

## **Executive Summary**

### **National Public Health Performance Standards Program**

### **Delaware - 2006**

This report describes a historic first for Delaware's public health system\*. Delaware is one of only twenty-one states to complete an assessment of the state public health system and the only state in our region to do so. Coordinated by the Delaware Division of Public Health (DPH), more than 150 public health system partners participated in a series of 10 assessment meetings. Public health system partners included hospitals, educational institutions, non-profits, state agencies, citizen coalitions, emergency response, legislators, private industry, and faith-based organizations.

Using National Performance Standards developed by the Centers for Disease Control and Prevention (CDC) and other health entities, participants assessed ten essential public health services performed by health providers. These standards describe an optimum level of performance which revolves around four indicators: 1) planning/implementation, 2) technical assistance/support, 3) evaluation/quality improvement, and 4) resources.

Results of the assessment indicate that Delaware has a basic public health system infrastructure that is attempting to address essential health services, and that there are opportunities to improve performance. Delaware's overall score (34.66) is comparable to the aggregate score (36.17) from 15 other states which completed the assessment.

The highest performing services identified were:

- Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards
- Essential Service #1: Monitor Health Status to Identify Health Problems

The lowest performing services identified were:

- Essential Service #4: Mobilize Partnerships to Identify and Solve Health Problems
- Essential Service#8: Assure a Competent Public and Personal Health Care Workforce
- Essential Service#7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

This process showed that the Delaware health system is broad in scope and performs a number of aspects well across all of the essential services. Many organizations are engaged in public health actions and are committed to improving Delaware's health system. We also recognize that the low performing areas impact the Delaware's ability to ensure the health and well-being of all residents. The success of this endeavor will be measured by the outcome. What we seek is a robust, multi-dimensional health system in Delaware engaging in continuous process improvement.

*\* The assessment addresses the public health system in its broadest sense. A public health system includes all public, private and voluntary entities that contribute to delivery of essential public health services in a jurisdiction.*

**Background of the Assessment Process**

The National Public Health Performance Standards Program (NPHPSP) was developed by the CDC and five national public health organizations. The program was initiated to improve the quality of public health practice and the performance of public health systems. It does this by 1) providing performance standards for public health systems and encouraging their widespread use; 2)engaging and leveraging state and local partnerships to build a stronger foundation for public health preparedness; 3)promoting continuous quality improvement of public health systems; and 4)strengthening the science base for public health practice improvement.

There are four concepts that have helped to frame the NPHPSP:

1. The standards are designed around the 10 essential public health services and assure full coverage of the scope of public health action needed at state and community levels.
2. The standards focus on the overall public health system, rather than a single organization to assure that the contributions of all entities are recognized in assessing the provision of essential public health services. A public health system includes all public, private and voluntary entities that contribute to public health activities within a given area.
3. The standards describe an optimal level of performance rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve.
4. The standards are intended to support a process of quality improvement. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and for determining how to make improvements.

The NPHPSP includes three instruments to assess performance of the overall public health system: a state, local, and governance instrument. Each instrument underwent extensive field testing and validation studies.

| 10 Essential Services |   |
|-----------------------|---|
|                       | 1. Monitor health status to identify and solve community health problems.                                   |
|                       | 2. Diagnose and investigate health problems and health hazards.   |
|                       | 3. Inform, educate and empower people about health issues.  |
|                       | 4. Mobilize community partnerships action to identify and solve health problems.                            |
|                       | 5. Develop policies and plans that support individual and community health issues.                          |
|                       | 6. Enforce laws and regulations that protect health and ensure safety.                                      |
|                       | 7. Link people to needed personal health services and ensure the provision of health care when unavailable. |
|                       | 8. Assure a competent public 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 state performance standards instrument received approval from the U. S. Office of Management and Budget (OMB) for nationwide voluntary use in July 2002. Within the state instrument, four indicators are used to describe major activities or practice areas of each of the 10 essential services. Each indicator is illustrated by model standards that describe aspects of a high performing public health system. Each model standard is followed by assessment questions that serve as measures of performance of the public health system.

These four indicators and the summary of the model standard associated with them are as follows:

**Planning and implementation:** The state health system works collaboratively to plan and design programs and to implement key activities to accomplish the essential service.

