Version 3.0

National Public Health Performance Standards

State Implementation

Guide

ACKNOWLEDGEMENTS

INTRODUCTION

Welcome to the National Public Health Performance Standards (NPHPS). Since the inception of this initiative in the late 1990's, the NPHPS has existed to improve the quality of public health practice and the performance of public health systems throughout the country.

The Implementation Guide

This guide is intended to provide NPHPS users with practical guidance, helpful tips, and sample tools for planning and implementing the performance standards assessments in state public health agency systems.

Following an introduction to the NPHPS, this guide includes an overview of the key decision points when using the National Public Health Performance Standards. Additionally, for each decision point, we have included additional implementation guidance to assist in planning and implementation of the State Public Health System Assessment.

A series of appendices provide additional background information, as well as examples of assessment tools, implementation techniques, and performance improvement resources. Additional resources may be found in the Online Tool Kit at the NPHPS website at http://www.cdc.gov/NPHPS/index.html.

The Three Assessment Tools

The NPHPS includes three assessment instruments that were originally developed between 1997-2001 under the leadership of CDC and its partner organizations. This guide supplements the third revision. Through working groups and field test activities, hundreds of representatives from these organizations were involved in developing, reviewing, testing, and refining these instruments. Their feedback has shaped the instruments to be practice-oriented and user-friendly.

The three instruments focus on different levels of the public health system and include:
- **The State Public Health System Performance Assessment Instrument (State Instrument)** focuses on the "state public health system" and includes state public health agencies and other partners that contribute to public health services at the state level. This instrument was developed and updated under the leadership of ASTHO and CDC.
- **The Local Public Health System Performance Assessment Instrument (Local Instrument)** focuses on the "local public health system" or all entities that contribute to the delivery of public health services within a community. This instrument was developed and updated under the leadership of NACCHO and CDC.
- **The Public Health Governing Entity Performance Assessment Instrument (Governance Instrument)** focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners. This instrument was developed and updated under the leadership of NALBOH and CDC.

The National Public Health Performance Standards (NPHPS) helps users answer questions such as:
- What are the components, activities, competencies, and capacities of our public health system?
- How well are the Essential Services being provided in our system?

The dialogue that occurs in answering these questions helps identify strengths and weaknesses within the system and may then be used to improve and better coordinate public health activities at the state level. In addition, the results gathered provide a better understanding of the state public health system's performance. The information will facilitate informed, effective policy and resource decisions resulting in an improved public health system.

The Purpose of the Assessment

Performance standards describe an optimal level of performance and capacity to which all public health systems should aspire. Therefore, NPHPS provides every public health system, regardless of the level of sophistication, with benchmarks by which the system may be assessed and therefore helps identify areas of strength and for improvement.

The NPHPS is a valuable tool in identifying areas for system improvement, strengthening state and local partnerships, and assuring that a strong system is in place for effective response to day-to-day public health issues, as well as public health emergencies. NPHPS users report numerous benefits, including:

- Improving organizational and community communication and collaboration by bringing partners to the same table
- Educating participants about public health and the interconnectedness of activities
- Strengthening the diverse network of partners within state and local public health systems
- Identifying strengths and weaknesses to be addressed in quality improvement efforts
- Providing a baseline on performance to use in preparing for participation in accreditation
- Providing a benchmark for public health practice improvements, by setting a "gold standard" to which public health systems aspire

The NPHPS is also connected to many other public health initiatives including the following:

Mobilizing for Action through Planning and Partnerships (MAPP)

MAPP is a community health improvement planning tool created by NACCHO and CDC. The Local Public Health System Assessment is one of the four assessments within MAPP.   However, the MAPP process can be adapted for use at the state level as part of the state health improvement planning process.

IRS Requirements for Non-Profit Hospitals: Community Benefit

Under the authority of the Patient Protection and Affordable Care Act of 2010 (PPACA), the IRS requires that hospitals complete a comprehensive community health needs assessment and implementation strategies every three years to maintain nonprofit status. The assessment and planning process must include public health expertise to meet the requirements of the law. Utilization of NPHPS can help meet these requirements, as it can contribute valuable data to a comprehensive health assessment of a jurisdiction. While the IRS requirement may not have a direct impact on state health agencies, it is important for states to understand the requirement and how it impacts the local health systems within the state. Understanding this requirement can also strengthen state-local relationships if the state health improvement planning process includes the findings from the state and local assessments.

Public Health Agency Accreditation

The NPHPS can play a role in preparing for and meeting standards for health department accreditation through the Public Health Accreditation Board (PHAB). The NPHPS is explicitly cited in the guidance for three areas within the PHAB standards:

1. A tool that contributes data to the State Health Assessment (a pre-requisite and described in Standard 1.1),
2. A tool that can support mobilizing community partnerships (Standard 4.1), and
3. A tool that supports a State Health Improvement Plan (a pre-requisite and Standard 5.2).

An assessment using NPHPS can also identify valuable input into agency strategic plan and uncover strengths and weaknesses across all Essential Public Health Services, the same framework used for the PHAB domains.

Understanding Key Concepts

The Essential Public Health Services

The Essential Public Health Services (Essential Services)[1] provide the fundamental framework for the NPHPSP instruments by describing the public health activities that should be undertaken in all states. Hence, the instrument is divided into ten sections respective of the Essential Service.

A Focus on the Public Health System

The second concept is a focus on the overall "public health system." This ensures that the contributions of all entities are recognized in assessing the provision of public health services. Clearly, the governmental public health agency at the state level is a major contributor in the public health system, but these agencies alone cannot provide the full spectrum of Essential Services.

A public health system includes all public, private, and voluntary entities that contribute to the public health activities within a given area. These systems are a network of entities with differing roles, relationships, and interactions. (See Figure 1 below for a visual depiction of such a system.) All of the entities within a public health system contribute to the health and well-being of the state.
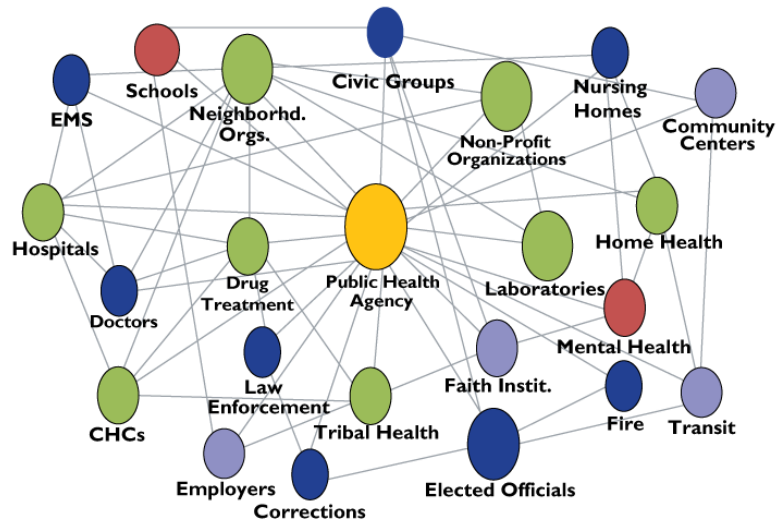
Figure 1: The Public Health System

Optimal Level of Performance

The NPHPSP standards describe an optimal level of performance and capacity to which all public health systems should aspire. This ensures that the contributions of all entities are recognized in assessing the provision of essential public health services.

Quality Improvement

The NPHPSP standards promote and stimulate continuous quality improvement by serving as a guide for learning about public health activities throughout the system and determining how to make improvements.

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[1] Public Health Functions Steering Committee: *Public Health in America.* July 1994

The Assessment Format

As previously mentioned, the Essential Public Health Services (Essential Services) provide the framework for the instruments by describing the public health activities that should be undertaken in all states and communities. Hence, the instrument is divided into ten sections respective of the Essential Services.

The Essential Public Health Services
1. *Monitor health status to identify state health problems.*
2. *Diagnose and investigate health problems and health hazards in the state.*
3. *Inform, educate, and empower people about health issues.*
4. *Mobilize state partnerships to identify and solve health problems.*
5. *Develop policies and plans that support individual and state health efforts.*
6. *Enforce laws and regulations that protect health and ensure safety.*
7. *Link people to needed personal health services and assure the provision of health care when otherwise unavailable.*
8. *Assure a competent public health and personal health care workforce.*
9. *Evaluate effectiveness, accessibility, and quality of personal and population based health services.*
10. *Research for new insights and innovative solutions to health problems.*

The following elements comprise each section (chapter) in the assessment:
- **Essential Service** – includes bulleted list of activities and common public health system partners engaged in the activities.
- **Model Standards** – standards representing the major components, activities or practice areas of the Essential Service.
- **Discussion Questions** – designed to guide a robust discussion to describe optimal standards of performance related to the Model Standard. Discussion questions allow system partners to thoroughly explore the system's performance related to the Model Standard.
- **Public Health System Performance Measures or Assessment Questions** – optimal measures of performance related to the Model Standard which are scored by system partners to determine the level at which the system performs.
- **Discussion Notes** – notes section included at the end of every Essential Service for participants to capture important factors from the discussion to include strengths, weaknesses, opportunities for improvement and partnerships and longer term goals and priorities.

Following the 10 Essential Services, the NPHPS assessment process includes **two supplemental questionnaires**.

1. **Priority of Model Standards Questionnaire (Appendix F)** - This questionnaire asks sites to consider the priority of each Model Standard to the state public health system, using a scale of 1 to 10. Responses are analyzed so that sites may consider their prioritized Model Standards in relationship to their performance scores. While this is an optional questionnaire, states are highly encouraged to complete this to assist in identifying and prioritizing improvement opportunities.

2. **Agency Contribution Questionnaire (Appendix G)** - In this questionnaire, respondents are asked to think about the Model Standard as a whole and use a four-point scale to assess the percentage of the Model Standard that is achieved through the direct contribution of the state public health agency. This assesses the state public health agency's contribution to the achievement of the Model Standard. Completion of the questionnaire is useful for understanding the role the state health department plays in relation to the Essential Services

and Model Standards and can serve as an important input to the state public health agency's strategic plan.

OVERVIEW

Desired Outcomes for Conducting a NPHPS Assessment

The overall purpose of the NPHPS is to improve public health system performance. During the assessment, public health system partners share information and build relationship that become the foundation for improvement activities that take place following the assessment process. During the NPHPS assessment users can expect to do the following:

- Complete the assessment with documented discussion and scores related to each performance measure
- Enhance understanding of the public health system
- Build relationships within the public health system
- Foster an interest and awareness in performance improvement

Roles

Below are the common roles within the assessment process. These roles and responsibilities can be adapted to best suit the needs of the state.

Assessment Coordinator/Planning Team

- Coordinate all aspects of assessment planning.
- Recruit and train facilitators and recorders.
- Engage participants and leadership (through recruitment, orientation, assessment and follow-up).
- Submit assessment data and compile report.
- Collaborate with CDC and wider public health community to share findings and best practices.

Leadership

- Provides support and resources to the Assessment Coordinator/Planning Team.
- Leadership can include, but is not limited to: health directors, medical officers, etc.
- Provides support to ensure that results are used for performance improvement.

Participants

- Understand the assessment process after attending orientation and preparing materials (as instructed).
- Attend assessment meeting, review Model Standards, participate in discussion, and as a group, arrive at a decision by consensus on each performance measure.
- Participate in follow-up to the assessment as needed.

Facilitators

- Serve as guides through the assessment process, ensuring that participants contribute and share in meaningful ways and that scoring is completed fairly and representative of the collective voice for all performance measures.
- Maintain neutrality and facilitate the discussion without influencing participants.
- Maintain a focus on the "system," review Model Standards, facilitate responses to discussion questions and scoring of performance measures and facilitate the identification of strengths, weaknesses, opportunities, and priorities.
- Understand the assessment process after attending facilitator training and ideally, are familiar with the Essential Services and public health system partners.

Recorders

- Accurately document the discussion during the assessment to help understand the scores that are ultimately selected and understand what needs to be improved and why.
- Capture strengths, weaknesses, opportunities, and priorities to each Essential Service.
- Understand the assessment process after attending recorder training and ideally, are familiar with the Essential Services and public health system partners.

Materials

- Orientation Materials
- 10 Essential Services Handout
- Facilitator Guide

- Glossary
- Recorder Templates
- NPHPS state instrument

- Set of voting cards
- Discussion card (optional)
- Ink pens and post-it pads

Note: Electronic voting devices may be used in lieu of voting cards. Ensure the facility you will be using is able to support this type of meeting strategy. In addition, if presentations, lists or documents were prepared to report on activities being performed for each Essential Service, include in your materials list.

CRITICAL STEPS AND SAMPLE TIMELINE

While there may be more than one way to conduct the NPHPSP at the state level, there are specific crucial steps and decision points that a local system must undertake to be successful as outlined below. Additional guidance can be found on the pages listed.

Planning and Implementing the Assessment

The Process

❑ **Assess Readiness to Conduct Assessment** (p. 15)

Early in the planning process, critical questions to determine readiness to engage in the assessment process need to be answered. Readiness assessment should address 1) the level of commitment from high-level leadership for conducting the assessment and utilizing the results for improvement, 2) the purpose and benefits of the assessment, 3) the adequacy of staffing and resources to plan and conduct the assessment and 4) the strategic fit of the NPHPS assessment and other agency activities.

❑ **Identify Lead Agency for Planning** (p. 15)

A lead organization or group is needed to coordinate the NPHPS assessment process. Most commonly, the health department takes the lead with the support of other system partners. When there is a broad-based partnership or coalition responsible for collaborative assessment and planning, this group often serves as the lead with one or two organizations handling the overall coordination.

❑ **Select an Option for Conducting Assessment** (p. 16)

This step involves exploring methods for structuring and facilitating the assessment process to determine which approach is most appropriate for the public health system in which the assessment will be conducted. Also to be considered is the coordination of assessments within a larger system (statewide approach).

❑ **Determine Method for Conducting Optional Questionnaires** (p. 18)

Following the 10 Essential Services, the NPHPS assessment process includes two supplemental optional questionnaires 1) the Priority Model Standards Questionnaire (Appendix F) and 2) the Agency Contribution Questionnaire (Appendix H). Information gained from these questionnaires may further supplement performance improvement activities and strategic planning

❑ **Determine the Timeline and Create the Project Plan** (p. 20)

Timing and steps may be altered slightly depending upon the approach selected. The sample timeline included in this guide is based on the recommended planning time of four to five months.

❑ **Determine Orientation Method** (p. 20)

How participants are oriented can help shape the flow of the assessment. Orientation methods can range from giving a brief overview of NPHPS (via the Model Standards) to sharing the full document and instructing participants to prepare advance reviews.

The People

❑ **Secure Leadership Commitment** (p. 21)

The success of performance improvement efforts, including performing health assessments, often hinges on leadership support. It is important to try to involve leaders at the highest level possible, such as the health commissioner, board chair, and other leaders.

❑ **Identify Public Health System Partners** (p. 22)

Generate a list of potential assessment participants that includes representation from throughout the public health system and that encompasses a broad range of perspectives and expertise. The ideal number of participants varies depending upon the type of assessment process selected. Try to strike a balance between a manageable number of participants and a broadly representative group of the entire state public health system.

❑ **Identify and Secure Facilitators and Recorders** (p. 24)

Facilitators serve as guides through the assessment process, ensuring that participants contribute and share in meaningful ways and that scoring is completed fairly and representative of the collective voice for all performance measures. Ideally, facilitators are neutral, yet have a good understanding of the Essential Service(s) they will be facilitating. Recorders, while not necessarily front and center fulfill a crucial role and are responsible for accurately documenting the discussion during the assessment.

The Logistics

❑ **Select Date(s)/Identify and Secure Facility for Assessment** (p. 24)

Date selection will be determined by the timeline, option chosen for conducting the assessment and of course, the availability of participants, facilitators and location.

❑ **Develop Orientation** (p. 25)

Offering a face-to-face or web-based orientation can be extremely beneficial to participants as it helps prepare them for their participation by introducing the assessment, the 10 Essential Services, the materials and the process. Development of the orientation will be shaped by the orientation method selected.

