

# An Analysis of Results From Version 1.0 of the NPHPSP Local Public Health Governance Performance Assessment Instrument

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# National Public Health Performance Standards Program

- The National Public Health Performance Standards Program (NPHPSP) has four goals:
  - Provide performance standards for public health systems and encouraging their widespread use;
  - Encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness;
  - Promote continuous quality improvement of public health systems;
  - Strengthen the science base for public health practice improvement

<http://www.cdc.gov/od/ocphp/nphpsp/>

# National Public Health Performance Standards Program

- NPHPSP includes three instruments:
  - Local Public Health Governance Assessment Instrument (LGI)
    - Focuses on governing body such as LBOH
  - Local Public Health System Assessment Instrument (LSI)
    - Focuses on local public health system, not just local health department
  - State public Health System Assessment instrument
    - Focuses on state public health system, not just state health department

# National Public Health Performance Standards Program

- NPHPSP instruments focus on system performance
  - Takes into account full scope of organizations that contribute to public health
    - Not limited to department
- Standards and questions in NPHPSP instruments are based on 10 EPHS

# LGI and quality improvement

- Education
  - Inform LBOH members of their roles and responsibilities
    - Particularly relevant given disparate backgrounds of members (appointed by whim of judge execs etc.)
  - Inform system members of public needs
- Engagement
  - Bring members of system together