**Technical assistance and support:** The state health system provides assistance, capacity building and resources to local public health partners and to other state partners in the effort to implement the essential service.

**Evaluation and quality improvement:** The state health system reviews its activities to accomplish the essential public health services on a predetermined, periodic basis and uses the results from these reviews to improve the quality and outcome of its efforts.

**Resources:** The state health system effectively invests, manages and utilizes its human, information, technology and financial resources to accomplish the essential public health services.

### **Delaware Methodology**

Beginning in July 2005, the Division of Public Health (DPH) began planning for an assessment of the health system in Delaware using the NPHPSP. DPH coordinated the convening of a broad scope of public health system partners to discuss the strengths and weaknesses of Delaware's public health system.

To complete the assessment, the Division scheduled monthly meetings beginning in February 2006 and ending in December 2006. Each essential service assessment was scheduled through the year. A Core team made up of DPH senior management and representatives from Henrietta Johnson Health Center - a Federally Qualified Health Center, the Delaware Health Care Commission, and University of Delaware/Delaware Legislature participated in each essential service assessment ensuring continuity throughout the process.

Additional subject matter experts served on the assessment team and/or provided testimony on their perception of how the respective essential service was being performed in Delaware. This unique testimony time allowed additional partners to participate and provided perspectives and information for the actual assessment team to use when considering their answers to the instrument questions.

A facilitator from the Public Health Foundation ensured a consistent process across all assessments. Recorders captured the testimony and comments and the vote counts. Scores ranged from "no" to "low partially", "high partially", and finally, to "yes" if a system fully met the level of performance described in the standard.

Performance scores for each essential service, model standard and key activity area are on a 100 point scale. For the model standards, CDC used the following scale for gauging the extent to which the standards and activities are being met:

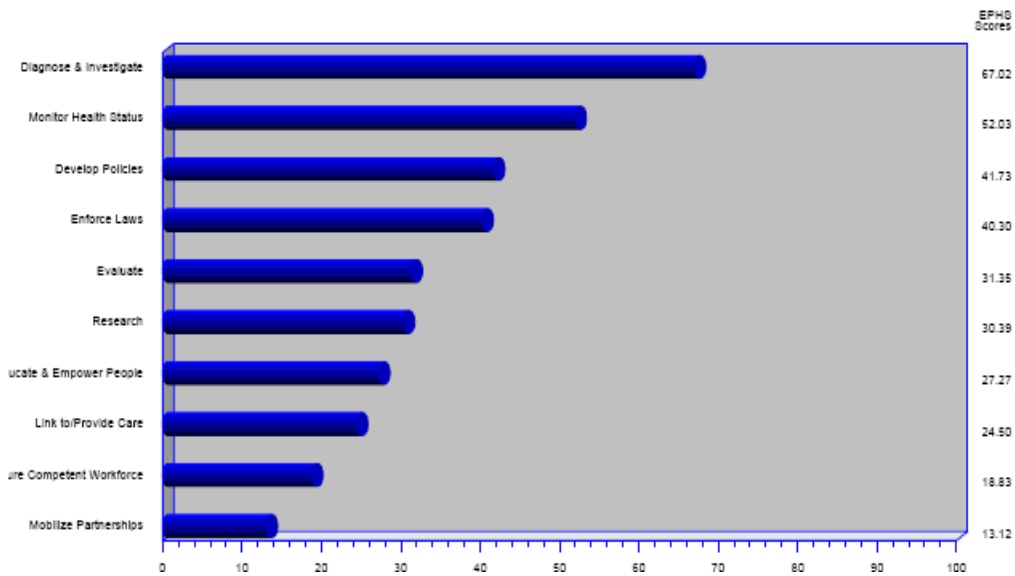
- Fully Met (Yes): Score or 80 or higher
- Substantially Met (High Partiality): Score from 60 - 79
- Partially Met (Low Partiality): Score from 26 – 59
- Not met (No): Score of 25 or less