❑ **Train Facilitators and Recorders** (p. 25)

Consider training facilitators and recorders together. Both roles serve a crucial function in making the assessment run smoothly. Facilitator training should include an orientation to NPHPS, an overview of the assessment, details of the facilitation process, facilitation guidance and tips, a simulation exercise and a question and answer session.

❑ **Invite Public Health System Partners** (p. 29)

Once participants are identified, think carefully about how best to extend the invitation to participate in the assessment. This may depend on the depth of the relationships and different methods of communication may lead to greater participation.

❑ **Prepare Meeting Materials** (p. 29)

Thorough preparation of assessment materials will help ensure participants have the information they need to participate fully. It also may be helpful to have posters with relevant information (ground rules, process overview, etc.) around the room for easy reference.

❑ **Coordinate Onsite Logistics** (p. 29)

Ensure you have all logistics including A/V needs, name badges, catering (if applicable), and signage arranged.

❑ **Facilitator Final Preparation and Onsite Set-up** (p. 30)

Final preparation includes ensuring facilitators are ready for the assessment, all logistics are in place and the meeting space is set up to encourage a comfortable environment for open discussion amongst participants.

❑ **Pre-Assessment Briefing with Facilitators/Recorders** (p. 30)

Many have found it beneficial to have a final briefing with facilitators and recorders on the day of the assessment prior to participants arriving. This allows them to become familiar with the facility and have any lingering questions answered.

❑ **Host Assessment** (p. 31)

After all the careful planning, it is finally time to host the assessment. The facilitator will be guiding the assessment using the facilitator guide. The process should include the following: welcome and introduction, process overview, review of Essential Services and Model Standards, facilitated responses to discussion toolbox, preliminary vote/scoring on performance measures, consensus building, and Essential Service summary discussion.

Moving forward after the Assessment is completed

The Process

❑ **Submit Data and Receive Assessment Report** (p. 37)

The formal assessment process concludes with the step of submitting the assessment data. Contact CDC or ASTHO staff for instructions on how to submit your assessment data and receive a comprehensive report.

❑ **Understand the Results of the Assessment** (p. 37)

This involves reviewing the results of the scoring in the context of how the Essential Services were prioritized and the qualitative data, providing further understanding of the scores including specific strengths, weaknesses, opportunities and priorities.

❑ **Utilize the Results of the Assessment** (p. 39)

This includes maximizing use of the results to meet bigger picture goals, prioritizing improvement areas for action, exploring root causes of performance issues and using a quality improvement (QI) model such as the Plan-Do-Study-Act (PDSA) Cycle.

❑ **Develop an Action Plan** (p. 46)

A primary goal of the NPHPS is that data be analyzed and findings used proactively to monitor, assess, and improve the quality of the Essential Public Health Services. This can be accomplished through establishing an action plan.

The People

❑ **Engage Partners, Staff, and Leadership for Performance Improvement Planning** (p. 47)

Every performance improvement process needs structure, whether it uses an existing advisory committee, an informal professional network, or a mix of methods. By engaging partners, staff and leadership, the assessment process can successfully transition to performance improvement planning.

The Logistics

❑ **Disseminate Results and Regularly Monitor/Report Progress** (p. 48)

A regular reporting cycle promotes accountability for results; helps to sustain momentum; and enables decision-making around improvement efforts, resources, and policies. The key to reporting is to provide the right people with the right information at the right time.

Sample Timeline

This sample timeline lays out a plan to complete the assessment in five months. This process can be condensed or stretched to meet your needs.

Week(s)	Critical Steps	Implementation Options
Month 1		
1-3	❑ Assess Readiness to Conduct Assessment ❑ Secure Leadership Commitment ❑ Identify Lead Agency for Planning	➢ Coordinate with other participating agencies (if implementing statewide) ➢ Form a Planning Committee
3-4	❑ Select an Option for Conducting Assessment ❑ Determine Method for Conducting Optional Questionnaire ❑ Determine the Timeline and Create the Project Plan	➢ Determine assessment format (retreat, small groups, and/or series of meetings) ➢ Determine approach to introduce the Essential Services (pre-meeting or onsite)
Month 2		
1-2	❑ Select Date(s)/Identify and Secure Facility	
3 and 4	❑ Identify Public Health Systems Partners	
4	❑ Determine Orientation Method	➢ Determine if orientation will be pre-meeting or onsite and materials to be shared
Month 3		
1-2	❑ Identify and Secure Facilitators and Recorders ❑ Develop Orientation	
2-3	❑ Recruit Public Health System Partners	➢ Determine how invitations will be issued and who will send them (via email, mail, phone calls, and/or through leadership support) Plan for a combination of outreach efforts for best results.
1-4	❑ Coordinate Onsite Logistics	
1-4	❑ Provide Participant Orientation	
Month 5		
1-2	❑ Train Facilitators and Recorders	
2-3	❑ Prepare Meeting Materials	
4	❑ Facilitator Final Preparation and Onsite Set-Up ❑ Pre-Assessment Briefing with Facilitators/Recorders ❑ Host Assessment	
Post-Assessment		
	❑ Submit Data and Receive Assessment Report ❑ Understand the Results of the Assessment ❑ Utilize the Results of the Assessment ❑ Develop Action Plan	
	❑ Engage Partners, Staff and Leadership for Performance Improvement Planning	
	❑ Disseminate Results and Regularly Monitor/Report Progress	
	❑ Plan for QI Activities	

IMPLEMENTATION TIPS AND GUIDELINES

Planning the Assessment

The Process

❏ Assess Readiness to Conduct Assessment

This step involves determining who will lead the NPHPS assessment process, exploring their role in the process, and assessing to what extent they are ready to undertake it.

It is also recommended that a statewide approach be considered when making this decision. To conduct the assessment process statewide, all local public health systems should complete the Local Instrument within the same agreed-upon time period with coordination and assistance from the state level. State public health systems often demonstrate leadership by conducting the state assessment prior to the locals. Such leadership shows that the state is willing to lead by example and not ask anything of the local jurisdictions that the state is not willing to do itself. If appropriate, governing entities may use the Governance Instrument during the same time period.

This provides opportunities to coordinate orientation activities, technical assistance, and improvement planning between state and local public health agencies leading the system assessments. The resulting information provides an in-depth understanding of the strengths and weaknesses within the state and local public health system and allows for comprehensive systems improvement planning.

Early in the planning process, critical questions to determine readiness to engage in the assessment process need to be answered. The following questions are designed to help think about the most significant readiness issues.

- **Leadership Commitment**: Is there clear commitment to the assessment process from high-level system leadership? Is there commitment and accountability to use results for improvement?
- **Purpose and Benefits**: Have the purpose and expected benefits of the assessment been clearly articulated? Is there a plan for use of the assessment results?
- **Resources**: Have staff support and other resources necessary to implement the assessment been identified? Have sufficient resources, staff, and expertise to support performance improvement activities after the assessment been considered?
- **Strategic Fit**: Is there general agreement about how the NPHPS assessment complements existing performance improvement, strategic planning, or state health improvement initiatives?

Taking the time to assure that leadership support and implementation resources are in place helps establish a strong foundation for engaging in performance assessment and improvement efforts. Clearly articulating the purpose and expected benefits of the process, as well as answering how it fits with other assessment and improvement efforts, helps establish credibility and buy-in among potential participants in the process.

❏ Identify Lead Agency for Planning

A **lead organization** or group is needed to coordinate the NPHPS assessment process. Often, the health department takes the lead with the support of other system partners. When there is a broad-based partnership or coalition in the state responsible for collaborative assessment and

planning, the group often serves as the lead with one or two organizations handling the overall coordination.

The lead organization or committee should be prepared to plan how the assessment process will be undertaken, and how follow-up will occur. In addition, they should plan to recruit and orient facilitators and recorders, and identify and invite participants. Because this assessment engages the entire public health system, it is highly recommended that a committee of key partners assist in making decisions regarding the process and follow-up.

❑ Select an Option for Conducting Assessment

The lead organization or planning committee should structure the assessment in a way that will best meet the needs of their participants and yield the most useful results. Many sites indicate that the assessments can take approximately 2 hours per Essential Service to thoroughly discuss and score the public health system performance measures through consensus building.

There are several possibilities for structuring the meetings:

1. **Hold a "retreat" where the assessment is completed in one sitting** – This may be done in 1-2 days, which allows for a shorter timeframe and helps to maintain momentum. However, it requires an initial commitment of time on behalf of all participants which may seem overwhelming. In a retreat format, all participants typically attend an orientation session which is followed by the full group completing the instrument together, or working in several small groups on assigned Essential Services. For example, five small groups may be assigned to work on two Essential Services each (described in the figure 2, below).

2. **Use small groups to address pieces of the instrument** – Small groups may be tasked with specific sections of the instrument (e.g., a group to address Essential Services 1, 2, and 3) in different settings. This allows for the inclusion of expertise, as needed, and allows for a more manageable time commitment. However, it may decrease cross-learning, which is a major benefit of this assessment. This method may also create less consistency in developing responses. Therefore, if this approach is used, a kick-off meeting involving all participants can help to ensure that all groups approach the assessment in a similar way. A follow-up debriefing meeting may provide the opportunity for all participants to hear the major points from each group.

3. **Conduct a series of meetings** – A series of meetings may be held, addressing one or more Essential Services at a time. Through this process, a core group may be involved to assure a consistent process and cross-learning. In addition, individuals with specific expertise may be invited to specific meetings as needed. This method is often seen as a manageable process since it allows the work to be accomplished in small chunks; however participants sometimes report that this process seems to drag on and delay improvement. Further, ensuring that participants from the core group attend all meetings can be challenging.

If the assessment will be completed in breakout groups, consider the following groupings of Essential Services which may maximize common themes across Essential Services:

Essential Service Grouping Options

Five Work Groups:
    1 & 2; 3 & 4; 5 & 6; 7 & 9; and 8 & 10
    1 & 2; 3 & 4; 5 & 6; 7 & 8; and 9 & 10
    1 & 2; 3 & 7; 4 & 5; 6 & 8; and 9 & 10

Four Work Groups:
    1 & 2; 3, 4, & 5; 6 & 7; and 8, 9, & 10
    1 & 2; 3, 7, & 9; 4, 5, & 6; and 8, 9, & 10

Three Work Groups:
    1, 2, & 5; 3, 4, & 7; and 6, 8, 9, & 10
    1, 2, & 3; 4, 5, & 6; and 7, 8, 9, & 10

Two Work Groups:
    1, 2, 6, 8, & 10; and 3, 4, 5, 7, & 9
    1,2,3,4,5; and 6,7,8,9,10

Figure 2: Options for separating assessment participants in groups by Essential Service

Introducing each Essential Service

Another important consideration and decision that NPHPS coordinators need to make is related to the best option(s) for gathering accurate and comprehensive information regarding how the state public health system is fulfilling the activities related to each Essential Service. This can be accomplished in several ways with varying levels of preparation needed. If one of the options including preparation before the meeting is selected, timelines should accommodate this additional work.

Onsite Options (limited preparation needed):

1. **Participant sharing at the Assessment Meeting –** The assessment process is most frequently conducted with this option, which includes beginning the discussion on each Model Standard and Essential Service with round robin sharing from all participants working on a particular Essential Service reporting out or sharing how their organization is contributing to the Essential Service. This sharing becomes the basis for answering discussion questions and scoring performance measures. This option takes less preparation prior to the assessment. However, adequate time must be allotted for Essential Service and Model Standard discussions during the assessment. Contributions are also limited to those who can be present at the assessment meeting and those who are participating in each Essential Service discussion.

2. **Brainstorm Lists from an Orientation Session-** With this option, assessment participants complete an activity as part of an orientation to the assessment that yields a list for each Essential Service regarding state activities and organizations contributing to the Essential Services. A flipchart page for each Essential Service is posted around the room and participants write responses to the question, "What organizations are involved in providing the Essential Service in our community?" to generate a list of system partners for each Essential Service. The final list is used as a way to open the discussion, answer discussion questions and score performance measures. One benefit to this option is that all potential assessment members can contribute ideas to each Essential Service even if they will only participate in a couple Essential Service breakout sessions. One challenge is interpreting responses from those not part of the small group assigned to a particular Essential Service.

Report Options (preparation before the meetings needed):

1. **Expert Report-** This option includes a pre-assessment activity for a local expert to research and develop a brief written or oral report on how the local public health system is fulfilling the activities for each Essential Service. The report is shared at the assessment meeting and participants are invited to add to the report based on their knowledge of what is occurring. Both the report and the discussion become the basis for

answering discussion questions and scoring performance measures. This option can be limited and influence the perceptions of the participants because it is being shared by an expert. It is important to be sure that the information is comprehensive and representative of the local public health system. Moreover, it can be a lengthy and challenging task to find 10 people for this role (one per Essential Service to contact organizations and prepare the report). The benefit is that it can save some sharing time at the assessment.

2. **Consolidated Written Report –** This option also includes pre-assessment activity on the part of all public health system partners who contribute to specific Essential Services. Those invited to the assessment meeting are asked to prepare and submit written comments regarding how their organization is contributing to various Essential Services. All contributions are consolidated and shared with the group during the assessment meeting as the basis for answering discussion questions and scoring performance measures. This allows input from state public health system partners who may not be able to attend the meeting. A challenge related to this option is that gathering and synthesizing this information in a presentable format for sharing can be time-consuming and challenging. Further, participants who provide feedback may not see the value in attending the retreat.

❏ *Determine Method for Conducting Optional Questionnaires*

Following the 10 Essential Services, the NPHPS assessment process includes two supplemental optional questionnaires: 1) the Priority Model Standards Questionnaire and 2) the Agency Contribution Questionnaire.   These are in addition to the state instrument itself.

Information gained from these questionnaires may further supplement performance improvement activities and strategic planning. Descriptions and suggestions for implementation are included below.

1. **Priority of Model Standards Questionnaire** (See Appendix F) - This questionnaire asks sites to consider the priority of each Model Standard to the state public health system, using a scale of 1 to 10. Responses are analyzed so that sites may consider prioritized Model Standards in relationship to performance scores.
   a. While this is an optional questionnaire, communities are highly encouraged to complete this to assist in identifying and prioritizing improvement opportunities.
   b. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

2. **Agency Contribution Questionnaire** (see Appendix G) - In this questionnaire, respondents are asked to think about the Model Standard as a whole and use a four-point scale to assess the percentage of the Model Standard that is achieved through the direct contribution of the state public health agency. This assesses the state public health agency's contribution to the achievement of the Model Standard.
   a. Completion of the questionnaire is useful for understanding the role the state health department plays in relation to the Essential Services and Model Standards and can serve an important input into the state public health agency's strategic planning.

Implementation Suggestions
There are a multiple ways the optional questionnaires may be completed. Consider these possibilities.

1. **Priority of Model Standards Questionnaire**

   - The priority questionnaire may be utilized as part of the assessment process, allowing participants to respond to both performance assessment questions as well as priorities within Model Standards. When completed as part of assessment process, the priority questions may be incorporated either after each Model Standard, at the end of each Essential Service, or at the conclusion of the assessment process.
   - As an option, the priority questionnaire may be utilized during a post-assessment meeting during which performance assessment results are reviewed. When completed as part of a post-assessment process, the priority questions may be completed by the entire group assembled.

2. **Optional Agency Contribution Questionnaire**

   - This questionnaire can be completed by a single group so that there is a consistent approach across the Essential Services. Members of the group completing this questionnaire may be agency-only personnel or systems partners. This may occur after the assessment is complete.
   - Alternately, this questionnaire can be completed by the small groups of system partners completing the assessment tool at the end of each Model Standard or Essential Service. Facilitators need to clearly communicate to participants that when scoring the optional agency contribution questions they are moving away from a system perspective to consider the governmental public health agency. There is a potential of disrupting the flow of the assessment process and presenting a confusing dynamic for participants. However, many sites have successfully completed the optional questionnaire in this manner when led by a facilitator.

Results

Sites completing the optional questionnaires receive the results as an additional component of their NPHPS report. To support the transition from assessment to improvement activities, the "Utilize the Results of the Assessment" section (page 39) of this Implementation Guide includes specific references, methods, and tips for guiding performance improvement activities. In addition, sites may plan to use an improvement framework such as Mobilizing for Action through Planning and Partnerships (MAPP, described in the next section) to identify and implement improvement actions.