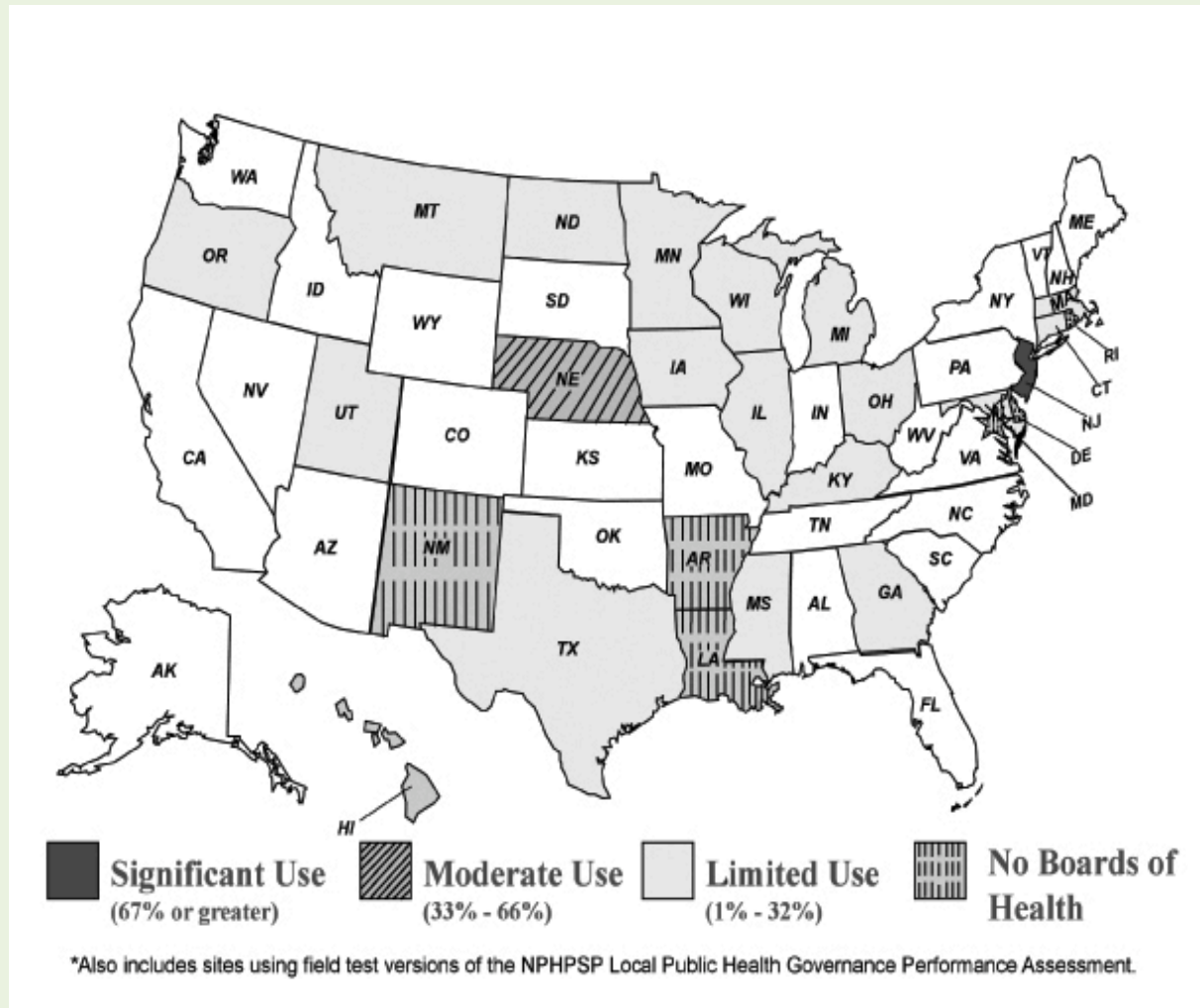
# LGI and quality improvement

- Assessment
  - Results can point out areas of excellence relative to standard
  - Results can identify areas of weakness relative to standard that should be improved
  - Many factors outside control of governing body may influence performance, so cross comparison may not be useful

# LGI Version 1.0

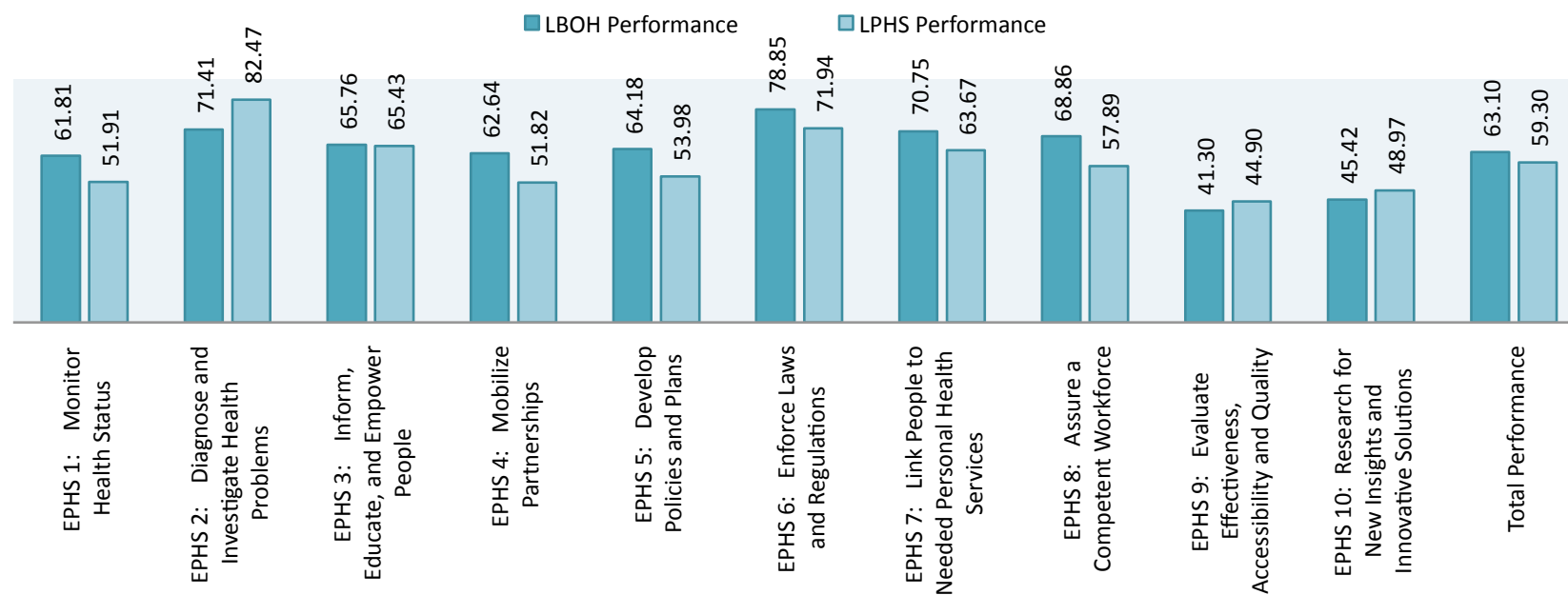
- 175 LGI were completed from 2003 to December 2006, when federal approval for data collection expired
- 151 (86%) from New Jersey; 24 (14%) from other states
- Due to large number from one state, scores were separated into NJ and non NJ groups

