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January 2007

## Public Health Performance

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### Repository Citation

Scutchfield, F. Douglas MD, "Public Health Performance" (2007). *Preventive Medicine and Environmental Health Presentations*. 10.

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# Public Health Performance

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And

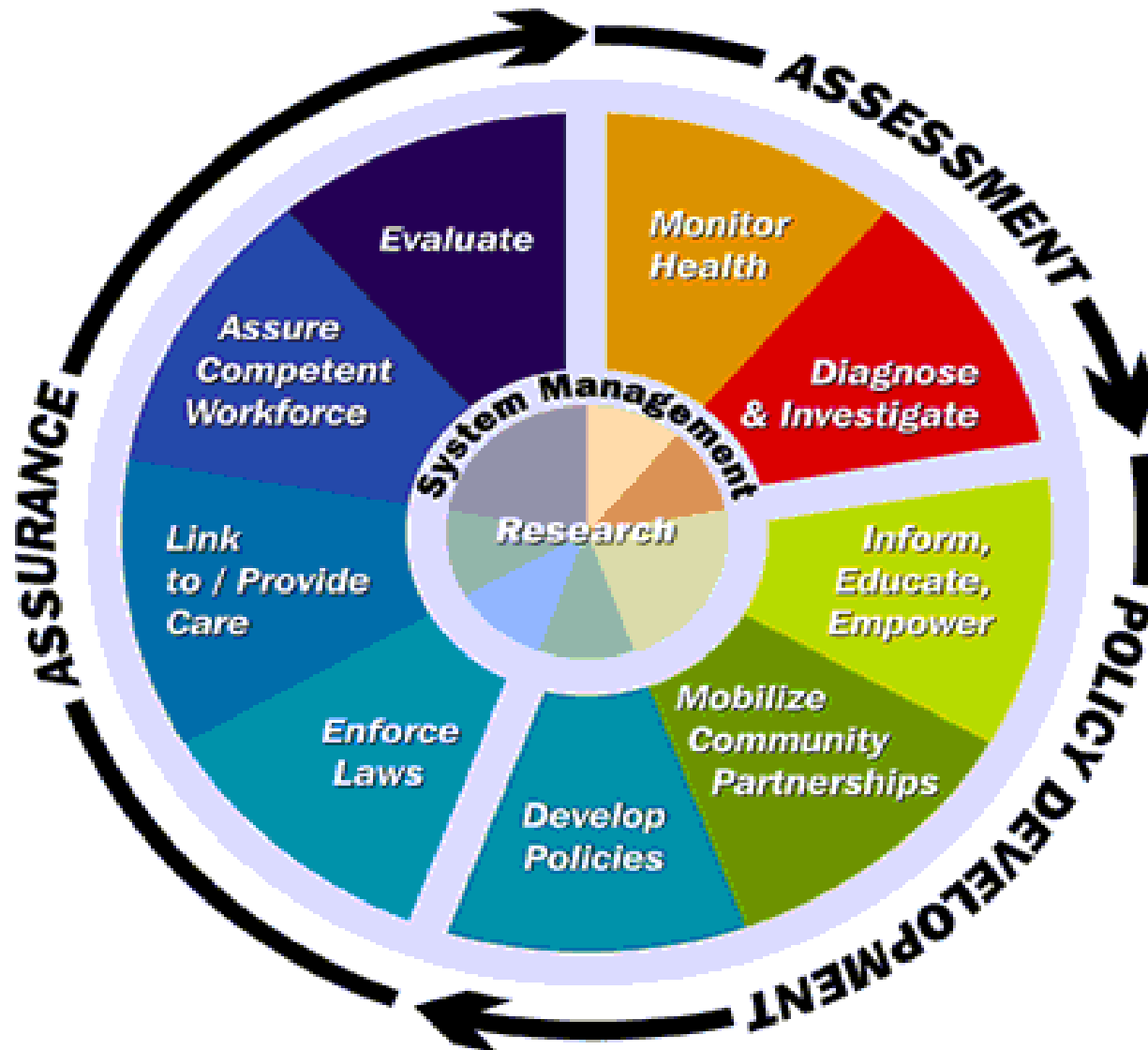
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# History of Public Health Performance Measurement