❑ *Determine the Timeline and Create the Project Plan*
Timing and steps may alter slightly depending upon the approach selected. The sample timeline on page 14 is based upon using a one-day retreat format and may be adapted to other formats. The sample is based on the recommended planning time of four to five months.

Adhering to a timeline and project plan helps ensure that your assessment goes smoothly. Anytime a large number of diverse participants are engaged, it is crucial to do everything possible to ensure the process is well-planned to keep participants engaged beyond the assessment and for future activities.

❑ *Determine Orientation Method*

Orientation to the performance assessment instrument and process is very important. It may be provided through individual orientation (as individuals agree to participate), at the beginning of the first meeting, in a "kick-off" session at the start of the retreat or series of meetings, or a combination of these options.

Orientation topics should include:
- A brief overview of the NPHPS
- The Essential Public Health Services
- The concept of the "public health system"
- A review of the process that will be used to complete the assessment
- The purpose of completing the assessment
- Anticipated benefits and next steps including any further guidance for participant preparation

It is also helpful to include an overview of ground rules regarding the discussion and voting methods that will be employed. The orientation may emphasize that the assessment instrument is simply a framework for holding discussions that lead to a better understanding of public health activities in the public health system.

During the orientation, consider offering participants an opportunity to share initial thoughts about their organization's contributions to the Essential Services. This discussion provides information for the completion of the assessment instrument. Some groups have done this by posting flip charts – one for each Essential Service – and asking participants to write their organization names and activities as they relate to that service. This helps generate ideas about how each organization contributes to the health of the public. The flip charts are then a useful reference when each Essential Service is later discussed during the assessment.

Another opportunity during the orientation process is to engage participants in creating a customized visual representation of their own state public health system. This can be done simply with flipchart paper and markers, or electronically using a projected PowerPoint (or other software) image. This image, along with participant contact information, is a tangible and useful benefit for participation in the NPHPS assessment process.

Ideally, participants will review the materials prior to the meeting in order to increase understanding and familiarity with the material and questions. In conducting this advance review, participants should be encouraged to think about their perception of how well the system or entity is accomplishing the standards, so that they arrive at the meeting prepared to participate in discussion.

Consider the following options when determining how to share advance materials with participants:
- **Provide participants with a copy of the sections that will be discussed during each meeting (or during the meeting in which the person will be involved in)** Asking participants to view only one or two Essential Service sections at a time is less likely to overwhelm them. The copies may be used for noting individual perceptions and will help to prepare participants for group discussion. However, this does not allow participants to experience the full breadth of the assessment and the systems contributions to all of the Essential Services. The facilitated dialogue is crucial for thorough exploration and understanding.
- **Share the full document with all participants at the beginning of the process**

This allows participants to review the entire document and the full breadth of the instrument. It also provides participants with an opportunity to identify the Essential Services and discussions to which they will have the most to contribute.

- **Share only the Model Standards with participants**
  This allows participants to focus on the content of the assessment. In addition, participants receive a smaller amount of paper, which may seem less intimidating.
- **Provide participants with a preparation worksheet**
  Appendix K shows a depiction of a sample preparation worksheet. This sample only shows one Essential Service with the Model Standard activities listed. Participants can use a worksheet like this to prepare contributions prior to the assessment. Worksheet responses can be compiled into a report, as described on page 49 and shared during the assessment meeting.

The People

❏ *Secure Leadership Commitment*
The success of performance improvement efforts, including performing health assessments, often hinges on leadership support. It is important to try to involve leaders at the highest level possible, such as the health commissioner, board chair, and other leadership. Effective leadership support may be summed up in three things—vision, expectations, and commitment.

Ask leaders and system partners to share their vision on the following:
- How the performance standards relate to their mission or state vision.
- System improvements that are important to strategic priorities (such as needed improvements in programs to address obesity or access to care).
- How improvement efforts will fit with other initiatives, such as MAPP, Healthy People 2020, strategic planning and budgeting cycles.

Leaders may demonstrate their commitment by:
- Assigning staff or experts to help convene the assessment or assist improvement teams following the assessment.
- Participating in the process through a steering committee, the actual retreat or an improvement team.
- Working with executives and legislators to achieve system improvements.
- Making immediate, budget-neutral changes to improve performance where possible, such as shifting personnel assignments or changing procedures.
- Considering all recommendations to strengthen the public health system.
- Requesting or allocating funding to address priorities in the next budget cycle.

Help leaders prepare remarks that will clarify performance improvement expectations including:
Short-term deadlines and responsibilities
- Example: "I would like each team to test feasible improvements this quarter, then in six months make recommendations that I will use to make decisions for next year's plans, budget requests, and strategic planning."

Participation expectations
- Example: "I am asking every division in my organization to participate in improvement teams, and I am counting on our partners to do the same."

Authority to act
- Example: "Managers should give their staff and contractors encouragement and authority to take actions where they see opportunities for improvement. Although not every change will result in improvement, we must reward effort more than inaction."

❏ *Identify Public Health System Partners*
Generate a list of potential assessment participants that includes representation from throughout the public health system and that encompasses a broad range of perspectives and expertise. Some sites have found it useful to create their own system chart based on the specific names of organizations and groups within their jurisdiction that comprise the public health system. The focus should be on inviting participation from individuals and organizations that contribute to the Essential Services and the health and well-being of the population for the entire jurisdiction across all areas of public health.

The Instrument focuses on the public health system, or all entities that contribute to the public's health in a state jurisdiction. Potential participants include members of existing coalitions or committees. Other participants may include the board of health, hospitals, social service providers, environmental organizations, and other organizations. It is also important to think about the social determinants of health and those who provide services in such areas as transportation, housing, social services, food pantries, shelters, economic development etc.

Invited participants may not think of themselves as part of the public health system. This assessment is an opportunity to help formalize a system through increasing awareness and understanding of all the individuals, organizations and entities that contribute to the public's health.

Some of the organizations and sectors that are involved in the public health system include:
- **Public health agencies** – state health departments, which serve as the governmental entity for public health and play a major role in creating and ensuring the existence of a strong public health system.
- **Healthcare providers** – hospitals, physicians, community health centers, mental health organizations, laboratories, and nursing homes, which provide preventive, curative, and rehabilitative care.
- **Public safety agencies** – police, fire and emergency medical services, which are often focused on preventing and coping with injury and other emergency health-related situations.
- **Human service and charity organizations** – food banks, public assistance agencies, and transportation providers that facilitate access to healthcare and receipt of other health-enhancing services.
- **Education and youth development organizations** – schools, faith institutions, youth centers, and other groups that assist with informing, educating, and preparing children to make informed decisions and act responsively regarding health and other life choices and to be productive contributors to society.

- **Recreation and arts-related organizations** – parks and recreation departments, community cultural centers, and other groups that contribute to the physical and mental well-being of the community and those that live, work and play in it.
- **Economic and philanthropic organizations** – employers, community development organizations, zoning boards, United Way, and community and business foundations that provide resources necessary for individuals and organizations to survive and thrive in the community.
- **Environmental agencies or organizations** – air and water quality authorities, greenspace coalitions, and other groups which contribute to, enforce laws related to, or advocate for a healthy environment.

The ideal number of participants varies depending upon the type of assessment process selected (refer to guidance in the "Select an Option for Conducting Assessment" on page 16). Try to strike a balance between a manageable number of participants and a broadly representative group. More participants may be used if the group divides into smaller groups to discuss specific Essential Services. However, the size of the group may become unwieldy if more than 20 – 25 individuals are involved in small group discussions. Think about creating a group that is generally representative of the public health system as a whole. Also consider the assessment an opportunity to broaden partnerships within the community: involving system representatives beyond those with whom you usually work may allow a more accurate reflection of system performance to emerge.

To summarize, consider the following questions in identifying participants:
- Who plays a role in the public health system and/or in providing the Essential Services?
- What broad, cross-sector participation is needed (e.g., schools, transportation, social services)?
- What consumer representatives should be included?
- Who needs to be included to ensure expertise in certain areas (e.g., laboratorians, epidemiologists, emergency preparedness, health educators)?
- How many people should participate?
- Are there current broad-based coalitions or committees that could be used as a starting point for the assessment group?
- How can we ensure adequate diversity in participants to represent the diversity in our state?

❑ *Identify and Secure Facilitators and Recorders*

No matter which process is selected for conducting the assessment, one or more facilitators and recorders will be necessary. Both roles are invaluable to the process and require a different skill set.

Facilitators

Facilitators serve as guides through the assessment process, ensuring that participants contribute and share in meaningful ways and that scoring is completed fairly and representative of the collective voice for all performance measures. Ideally, facilitators are neutral rather than part of the system. The neutrality allows them to guide the process in a fair manner without influencing the participants. It is very helpful to identify facilitators that have a good

understanding of the Essential Service(s) they will be facilitating. This Implementation Guide includes a section on facilitating the process which serves to provide further guidance for facilitators and includes the participant assessment instrument as well as detailed facilitation questions. It is recommended that there is one facilitator per break-out or small group participating in the assessment. If the implementation option of facilitating over several meetings is selected, it is recommended that the same facilitator is used for consistency.

Recorders
Recorders, while not necessarily front and center like facilitators, play a critical role in the assessment process. Recorders are responsible for accurately documenting the discussion during the assessment. Familiarity with the state public health system partners and the Essential Service activities is a big plus for recorders as it makes their job easier. The documentation of the discussion serves to help the SPHS understand the scores that are ultimately selected and even more importantly, understand what needs to be improved and why. Accurately capturing participant discussion allows for the collection of information that can be analyzed across Essential Services to identify themes. Often times, it is the themes that emerge in multiple Essential Services that end up being strong opportunities for performance improvement activities. A minimum of one recorder is required per break-out group or session if held in multiple meeting formats. However, many sites find that two recorders can be beneficial to ensuring that all discussion points and scores are captured accurately and completely. In addition to a person assigned to recording the notes, some groups also use audio recorders so that note-takers can refer back to the audio recordings to supplement and complete their notes. It is not recommended that a site rely solely on audio recorders as they do not always pick up everyone's voice clearly, can stop recording without notice, and may experience a variety of other technical issues. Some sites have had great success with MPH students serving as recorders. It provides a great introduction to the state public health system and they are usually familiar with the content related to the Essential Service.

The Logistics

❑ *Select Date(s)/Identify and Secure Facility for Assessment*
Date selection will be determined by your timeline, option chosen for conducting the assessment, and of course, the availability of your participants. Similar considerations will be needed for picking a facility and may also depend on your budget. If the lead organization does not have a large enough space, consider working with partners to find a suitable location. A variety of different locations have been used by state public health systems with donated space including public libraries and other facilities, local universities and schools, churches, and hospitals.

❑ *Develop Orientation*
The orientation will vary based on which method you chose to have for your participants. This can range from attaching a document to a confirmation email to creating a PowerPoint for one-on-one orientations with participants.

Materials could include any of the following:
- **Sections of the instrument that will be discussed during each meeting** (or during the meeting in which the person will be involved in.)
- **The full instrument.**
- **Only the Model Standards** (available on the NPHPS website.)

  - **A preparation worksheet** (Appendix L.)

❑ *Train Facilitators and Recorders*

It is highly recommended that both facilitators and recorders receive at least minimal training prior to the assessment to ensure they understand their roles and expectations for the process. Following are some key components to address in training facilitators and recorders. Some groups choose to train facilitators and recorder separately and some train them at the same time. Either way is acceptable.

Facilitator Training
An effective facilitator training does not have to be lengthy. Two hours is generally sufficient. In-person training is recommended, especially for those who have not participated in or facilitated the NPHPS assessment prior.

The following items are important to address in the facilitator training. Further guidance is included below.
  1. **Orientation to the NPHPS**
  2. **Overview of the Assessment**
  3. **Facilitation Process**
  4. **Facilitation Guidance and Tips**
  5. **Simulation Exercise**
  6. **Q and A Session**

Orientation to the NPHPS – If an orientation is prepared for participants (as recommended), the same content is important for facilitators. Content generally includes the following: an introduction to the NPHPS; brief history; key concepts; overview of the assessment tool and process; and an explanation of the participant, facilitator and recorder roles.

Overview of the Assessment – This component includes an overview of the selected option for completing the assessment and the corresponding agenda. Role assignments, facilitator materials, meeting site information, and other logistical information may also be included.

Facilitation Process – In this component, the actual process that will be followed by each facilitator should be reviewed. The process should include the following items outlined below:

Provide Welcome and Introduction
  - Welcome
  - Facilitator and Recorder introductions; and
  - Participant introductions and agency/organization public health system contributions.

Outline overview of Process
  - Ground rule setting and agreement;
  - Review of participant materials; and
  - Review of the assessment process.

Review Essential Service and Model Standards
  - Core questions for the Essential Service;
  - Description of the Essential Service;

- Review of common public health system partners typically involved in the Essential Service cross-referenced with those present;
- Report on what the public health system is doing to address the Essential Service (see "Introducing each Essential Service" on page 17 for different methods of presenting this report); and
- Facilitated response to the informal report and/or sharing by participants regarding what is occurring locally in regards to the Essential Service.

Review Model Standards Using Discussion Questions

- Description of the Model Standard and its activities;
- Facilitated discussion questions to explore all aspects of how the Model Standard activities are addressed locally;

Facilitate Consensus Scoring

- Facilitated preliminary scoring of performance measures based on collective voice of participants with score cards; and
- Facilitated consensus building for final score.

Summarize Essential Service Strengths, Weaknesses, Opportunities, and Priorities

- Notes taken by participant and recorder about general discussion and particular strengths, weaknesses, opportunities for immediate improvement or partnerships, and priorities/longer term improvements throughout session; and
- Facilitated summary discussion on strengths, weaknesses, opportunities for immediate improvement or partnerships, and priorities/longer term improvements

Conduct Optional Supplemental Questionnaires

- If the priority questionnaire will be completed during the assessment, participants may respond to the priority questionnaire at the end of each Model Standard discussion, or during the summary discussion at the end of each Essential Service; and
- If the agency contribution questionnaire will be completed during the assessment, participants may respond to the questionnaire at the end of each Model Standard discussion, or during the summary discussion at the end of each Essential Service.

Repeat for each Model Standard per Essential Service

When facilitating the assessment, facilitators seek to help participants achieve the following desired outcomes:

- Complete the assessment with documented discussion and scores related to each performance measure.
- Enhance understanding of the public health system.
- Build relationships within the public health system.
- Foster interest, awareness and planned collective action for performance improvement.

Facilitators also take on NPHPS specific responsibilities that include the following:

- Ensuring a focus on the "system."
- Reviewing Model Standards and facilitating structured and open discussion.
- Facilitating consensus building and open-ended discussion.
- Obtaining a decision on the final response.
- Identifying system strengths, weaknesses, opportunities for immediate improvements or partnerships and priorities/longer term improvements.

Facilitation Guidance and Tips – Facilitators receive guidance on facilitating the process, using the resources, building consensus for scoring and many other tips during this component. Here is a summary of facilitation guidance and tips that can be emphasized with facilitators as preparation is a major key to success.

- Facilitators need to have a clear understanding of the assessment instrument content and process. Before the assessment begins, the following activities are recommended for facilitators:
    - o Review the Essential Service chapters to be facilitated.
    - o Identify terminology that may be challenging for participants, keeping in mind that the assessment may include some public health jargon unfamiliar to non-traditional public health partners. Use the NPHPS glossary.
    - o Identify discussion questions or performance measures that may be confusing for participants. Discuss them with others in charge of organizing the assessment to improve comprehension before the assessment begins.
    - o Have a clear understanding of the voting and consensus processes. Identify useful questions to solicit views from participants when they are diametrically opposed.
    - o Review the facilitation process.
    - o Review the facilitation tips and suggested questions you may need to use to draw out more information, especially during the consensus process.

Simulation Exercise – It is highly recommended that the facilitator training include a component to simulate the assessment process and the facilitation process. This need not be lengthy but enough to allow for observation, practice and feedback.

Q and A Session – This component allows for facilitator questions to be answered and additional information to be provided as needed.

