participation in a future voluntary accreditation system. The NPHPSP can help prepare sites for accreditation in the following ways:

- Use of the NPHPSP can assist in developing a culture of self-appraisal and performance improvement that will position sites well for participation in an agency accreditation process;
- The NPHPSP is based on the Essential Services, which is also serving as the framework for the accreditation standards. Thus, state and local sites that use the NPHPSP will gain an understanding of their strengths and weaknesses relative to future potential accreditation standards;
- Use of the NPHPSP system assessments can directly assist state and local public health agencies in conducting and documenting partnership-building activities, such as those identified in Essential Service #4 (mobilize community partnerships); and

- The focus of the NPHPSP on the public health system can serve as a worthwhile complement for an accreditation program's attention to the public health agency by strengthening the performance of the entire system.

See <http://www.cdc.gov/od/ocphp/oseip/accred.htm> for more information and links to related sites.

### **How often should the NPHPSP assessment process be conducted?**

To effectively serve as a tool for strengthening the public health system, the assessment process should be repeated every few years (e.g., a three to five year cycle) to allow for the implementation of improvement actions. . 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.

### **How else can I learn about what is being done with the NPHPSP instruments?**

The NPHPSP sponsors a monthly conference call series for users of the NPHPSP and interested parties. Hosted by NNPHI, the calls provide an opportunity to share experiences and lessons learned with fellow NPHPSP users as well as learn about topics on a national level that relate to performance assessment. Participants on past calls have discussed topics such as unique implementation strategies, the exploration of a national voluntary accreditation system for local and state public health departments, and plans for quality improvement after completion of the assessment.

For more information please contact Jennifer McKeever at [jmckeever@nnphi.org](mailto:jmckeever@nnphi.org) or 202-842-2022.