# Use of LGI



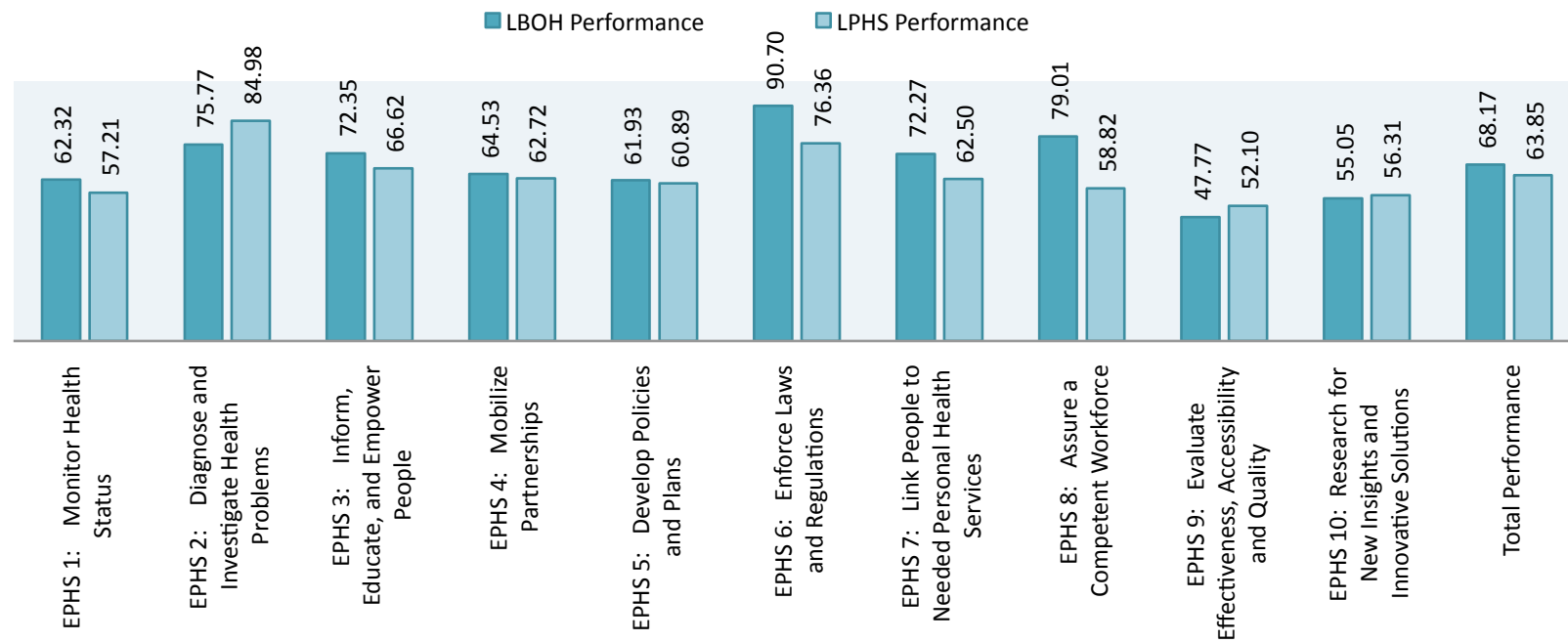
Beckett et al, The forgotten instrument: analysis of the national public health performance standards program governance instrument, J-Public-Health-Manag-Prac. 2008 Jul-Aug; 14(4) : E 17-22