Suggested facilitator materials for the training and subsequent preparation prior to the assessment includes:
- Assessment Agenda with Facilitator and Recorder Assignments
- Facilitator Guide
- Implementation Guide (at least the facilitator section)
- Participant List (if available)
- Facility (meeting site) Information/ Overview
- Sample Set of Scoring Cards (if applicable)
- Public Health System Visual (Appendix N)
- Scoring Chart Visual (Appendix N)
- NPHPS Orientation Materials (if applicable)
- 10 Essential Services Handout
- NPHPS Glossary
- Flip charts (one per Essential Service, for summarizing strengths/weaknesses of each Essential Service).

Guidance for Recorder Training
Important components for the recorder training include components of the facilitator training as well as the items listed below. Recorders need a good understanding of the process and their role.

1. **Note-taking Templates** – It is recommended that note-taking templates be provided for recorders. If available, recorder preparation should include sharing and reviewing any templates that will be used to document discussion points and scores.
2. **Note-taking Guidance** – In this component, recorders receive specific guidance on the types of information they should capture and the process that will be used for the information to be shared. Recorders should document the following:
   - SPHS partners present.
   - Specific individual system member contributions to the Essential Service and Model Standard.
   - Participant comments in response to the discussion questions.
   - Final scores for the performance measures and any related comments.
   - Comments on whether the consensus score was high or low for the selected response option (i.e. low moderate or high minimal.)
   - Comments regarding what participants feel are keeping the SPHS from scoring higher.
   - Examples of how a measure is being met or not met.
   - Overall strengths, weaknesses, opportunities for immediate improvement or partnerships, and priorities/longer term improvements for each Essential Service.
3. **Technical Support** – Information regarding whether a laptop will be provided or required, how and where to save notes (i.e. specific file destination or thumb drive), supplementation with paper-based notes, and other items also need to be addressed in the training. If recorders will be typing on a laptop or computer they are not familiar with, the opportunity to practice with the keyboard can help save time and frustration.

Suggested recorder materials for the training and preparation prior to the assessment include the following:
- Assessment Agenda with Facilitator and Recorder Assignments.
- Assessment Instrument.
- Participant List (if available).
- Facility (meeting site) Information/ Overview.
- NPHPS Orientation Materials (if applicable).
- 10 Essential Services Handout.
- NPHPS Glossary.
- Recorder Templates (electronically and paper-based for back-up).

❑ *Invite Public Health System Partners*
Once participants are identified, think carefully about how best to extend the invitation to participate in the NPHPS assessment. Personal letters or telephone calls from senior health department leadership or the heads of other partner organizations, will emphasize the importance of this activity and generate more willingness to participate. Follow-up communication from the lead staff will help to ensure that each participant fully understands the process and their role.

It is helpful for the initial invitation to include basic information about the purpose of the assessment process, as well as what their participation in the assessment process will entail. See the "Develop Orientation" portion for some additional ideas about points to include within a written invitation.

❏ Prepare Meeting Materials
Participants will need a meeting packet with the following recommended materials:
- Copy of the instrument (or at least the Essential Service chapters they will review).
- Handout or description of the 10 Essential Services.
- Set of voting cards (if applicable).
- Discussion card (optional as raising a hand works equally well).
- Ink pens and post-it pads.

In addition to the participant packet, many have found it useful to have posters in the meeting space. The following can be created or adapted on flipchart pages or made into posters and used in each break-out or meeting room. See Appendix N for details.

❏ Coordinate Onsite Logistics
A majority of these details will depend on the needs of your participants and the specifics of your facility. More coordination will be necessary if you are working with a larger, less familiar group or in an unfamiliar facility.

Considerations should include, but are not limited to the following:
- A/V needs.
- Name badges.
- Catering.
- Facility signage.
- Parking needs.
- Accessible rooms and restrooms.
- Beverages and light snacks.

❏ Facilitator Final Preparation and Onsite Set-up
Final preparation involves reviewing the steps involved in facilitation as well as the assigned Essential Service chapters and any supplemental materials. When the Essential Service chapter is reviewed, it is important to ensure comfort and familiarity with all terminology and activities. Participants will rely on their facilitator to re-phrase questions when they do not understand. In addition, it is important to anticipate and prepare for clarifying any discussion questions or performance measures that are potentially challenging or confusing for the group. Ask a colleague for help or contact CDC or ASTHO for technical support.

Take some time to review the list of participants that will be in attendance. Spending a few minutes in preparation with their names and affiliations will make a big difference on the day of the assessment. Coordinators or other colleagues may have more familiarity with participants and can give some potential insight into group dynamics. They may even be able to help identify over and under-expressive participants and those with a lot of influence or power.

A heads up about the group dynamics can be very helpful but is not fool proof. Be prepared with strategies and facilitation techniques that allow an opportunity for everyone to speak such

as round robin, individual quiet thinking, everyone jotting a thought or reaction on a post-it note or asking quiet individuals to share first.

Facilitators need the following information to be well-prepared and ensure access to the resources needed:
- Meeting location and facility information including parking.
- Detailed agenda including breaks and meals.
- Contact names and numbers for technical support on-site.
- Contact names and number for logistical support.
- Information regarding next steps upon completion of the assessment.

Be sure and arrive on-site early, at least one-hour prior to the opening session. This time allows for a pre-meeting with the coordinator and the recorder(s), and to ensure that the assigned room is set-up in a manner conducive to good discussion.

Participant comfort has a definite correlation to how long and how focused their participation is in the process. It is important to make every effort to ensure that the meeting space is comfortable with participants seated around tables in a u-shape or semi-circle where they face each other to foster discussion with each other. Participants need tables for their materials with adequate space for elbow room and movement. All participants should have a clear view of any visuals in the room, name badges or table tents, and the recorder, and the facilitator. It is also highly recommended that water, coffee, or other beverages, in addition to light snacks, be accessible at all times to participants.

❑ *Pre-Assessment Briefing with Facilitators/Recorders*
Many have found it beneficial to have a final briefing with facilitators and recorders on the day of the assessment prior to participants arriving. This allows them to become familiar with the facility and have any lingering questions answered. Specific guidance to share with facilitators and recorders includes the following:

Common important reminders for facilitators may include the following:
1. Discussion is important. Allow for (timed) discussion to inform the collective vote. Use all the discussion questions.
2. Measures are the "gold standard."   Participants should not expect to do well in every measure. The purpose is for performance improvement. If group is scoring everything high, ask questions to ensure that the response is a collective, accurate representation of perceptions of performance.
3. Participants strive to reach a "consensus" score for each performance measure. ***Consensus is a good representation of the collective vote, not necessarily unanimity.*** Everyone can live with the selected score. They may not agree 100% but agree that the score is a good representation of collective discussion.
4. If participants get "stuck" in scoring and cannot reach consensus, ensure there is a good understanding of why those who are outliers feel the way they do. Be sure recorders capture that information.   Let participants know that the score is not nearly as important as thorough documentation and understanding of the different perspectives.
5. Don't forget the Priority and Agency Contribution Question after each Model Standard if the site has selected to score these during this part of the assessment.
6. Keep track of time and discussion so that the group accomplished what it set out to accomplish.
7. If a meal is provided, participants are generally ok with holding a working meeting during the meal, if needed.

8. Identify a volunteer to handle the large group or follow-up "report out" at the end of the assessment process. The volunteer will report (3 – 5 minutes) on the following:
    - What did you learn from the discussion about how this Essential Service is carried out in the state? Frame "report out" in terms of...
        o System Strengths
        o System Weaknesses
        o Opportunities for Immediate Improvement or partnerships
        o Priority or Longer Term Improvements Needed.

Common important reminders for recorders may include the following:
1. If you cannot hear or did not capture something important, ask participants or the facilitator to speak up or repeat.
2. Offer to help the facilitator with time keeping.
3. Help the facilitator with counting responses to see where the participants are at in relation to agreement.
4. Capture votes and final consensus response for every performance measure.
5. Capture as much of discussion as possible, especially key points. Link comments to the specific discussion question or performance measure and when possible specific person/organization.
6. If the optional Agency Contribution Questions will be facilitated during the meeting(s), remind facilitators to ask the questions and have participants score them. Capture the scores and any related notes.
7. If taking any notes by free-hand (in writing), enter the notes in the template or electronically and submit by end of session. Waiting until after the event creates less comprehensive and possibly even inaccurate notes.
8. Save your work early and save often both on hard drive and jump drive or other storage device.
9. Be sure you enter your name on documents in case there is a need for follow-up questions.

❑ Host Assessment
The following bullets (taken from the Facilitator's Guide) outline the assessment process to be followed by facilitators. This information is repeated in the implementation guide to help coordinators understand the flow of the actual assessment process. Regular guidance resumes on page 37 under "Moving Forward after the Assessment is Complete."

Welcome and Introduction
Open the break-out group or meeting with a welcome and thank you to all participants for their time commitment.

Introduce yourself as the facilitator and explain your responsibility and role to guide the process to ensure that everyone's voice is heard, measures are scored and all is accomplished in the allotted time-frame. Likewise, ask the recorder to introduce themselves and share their role.

Ask participants to introduce themselves with a brief description of how their organization contributes to the Essential Services.

Process Overview
Review the purpose of the assessment, goal for the day, time-frame, and participant materials and how they will be used. Review the general ground rules (group norms or group etiquette) and ask participants to add any additional ground rules that they feel will increase the

effectiveness of the group interaction. Ask for a group consensus on the ground rules before moving forward.

Explain that the group will go through a standardized process filled with sharing, listening, learning, discussion, and collective decision-making. Use the Process Outline visual (shown below) to define each step in the process. If meeting in small groups, ask for a volunteer to summarize the discussion in a report-out to the full group (see Poster 2 in "Prepare Meeting Materials").

Review Essential Service and Model Standards
*Refer to the Facilitator Guide for additional guidance and scripting.

Process Outline:
- State the Essential Service and the core question(s) that the ES is addressing.
- Read the activities that comprise the ES.
- Review the potential SPHS partners typically engaged in the work and ask participants to identify which are present and which are not.
- If an informal report on the ES was prepared, have the participants responsible share the report. If a report was not prepared, ask participants to share examples of how the ES is being addressed by their agencies and others within the state. Process the sharing through asking the following reflective questions:
    - What were some of the key points that you heard that really stuck out or resonated with you?
    - Was the information consistent with your experience? If so, how? If not, what is different?
    - Where do you need further clarification?
    - **What else is occurring that has not been mentioned? (most important question)**
- Review the first Model Standard. Address any clarification questions and ask participants to describe how the SPHS contributes to the Model Standard. Round robin works well if time for each participant is limited. Ask probing questions as necessary to ensure that all part of the MS are discussed.

Facilitate Responses to Discussion Toolbox
Use the discussion toolbox to more fully explore the Model Standard activities. The discussion items lead to specific detail that will be necessary to understand for scoring the level of activity around each performance measure. Be sure to review the entire toolbox.

Preliminary Vote/Scoring on Performance Measures
Based on the discussion and sharing of examples, ask participants to vote on the level at which the SPHS is performing for the each of the four performance measures. Encourage them to think about the entire system and not specific organizations. Also encourage participants to assign the score that best describes the current level of activity within the system shared during the discussion period. Remember that the performance measures are all defined as optimal standards. Therefore, in order for a measure to be scored optional, the SPHS would have provided comprehensive examples of high quality work across all public health areas and the jurisdiction under any one standard to look similar to, and function consistently with, the Model Standard.

Participants will be asked to vote by using their voting cards (or automated response technology) only. Ratings are as follows:

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

As participants vote, it is often helpful to have participants define the percentage and ask recorders to capture that detail. This helps increase understanding of where participants fall in the range in particular ranking.

Consensus Building

Rarely do all participants completely agree on the scores. Sometimes the differences will be due to participants being unclear on the process and voting based on their agency's performance as opposed to the overall system. However, most of the time disagreements are purely based on different perceptions, experiences and knowledge of the SPHS activities. To better understand the issues, ask those at both ends of the spectrum what specifically informed their vote. An example would be, "Those who rated this at minimal performance, what informed your vote? Those who rated this at optimal, what specifically informed your vote? For those in the middle, what informed your vote?" This level of sharing helps to increase understanding of where participants are coming from with their scoring. Recorders should be encouraged to record this information.   This discussion is intended to further inform the collective vote.

There are many other useful questions for probing at group perspectives. Here are a few:
- Why do you think we have such a split on this particular Model Standard?
- Help me understand why some of you are so passionate about this?
- Are some of us voting our positions, or do we genuinely see the system this differently?
- Could someone explain to us what experience has made you believe that we are failing in this area?
- For those of you who scored the activity low (or high), could you talk about why you scored it low (or high)?
- Why did those of you who scored low not think the system should score higher? Why did those of you who scored high not think the system deserved to score lower?
- What would make the "no" person vote moderate activity or the "optimal" person vote significant activity?

Once new information has been shared, it often increases understanding and causes some rankings to change. Asking the following question is a good next step:
- Given this new information, how do we think the system as a whole is functioning?

Ask participants to think about the voting considerations:
Awareness
- Even if the work is occurring, do people know about it?

Involvement
- Are public health services provided within the system in a coordinated and efficient manner?

Frequency
- Is the service or activity completed routinely and according to best practice time-line standard?

Quality and Comprehensiveness
- Is the service or activity provided based on evidence-based research? Are measurable process and outcome data available?
- Is the service being provided in a comprehensive manner?

Utility
- Is the activity in the question disseminated/dispersed statewide?
- Is the activity spread among programs or does it vary widely among programs?
- Are the results and information derived from public health assessment, research, evaluation and other activities used to improve public health?

After group discussion, conduct a second vote. Knowing that you may not have total unanimity, ask those that are not in total agreement with the group, if they are comfortable moving forward if their comments related to system strengths and weaknesses are captured by the recorder and will inform performance improvement. Ultimately, the final score does not matter as much as the quality of the notes to help understand the scores and the differences of opinions.

Essential Service Summary Discussion
In the participant guide, a space has been provided next to each Model Standard for general note-taking and more detailed summary notes on strengths, weaknesses, opportunities for immediate improvement or partnerships and priorities or longer term improvements. Because the purpose of conducting the assessment is ultimately performance improvement, it is absolutely essential to capture this information to carry over into performance improvement activities.

Facilitate reflection with the group on what was shared throughout the Essential Service related to strengths, weaknesses, opportunities for immediate improvement or partnerships and priorities or longer term improvements. If meeting in breakout groups, this information should be captured by the recorder and a participant volunteer should be prepared to share it on behalf of the group during a meeting of the larger group.

While a bit more challenging, experienced facilitators may be able to collect this information as they facilitate through the discussion on the Essential Service and Model Standards. This can be accomplished by posting columns on flipchart pages or white board labeled strengths,

weaknesses, opportunities and priorities/long-term goals. As strengths emerge in the discussion, ask the group, "Is this a strength we want to capture?" Strengths, weaknesses, and opportunities for partnership and immediate improvement often naturally come out of the discussion. If this is clearly emerging, capture it throughout the process, review at the end of the discussion, and discuss one or two priority areas or long-term goals.

Optional Questionnaires
This is also a point at which participants may respond to the Priority and Agency Questionnaires if they are being completed during the assessment meeting. To select a method to conduct the questionnaires, refer to "Determine Method for Conducting Optional Questionnaires" on page 16 for guidance.

Depending on the method selected during planning, sites should complete the priority and/or agency questionnaires either at the time of the assessment, or shortly thereafter (Examples from these questionnaires may be found in Appendices B and C). While system partners should participate in responding to the priority questionnaire, the agency contribution questionnaire may be completed by a group of agency-only representatives. Like the assessment itself, discussions related to these questionnaires should be led by a facilitator, and groups should strive for consensus in generating their responses to these questions. If the group completing the questionnaires did not participate in all 10 Essential Services, it may be helpful to provide a brief summary of what services are being provided as part of each Essential Service, as well as the various organizations contributing to them.

When responding to the priority questionnaire, participants should rate the priority of each Model Standard without regard to performance scores or rank order. In considering this questionnaire, the following questions may be helpful for participants: "On a scale of 1 to 10, what is the priority of this Model Standard to our public health system?" or "On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis or resources)?" Facilitators should encourage participants to use the full scale and remind them that it is not feasible for every Model Standard to be a priority at the same time. Also, participants should realize that this questionnaire is an opportunity to arrive at an honest appraisal of the priorities within *their* system; so, there are no right or wrong responses; nor is there a need to reflect what they may view as priorities from other sectors, unless those are truly important within their system.