**Assessment Results:**

NPHPSP State Public Health System Performance Assessment Instrument  
Summary of Performance Scores by Essential Public Health Services

| <b>Essential Public Health Service</b>                      | <b>Local score</b> |
|---|--------------------|
| EPHS 1: Monitor Health Status                               | 52.03              |
| EPHS 2: Diagnose and Investigate Health Problems            | 67.02              |
| EPHS 3: Inform, Educate, and Empower People                 | 27.27              |
| EPHS 4: Mobilize Partnerships                               | 13.12              |
| EPHS 5: Develop Policies and Plans                          | 41.73              |
| EPHS 6: Enforce Laws and Regulations                        | 40.30              |
| EPHS 7: Link People to Needed Personal Health Services      | 24.50              |
| EPHS 8: Assure a Competent Workforce                        | 18.83              |
| EPHS 9: Evaluate Effectiveness, Accessibility and Quality   | 31.35              |
| EPHS 10: Research for New Insights and Innovative Solutions | 30.39              |
| Average Total Performance Score                             | 34.66              |

NPHPSP State Public Health System Performance Assessment Instrument  
 How Did We Perform In The Ten Areas Of Essential Public Health Services (EPHS)?  
 Figure 1: Summary Of Performance Scores By Descending Order  
 State of Delaware: DE0011  
 Date Submitted: 28DEC2006

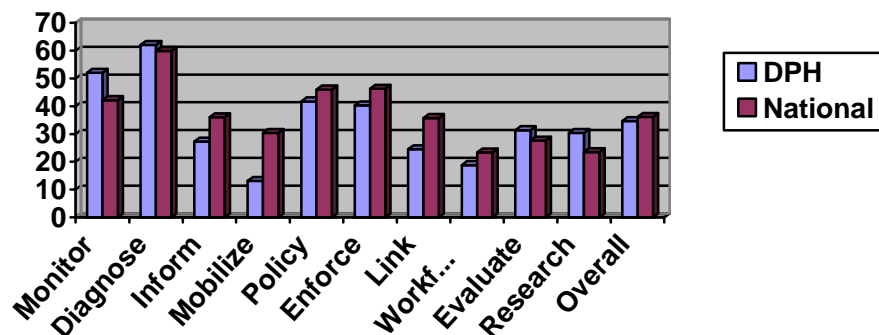


Additional results charts and figures are included as attachments.

**Interpreting the Results**

In general, Delaware’s assessment scores are comparable to other states which have completed the assessment. The summary average score for all states which have completed the assessment is 36.17, while Delaware’s average score across all measures and indicators is 34.66. This means that overall, the Delaware public health system is partially meeting the National Public Health Performance Standards (the range for partially met is 26 – 59).

**DE State Summary Scores vs All National Scores**



There are limitations to this data. These results reflect self-reported data, based on perceptions and differences of knowledge, and based on the viewpoints of only those health system partners who participated in the assessment. Despite outreach efforts, adequate representation

from partners such as hospitals and private practitioners was often lacking. The concept of a “public health system” was difficult to grasp. Participants commented on the length and complexity of the tool as well as questions on interpretation.

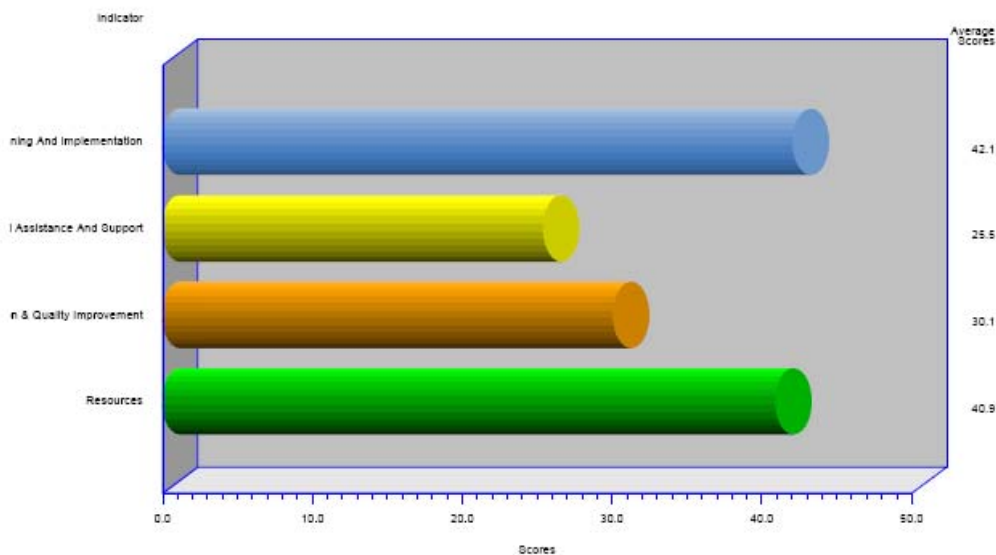
The qualitative data collected at the assessment indicates that while there is more or less activity going on related to each standard and measure, the work going on appears to be occurring in silos not systems. Thus in the context of a system assessment, other than Essential Service #2: *Diagnose and Investigate Health Problems*, the state’s performance fell short of the “substantially met” or “met” ratings. This theme emerged as each of the 10 essential services were considered. Further, it was clear initially that some participants felt discouraged by the low scores, but as they worked their way through all of the assessments, they came to see them as opportunities for improvement.