- 1914 AMA State Health Department Performance
- 1925 APHA LPHD Appraisal
- 1945 Emerson's Basic Six
- 1988 The Institute of Medicine's Report, The Future of Public Health
- Early 1990s Miller and Turnock 20, APEX/PH, 10 EPHS
- 1997 National Public Health Performance Standards Program

# 10 Essential PH Services



# Miller Turnock 20

Assessment	Policy making	Assurance
1. Systematic description of community's health status and health needs?	7. Support and communication network of organizations, media, and general public?	13. Resources necessary for health priorities deployed?
2. Population-based survey of health behaviors?	8. Inform elected officials about public health impact of their deliberations?	14. LPHA self-assessment?
3. Timely investigation of adverse health events, outbreaks, and hazards?	9. Community health needs prioritized?	15. Linkage to appropriate services?
4. Laboratory services available?	10. Programs consistent with priority needs?	16. Failure to implement mandated program?
5. Analysis of priority health needs, health resources, and populations at risk?	11. Action plan developed?	17. Evaluation of public health services outcomes?
6. Preventive and screening services assessment?	12. Allocation of funds consistent with action plan?	18. Program monitoring and redirection of resources?
		19. Feedback to community about its health?
		20. Reporting about community's health to media?

# NPHPSP

## Assessment Instruments

- State public health system
- Local public health system
- Local governance



## Partners

- CDC
- APHA
- ASTHO
- NACCHO
- NALBOH
- NNPHI
- PHF

# NPHPSP Mission and Goals

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

1. Providing performance standards for public health systems and encouraging their widespread use;
2. Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness;
3. Promoting continuous quality improvement of public health systems; and
4. Strengthening the science base for public health practice improvement.

## Essential Service # 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

### This service includes:

- Epidemiological investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats.
- Active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.

### **LPHS Model Standard 2.1: Identification and Surveillance of Health Threats**

Surveillance systems are designed and maintained to monitor health events, to identify changes or patterns, and to investigate underlying causes or factors. Epidemiological and behavioral science techniques are used to collect data to identify risk factors for health threats. Local public health surveillance systems are integrated with national and state surveillance systems to provide comprehensive monitoring of health events using consistent collection and reporting procedures. Surveillance data are used to assess and analyze health problems and hazards. Surveillance data are also used to examine the impact of health hazards, behaviors, and risk factors on disease and mortality. Surveillance efforts also alert the LPHS to community and health indicators that may signal public health emergencies (e.g., biological or chemical incidents).

In order to accomplish this, the LPHS:

- Collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks.
- Uses state-of-the-art information technology and communication systems to support surveillance and investigation activities.
- Has access to Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.
- Has a procedure to alert communities to possible health threats and disease outbreaks.



# NPHPSP and MAPP

NPHPSP is a tool for community health assessment and improvement within MAPP



## MACRO-CONTEXT

Social, political, economic forces operating in the overall society (e.g. national economy)  
Extent of demand and need for PH services within the population  
Social Values and preferences for products of PH system (e.g. clean water)  
External forces such as medical delivery system, technological advances, natures of federal, state and local relationships

## LOCAL PUBLIC HEALTH SYSTEM

## PHS MISSION AND PURPOSE

Goals and how they are implemented  
Performance of the core **functions** of assessment, policy development, and assurance

### CAPACITY

#### System Inputs:

Workforce  
Organization/Relationships  
Facilities  
Funding

### PROCESSES

#### Essential Public Health Services

#### ↓ Outputs

Programs/Services consistent with mandates and community priorities

### OUTCOMES

Improved organizational performance  
Improved program performance

↓  
Improved Outcomes

# Some Illustrative Preliminary Work

- Community Size
- Local health department expenditures
  - Local funds vs. federal funds
  - Total dollars and per capita spending
- Type of jurisdiction
- Governance
- Leadership characteristics
- Partnerships
- Outcomes