In responding to the agency questions, participants should estimate how much of the activity relevant to each Model Standard is conducted by the public health agency. Responses should reflect the current status of state or local public health agency contributions. For example, if all Model Standard activities are conducted by the public health agency, the response should be 76-100%. On the other hand, if the public health agency conducts very few of the activities related to the Model Standard, the answer should be 0-25%.

Moving forward after the Assessment is completed

The Process

❑ Submit Data and Receive Assessment Report
The formal assessment process during concludes with the step of submitting the assessment data.

Contact CDC or ASTHO staff for instructions on how to submit your assessment data and receive a comprehensive report.

❑ Understand the Results of the Assessment
The NPHPS Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Figure 3, below, shows how the ten essential public health services in the instrument align with the three core functions of public health (assessment, policy development, and assurance.)
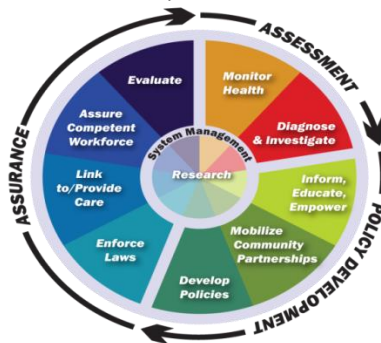
Figure 3. The Ten Essential Public Health Services and how they relate to the three core functions of public health.

In the assessment, each Model Standard is followed by questions that serve as measures of performance. Participants respond to assessment questions using the response options in Table 1 below. Each site's responses to these questions indicate how well the Model Standard, which portrays the highest level of performance or "gold standard", is being met. These same categories are used in the Local Public Health System Assessment Report to characterize levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates scores for each assessment question, Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Understanding Data Limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are an average. Model Standard scores are an average of the stem question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service, and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity. In addition, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the state public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPS has attempted to present results in a user-friendly and clear manner through a variety of figures and tables. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes.

For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, one which asks about the priority of each Model Standard and the second which assesses the state health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as an additional component of their report.

❑ *Utilize the Results of the Assessment*
The results of the NPHPS assessment may be used by public health system partners to identify priorities and translate data into action planning.

You may find that using the simple acronym, "FOCUS" as a way to help you to move from assessment and analysis to action.

F   **Find** an opportunity for improvement using your results.

O   **Organize** a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

C   **Consider** the current process, where simple improvements can be made and who should take the improvements

U   **Understand** the problem, how and why it is occurring and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or root causes, of the weakness or problem. Only when participants determine why performance problems (or successes) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many quality improvement (QI) tools are applicable. You may consider using basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

S   **Select** the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)

Prioritize Areas for Action
Prioritizing areas for action involves discussing the results, putting the data into context, and then setting priorities. Barriers to priority-setting also may need to be addressed.

Discuss the Results

It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the NPHPS report should be helpful in identifying high and low performing areas.

Groups may find it easiest to begin by discussing results at the Essential Service level and sharing general reactions. The Essential Service bar chart below (Figure 4) displays results for all Essential Services at a glance, making it a useful tool to initiate discussion about high and low performing areas.

Figure 1: How Did We Perform In The Ten Areas Of Essential Public Health Services (EPHS)?

EPHS	Score
1. Monitor Health Status	25
2. Diagnose/Investigate	73
3. Educate and Empower	76
4. Mobilize Partnerships	53
5. Develop Policies/Plans	65
6. Enforce Laws	90
7. Link to Health Services	63
8. Assure Workforce	66
9. Evaluate Health Services	54
10. Research/Innovations	62
Overall	63
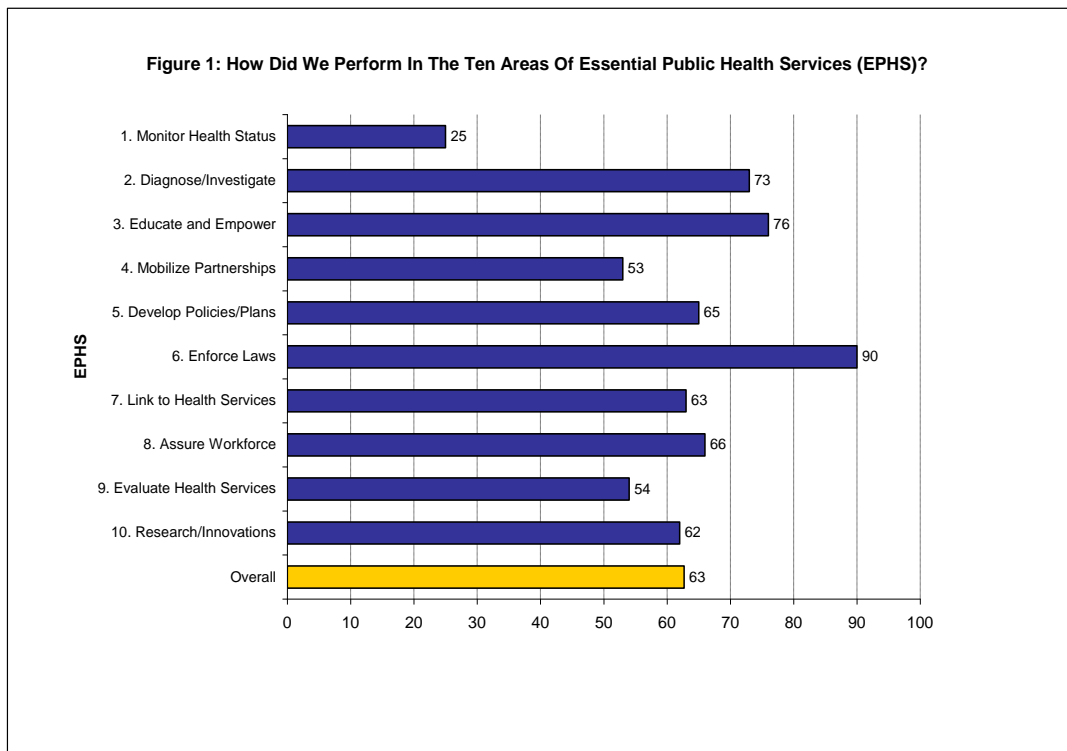
Figure 4. Sample NPHPS Essential Service Score Summary

Questions such as the following may help initiate discussion:
1. Based on our scores in the ten Essential Services and for all Model Standards, in which areas do we have the highest performance? In which areas do we have the lowest?
2. Overall, what is your response to the scores? How well do they match your perceptions and experiences of our public health system? Are any surprising?

As participants become more familiar with the results, they may proceed to examine scores in more detail below the Model Standard level. Many sites also look for common system issues (such as information technology or technical assistance) that affect scores in several Essential Services. Depending upon the structure of your improvement process, a detailed examination may be referred to a work group after identifying general priorities.

Put the Data into Context

Because public health "system performance" is sometimes abstract (even to the most seasoned health professionals!), participants may gain more meaning from the NPHPS results when they are discussed in the context of the following:
• Comments and ideas captured during the assessment.

- Pressing health needs and related issues affecting the jurisdiction.
- Priorities, strategic opportunities, and initiatives.

Questions such as those below may help participants connect Essential Service scores to concrete public health concerns and prepare them for more detailed priority setting discussions. For additional discussion questions and tips, refer to Appendix E.

1. Based on our scores, what public health issues is our public health system best able to address?
2. What are the most important results that our public health system must deliver for our state?
3. To achieve these results, in what areas must we excel?

Some sites have prepared reports or briefing sheets to present scores with contextual analysis and notes from the assessment process. The notes may include comments regarding priority areas, possible solutions, barriers, and new ideas or opportunities for system coordination and improvement.

Other sites have used broader improvement processes such as Mobilizing for Action through Planning and Partnerships (MAPP) or a State health improvement process (SHIP) to put data into a community context. In the MAPP process, local users consider the NPHPS results in the context of three other assessments—community health status, community themes and strengths, and forces of change—before determining strategic issues, setting priorities, and developing action plans. (See Appendix I for more information.)

Set Priorities
After participants have a good sense of the results in their local or state context, sites are ready to decide the priority areas for improvement. The NPHPS report simply provides numeric scores for each standard. It is up to the participants to decide what is important to improve.

Sites may find that some standards are high priorities for improvement, even if they score higher than other areas. For example, a state public health system may receive a score of 56% on Plan for Public Health Emergencies and a score of 25% on Fostering Innovation. System partners may decide emergency response planning is a higher priority for the improvement team, even though it received a higher score.

Sites have employed a variety of priority setting methods to focus their improvement efforts. The priority questionnaire (as described on pages 19 and 25) is a compelling place to begin priority setting discussions.

An option for rating priority and performance after reviewing the assessment scores is described below, along with some additional options for priority setting:

1. **Rate Priority and Performance**
   Although this method has several variations, its purpose is to inform decisions by showing how each Essential Service or Model Standard ranks in order of priority and performance. Some sites will choose to complete the optional priority of Model Standards questionnaire during the assessment process. Those that do not may find this a helpful activity after they have received their assessment results.
   - First, rate the priority of areas (at the Essential Service or Model Standard level) on 1-10 scale. "On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process,

increased emphasis or resources)?" (ranks priority after seeing scores; focuses on the importance of improvement; may be asked post-assessment)

- As a second step, after each Model Standard is rated, display them in rank order and consider the appropriateness of the match between importance ratings and current performance scores. Final results may be displayed in a list or visually as depicted in Appendix F.
- Finally, Model Standards may be assigned to one of four categories based on their high or low importance and performance. The goal of this method is to cluster them into groups that are useful for action plans. As shown in Figure 4, the four categories are as follows:
  - Box A: High importance/low performance – may need increased attention.
  - Box B: High importance/high performance – important to maintain efforts.
  - Box C: Low importance/high performance – potential areas to reduce efforts.
  - Box D: Low importance/low performance – may need little or no attention.

2. **Use discussion and consensus**
   The goal of this method is to reach agreement through discussion, rather than through a formal voting or rating process. The group may be guided to narrow potential priorities.

3. **Use a "priority setting matrix"**
   In this technique, participants select priorities according to criteria set by the group—such as the impact of the problem on important health issues, availability of effective solutions, feasibility, leadership support, and resources (cost or time) to address. Each Essential Service or Model Standard being considered is scored (0-5) for each criterion, using data or opinion as appropriate. The goal of this method is to ensure everyone agrees upon and applies certain criteria to decide priorities, as shown in Appendix H.

   - This method may be used to decide Model Standards or Essential Services to refer to a subcommittee or improvement team. Later, improvement teams may also use it to decide the most important factors to address or to choose among several potential solutions to try.
   - This method is best used to compare a short list of options.
   - Although participants may use individual score sheets, some groups may prefer to assign a score to each criterion through discussion.

Perceived Importance **High**

(scale of 1-10 as rated by participants, using questions in the "What Next?" section)

Low

	A **High Importance** **Low Performance**	B **High Importance** **High Performance**
	D **Low Importance** **Low Performance**	C **Low Importance** **High Performance**

Potential Resource Shift

Low   **High**

Current Level of Performance

(scale of 1 – 100 as reported in the NPHPS report)
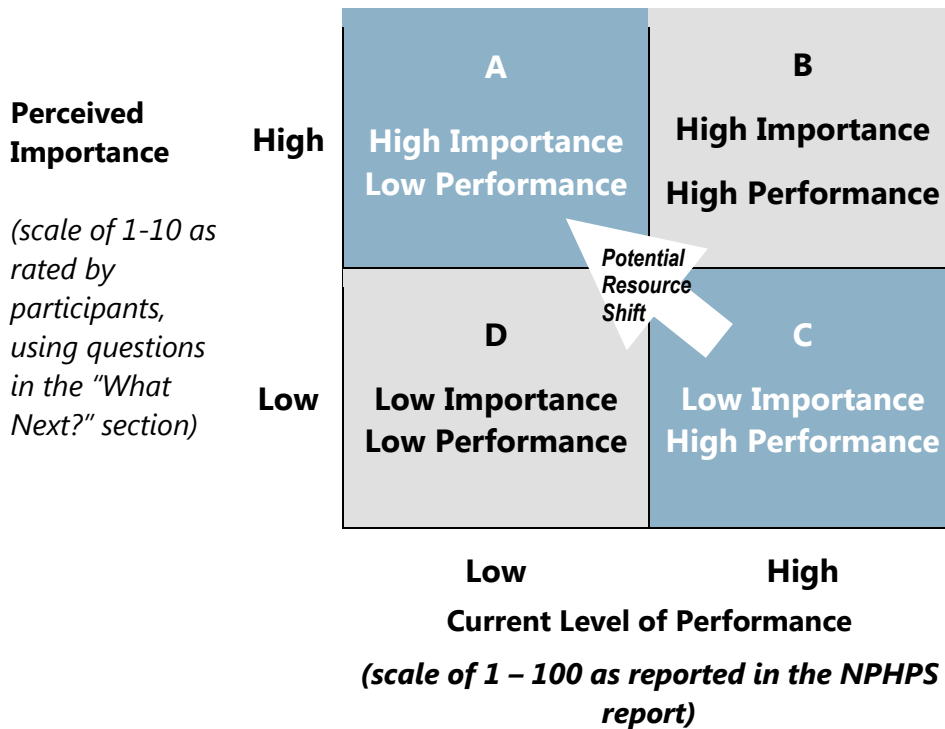
Figure 5. Identifying Priorities- Basic Framework

4. **Address common priority-setting barriers.** Setting priorities for improvement is exciting but also challenging for groups. Facilitators and participants should openly acknowledge and work to address barriers that may impact the group's success in setting priorities. Barriers to watch out for include the following:

- Fears of "winners and losers"- If people fear that a change in priorities could cost them their jobs, funding, or status, they may focus their energy on guarding their own "turf."
- Thinking the group can "do it all" and that there is no need to prioritize. If people feel guilty admitting that they cannot improve all areas at once, they will resist setting priorities.
- Difficulty focusing the attention of leaders on decisions to select priorities. Without leadership commitment, participants may fear that the group's priorities will be overturned or go nowhere.
- Feeling overwhelmed with the amount of data and options that could be considered to set priorities. By trying to organize and consider too much information, staff or participants may make the "perfect" priority setting process the enemy of one that is good and practical.
- Trouble envisioning priorities across a "system." Despite many policy incentives and voluntary tools for system-wide change, it is often easier to set priorities within an organization than among many.

Priorities likely will have implications for personnel and resources. To achieve significant improvements in these areas, partners may need to shift resources from one area to another, change what people and organizations do within existing staff time and resources, cease activity

in certain areas, or create new funding requests. As such, choose a priority setting method that will be effective, fair, and supportable.

Explore Root Causes of Performance
Once NPHPS participants have prioritized which of the Essential Services or Model Standards need to be addressed, finding a solution entails delving into possible reasons, or "root causes," of the weakness or problem. In this next step, "root causes analysis," sites pause to identify how and why problems occur before jumping to quick conclusions and superficial causes.

Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to some well-defined system causes, such as, policies, leadership, funding, incentives, information, personnel, or coordination.

Figure 6 shows how two jurisdictions perform the same on an Essential Service, but for completely different reasons. As a result, the improvement actions planned for Jurisdiction A would not work for Jurisdiction B. To create desired results, actions must address the root causes specific to each system. Note that this example provides further explanation regarding the importance of accurate recorder notes to document the discussion that, in turn, helps explain the scores.

Two Jurisdictions: Same Score, But for Different Reasons Essential Service 10 (Research for New Insights and Innovative Solutions to Health Problems)		
	Jurisdiction A	**Jurisdiction B**
Reasons for Low Score	• No university or research institution within reasonable distance to jurisdiction • Lack of knowledge on how to create linkages with research institutions, despite interest from senior leadership and staff • Little or no funding in budget earmarked for research	• No prioritization on research with local institutions by leadership • No incentives for organizations or personnel to identify innovations that will save money or get better outcomes • No feedback from management to recognize staff for researching innovative solutions
Potential Improvement Actions	• Identify at least one potential out-of-state research partner. • Access sample academic-practice linkage agreements from the Council on Linkages. • Try building research time (5%) into two large programs next year, plus seek in-kind student and faculty assistance.	• Meet with leaders to discuss how research benefits priorities. • Provide internal recognition and grant incentives to identify ways to save money or get better outcomes. • Prompt feedback on "contributions to finding innovative solutions to health problems" through employee review forms.

