Participant Orientation for the Local Public Health System Assessment Retreat
Webinar Overview

Laurie Call
Director
Center for Community Capacity Development
Illinois Public Health Institute
The MAPP Framework

- Use of NPHPSP within MAPP ensures broad-based involvement
- MAPP provides the process for addressing strengths and weaknesses

www.naccho.org/MAPP
Webinar Objectives

As a result of viewing this Webinar, participants will be able to:

• Describe the National Public Health Performance Standards Program (NPHPSP).
• Describe the 10 Essential Public Health Services.
• Explore how their organization or agency addresses the 10 Essential Public Health Services.
Webinar Objectives

As a result of viewing this Webinar, participants will be able to:

• Understand the Local Public Health System Assessment (LPHSA) tool and how it will be facilitated.
• Explain benefits, value or purpose of the LPHSA process and results.
• Identify where to find additional information and resources to prepare for participating in the assessment.
Webinar Technical Support

• Session is 45-50 Minutes in Length
• Fast forward/ Rewind / Pause
• Handout Versions of Slides Available
• Need Technical Support?
  ✓ Contact Kathy Tipton at 312.850.4744 or Kathy.Tipton@iphionline.org
Presenters

• Teresa Daub
  Public Health Advisor
  Office of Chief of Public Health Practice
  Centers for Disease Control and Prevention
  (CDC)

• Heidi Deutsch, MA, MSDM
  Program Manager II
  National Association of County and City
  Health Officials (NACCHO)
National Public Health Performance Standards Program Overview

Teresa Daub
Public Health Advisor
Office of Chief of Public Health Practice
Centers for Disease Control and Prevention (CDC)
A partnership effort to improve the **quality of** public health practice and **performance of** public health systems.
Partners

- **CDC** – Overall lead for coordination
- **ASTHO** – Develop and support state instrument
- **NACCHO** – Develop and support local instrument; MAPP
- **NALBOH** – Develop and support governance instrument
- **APHA** – Marketing and communications
- **PHF** – Performance improvement; data collection and reporting system
- **NNPHI** – Support through institutes, training workshop and user calls
Three NPHPSP Instruments

State

Local

Governance
History of the NPHPSP

• Key Dates
  - Began in 1998
  - Version 1 instruments released in 2002
  - Version 1 instruments used in more than 30 states (2002-2007)
  - Version 2 released in Fall 2007

Comprehensive Development of Instruments
  - Practice-driven development by CDC and ASTHO, NACCHO and NALBOH Work Groups
  - Field testing
  - Validation studies
NPHPSP Local Instrument Use
(Thru June 2009)

*Also includes sites using field test versions of the NPHPSP Local Public Health System Performance Assessment.*
NPHPSP Use in the Field

- Reasons for Using NPHPSP – State and Local
  - Establish a baseline measure of performance
  - Wanted a nationally developed & recognized assessment tool to help improve performance
  - NPHPSP the best tool available for improving public health system effectiveness
  - Was part of the MAPP process (local users only)

*State evaluation data gathered through ASTHO survey 10/05-1/06 – 80% response rate (9 respondents reporting completion of State NPHPSP). Local evaluation data gathered through NACCHO survey to known NPHPSP and MAPP users in 01/06 – 05/06; 212 total respondents (149 respondents reporting completion of Local NPHPSP).
Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services
2. Focus on the overall public health system
3. Describe an optimal level of performance
4. Support a process of quality improvement
The Essential Services as a Framework

- Provides a foundation for any public health activity
- Describes public health at both the state and local levels
- Instruments include sections addressing each ES
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
The Essential Public Health Services

1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate and empower people
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent workforce - public health and personal care
9. Evaluate health services
10. Conduct research for new innovations
Focus on the “System”

• More than just the public health agency

• “Public health system”
  ➢ All public, private, and voluntary entities that contribute to public health in a given area.
  ➢ A network of entities with differing roles, relationships, and interactions.
  ➢ All entities contribute to the health and well-being of the community.
What Constitutes a Public Health System?

Proportion of Local Public Health Effort Contributed by LHDs and Other Organizations, 1996

Halverson et al. 1996
A Well-Functioning Public Health System has...

- Strong partnerships, where partners recognize they are part of the PHS
- Effective channels of communication
- System-wide health objectives
- Resource sharing
- Leadership of governmental ph agency
- Feedback loops among state, local, federal partners
Our goal is an integrated system of partnerships
Optimal Level of Performance

- Each performance standard represents the “gold standard”
- Provide benchmarks to which state and local systems can strive to achieve
- Stimulate higher achievement
Stimulate Quality Improvement

• Standards should result in identification of areas for improvement

• Link results to an improvement process

• NPHPSP Local Instrument - used within the MAPP planning process
Preparing for YOUR Participation in the LPHSA

• Review the LPHSA Tool

• 4 Concepts Applied
  ➢ 10 Essential Services as Framework
  ➢ Focus on “System”
  ➢ Optimal Level of Performance
  ➢ Stimulate Quality Improvement

• Begin thinking about how your organization fits...
Questions to Consider

1. How does your organization’s work fit into each Essential Public Health Service?

2. How good is the collective effort of public, private and voluntary organizations at achieving the model standards for each Essential Public Health Service?