# Future Directions For Research

## Data Availability and Use

- Movement from version 1.0 to 2.0 of the NPHPSP
  - Validity and Reliability
  - Shortened by nearly 1/3 and simplified vocabulary
  - Response category – added distinction between no and 0-25%
  - System Vs. Department
- The Local Governance Instrument
  - Only version 2 instrument approved by OMB
- The role of the accreditation standards in examining performance, link to NPHPSP
- Agreement on Performance Standards instruments; common rubrics, HEDIS-like measures and metrics

# Data Availability and Use ( Continued)

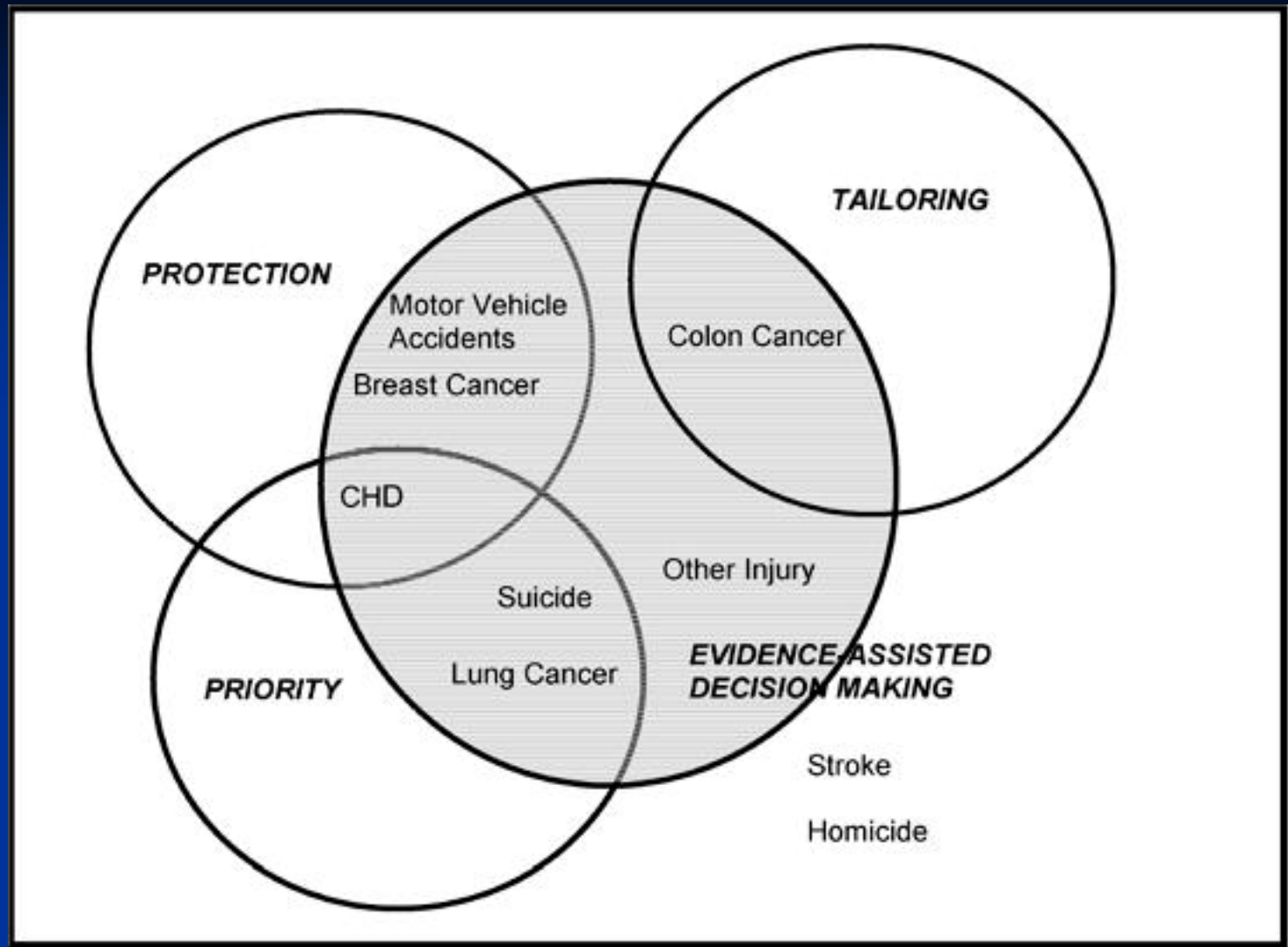
- State health department data: ASTHO survey
- Lack of financial data for either state or local health departments
- Contemporaneous data collection
- Longitudinal data collection
- Lack of common definitions, questions, timing of data collection, need for data harmonization
- What are the right questions? Does it allow for researchers and practitioners to address needed answers; practice research dialogues