Figure 6. Two Jurisdictions: Same Score but for Different Reasons

To determine root causes of performance problems, a team will first generate and sort possible reasons, and then try to check their assumptions to determine what affects performance the most. It is important to remember that people who were involved in the NPHPS assessment may not be the best ones to analyze potential causes of specific problems. A good team includes people who are familiar with the problem and those whose participation or approval is needed to solve it.

A root cause analysis may be accomplished by asking a team to do the following:

1. Brainstorm all possible causes of the identified performance weakness or problem or list potential causes after reviewing data and comments collected during the NPHPS assessment.
2. Organize causes into similar categories.

> *Example: Why doesn't the state public health system effectively assist local jurisdictions with epidemiologic investigations?*
>
> | Possible reasons | Category |
> |---|---|
> | State personnel shortages, limited expertise | People |
> | Too many hurdles to request help, slow response, no process to detect when help may be needed | Methods |
> | Local staff forget whom to contact, people don't know what technical assistance is available | Information |

3. Chart causes and effects. Many root causes analysis tools represent ideas graphically, such as a tree with branches for major categories of causes. A visual format allows participants to diagram their ideas about potential causes and see which ones seem to influence many aspects of performance. For an example showing how a visual analysis tool may be applied to a NPHPS Model Standard, refer to the Fishbone Diagram in Appendix H.
4. Check out assumptions as needed to determine which causes account for most of the problem. It is important to recognize that lists and visual charts contain hypotheses, not necessarily the real causes of problems. Testing the most significant causes now may avoid wasting efforts and resources later. In the above example, staff might tally reasons for technical assistance delays for one month or ask local and state staff to rate the influence of each factor.

Use QI Tools to Assist the Process

The Plan-Do-Check-Act (PDCA) cycle, represented in Figure 7, provides a visual summary of ongoing performance improvement activities. Remember, *results*, not plans, are the intended products of the improvement process. Sites that focus on lengthy, published plans often find that momentum is lost and strategies are outdated by the time such plans are released. For the best results, keep action plans brief and flexible to allow for the PDCA cycle of short-term action, learning, and fine-tuning.

Figure 7. Plan-Do-Check-Act (PDCA) Cycle*

Plan: Plan changes aimed at improvement, matched to root causes; identify measures of improvement.
Do: Carry out changes; try first on a small scale.
Check: See if you get desired results.
Act: Make changes based on what you learned; spread success or try again.
*Also called Plan–Do–Study–Act (PDSA), Deming, or Shewhart cycles.

❑ Develop an Action Plan

In keeping with the purpose of the NPHPS and having completed your assessment and data analysis, you are ready to move toward the next step in establishing an action plan. A primary goal of the NPHPS is that data is analyzed and information is used proactively to monitor, assess, and improve the quality of essential public health services.

NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Typically, it is critical to incorporate the key findings and analyses from the NPHPS assessment, including the main strengths, weaknesses, and priorities for action identified through the discussion questions included in this document (Appendix B).

If you are following an established planning framework such as MAPP or the SHIP framework developed by ASTHO, now is the time to refer to that framework for guidance on incorporating your NPHPS results and analysis into your improvement process (see Appendix C for specific links to MAPP). Otherwise, you may follow the guidance provided in the remainder of this section to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following as you build an Action Plan using the priorities you have selected.
- Each public health system partner is an important contributor to quality in your system.
- The success of your improvement activities is dependent upon the active participation and contribution of each and every member of the system.
- An integral part of performance improvement is to work continuously to improve the quality of essential public health services delivered by the system.
- A multi-disciplinary approach, using ongoing measurement, is key to accomplishing and sustaining improvements.

Establishing an Action Plan for improvement means not only establishing baseline assessment data to measure your performance, but implementing improvement activities that enable you to monitor your progress over time. It means using multi-disciplinary problem-solving and a systematic approach to improve the services delivered across the public health system.

Now that you have analyzed the data that represents the performance of your state public health system, development of an Action Plan is a way in which you can develop specific projects and activities to improve system performance. The activities you identify can be conducted over any period of time that you define, and your plan can be changed at any time as you continue to monitor and evaluate your efforts.

Remember, for each priority you have selected you want to answer:
- What are we trying to accomplish?
- What change can we make that will result in improvement?
- How will we measure the improvement?

Consider the following objectives of an Action Plan for the priorities you have established for your state public health system. An Action Plan:
- Provides a framework for continuously monitoring and improving the quality of Essential Public Health Services.
- Collects performance data consistently and systematically
- Provides for regular analysis of data among public health system partners.
- Improves responsiveness of and relationships within the system.
- Facilitates the redesign of key processes to achieve optimal performance.

The People

❏ *Engage Partners, Staff and Leadership for Performance Improvement Planning*
Careful consideration should be given to structures that will engage and sustain momentum among assessment participants, while allowing others to contribute to improvement efforts. Assessment participants typically are excited about hearing the results and determining next steps. While many participants want to continue their involvement, some prefer those with more expertise, time, or specific job duties to take on improvement efforts. The process should anticipate new partners becoming involved, as well as member attrition and staff turnover.

Create a Structure for Success
Every performance improvement process needs structure, whether it uses an existing advisory committee, an informal professional network, or a mix of methods. Whatever its form, a successful process should do the following:
- Enable participation needed to achieve desired results.
- Match the desired scope and vision of performance improvement.
- Build on existing structures, interests, and capacities.
- Be manageable within the time, resources, and staffing available.

Options to structure improvement activities include one or more the following:
- Incorporate performance improvement into a broader planning process, such as MAPP or a similar health improvement process, a governor's health task force, or a board of health strategic planning committee.

- Identify or form a high-level steering committee to oversee the use of the national performance standards, measures, reporting of progress, and quality improvement as part of a larger "performance management system" (see Turning Point Model, Figure 8 below). Assign subcommittees or improvement teams with subject matter experts and front line staff to delve deeper into specific Essential Services or assigned areas, test improvements, and report system progress to the steering committee.
- Create or refer participants to quality improvement collaboratives (sometimes organized as "learning communities" or "improvement networks") to learn about effective practices, spread innovations, and voluntarily benchmark with sites that share common improvement goals.
- For jurisdictions using all three NPHPS instruments, set up a special statewide coordinating committee to analyze priorities among governance, local, and state users and align improvements for maximum impact.

Figure 8. Public Health Performance Management System

The Logistics

❑ Disseminate Results and Regularly Monitor/Report Progress

Regular reporting of progress is an essential part of the improvement process. A regular reporting cycle promotes accountability for results; helps to sustain momentum; and enables decision-making around improvement efforts, resources, and policies. The key to reporting is to provide the right people with the right information at the right time.

Potential target audiences for regular communications about public health system performance and the improvement process include the following:

- NPHPS Steering Committee or MAPP Committee
- Assessment participants
- Improvement work groups or networks
- Local or state health officials
- Boards of health
- Legislators
- Media and the public
- Funders
- Organizational partners
- Other stakeholders

Keep in mind, not everyone needs the same type of information or the same level of detail. To match recipients' responsibilities and interests, sites might choose to report progress in two or more convenient formats.

As examples:
- A one-page "**scorecard**" of public health system performance measures with a brief analysis of progress and priorities for future action might be suitable for legislators, boards of health, funders, and the media. Between full NPHPS assessments every three-to-five years, sites may wish to use a small set (5-10) of quantitative measures to monitor important aspects of system performance. The following are some examples of such measures:
  - Disease investigations completed in two weeks.
  - Health workers annually trained in priority areas.
  - Publicly-funded health programs that report evaluation outcomes.
  - Laboratory response time to diagnose suspicious agents.
  - An annually updated community health profile.
  - Emergency readiness performance measures that have data available.
- A **high-level update** on NPHPS performance improvement plans and work group measures might be appropriate for the NPHPS Steering Committee, health officials, assessment participants, and organizational partners.
- A **detailed update** may be useful to work group participants, who need to track information as part of the "Plan-Do-Check-Act" cycle described previously. Work group participants may be responsible for communicating their own progress on tasks and performance measures in meetings or in an online work space. As another approach, Colorado uses a quarterly newsletter to report progress and share innovations among participants in its statewide improvement networks (called "learning communities").

APPENDICES

Appendix A: Public Health in America

PUBLIC HEALTH IN AMERICA

Vision:	Healthy People in Healthy Communities

Mission:	Promote Physical and Mental Health and Prevent Disease, Injury, and Disability

Public Health:	• Prevents epidemics and the spread of disease. • Protects against environmental hazards. • Prevents injuries. • Promotes and encourages healthy behaviors. • Responds to disasters and assists communities in recovery. • Assures the quality and accessibility of health services.

Essential Public Health Services:	1. Monitor health status to identify community health problems 2. Diagnose and investigate health problems and health hazards in the community 3. Inform, educate, and empower people about health issues 4. Mobilize community partnerships to identify and solve health problems 5. Develop policies and plans that support individual and community health efforts 6. Enforce laws and regulations that protect health and ensure safety 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable 8. Assure a competent public health and personal health care workforce 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services 10. Research for new insights and innovative solutions to health problems

Adopted: Fall 1994, Source: Public Health Functions Steering Committee Members (July 1995): *American Public Health Association, Association of Schools of Public Health, Association of State and Territorial Health Officials, Environmental Council of the States, National Association of County and City Health Officials, National Association of State Alcohol and Drug Abuse Directors, National Association of State Mental Health Program Directors, Public Health Foundation, U.S. Public*

Health Service - Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Services, National Institutes of Health, Office of the Assistant Secretary for Health, Substance Abuse and Mental Health Services Administration

Appendix B- Background Information and History of NPHP

The nation's public health infrastructure is like a jigsaw puzzle; it is comprised of many pieces that represent the national, state and local public health systems throughout the nation. To ensure a strong public health infrastructure, we must work to strengthen each of those puzzle pieces, one by one, and to pull them together into a cohesive and coordinated public health system.

The National Public Health Performance Standards (NPHPS) helps users answer questions such as, "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the Essential Services being provided in our system?" The dialogue that occurs in answering these questions helps identify strengths and weaknesses within the system or governing entity. This information may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state, and national policymakers make better and more effective policy and resource decisions to improve the nation's public health as a whole.

The NPHPS is intended to improve the quality of public health practice and the performance of public health systems as follows:
- Providing performance standards for public health systems and encouraging their widespread use;
- Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness;
- Promoting continuous quality improvement of public health systems; and
- Strengthening the science base for public health practice improvement.

The NPHPS is a collaborative effort of seven national partners: Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC / OCPHP), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and Public Health Foundation (PHF).

The NPHPS includes three instruments that were originally developed between 1997-2001, updated in 2005-2007 as version 2.0, and updated again in 2011 under the leadership of CDC and its partner organizations. Through working groups and field test activities, hundreds of representatives from these organizations were involved in developing, reviewing, testing, and refining these instruments. Their feedback has helped to ensure that the NPHPS instruments are practice-oriented and user-friendly.

The three instruments are:
- **The State Public Health System Performance Assessment Instrument (State Instrument)**-focuses on the "state public health system," and includes state public health agencies and other partners that contribute to public health services at the state level. The State Instrument was developed and updated under the leadership of ASTHO and CDC.
- **The Local Public Health System Performance Assessment Instrument (Local Instrument)** focuses on the "local public health system" or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.

The Local Instrument was developed and updated under the leadership of NACCHO and CDC.

- **The Local Public Health Governance Performance Assessment Instrument (Governance Instrument)-**focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners. The Governance Instrument was developed and updated under the leadership of NALBOH and CDC.

Appendix C- NPHPS and MAPP

The local assessment is linked to a community-wide strategic planning process for health improvement: *Mobilizing for Action through Planning and Partnerships* (MAPP, see Figure 1). MAPP, released in 2001 by NACCHO and CDC, guides system partners and community members through a community health assessment and improvement planning process. MAPP can be adapted for use by the state.

MAPP helps communities prioritize their public health issues, identify resources for addressing them, and implement strategies relevant to their unique community contexts. MAPP will help communities use broad-based partnerships, performance improvement, and strategic planning in public health practice.

MAPP includes a set of four assessments. The assessments include the following:
1. **Community Themes and Strengths Assessment** -Identifies issues that interest the community, perceptions about quality of life and community strengths and assets;
2. **Forces of Change Assessment** - Identifies forces that are of will be affecting the community or the local public health system such as changes in legislation, funding shifts, or recent natural disasters;
3. **Community Health Status Assessment** - Assesses data about health status, quality of life and risk factors in the community; and
4. **Local Public Health System Assessment** - Measures the capacity and performance of the local public health system—all organizations and entities that contribute to the public's health. The tool used within this assessment is the NPHPSP Local Instrument.
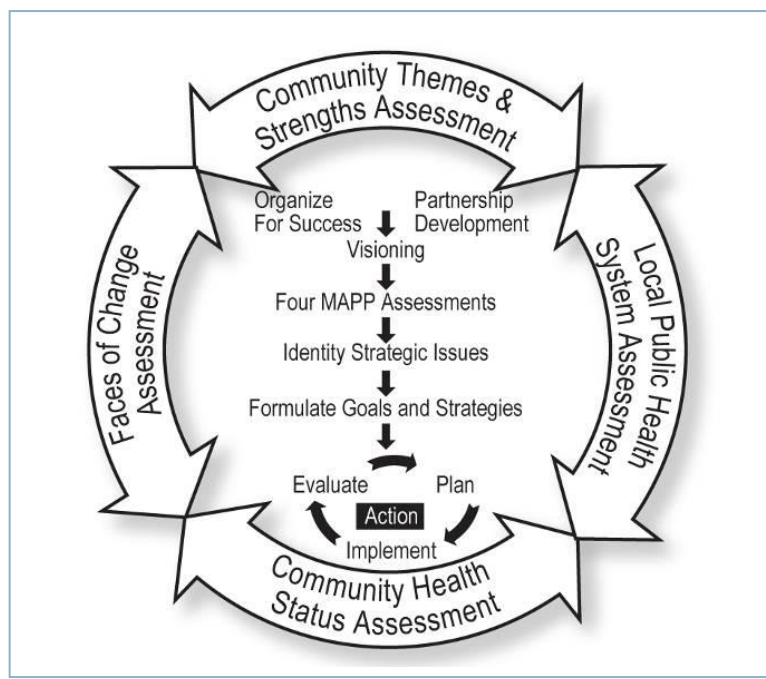

Figure 1: The MAPP Model

Appendix D- Respondents

PARTICIPANTS
The lists below illustrate the range of possible organizations or individuals that may participate in responding to the assessment instrument. Statewide associations or local coalitions can be useful in gaining representation from a large number of entities (e.g., state hospital association, chamber of commerce). Convening a broad-based group will result in a more valuable process, as well as a more accurate depiction of public health system performance.

Possible Participants for the State Public Health System Assessment

- State public health agency
- State government agency
- Local health department
- Hospital or other healthcare facility
- Philanthropic organization
- Managed care organization
- Physician, Nurse or other healthcare worker or organization
- Social service provider
- Civic organization
- Professional public health or healthcare association
- Business
- Labor organization
- Faith institution
- School
- Institution of higher education
- Public safety or emergency response organization
- Environmental or occupational health organization
- Community member or consumer
- Legislator, Governor's Office representative or other state or local policy maker
- State Board of Health

Possible Participants for the Local Public Health System Assessment

- The local governmental public health agency
- The local governing entity (e.g., board of health)
- Other governmental entities (e.g., state agencies, other local agencies)
- Hospitals
- Managed care organizations
- Primary care clinics and physicians
- Social service providers
- Civic organizations
- Professional organizations
- Local businesses and employers
- Neighborhood organizations
- Faith institutions
- Transportation providers
- Educational institutions
- Public safety and emergency response organizations
- Environmental or environmental-health agencies
- Non-profit organizations/advocacy groups
- Local officials who impact policy and fiscal decisions
- Other community organizations
- Community residents

Possible Participants for the Local Public Health Governance Assessment
• Members of the governing entity (board of health, city council, county commissioners, etc.) • Local health officer/top agency executive of the local public health agency • Other senior management of the local public health agency • Advisory board, if applicable

Appendix E- State Instrument Layout

The **10 Essential Services** provide the framework for each instrument, so there are 10 sections or "chapters", one for each Essential Service. Each Essential Service includes two-five **Model Standards**; each Model Standard is followed by a series of **performance measures (assessment questions)** which are accompanied by more detailed **discussion questions**.