3. What are some specific examples that explain your response?
Local Public Health System Assessment (LPHSA) Overview

Heidi Deutsch
Program Manager II
National Association of County and City Health Officials (NACCHO)
IO OF THEM?! OHHHHH... THAT'S WAY TOO NUANCED.

CAN'T WE JUST LUMP THEM ALL TOGETHER IN A SIMPLE CATCHPHRASE?

THE MOSES CAMPAIGN
ES 1 - Monitor Health to Identify and Solve Community Health Problems

- Accurate, periodic assessment of the community’s health status, including:
  - Identification of health risks
  - Attention to vital statistics and disparities
  - Identifications of assets and resources

- Utilization of methods and technology (e.g., GIS) to interpret and communicate data

- Population health registries
ES 2 - Diagnose and Investigate Health Problems and Hazards in the Community

- Timely **identification and investigation** of health threats
- Availability of **diagnostic services**, including laboratory capacity
- **Response plans** to address major health threats
ES 3 - Inform, Educate, and Empower People About Health Issues

Initiatives using **health education and communication sciences** to:
- Build knowledge and shape attitudes
- Inform decision-making choice
- Develop skills and behaviors for healthy living

Health **education and health promotion partnerships** within the community to support healthy living

**Media advocacy and social marketing**
ES 4 - Mobilize Community Partnerships to Identify and Solve Health Problems

- Constituency development and identification of **system partners** and stakeholders
- **Coalition development**
- Formal and informal **partnerships** to promote health improvement
ES 5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- **Policy development** to protect health and guide public health practice
- Community and state **planning**
- **Alignment of resources** to assure successful planning
ES 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety

- Review, evaluation, and revision of legal authority, laws, and regulations
- **Education** about laws and regulations
- **Advocating** of regulations needed to protect and promote health
- Support of **compliance** efforts and enforcement as needed
ES 7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

- **Identifying populations** with barriers to care
- **Effective entry** into a coordinated system of clinical care
- Ongoing **care management**
- **Culturally appropriate** and targeted health information for at risk population groups
- Transportation and other **enabling services**
Assessment of the public health and personal health workforce

Maintaining public health workforce standards
  ▲ Efficient processes for licensing / credentialing requirements
  ▲ Use of public health competencies

Quality improvement and life-long learning
  ▲ Leadership development
  ▲ Cultural competence
ES 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

Evaluation answers:

▲ Are we doing things right?
▲ Are we doing the right things?

Evaluation must be ongoing and should examine:

▲ Personal health services
▲ Population based services
▲ The public health system

Evaluation should drive resource allocation and program improvement
ES 10 - Research for New Insights and Innovative Solutions to Health Problems

- Identification and monitoring of innovative solutions and cutting-edge research to advance public health
- Linkages between public health practice and academic / research settings
- Epidemiological studies, health policy analyses and health systems research
**Essential Service #3: Inform, Educate, and Empower People about Health Issues**

This service includes:
- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Health education and health promotion program partnerships with schools, faith communities, worksites, personal care providers, and others to implement and reinforce health promotion programs and messages.

**Governance Model Standard 2: Oversight of Public Health Information, Education, and Empowerment Activities**

The informing, educating, and empowering of people about health issues depend on the governing body assuring the implementation of appropriate health education and community-based health promotion activities. To accomplish this, the governing body:
- Assesses and facilitates access to national, state, and local resources that could be used in support of these activities.
- Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about public health issues.
- Reviews these activities in light of community needs, including assuring that all population subgroups have an opportunity to provide input on community health issues.
Instrument Format

Measures or Questions

Discussion Toolbox

3.1 Discussion Toolbox
In considering 3.1, does the BOH assess the availability of:

- Financial resources?
- Personal resources?
- Technological resources?

3.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, for community health education and promotion programs?

3.2 Does the BOH establish and oversee the implementation of policies in support of health education and promotion programs?

- Does the BOH oversee the implementation of:

  3.2.1 Policies or guidelines for health education and promotion programs?

  3.2.2 Policies or guidelines for risk communication during public health emergencies?

  3.2.3 Discussion Toolbox
  In considering 3.2.2, do policies/guidelines assure that programs:
  - Are appropriate for their intended audience (e.g., culture, age, language, gender, race/ethnicity, socioeconomic status, sexual orientation)?
  - Are designed to reach their intended audience in different settings (e.g., personal health-care delivery locations, worksites, schools, neighborhoods, recreational facilities, places of worship, correctional facilities)?

LOCAL PUBLIC HEALTH GOVERNANCE PERFORMANCE ASSESSMENT INSTRUMENT

NPHPSP

ILLINOIS PUBLIC HEALTH INSTITUTE
Framework for the Assessment

• Your facilitator will facilitate open discussion of local model standards
  ➢ Will draw out different points of view
  ➢ Will gather ratings on system performance on each question
  ➢ Will keep the process moving!