# Areas from the Logic Model Requiring Answers

- Environmental impact on performance, Socio Ecologic determinants on model components
- Inputs and their influence on performance; money, people, technology and facilities
- Processes and how they are influenced by inputs and how they influence outcomes; Governance, administration and organization, partnerships, categorical programs and activities

# THE BIG KAHUNA

How does all this influence  
outcomes?



**Local Public Health Agency Performance and Community Health Status**  
**Kanarek, Norma PhD, MPH; Stanley, Jennifer MA; Bialek, Ron MPP,**  
**2006, Journal of Public Health Practice and Management 12(6) 522-527**



# A Desirable State

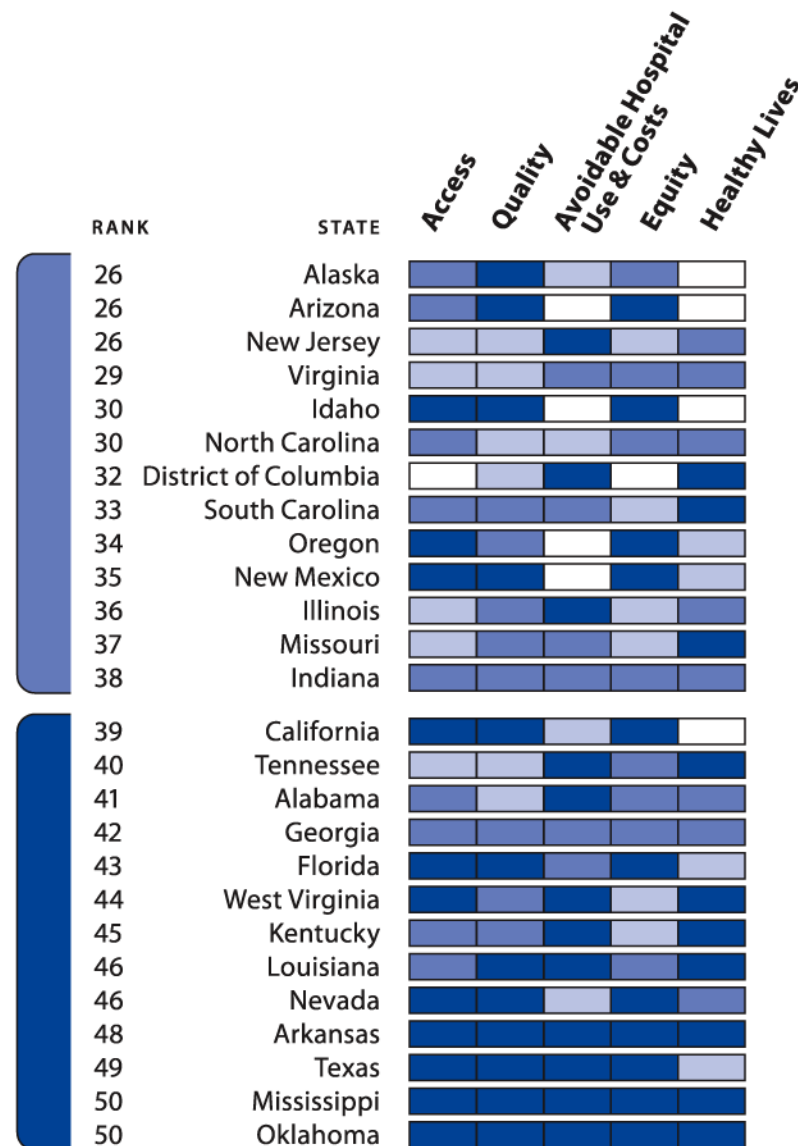
