

A close-up photograph of several hands of different skin tones stacked together in a circle, symbolizing teamwork, unity, and collaboration. The hands are positioned in a way that they overlap, with fingers pointing towards the center. The background is a solid, muted purple color. The word "Introduction" is written in white, bold, sans-serif font across the center of the image.

# Introduction

## NPHPSP PARTNER ORGANIZATIONS AND PRINCIPAL ROLES

The National Public Health Performance Standards were developed through a collaborative effort between CDC and the following five public health organizations. Although all partners collaborated to develop the structure of the NPHPSP, each partner organization played a lead role in a specific area.

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Marketing and communications



Development and testing of the State Public Health System Performance Assessment Instrument



Development and testing of the Local Public Health System Performance Assessment Instrument



Development and testing of the Local Public Health Governance Performance Assessment Instrument



Research activities to relate performance to outcomes and compilation of technical assistance resources



Within this document, three sets of National Public Health Performance Standards and their associated assessment instruments are made available to public health leaders. These standards represent the collective developmental work, feedback, and consensus from hundreds of public health officials working at the local, state, and national levels of our public health system. With release of these national standards, we all have cause to celebrate this collaborative accomplishment. These national standards provide models for optimal level performance and infrastructure capacity needed within State and local public health systems and local governing bodies for effective delivery of essential public health services. As models for optimal level public health systems, these national standards provide us performance and infrastructure patterns to advocate for and aspire to achieve.

As we celebrate this accomplishment, we must also acknowledge past efforts like Healthy Communities 2000: Model Standards that have offered us other opportunities to improve public health practice through establishment of public health standards. As we acknowledge past efforts, we must realize that public health is at a critical crossroad in the practice of our profession. We have before us in the form of national standards a call to action to transform the way in which public health operates. We can no longer afford to work in programmatic and organizational isolation. Public health must adopt a systems approach that coordinates and integrates the operations of programs and organizations that contribute to essential public health service delivery and the well-being of populations served. The National Public Health Performance Standards provides the blueprint for an integrated public health system that examines its performance and infrastructure in a spirit of continuous quality improvement. The art and science of public health practice is dynamic and requires ongoing assessment and improvement processes to assure quality and accountability within public health systems.

The adoption and application of the National Public Health Performance Standards will require a similar level of collaboration as was demonstrated in development of the standards. CDC is committed to continuing its National Partnerships and supporting the adoption and use of these national standards by State and local public health systems and local governing bodies. Without broad adoption and use of the National Public Health Performance Standards, the transformation needed within public health systems will be delayed and may fail to take place. By working together to achieve these national standards, we will transform public health systems and improve our ability to protect and promote the health of those we serve.

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**The National Public Health Performance Standards Program (NPHPSP)** is a partnership effort to improve the practice of public health, the performance of public health systems, and the infrastructure supporting public health actions. To accomplish this mission, performance and infrastructure capacity standards for public health systems have been collaboratively developed. These standards represent an optimal level of performance and capacity that needs to exist to deliver a set of ten essential public health services within a public health system.

To accomplish its mission, the NPHPSP has established four goals. These goals are:

1. Provide public health performance standards for public health systems.
2. Conduct systematic collection and analysis of performance and infrastructure data.
3. Improve quality and accountability of public health practice and performance of public health systems.
4. Develop a strong science-base for public health practice and performance of public health systems.

The collaborators in establishing these standards are the:

- American Public Health Association,
- Association of State and Territorial Health Officials,
- National Association of County and City Health Officials,
- National Association of Local Boards of Health, and
- Public Health Foundation.

Eight state public health agencies (Florida, Hawaii, Minnesota, Mississippi, Missouri, Ohio, New York, and Texas) and hundreds of local public health agencies within these states assisted in testing and commenting on the standards and the associated assessment instruments. In addition, the governance instrument was broadly tested in Massachusetts with limited testing in other locations.

Future efforts to accomplish the collaborative goals of the NPHPSP, will be undertaken by its existing partners, the National Network of Public Health Institutes, and all future users of the performance assessment instruments contained within this publication.

### Assessment Instruments

This publication contains three assessment instruments designed to assist state and local leaders to identify strengths and weaknesses in their public health systems.

## Concepts Guiding Performance Standards Development and Use

These assessment instruments are the:

- **State Public Health System Performance Assessment Instrument**
- **Local Public Health System Performance Assessment Instrument**
- **Local Public Health Governance Performance Assessment Instrument**

Each assessment instrument can be used independent of the others. However, a coordinated application of all three instruments within the same timeframe is considered ideal. By applying all three instruments within the same timeframe, a comprehensive assessment can be made of the state and local public health systems. Information resulting from the assessments can be used to guide coordinated statewide plan and local plans to improve public health practice and systems performance.