Essential Service
In the state instrument, each **Essential Service** begins by listing the core question(s) that help describe what the public health system gains from the Essential Service activities. See the below for an example.

What is going on in our state?
Do we know how healthy we are?

Following the question(s) is a bulleted list of related activities for the **Essential Service** and the types of partner organizations generally involved in such activities. The list of partner organizations can provide guidance on who to invite to the table to participate in the assessment and also as a checklist during the assessment to determine which partners are involved in the activity at the state level. See the example for Essential Service 1 on the next page.

Example: Essential Service 1

This service includes
- Assessment of statewide health status and its determinants, including the identification of health threats and the determination of health service needs
- Analysis of the health of specific groups that are at higher risk for health threats than the general population
- Identification of community assets and resources that support partner organizations in the state public health system (SPHS) to promote health and improve quality of life
- Interpretation and communication of health information to diverse audiences in different sectors
- Collaboration to integrate and manage public health related information systems

System partner organizations involved in Essential Service 1 activities may include, but are not limited to:
- ❑ State government agencies with public health responsibilities
- ❑ Physicians, nurses, and other reporters of health data
- ❑ Hospitals and other health care facilities
- ❑ Local public health system organizations involved in data collection and reporting
- ❑ Universities or other academic institutions
- ❑ Public health institutes
- ❑ Public, private, and voluntary organizations that use health data
- ❑ Other

Model Standards

The section is further divided into two-four **Model Standards**, which represent major components, activities, or practice areas of the Essential Service. Model Standards provide descriptions of optimal performance written in paragraph and bullet format. See the example on the next page for Model Standard 1.1.

SPHS partner organizations work collaboratively to measure, analyze, and communicate about the health status of the state's population. Health status is monitored through the collection, analysis, reporting, and use of data describing critical indicators of health, illness, and health resources. Health status data include

- Vital statistics, including births and deaths
- Use of personal health care services
- Environmental and socioeconomic conditions that impact health
- Infectious diseases
- Chronic diseases
- Injuries
- Behavioral risk factors
- Mental health
- Substance abuse
- Policy and practice indicators (example: CDC's Prevention Status Report)

These data are analyzed, disseminated, and widely used by systems partners to better understand health needs, focus program and service activities, and assess progress in achieving desired health outcomes. Health monitoring is a collaborative effort involving many state public health partners and local public health systems, including physicians; hospitals and other health care facilities; state and local governmental public health agencies; and other health information reporters and managers. Effective communication of health data and information is a primary goal of all systems partners that participate in this effort to generate new knowledge about health in the state. End-users' knowledge of a state's health data results for more effective improvement plans, resource development, and services to meet population health needs.

To accomplish these results, SPHS partner organizations
- Develop and maintain programs that collect health-related data to measure the state's health status.
- Produce useful data and information products that are accessible to a variety of data users, including a state health needs assessment (comprehensive, every few years) and state health profiles (shorter, more focused, more frequent) that routinely report on the prevailing health of the people of the state
- Operate a data reporting system to receive and transmit information about reportable diseases and other potential public health threats

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Discussion Questions
Each Model Standard is followed by a series of **discussion questions** that serve to guide a robust and comprehensive discussion regarding the state public health system partner work regarding the Model Standards. The discussion questions are intended to provide specificity about desired performance as well as an opportunity to fully discuss the state system practice related to the desired performance PRIOR to scoring the **assessment questions** or **SPHS performance measures**. All discussion questions are grouped by common **voting consideration**s, which are described in the next section. See the example for Model Standard 1.1 in the next section.

Discussion Items for Model Standard 1.1

Discuss how the SPHS partner organizations maintain data collection and monitoring programs. Does the SPHS monitoring program
- Collect a broad range of data required for monitoring health status?
- Identify roles of state and local governmental agencies and relevant private sector agencies?
- Facilitate access to health-related data for state and local partners, researchers, and other interested groups?
- Protect confidentiality of personal health information?

Discuss how the SPHS partner organizations make health data accessible. Does the SPHS data include
- State comparisons with national health measures, diverse sources, or geo-coding?
- Population health registries?
- A web-based data query system?
- Data reporting capability that encourages electronic data exchange among SPHS partner organizations?
- Widely disseminated data based health reports that describe the prevailing health of the state's population?

Discuss how the SPHS partner organizations work together to maintain a data reporting system. Does the SPHS
- Have written procedures for receiving information on reportable public health threats from the state's public and private laboratories?
- Share information and data regarding reportable public health threats with local and federal public health agencies using National Electronic Disease Surveillance System (NEDSS)-compatible systems?
- Exchange information with partner organizations that may have first contact with public health threats?
- Have the capability to communicate rapidly with potential disease reporters via special alerts (Example: the Health Alert Network)?

Performance Measures or Assessment Questions
After the participants have engaged in a robust discussion regarding the specific questions associated with the Model Standard description, they should be prepared to determine the level in which the state public health system meets the **Performance Measures**. Each Model Standard lists two-five performance measures (assessment questions) that are to be scored by consensus of all participants. See the example from Model Standard 1.1 below.

1.1.1   How well do SPHS partner organizations maintain data collection and monitoring programs designed to measure the health status of the state's population?

No Activity   Minimal   Moderate   Significant   Optimal

   ○   ○   ○   ○   ○

1.1.2   How well do SPHS partner organizations make health data accessible in useful health data products?

No Activity   Minimal   Moderate   Significant   Optimal

   ○   ○   ○   ○   ○

1.1.3   How well do SPHS partner organizations work together to maintain a data reporting system designed to identify potential public health threats?

No Activity   Minimal   Moderate   Significant   Optimal

   ○   ○   ○   ○   ○

Following the discussion questions and the state public health system performance measures, there is space for note-taking. The note-taking section provides space for participants to capture general notes about a service they may not have been aware of or contact information etc. The second half of the notes page is categorized to mirror the group discussion summary items. Participants will be encouraged to note the following items:
- **Strengths**: What specific components or activities did the state public health system partners identify that are being done really well as described in the Model Standard?
- **Weaknesses:** What specific components or activities did the state public health system partners identify as not meeting the description in the Model Standard particularly related to awareness, involvement frequency, quality, comprehensiveness and usability?
- **Opportunities for immediate improvements and/or partnerships:** What did the state public health system partners identify as something that could be improved relatively quickly with little effort and resources? Were there any new partnerships identified within the community to enhance the public's health?
- **Priorities or longer term improvement issues:** Is improvement in this Model Standard a priority? To improve the ranking regarding the level to in which the state public health system performs the activities described in the Model Standard, what long term issues need addressed?

Participants will likely identify specific notes regarding strengths, weaknesses opportunities for immediate improvements and partnerships for their own organization as well as the overall

system of state public health partners. This information can be used for quality planning and quality improvement at individual agencies as well as for the overall SPHS. The full post-assessment report will also be of assistance in determining SPHS quality improvement activities.

Strengths	Weaknesses	Opportunities for Immediate Improvements/ Partnerships	Priorities or Longer Term Improvement Opportunities
Model Standard 1.1. Develop a Population-Based Community Health Profile Summary			

In summary, the following elements comprise each section:

- **Essential Service** – includes bulleted list of activities and common public health system partners engaged in the activities.
- **Model Standards** – two-to-four standards representing the major components, activities or practice areas of the Essential Service.
- **Discussion Questions** – guide a robust discussion and describe optimal standards of performance related to the Model Standard. Discussion questions allow system partners to thoroughly explore the system's performance related to the Model Standard.
- **Public Health System Performance Measures or Assessment Questions** – Optimal measures of performance related to the Model Standard which are scored by system partners to determine the level at which the system performs.
- **Discussion Notes** – notes section for participants to capture important factors from the discussion to include strengths, weaknesses, opportunities for improvement and partnerships and longer term goals and priorities.

Appendix F- State Supplemental Questionnaire: Priority of Model Standards

National Public Health Performance Standards Program
State Public Health System Assessment Priority of Model Standards Questionnaire

OVERVIEW: This questionnaire is made available so that sites may consider the priority of each model standard to their system. Sites choosing to complete this supplemental questionnaire will receive an additional component to their reports which will depict their performance scores in relation to how they have prioritized model standards. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

INSTRUCTIONS: Using a scale of 1 to 10 (with 1 being the lowest and 10 being the highest), please rate the priority of each model standard without regard to performance scores or rank order. In considering this questionnaire, the following questions may be helpful for participants. Example A: "On a scale of 1 to 10, what is the priority of this model standard to our public health system?" Example B: "On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis or resources)?" Sites may complete this questionnaire in a single group, either at the same time of the assessment or shortly thereafter, so that there is a consistent approach to responding to the questions across the model standards.

Essential Service #1 - Monitor health status to identify health problems	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P1.1 Planning and Implementation	
P1.2 State-Local Relationships	
P1.3 Performance Management and Quality Improvement	
P1.4 Public Health Capacity and Resources	

Essential Service #2 - Diagnose and investigate health problems and health hazards	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P2.1 Planning and Implementation	
P2.2 State-Local Relationships	
P2.3 Performance Management and Quality Improvement	
P2.4 Public Health Capacity and Resources	

Essential Service #3 – Inform, educate and empower people about health issues	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P3.1 Planning and Implementation	
P3.2 State-Local Relationships	
P3.3 Performance Management and Quality Improvement	
P3.4 Public Health Capacity and Resources	

Essential Service #4 – Mobilize partnerships to identify and solve health problems	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P4.1 Planning and Implementation	
P4.2 State-Local Relationships	
P4.3 Performance Management and Quality Improvement	
P4.4 Public Health Capacity and Resources	

Essential Service #5 – Develop policies and plans that support individual and statewide health efforts	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P5.1 Planning and Implementation	
P5.2 State-Local Relationships	
P5.3 Performance Management and Quality Improvement	
P5.4 Public Health Capacity and Resources	

Essential Service #6 – Enforce laws and regulations that protect health and ensure safety	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P6.1 Planning and Implementation	
P6.2 State-Local Relationships	
P6.3 Performance Management and Quality Improvement	
P6.4 Public Health Capacity and Resources	

Essential Service #7 – Link people to needed personal health services and assure the provision of health care when otherwise unavailable	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P7.1 Planning and Implementation	
P7.2 State-Local Relationships	
P7.3 Performance Management and Quality Improvement	
P7.4 Public Health Capacity and Resources	

Essential Service #8 – Assure a competent public health and personal health care workforce	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P8.1 Planning and Implementation	
P8.2 State-Local Relationships	
P8.3 Performance Management and Quality Improvement	
P8.4 Public Health Capacity and Resources	

Essential Service #9 – Evaluate effectiveness, accessibility, and quality of personal and population-based health services	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P9.1 Planning and Implementation	
P9.2 State-Local Relationships	
P9.3 Performance Management and Quality Improvement	
P9.4 Public Health Capacity and Resources	

Essential Service #10 – Research for new insights and innovative solutions to health problems	Response
On a scale of 1 to 10, what is the priority of each model standard to our state public health system?	
P10.1 Planning and Implementation	
P10.2 State-Local Relationships	
P10.3 Performance Management and Quality Improvement	
P10.4 Public Health Capacity and Resources	

Appendix G- State Supplemental Questionnaire: Agency Contribution

National Public Health Performance Standards Program
State Public Health System Assessment Agency Contribution
Questionnaire

OVERVIEW: This optional questionnaire is made available so that sites may consider the contribution that the state health department has to each model standard. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

INSTRUCTIONS: Using a similar scale used to assess the model standards in the assessment, use the following scale:

    0 – for no contribution to the model standard
    25 – for agency contribution of 0-25%
    50 – for agency contribution of 26-50%
    75 – for agency contribution of 51-75%
    100 – for agency contribution of 76-100%

Sites may complete this questionnaire in a single group, either at the same time of the assessment or shortly thereafter, so that there is a consistent approach to responding to the questions across the model standards.

Essential Service #1 - Monitor health status to identify health problems	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A1.1 Planning and Implementation	
A1.2 State-Local Relationships	
A1.3 Performance Management and Quality Improvement	
A1.4 Public Health Capacity and Resources	

Essential Service #2 - Diagnose and investigate health problems and health hazards	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A2.1 Planning and Implementation	
A2.2 State-Local Relationships	
A2.3 Performance Management and Quality Improvement	
A2.4 Public Health Capacity and Resources	

Essential Service #3 – Inform, educate and empower people about health issues	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A3.1 Planning and Implementation	
A3.2 State-Local Relationships	
A3.3 Performance Management and Quality Improvement	
A3.4 Public Health Capacity and Resources	

Essential Service #4 – Mobilize partnerships to identify and solve health problems	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A4.1 Planning and Implementation	
A4.2 State-Local Relationships	
A4.3 Performance Management and Quality Improvement	
A4.4 Public Health Capacity and Resources	

Essential Service #5 – Develop policies and plans that support individual and statewide health efforts	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A5.1 Planning and Implementation	
A5.2 State-Local Relationships	
A5.3 Performance Management and Quality Improvement	
A5.4 Public Health Capacity and Resources	

Essential Service #6 – Enforce laws and regulations that protect health and ensure safety	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A6.1 Planning and Implementation	
A6.2 State-Local Relationships	
A6.3 Performance Management and Quality Improvement	
A6.4 Public Health Capacity and Resources	

Essential Service #7 – Link people to needed personal health services and assure the provision of health care when otherwise unavailable	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A7.1 Planning and Implementation	
A7.2 State-Local Relationships	
A7.3 Performance Management and Quality Improvement	
A7.4 Public Health Capacity and Resources	

Essential Service #8 – Assure a competent public health and personal health care workforce	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A8.1 Planning and Implementation	
A8.2 State-Local Relationships	
A8.3 Performance Management and Quality Improvement	
A8.4 Public Health Capacity and Resources	

Essential Service #9 – Evaluate effectiveness, accessibility, and quality of personal and population-based health services	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A9.1 Planning and Implementation	
A9.2 State-Local Relationships	
A9.3 Performance Management and Quality Improvement	
A9.4 Public Health Capacity and Resources	

Essential Service #10 – Research for new insights and innovative solutions to health problems	Response
How much of each model standard is achieved through the direct contribution of the state public health agency?	
A10.1 Planning and Implementation	
A10.2 State-Local Relationships	
A10.3 Performance Management and Quality Improvement	
A10.4 Public Health Capacity and Resources	

Appendix H- Discussion Questions to Put Data into Context

Below are examples of questions that can help participants begin to interpret NPHPS assessment results and discuss priorities for improvement in the context of what is most important to the jurisdiction.

General Interpretation Questions

1. Based upon our self-assessment of our performance according to national standards, what are the strengths and weaknesses in our jurisdiction's capacity to protect and promote the public's health?
   a. Our public health system is strongest in (1)_____, (2)_____, and (3)_____. *[Select from "10 Essential Public Health Services."]*

   b. Our public health system is weakest in (1)_____, (2)_____, and (3)_____. *[Select from "10 Essential Public Health Services."]*

2. Overall, what is your response to the performance scores?
   - How well do they match your perceptions and experiences of our public health system?
   - Were any surprising?

Discussion Questions to Give Context

Refer to the bar chart provided with the NPHPSP report, "How did we perform in the ten areas of Essential Public Health Services (EPHS)"?

3. Based on our scores, what public health issues would we expect our (public health system or board of health) to best address? *[Examples: tuberculosis, nursing shortages, food safety, emergency response, teen smoking or cost of diabetes care]*

4. What has led our system to look like this? Why do we perform better in some areas and worse in others? *[List potential underlying reasons for the distribution of scores across the 10 EPHS.]*

5. Has strong performance in certain areas benefited our community(-ies)? Have our weaknesses hurt us in the past? How? *[Identify concrete examples or stories.]*

6. What are the most important results that our public health system must deliver for our community(ies)? *[Identify top health-related priorities from current strategic plans, recent health assessments, or community themes.]*

7. To achieve these results, in what areas must our (public health system or board of health) excel? *[Select from Essential Public Health Services, specific standards, or cross-cutting system issues, as appropriate.]*

Discussion Questions to Identify Priorities for Improvement and System Change

8. Considering our strengths, our weaknesses, and what results are most important to us, what are our priorities for system improvement?
   [Select from Essential Public Health Services, specific standards, or cross-cutting system issues, as appropriate.]

