

Performance Management Collaborative

Learning Project Report #2 Using Performance Standards to Improve State Public Health Practice Charleston, South Carolina May 2, 2001

Materials for the Meeting

Laura Landrum, representing the Association of State and Territorial Health Officials, and Paul Halverson, representing CDC, provided a presentation and discussed the *National Public Health Performance Standards Program*, focusing on (1) state public health systems standards, (2) local public health systems standards and (3) MAPP, Mobilizing Action Through Planning and Partnerships, a community level strategic planning process. A listing of local public health system standards was distributed, as was a copy of the power point slides.

Using Performance Standards to Improve State Public Health Practice

State public health systems standards have been in the development process by a partnership group (CDC, ASTHO, NACCHO, NALBOH, PHF and APHA) for nearly four years. The state standards have recently been finalized and are currently in a federal clearance process. By the end of 2001, the standards should be available to states for voluntary implementation.

Organized around the ten essential public health services, state, local and governance performance standards have been developed and implementation, (2) technical assistance and support, (3) evaluation and quality improvement, and (4) resources. Examples of each of the types of indicators with standards were presented and discussed. Data can be compiled both by essential service and by the four major indicators.

Field tests have occurred in six states: Florida, Missouri, Ohio, Mississippi, Minnesota, and Hawaii. Field test scores were typically not high and varied a great deal between states, demonstrating that states were not afraid to answer honestly. Overall state averages were fairly similar. Much has been learned from the field testing and substantial revision of the tools have resulted from field test feedback. Testers of the tool were very frustrated with the "yes" or "no" answers, so choices have been added to reflect high or low partial compliance. Test states demonstrated the importance of the process used to apply the standards and composition of the group testing the tool. Virtually all test states believe the self-assessment is best administered by a broadly-representative group. All testers believed that applying the standards to articulate both the performance and capacities needed by a broad state public health system, not just the state public health agency. Because of this focus, the standards should be a good measure of the organizational capacity of the system. Standards address structure and process, but not outcomes. State standards have been developed within four indicators for each of the ten essential services: (1) planning a standards created a learning

environment for their partners, both external and internal to the state public health agency.

The standards are a self-assessment tool that define the commonalities of public health practice at the state level – they reflect what all citizens should expect of state-level public health, regardless of location. All the standards instruments were designed for quality improvement purposes, not for comparison or accountability purposes. Local public health systems standards are incorporated into the MAPP process and serve as a set of findings, along with health status, community strengths and forces of change findings, that contribute to strategic choices at the community level; action plans are established through MAPP to address strategic issues. States do not have a well-developed state public health improvement process analogous to MAPP.

Observations and Lessons Learned

- A systems-oriented self-assessment tool is best applied by a broad-based partnership group, like *Turning Point* partnerships. States may also become aware of the need for their use of the state standards through the use of the MAPP process in local public health systems. States may also consider taking a governmental agency approach to using this tool; where public health functions are widely dispersed across state government agencies, the governmental agency collective use may be a good first step towards a broader partnership approach.
- States need to develop quality improvement processes as a mechanism of converting performance and capacity findings into areas for collective partnership action at the state level.
- Reports of findings back to user states need to focus on strengths and weaknesses of the state public health system in a way that is understandable to potential target audiences, such as legislatures and governors. Findings from use of this tool could be used to build a case for increased resources, to advocate for policy changes and/or inform organizational changes.
- Comparison of aggregate data between centralized and de-centralized states could be interesting. There is very little current research into the practice of public health at the state level. General use of these standards could be the first small step towards providing a research base for understanding performance, and ultimately the connections between performance and outcome.

Parking Lot Ideas

- Should there be a standardized state health improvement planning or quality improvement process developed, along the lines of *APEXPH* or MAPP?