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NATIONAL LONGITUDINAL SURVEY OF PUBLIC HEALTH SYSTEMS 2011-12 Wave

Since 1998, researchers have followed a nationally representative cohort of U.S. communities to examine the types of public health activities performed within the community, the range of organizations contributing to each activity, and the perceived effectiveness of each activity in addressing community needs. This information, obtained through a validated survey of local public health officials, provides an in-depth view of the structure and function of local public health delivery systems and how these systems evolve over time. Originally conducted with support from the U.S. Centers for Disease Control and Prevention, the **National Longitudinal Survey of Public Health Systems** (NLSPHS) was fielded for the first time in 1998, with a follow-up survey conducted in 2006 as part of a Robert Wood Johnson Foundation-funded project to develop an evidence-based typology of local public health delivery systems. Each wave of the survey has been linked with data on local health departments collected from the prior year's National Profile of Local Health Departments survey conducted by the National Association of County and City Health Officials (NACCHO), allowing for an in-depth view of how local health departments relate to the multi-organizational delivery systems in which they operate. These data, linked with still other data sources on community demographic, health, and economic characteristics, have supported a wide array of studies regarding the organization, financing, and delivery of public health services and provided considerable insight into policy and administrative mechanisms for improving the practice of public health.¹⁻¹⁰

The 2011-12 Survey

A third wave of the NLSPHS will be conducted in winter 2011-12 through the National Coordinating Center for Public Health Services and Systems Research at the University of Kentucky in collaboration with the Public Health Practice-Based Research Networks Program at the University of Kentucky – both funded by the Robert Wood Johnson Foundation. It will be possible to link this wave of the NLSPHS survey with the 2010 NACCHO Profile Survey as well as the 2010 Survey of State Health Agencies conducted by the Association of State and Territorial Health Officials (ASTHO).

Among its many benefits for research, policy and practice, the 2011-12 NLSPHS will provide a broad view of how public health delivery systems are responding to the economic downturn as well as to the initial implementation of health system reform under the federal Affordable Care Act. Since 2008, the global recession has forced many public health organizations, particularly those in the public sector, to restructure their work and scale back their activities in response to funding reductions. The 2011-12 NLSPHS data will allow examination of how these effects have played out across the constellation of organizations that contribute to public health activities at the local level, particularly regarding the division of roles, responsibilities, and effort across organizations. For example, the survey will be used to examine the extent to which non-governmental organizations are able to shoulder greater public health responsibilities and effort when public sector spending is reduced. Likewise, the survey will be used to examine how the Affordable Care Act's enhanced community benefit reporting requirements for hospitals are influencing hospital contributions to local public health activities, and how the law's other incentives for health

insurers, physicians, and community health centers are influencing the roles that these organizations play within public health delivery systems.

Methodology and Sample

The survey instrument asks local public health officials to report information about a set of 20 activities widely considered to be core elements of public health practice at the local level. These activities were developed as indicators of the three core public health functions identified in the Institute of Medicine's 1988 consensus report on public health, and they correspond closely with the Essential Public Health Services framework now widely used in practice. While not a comprehensive representation of the scope of public health work, these indicators serve as a screening tool for characterizing the breadth of work performed within public health delivery systems. For each activity, the instrument asks officials to report on whether the activity is performed in the community served by the public health agency, the range of organizations involved in performing the activity, the proportion of effort contributed by the local public health agency in performing the activity, and the perceived effectiveness of the activity in addressing community needs. The instrument was developed and validated through a series of studies sponsored by CDC and led by C. Arden Miller at the University of North Carolina-Chapel Hill and Bernard Turnock at the University of Illinois-Chicago. The survey requires approximately 20 minutes of time to complete.¹¹⁻¹⁴

The NLSPHS follows a national cohort of local public health systems that were selected for the first wave of the survey in 1998. This cohort was defined initially by identifying all local health departments in the U.S. that served a jurisdiction containing at least 100,000 residents using data from the 1997 NACCHO Profile survey and U.S. Census data, and sampling 100 percent of these jurisdictions (n=397). These jurisdictions represent approximately 17 percent of all local public health jurisdictions in the U.S., but they serve approximately 70% of the U.S. population. During the 2006 wave of the survey, a stratified random sample of jurisdictions containing populations less than 100,000 residents was added to the cohort (n=50).

Timeline, Products, and Outcomes

The 2011-12 wave of the NLSPHS will be fielded using a combination of web-based, mail, and telephone survey techniques. As in prior waves of the survey, local public health officials who respond to the survey will receive a customized report of results that examines how their own jurisdiction's public health delivery system has changed over time and how it compares with other communities across the U.S. and among "peer-groups" of similar communities defined based on demographic and socioeconomic characteristics. This report is intended for use by local officials and their community partners for a variety of purposes including strategic planning, systems development and evaluation, policy development and analysis, and quality improvement. A series of analyses, publications, and presentations will be produced using the data, including analyses of how recent economic and policy changes are influencing the structure and function of local public health delivery systems, and how these systems-level changes impact population health. As with prior waves of the survey, a public-use NLSPHS dataset will be produced as a resource for researchers and policy

analysts and disseminated through the University of Michigan's Inter-University Consortium for Political and Social Research.

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