## Mean Performance by EPHS of Local Public Health Systems and Local Boards of Health Outside of New Jersey



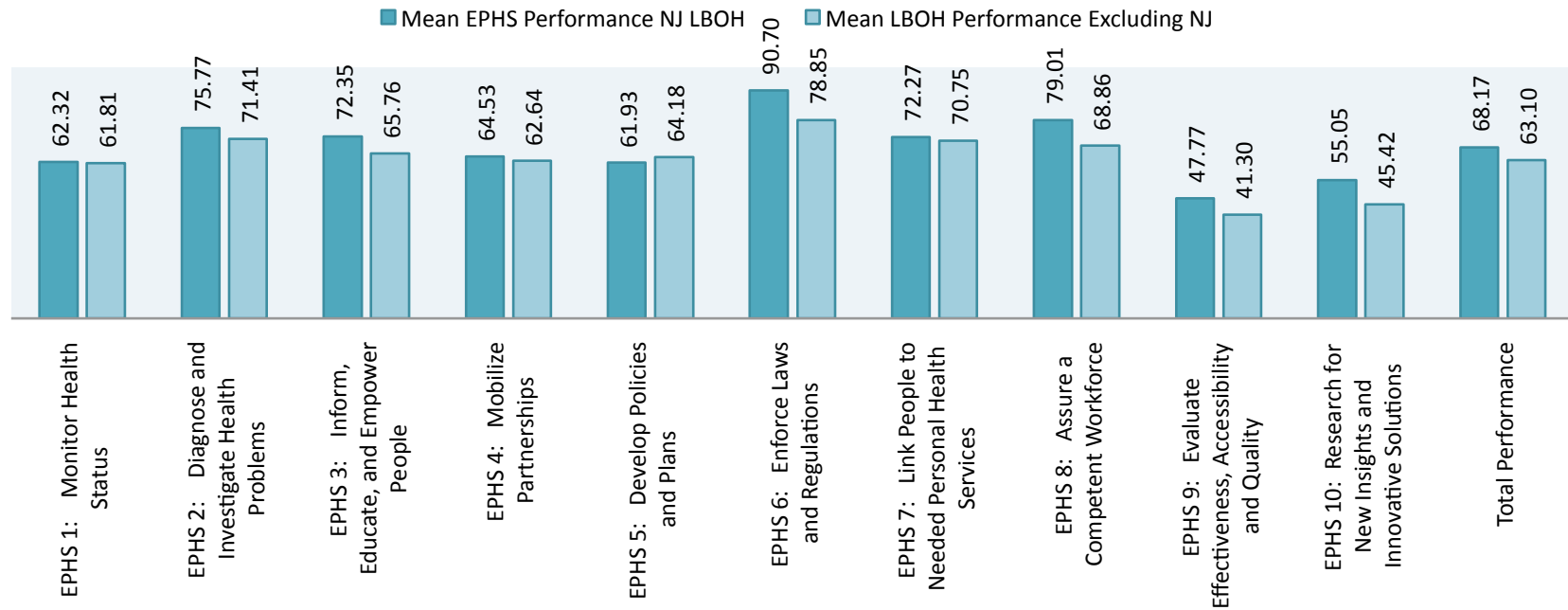
- Large discrepancy (10+) between LSI and LGI performance for EPHS 2,4,5&8
- Only five jurisdictions outside NJ had both LSI and LGI scores
  - N too small to analyze differences within jurisdiction