• Your role as a participant
  ➢ Be prepared to engage in discussion of collective performance of the system
  ➢ Actively listen to your colleagues
Determining Responses

- Think about the focus of the question:
  - Dispersion through program areas
  - Dispersion throughout the entire community
  - Participation among many system partners
  - Frequency of activity
  - Quality of activity
- Use discussion toolboxes if available
- One final set of responses should be developed
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 within the public health system.

MODERATE ACTIVITY
Greater than 25%, but no more than 50% of the activity described within the question is met within the public health system.

SIGNIFICANT ACTIVITY
Greater than 50%, but no more than 75% of the activity described within the question is met within the public health system.

OPTIMAL ACTIVITY
Greater than 75% of the activity described within the question is met within the public health system.
Using Discussion Toolboxes

1.1.2.12 Has the LPHS identified the individuals or organizations responsible for contributing data and/or resources to produce the CHP?

1.1.2.12 Discussion Toolbox
In considering 1.1.2.12, do any of the following contribute data and/or resources to the development of the CHP:
- Local health department?
- University or academic institution(s)?
- Private consultant(s)?
- Health/hospital system(s)?
- Managed care organization(s)?
- Other public sector agency or governmental entity(ies)?
- State level agency or organization(s)?
- National level agency or organization(s)?
- Community-based organization(s)?
- The general public?
Local Public Health Agency Questions

• LPHA leadership question in each Essential Service
• Agency Contribution Question
  ➢ What proportion of the collective efforts of the local public health system in this model standard are directly contributed by the local public health department?
What to Expect at the LPHSA Retreat

- Relationship Building and Networking
- Working Session (refer to your local materials/agenda)
- Collaborative Effort
- Contributing to a community assessment and strategic planning process to improve public health in your community
- Further opportunities to contribute
Value of Assessment for Performance Improvement

Teresa Daub
Public Health Advisor
Office of Chief of Public Health Practice
Centers for Disease Control and Prevention (CDC)
Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services

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Systems Performance Improvement: A Definition

• Positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. SPI involves:
  ➢ strategic changes to address public health system weaknesses
  ➢ ongoing efforts to maintain well-performing services
  ➢ systems improvements leading to better outcomes
### How Did We Perform in the Ten Areas of Essential Public Health Services (EPHS)?

<table>
<thead>
<tr>
<th>EPHS</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Monitor Health Status to Identify Community Health Problems</td>
<td>45</td>
</tr>
<tr>
<td>2 Diagnose and Investigate Health Problems and Health Hazards</td>
<td>82</td>
</tr>
<tr>
<td>3 Inform, Educate, and Empower People about Health Issues</td>
<td>32</td>
</tr>
<tr>
<td>4 Mobilize Community Partnerships to Identify and Solve Health Problems</td>
<td>16</td>
</tr>
<tr>
<td>5 Develop Policies and Plans that Support Individual and Community Health Efforts</td>
<td>81</td>
</tr>
<tr>
<td>6 Enforce Laws and Regulations that Protect Health and Ensure Safety</td>
<td>97</td>
</tr>
<tr>
<td>7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</td>
<td>60</td>
</tr>
<tr>
<td>8 Assure a Competent Public and Personal Health Care Workforce</td>
<td>56</td>
</tr>
<tr>
<td>9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</td>
<td>35</td>
</tr>
<tr>
<td>10 Research for New Insights and Innovative Solutions to Health Problems</td>
<td>60</td>
</tr>
</tbody>
</table>

**Overall Performance Score** 56
NPHPSP Reports (Example)
How well did we perform the ten EPHS?

• Rank ordered performance scores for each Essential Service, by level of activity

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>No Activity</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Significant</th>
<th>Optimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monitor Health Status</td>
<td></td>
<td></td>
<td>41%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Evaluate Services</td>
<td></td>
<td></td>
<td>45%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Educate/Empower</td>
<td></td>
<td></td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Diagnose/Investigate</td>
<td></td>
<td></td>
<td></td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>10. Research/Innovations</td>
<td></td>
<td></td>
<td></td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>4. Mobilize Partnerships</td>
<td></td>
<td></td>
<td></td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td>5. Develop Policies/Plans</td>
<td></td>
<td></td>
<td></td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>6. Enforce Laws</td>
<td></td>
<td></td>
<td></td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>7. Link to Health Services</td>
<td></td>
<td></td>
<td></td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>8. Assure Workforce</td>
<td></td>
<td></td>
<td></td>
<td>84%</td>
<td></td>
</tr>
</tbody>
</table>
A Reminder about the Importance of Planning
Next Steps

- Reflect on the Questions on Slide 27
- For More Info on NPHPSP, visit: http://www.cdc.gov/od/ocphp/nphpsp/
- Arrive Early for Breakfast and Check-in
- Dress in Layers for your Comfort
- Complete the Feedback Evaluation
Thank you for your participation.

The Illinois Public Health Institute provides local Technical Assistance and support with administering the LPHSA and with planning and facilitating the MAPP process. For TA, contact Laurie Call at the Center for Community Capacity Development at IPHI.

Contact Laurie at laurie.call@iphionline.org