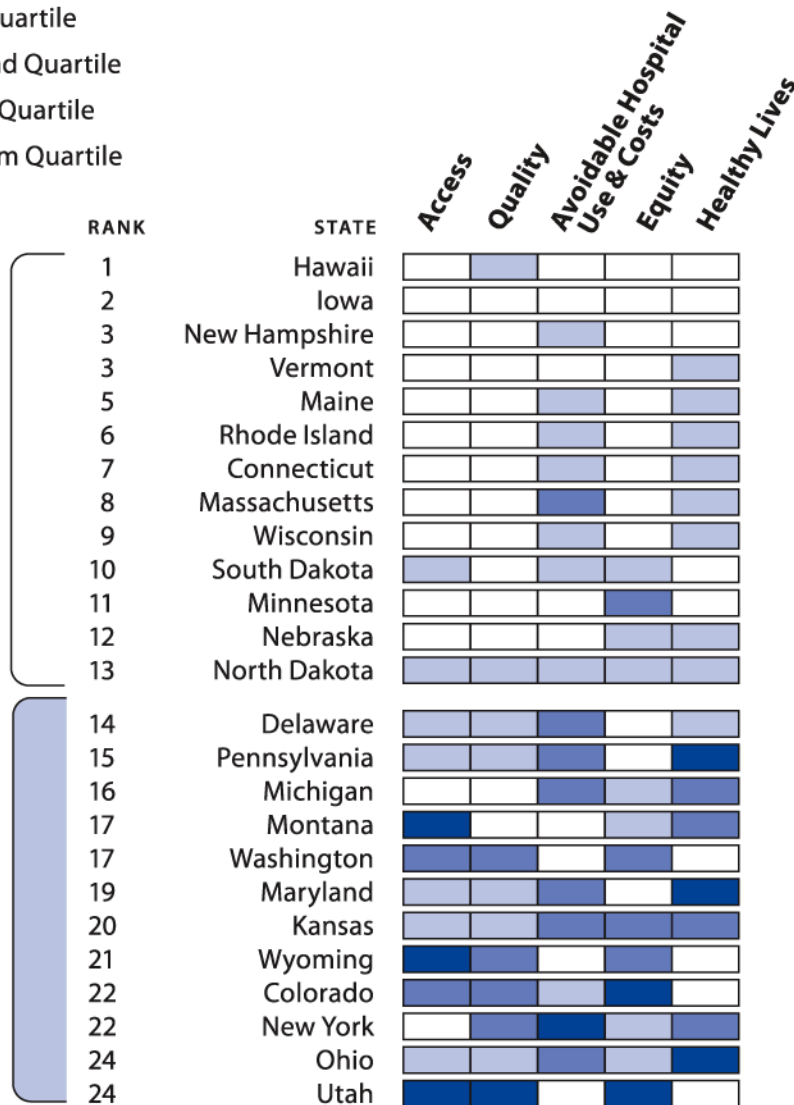
We should be able to develop a series of attributes to define a high performing public health system. With that we should be able to identify a series of measures that one would use in identifying areas where we need improvement and a set of standards. Do we eventually come to the place where we can submit a report?

*Aiming Higher: Results from a State Scorecard on Public Health System Performance: A report of the Commonwealth Fund Commission on a High Performing Health System.*

# State Scorecard Summary of Health System Performance Across Dimensions

## State Rank

- Top Quartile
- Second Quartile
- Third Quartile
- Bottom Quartile







*That's All Folks*