There are several concepts that have influenced development of the National Public Health Performance Standards Program. First, the NPHPSP has adopted the ten Essential Public Health Services (EPHS) articulated in the 1994, publication *Public Health in America*. These EPHS provide the foundation and framework for conducting any public health activity. As such, these EPHS serve as the organizing structure for the standards and the assessment instruments. Establishing National Public Health Performance Standards and the associated assessment instruments using the EPHS framework provides a way to describe and examine the breadth of public health practice, system performance, and infrastructure capability needed for public health system leaders to address any health issue confronting the population they serve.

Standards can be established to describe a range of performance and infrastructure capacity. Often performance standards are based on a minimal set of expectations. Standards established at a minimal level seek a rudimentary level of performance that every entity should be expected to achieve. Minimal standards do not stimulate organizations to strive for higher levels of achievement. It is for this reason that the second key concept reflected in establishing the National Public Health Performance Standards was creating standards that describe an optimal level of performance and capacity to which all public health systems can aspire to achieve. The National Partner Organizations involved in developing the standards felt an optimal level of performance expectation would best serve the interest of public health. Optimal level expectations have the advantage of providing every public health system an opportunity to identify areas where the system can be improved in its delivery of EPHS. Optimal level standards also provide a level of expectation that can be used to advocate for improvements needed to better serve populations within a public health system. This focus on optimal level performance standards promotes and supports an environment conducive to continuous quality improvement. The third key concept of this work is that the performance standards and their assessment are explicitly intended to support a process of quality improvement.

The fourth key concept is that the standards focus on the public health system. A public health system includes all public, private, and voluntary entities that contribute to delivery of essential public health services within a state or local public health jurisdiction. This network of individual and organizational entities within a jurisdiction has differing roles, relationships, and interactions with its system partners and the populations served. Each of these entities contributes to the health and well being of the populations served. Many public health system leaders do not perceive resources exist within their system to meet the performance standards. This perceived resource deficiency calls for recognizing an additional dimension of who is considered a system member in delivery of EPHS. System partners can be categorized as either internal or external to the jurisdiction's boundaries and be considered system partners if they contribute directly in a state or local system delivery of EPHS. This dimension provides recognition of the role that regional, state, or national support structures provide to direct delivery of EPHS. Under this dimension, a public health system may be supplemented by organizations located outside of its jurisdictional boundaries. Examples of such organizations that may contribute to a local public health system are regional laboratories, regional transportation authorities, or regional units of voluntary organizations. Examples of non-state-based organizations that may contribute to a state public health system are the variety of federal agencies that support state service delivery.

More explicit definitions for a state and local public health system are provided in the introduction to each of the assessment instruments. Because these assessments are designed to examine the combined contributions of all system partners, it is necessary to have broad participation and representation of system partners to answer the assessment questions.

### Measurement, Research, and Science

The science of public health system infrastructure and performance assessment is in an early stage of development. The establishment of performance standards for EPHS delivery provides a framework to construct a system of measurement and research needed to build the science for public health systems infrastructure and performance development. Widespread use of these performance assessment instruments will provide needed data to determine the most important characteristics of a high performing public health system. Research to investigate the relationship between delivery of evidence-based public health intervention and the characteristics of a high performing public health system will establish a science-base to link performance to the production of desired public health outcomes in a population. With this understanding, public health leaders will be better equipped to design systems that perform more efficaciously and produce the health outcomes desired in the populations the systems serve.

### Perceived Benefits of Performance Standards

The process of developing and testing the performance standards and the associated assessment instruments has generated state and local feedback on benefits derived from the assessment process.

Benefits identified by participants are:

- structured opportunities to sit with system partners to collectively examine the operation of their public health system;
- a sense of improved cohesion and collaborative work among system partners;
- a sense of improved organizational and system-wide communications;
- the creation of a new or expanded systems view of public health services delivery; and
- the adoption of optimal level benchmarks to gauge public health practice and system improvement efforts.

These benefits are created through the assessment process, which requires active group participation from public health system service providers. This assessment method engages system partners in a discussion and evaluation of an optimal set of system performance and capacity standards for each EPHS. Through this assessment process, system participants often gain a greater appreciation of public health and their role in the system. Inevitably, when participants in an assessment process identify gaps in performance and capacity, they are drawn to generating improvement strategies to resolve the deficiencies identified. As a result the assessment process generates an environment in which collaborative system improvement can take place.

### For Assistance

For further information about the National Public Health Performance Standards Program or for assistance in conducting one of the enclosed assessments, please contact the Program by calling 1-800-747-7649 (1-800-PHPPO49) or by visiting our Internet site at <http://www.phppo.cdc.gov/nphpsp>.