## Mean Performance by EPHS of New Jersey Local Public Health Systems and Local Boards of Health



- Large discrepancy (10+) between NJ LBOH and NJ LSI performance for EPHS 6&8
- Eighteen NJ LSI completed, unable to match data with LGI

## Mean Performance by EPHS of New Jersey Boards of Health and Boards of Health Outside of New Jersey



- NJ LBOH higher than other LBOH for 9 EPHS (except 5) , and in total performance
- NJ LBOH perform well in assuring EPHS 2,3,6,7 & 8
- NJ LBOH perform moderate in assuring EPHS 9
- Other LBOH perform well in assuring EPHS 2,6 & 7
- Other LBOH perform moderate in assuring EPHS 9 & 10

# Quality Improvement

- Results at this level (EPHS) can identify general areas of perceived strength and weakness
- Results can be used to compare perceived performance of the public health system and the governing body in that system, and identify areas of disparity

# Lowest Indicators Combined LSI and LGI

Governance Instrument		
Low Five		
Indicator Description	Mean	Std. Dev.
1.10 Adopt objectives for continuous evaluation and improvement of monitoring efforts	42.56944	40.63631
9.2 Routinely assure policies supporting the evaluation of personal healthcare service delivery	41.89922	41.21926
10.1 Assure the development, implementation, and/or review of policies designed to foster and reward innovation	41.0795	37.99407
9.4 Assure that the evaluation plan has been implemented	40.40933	40.12608
9.3 Assure evaluation plan for personal and population-based services	39.79469	38.01447

Local Instrument		
Low Five		
Indicator Description	Mean	Std. Dev.
5.3 Community Health Improvement Process	44.36793	35.12991
10.3 Capacity for Epidemiological, Policy and Service Research	44.32026	30.43292
9.3 Evaluation of Local Public Health System	41.64726	28.24506
1.2 Access to and Utilization of Current Technology	33.26813	27.11515
8.1 Workforce Assessment	24.37002	29.77854

# Highest Indicators Combined LSI and LGI

Governance Instrument		
Top Five		
Indicator Description	Mean	Std. Dev.
6.4 Assure its access to legal counsel	96.64816	15.83878
6.3 Assure that its bylaws, rules and procedures comply with local, state, and federal statutes and regulations	95.20978	14.32303
6.5 Assure the identification of resources for inspection and enforcement	94.22732	17.60138
6.8 Enter into or ratify any contracts for provision of EPHS	93.56648	15.76778
8.1 Assure the proper credentialing of the public health workforce	93.4824	21.80326

Local Instrument		
Top Five		
Indicator Description	Mean	Std. Dev.
2.4 Laboratory Support for Investigation of Health Threats	90.16447	18.43053
8.2 Public Health Workforce Standards	87.86161	16.10469
2.2 Plan for Public Health Emergencies	83.63832	23.42038
7.1 Identification of Populations with Barriers to System	82.55959	21.84108
2.3 Investigate and Respond to Public Health Emergencies	79.76594	21.91509

# Quality Improvement

- Results at this level can be used to drill down and identify specific areas of perceived strength and weakness

# Conclusions

- There may be a disparity between perceptions of performance between LBOH and representatives of the local public health system for certain EPHS
  - Gaps noted between LGI and LSI suggest this
  - Ability to explore this was limited due to small n of LSI and LGI from complementary organizations
- Instruments from New Jersey scored higher than those from other areas on most EPHS
- LSI scores were very low for certain indicators, particularly for those associated with EPHS 9
- LSI scores were high for certain indicators, particularly those associated with EPHS 6

# Future directions

- Compare Version 2.0 LGI and LSI scores
  - Explore relationship, if any, between LGI data and LSI data
  - Higher number of instruments completed, and improved geographic coverage
- Compare Version 2.0 LGI with NALBOH and other data
  - Data harmonization