

November 2004

## **Performance Standards Being Used To Strengthen Health Systems: Assessment Results Lead To Improvements**

A national performance assessment program is helping public health systems across the nation improve their ability to deliver services to their states and communities.

Officially launched in June 2002, the National Public Health Performance Standards Program allows health stakeholders to compile and evaluate data on services provided through their public health systems. In the two years since the program debuted, the standards have been embraced by public health systems nationwide, with eight states and 380 local jurisdictions undertaking assessments.

The number of states and communities that have volunteered to take part in the standards program is evidence that the program is a success, according to Ed Thompson, MD, MPH, deputy director for public health service at the Centers for Disease Control and Prevention, the lead organization for the standards program.

Feedback on the program has been positive, especially as more and more health systems show an interest in conducting assessments, he said.

"The whole goal is to improve our ability to impact the health of the public"; Thompson said. "That's what these (standards) are going to do."

Armed with the findings from their assessments, health partners across the country are now making changes and devising plans of action that will improve their public health capacity, and ultimately, the health of their communities.

The assessments have paid off in states such as Colorado, where workers learned first-hand the value of the National Public Health

Performance Standards Program last year. Guided by the Colorado Department of Public Health and Environment, more than 300 stakeholders — including public health agencies, hospitals, educational institutions and non-profit organizations — participated in assessments in 54 counties. The work, which was spurred by an influx of federal preparedness funds and the resulting focus on strengthening public health capacity, helped Colorado workers gauge both the weaknesses and strengths of their systems.

Overall, participants found they were succeeding at services such as enforcing regulations, diagnosing health problems and educating the public, but were lagging somewhat in areas such as evaluating the effectiveness of services, mobilizing partnerships and developing policies that support health efforts, according to Jeff Stoll, MPH, director of the Colorado Department of Public Health and Environment's Office of Local Liaison.

To address the shortcomings, health workers, agencies and their partners in Colorado are taking action. About a dozen state agencies and organizations and 40 local public health agencies have developed performance improvement plans, with a special emphasis on health status monitoring, diagnosing health problems, evaluating effectiveness and preparing for bioterrorism. For example, in one region, health professionals plan to evaluate access to prenatal care services.

Colorado health supporters are expecting to see real results from the efforts, Stoll said.

"The assessment is just the first step," he told *The Nation's Health*. "What we are really excited about now is finding targets and going after them."

An unexpected benefit of the assessment process is that it helped form new relationships between stakeholders and raised awareness of what each organization was contributing to the overall public health system, Stoll noted. The state plans to repeat its assessments in a few years to see how far it has come and gauge where improvements are still needed, he said.

Colorado's work was made possible through two assessment instruments available through the National Public Health Performance Standards Program. The program centers around three assessment tools: a state-level instrument for evaluating state public health

systems, a local instrument for local systems and a governance instrument for local governing bodies such as local boards of health. Based on the essential functions of public health — such as surveillance, research and health promotion — the instruments query users on their systems' ability to offer public health services.

In Colorado, stakeholders used both the state and local instruments to assess their systems. Other states have used one, two or all three of the instruments during their assessment process.

In Kansas, health partners took a unique approach to using the local instrument as they decided where to invest their federal preparedness funds. Instead of using the entire assessment instrument, participants focused on three essential public health services: diagnosing and investigating health problems, mobilizing community partnerships and enforcing laws and regulations.

As in Colorado, Kansas health supporters were quick to use their assessment results to make improvements to their public health systems. When findings showed weaknesses in laboratory services, officials put together a manual and training exercises focusing on issues such as chain of custody for samples. Similarly, low scores on risk communication led to the development of training materials targeted at public information officers, law enforcement staff, emergency management personnel and others.

Edie Snethen, MS, executive director of the Kansas Association of Local Health Departments, which coordinated the state work, praised the guidance offered through the performance program and assessment instrument.

"It was really helpful in communicating to our health officials and measuring where we need to be," Snethen said.

A recent study by the Kansas Health Institute found that emergency preparedness in Kansas has increased dramatically since the state received its first year of federal preparedness funding.

Other states that have successfully used the assessment instruments include North Dakota, which plans to use its results in a state health planning project, and New Mexico, which used its results to develop a set of comprehensive recommendations that target issues such as social determinants of health and local authority for decision-making. In Stephenson County, Ill., assessment participants found they were

succeeding at delivering most public health services, but lagged at research; as a result, officials are now working with a university medical school to meet the county's research needs.

Across the country, national program partners are now working with another dozen states to help plan for their assessments and implementation efforts.

"One of the most important outcomes of these assessments is that the results aren't just sitting on a shelf," said Karlene Baddy, MEd, director of the Public Health Innovations Project at APHA. There are genuine improvements being made."

Health professionals who want to learn more about the standards program can participate in two informational sessions at APHA's 132nd Annual Meeting, which will be held in Washington, D.C., this month. The first session, number 3161, will be held Monday, Nov. 8, at 12:30 p.m., while the second, number 3247, will be held the same day at 2:30 p.m. Check the meeting final program for room locations. The session will also be available as a Webcast on the Medscape Web site after the meeting.

The National Public Health Performance Standards Program is a partnership of CDC and six organizations: APHA, the Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, National Network of Public Health Institutes and Public Health Foundation.

For more information on the standards program, visit [www.phppo.cdc.gov/nphpsp](http://www.phppo.cdc.gov/nphpsp), e-mail [phpsp@cdc.gov](mailto:phpsp@cdc.gov) or call (800) 747-7649. For more on APHA's involvement, call (202) 777-2494.

— Michele Late

# Congratulations

to participants in the

## *National Public Health Performance Standards Program*

Through the National Public Health Performance Standards Program, public health agencies and organizations around the country are working to enhance our nation's public health systems.

As we move forward in this successful effort, the national partners would like to extend our congratulations to those who have taken part in the program to date:



### **State assessments conducted by:**

Colorado  
Illinois  
Montana  
New Mexico  
New York  
North Dakota  
Oklahoma  
Oregon

and 258 local public health systems

### **Local assessments conducted in:**

|             |                |
|-------------|----------------|
| Arkansas    | North Dakota   |
| Arizona     | New Hampshire  |
| California  | New Mexico     |
| Colorado    | Oklahoma       |
| Connecticut | Oregon         |
| Florida     | South Carolina |
| Illinois    | Texas          |
| Kentucky    |                |

### **Governance assessments conducted by:**

Colorado • Illinois • Ohio • Oregon • Utah  
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Center for Human Development Inc.; Union County, Oregon, Health  
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