9. To improve performance within these specific areas, what do we need to do? What are our next steps?

[Identify high-level action plan, with details to follow. Specify any actions needed from leaders to proceed with this plan.]

10. To get better results, we should begin to shift some resources and attention away from _____ and towards _____. *[Select from Essential Public Health Services, citing specific standards as appropriate. See also Appendix X2.]*

   To make this shift, what do we need to do? *[Identify specific action recommendations, including decisions or actions needed from leaders.]*

Appendix I- Identifying Priorities: Basic Worksheet

This priority setting worksheet allows groups to cluster NPHPS Model Standards, Essential Services, or activity areas into one of four categories based on their **importance** and their **current performance status**. This worksheet may be completed through a brainstorming session by the entire group or a by a subcommittee. Be sure to list relevant Model Standard numbers and a brief summary of each area. If the group has already ranked Model Standards, this worksheet may help clarify and visually display decisions about the priorities. The suggested headings may be tailored based on the needs of your system or board of health.

A. These important activities require increased attention.		
Model Standard Numbers	**Summary**	**Action**

B. These activities are being done well, and we need to maintain efforts.		
Model Standard Numbers	**Summary**	**Action**

C. These activities are being done well, but we can shift or reduce some resources or attention to focus on higher priority activities.		
Model Standard Numbers	**Summary**	**Action**

D. These activities could be improved, but are of low priority. They need little or no attention at this time.		
Model Standard Numbers	**Summary**	**Action**

Appendix J- Priority Setting Matrix with Example Criteria

A matrix like the one below may be used to decide priorities for performance improvement from a list of NPHPS Model Standards. Such a matrix also may be used to decide priorities among possible causes of a performance weakness or problem to address, or to choose the best solution(s) for a given problem. Decisions are based on agreed upon criteria, thus reducing the potential for choices based on hidden agendas. For instructions on using this technique, see the next page.

In this example, a jurisdiction has scored low on four Model Standards in the NPHPS assessment. Because the group believes all are important, the matrix will help them decide which Model Standards should be addressed in a performance improvement process.

Criteria (weight) / Options for Improvement	Impact on important health issues (5)	Feasibility to address (4)	Time required (2)	Support (3)	Total
Identification and surveillance of health threats (2.1)	4* X 5** = 20	4 X 4 = 16	5 X 2 = 10	4 X 3 = 12	58
Constituency development (4.1)	2 X 5 = 10	1 X 4 = 4	2 X 2 = 4	3 X 3 = 9	27
Identification of populations with barriers to personal health services (7.1)	3 X 5 = 15	3 X 4 = 12	4 x 2 = 8	3 X 3 = 9	44
Linkage with institutions of higher learning and/or research (10.2)	3 X 5 = 15	5 X 4 = 20	2 X 2 = 4	2 x 3 = 6	45

*Score (0-5) assigned to each option in relation to criterion
** Weight (multiplier) for the criterion (1-5)

Commonly used criteria to set priorities

Priority setting criteria commonly fall under the following categories:

- Effectiveness
- Feasibility
- Resources
- Seriousness
- Impact on systems or health
- Size of population affected
- Support or acceptability
- Within control of team

Instructions
The following lists the steps to take in developing a priority setting matrix.
1. List the options the team will be considering.
2. Brainstorm the criteria that will be used to evaluate the options.
3. Discuss and refine the list of criteria. Ideally, reduce the list to two to five criteria that the team believes are most important.
4. Decide if some criteria are more important than others; and if so, assign a relative weight (multiplier) to each criterion. For example, if the team finds "Cost" to be a more important criterion then "Time" in considering a solution, they would give "Cost" a higher numerical weight than "Time." It is suggested to use a weight scale between 1 and 5 to keep scoring simple. Determining the weight of each criterion may be done by discussion and consensus. Or each member can record weights for each criterion, then the use the team average as the weight.
5. Draw a matrix similar to the example. Write the criteria and their corresponding weights as labels along one edge and the list of options along the other edge.
6. Rate each option (0-5 points) according to the criteria—assigning higher points to those with favorable characteristics. For example, if the team favors low cost options, the lowest cost option receives the highest score (5) related to the "Cost" criterion. Points may be assigned individually or as a group, using data or opinion as appropriate.
7. Multiply each option's point rating by the weight. Add the total points for each option. The option with the highest score may not always be the best option, but the relative scores can generate meaningful discussion and lead the team toward consensus.

Adapted from the American Society of Quality, http://www.asq.org, and Goal QPC, http://www.goalqpc.com.

Other potential priority setting criteria to use in a performance improvement process	
When you have many **problems** or improvement opportunities, and you need to choose one(s) to work on…	When you have a list of many potential **solutions** to a defined problem, and you need to choose one(s) to try…
• Impact of the problem on health issues • Effect on other system issues (i.e., Is it causing weakness in many EPHS?) • Availability of effective solutions • Within control of the team to solve • Cost of problem (or potential financial payback to resolve) • Resources likely required to solve (money, time, others) • Ease of solving • # of people or organizations affected • "Customer pain" caused by problem (to partners, staff, consumers, others) • Support for solving the problem (interest or buy-in from team, partners, community, management, or leaders) • Urgency of solving the problem	• Effectiveness of solution • Extent it will resolve the problem; or # of root causes addressed by a solution • Potential effects on other systems • Within control and authority to implement • Cost to implement and maintain (or return on investment) • Availability of needed resources • Capability or expertise to implement • Ease of implementation or maintenance • Time until solution is fully implemented • Support for the solution (interest or buy-in from team, partners, community, management, or leaders) • Safety, health, or environmental factors • Legal or ethical considerations • Potential negative consequences

Appendix K: Root Cause Analysis: Fishbone Technique Example

The example below shows how a fishbone diagram (also known as an Ishikawa diagram) may be used to analyze root causes of performance related to a NPHPSP Model Standard. For instructions on using this technique, see the next page.
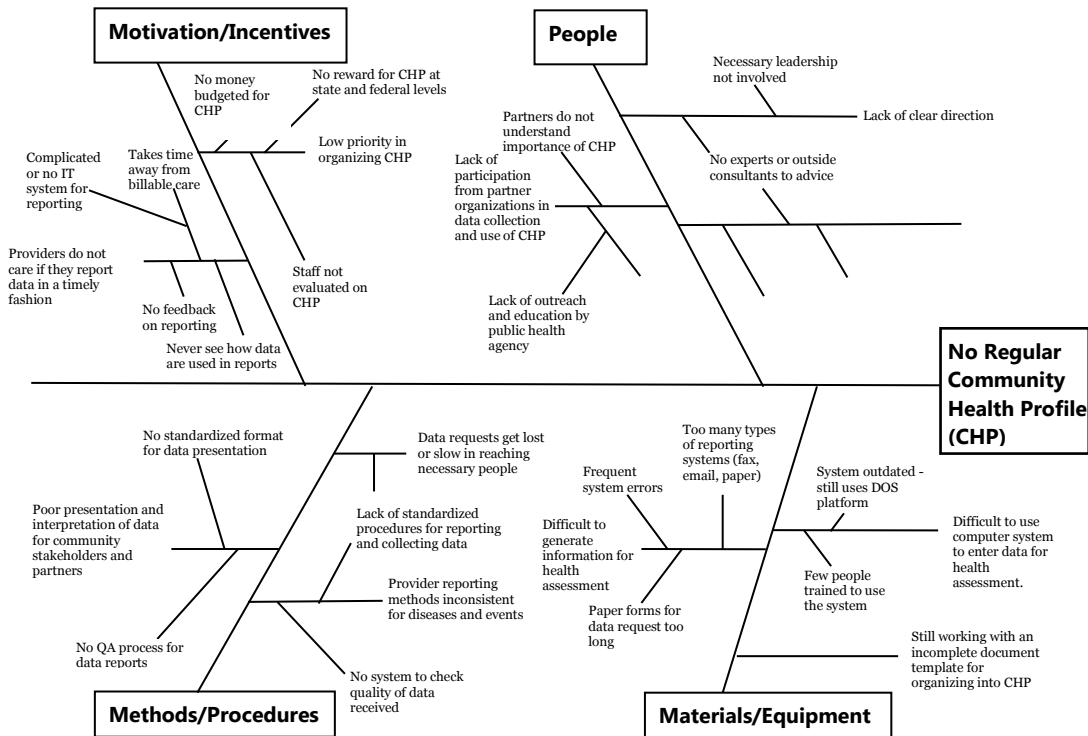
The fishbone diagram allows participants to organize a large amount of information by showing links between events and their potential or actual causes and provides a means of generating ideas about why the problem is occurring and possible effects of that cause. When developing the fishbone diagram, remember to focus the team on causes and not symptoms.

Instructions

The following steps describe how to carry out a root causes analysis using the fishbone diagram.

1. Agree on a problem statement. Be specific, and use data to specify the problem where possible. Place it in a box on the right side of a writing surface. Allow plenty of space.

   Examples of problem statements:
   "Only 40% of notifiable disease reports are submitted within required time frames"
   "No community health profile is produced regularly as described in NPHPSP Model Standard 1.1"

2. Brainstorm the major categories of causes of the problem, or use generic headings such as the following. Draw a line from each category to the backbone of the fishbone chart.

   - Methods/Procedures
   - Motivation/Incentives
   - Materials/Equipment (including technology)
   - People (including personnel, patients, partners, or providers)
   - Information/feedback
   - Environment
   - Policy

3. Brainstorm all the possible causes of the problem. Ask: "Why does this happen?" As each idea is given, the facilitator will write it as a branch from the appropriate category. Causes can be written in several places if they relate to several categories.

4. Again ask, "Why does this happen?" about each cause. Write sub-causes branching off the causes. Continue to ask "Why?" and generate deeper levels of causes. Push for deeper understanding but know when to stop.

5. Look for causes that appear repeatedly within or across major categories. When the group runs out of ideas, focus attention to places on the chart where ideas are few.

Adapted from the American Society of Quality, http://www.asq.org, and Goal QPC, http://www.goalqpc.com.

Appendix L: Preparation Worksheet

SPHSA Preparation Worksheet

Essential Public Health Service	Who provides this Essential Service in your state? List as many as you can.	How does your agency contribute to this Essential Service?	How good is the collective effort of public, private and voluntary organizations at achieving this work? Note an explanation.	What are some specific examples that further exemplify your response to the last question?
ES 1 Monitor Health to Identify and Solve Community Health Problems -Conducts a Community Health Assessment -Uses technology like GIS mapping and other visuals to communicate data -Contributes to population health registries to report health data/Uses registries				

Appendix M: SPHS and Essential Service Exercise

Brainstorming Exercise
The State/Local Public Health System and the Essential Services

There are many different organizations and entities that contribute to a state and local public health system. The purpose of this exercise is to give participants a sense of the many organizations that contribute to public health. The organizations and entities identified during this exercise are those that will need to be involved in the performance assessment process.

During this exercise, participants will discuss a local public health system by determining who in the community offers the services or conducts the activities associated with the Essential Public Health Services. You will have 20 minutes to complete this exercise.

Below are two alternatives for this exercise.

Exercise #1 – A "Taste of the Essential Services"

Directions:

1. Assign the group (or each table) one Essential Service each.
2. Each group should select a scribe who will record ideas on the flip chart.
3. Review the assigned Essential Service.
4. As a group, brainstorm the activities that are associated with Essential Service. Identify the organizations, individuals, or entities that conduct those activities. Record this information on the flip chart.
5. Continue until time runs out.

Exercise #2 – Building an Understanding of the Essential Services and the Public Health System

Directions:

1. Place the ten Essential Services on ten flip charts around the room. (This can also be done on worksheets provided to participants).
2. Participants should identify the organizations that are involved or associated with each Essential Service. This can be done in small groups, or by asking participants to place ideas on the flip chart during a selected time.
3. Discuss the final lists on each flip chart. Add or refine as needed. Note the many organizations that contribute to each Essential Service.
4. The group should use the final lists as they conduct the system assessment. The lists will serve as a reminder of the organizations and activities associated with each Essential Service.

The Essential Public Health Services

The Essential Services framework was developed in 1994 as a method for better identifying and describing the core processes used in public health to promote health and prevent disease. All public health responsiblities (whether conducted by the public health agency or another organization within the community) can be categorized into one of the services.

The Essential Services were selected due to the following:
- Broad awareness among the public health community.
- Their proven usefulness in other public health infrastructure initiatives, such as *Healthy People 2010* and the National Public Health Performance Standards Program.
- The relationship of the Essential Services to previous public health frameworks such as the three core functions and the ten organizational practices.

The Essential Public Health Services are as follows:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The Essential Services are articulated and described in the Model Standards found throughout the state, local, and governance performance standards assessment instruments.

Appendix N: Assessment Posters

Poster 1: Ground Rules
- Stay Present (phones on silent/vibrate, limit side conversations)
- Speak One at a Time
- Be Open to New Ideas
- Step Up/ Step Back (to make sure all participate)
- Avoid Repeating Previous Remarks
- Allow Facilitator to Move Conversation Along
- All perspectives welcome.
- Use Voting Cards to Vote – *Everyone Votes at Same Time*
- Raise Hand to Request Additional Discussion Before Voting
- Own Your Rating; Be Prepared to Provide Examples and Explanation to Inform Group and Increase Understanding

Poster 2: Process Outline
- Introductions
- Review of Ground Rules
- Process and Material Overview
- Reading of Essential Service and Activities
- Report on Essential Service Activities in the State
- Participant Reflection and Input

  Repeat for Each Model Standard
  > Reading of Model Standard
  > Discussion of Model Standard (i.e. examples)
  > Facilitation of Discussion Questions
  > Scoring on Performance Measures
  > Further Discussion as Needed/ Re-Vote if Necessary
  > Consensus on Final Score

- Summarize Overall Group Discussion on Essential Service for Report-Out
  - Strengths
  - Weaknesses
  - Opportunities for Immediate Improvement or Partnerships
  - Priorities and Long-term Goals

### Poster 3: Discussion Areas
What is the collective picture of how we are doing across the jurisdiction related to this Essential Service?
- Consider responses to discussion questions.
- Keep focus on Model Standard.
- Stay focused on system as a whole, but share specific examples.
- Purpose is to get honest and accurate perception of system performance for quality improvement.
- Share concrete examples.
- Share strengths.
- Share weaknesses.
- Suggest recommendations for immediate improvement.
- Suggest priorities.

Poster 4: Scoring

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Poster 5: Public Health System
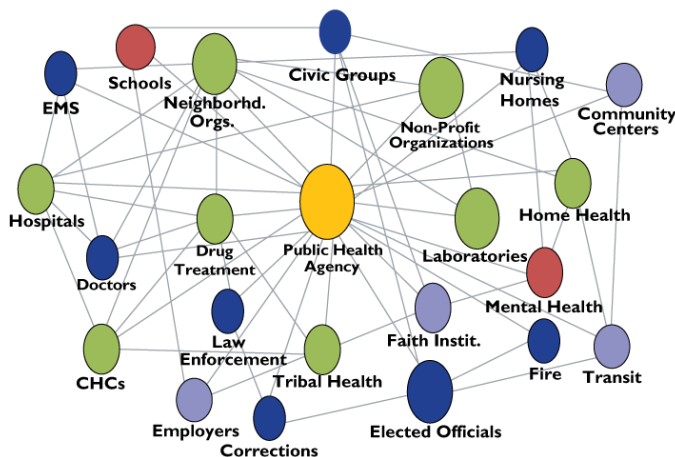
Poster 6: Summary Report (optional- only needed if there is a large group report-out following the meeting)

Identify a volunteer to give a 2-3 minute report at the conclusion of the assessment on our discussion for each of our Essential Services on the following:

- What did you learn from the discussion about how this Essential Service is carried out statewide? Frame "report out" in terms of:
  - System Strengths
  - System Weaknesses
  - Opportunities for Immediate Improvement/Partnerships
  - Priorities and Longer-term Goals
- Were your previous opinions confirmed or were there surprises? How so?