The results should be regarded as a baseline, and a call to action. The real story of this assessment will be told in how the stakeholders in the Delaware public health system use these results to foster quality improvement activities and in how Delaware scores on follow-up assessments.

At the end of all but one of the assessments, the assessment teams ranked the four indicator areas (planning/implementation; technical assistance/support; evaluation/quality improvement; and resources). Although the performance scores in Figure 7 for both resources and planning/implementation were higher than evaluation and technical support, they were still ranked as the highest priority indicators by most of the assessment teams.

NPHPSP State Public Health System Performance Assessment Instrument  
 Figure 7: Average Scores For State Indicators Across Essential Services  
 State of Delaware: DE0011  
 Date Submitted: 28DEC2006

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Centers for Disease Control and Prevention  
 National Public Health Performance Standards Program

## **Common Themes**

Throughout the discussion in each of the essential service assessments, common themes emerged:

- Many organizations are engaged in effective public health actions, either individually or in partnerships, within Delaware’s public health system.
- There is a rich diversity of system partners with a high level of skill and commitment to health improvement
- The assessment process provided an excellent opportunity to bring key constituents to the table to discuss the public health system.
- Lack of a statewide public health system vision, strategic policies, and plans contributes to ‘silo’ mentality and fragmented, inconsistent health services.
  - There is no systematic method of identifying and prioritizing health issues.
  - The health system has limited ability to collect, analyze, disseminate data in a meaningful way to drive priority setting.
  - The system tends to be reactionary rather than proactive in planning and policy development.
- Technical assistance is uneven and uncoordinated throughout the state.
- Resources to support high quality public health system performance are limited and are not shared or leveraged well across the system.

## **Conclusion and Next Steps**

The assessment of the Delaware health system represents a ‘first’ for Delaware. This process was undertaken as a result of recognizing public health as a system that is dependent on an infrastructure composed of multiple partner organizations.

The conclusion of the participants in the assessment process was that efforts are taking place to deliver the ten essential public health services in Delaware; however, many of the services are fragmented and do not meet the needs of many of Delaware’s residents. Developing a sense of the “system” of public health practice is essential to improve performance from planning and implementation through resource allocation.

The convening of health system partners to complete the assessment was the first step in creating a sense of a whole public health system, and this was the first opportunity for partners to consider the performance of Delaware’s public health system in such a comprehensive and intense manner.

With a positive beginning come challenges such as:

- There is no public outcry and thus no political will for states to fix their health systems.
- The health care system is complex, complicated and contentious
- Multiple partners must participate if this effort is to succeed.
- Minimal funding is available for efforts that address improvement of state public health systems through limited grant opportunities

In the follow-up meeting in January 2007, the Core Team and other DPH staff discussed possible next steps:

- Identify “champions” within the Delaware health system
- Identify opportunities to involve partners in activities that address gaps
- Convene a small core group to prioritize essential service improvement based on the assessment results

A number of states have reconvened partners who participated in the assessment and formed action teams to work on various identified gap. Several states have developed websites to post progress in addressing identified gaps in the public health system. New Hampshire has a website and also sends out a quarterly newsletter to NPHPSP participants and other health system partners. DPH has created a NPHPSP web page where assessment summaries have been posted: <http://www.dhss.delaware.gov/dhss/dph/phsdeschedule.html> .

Through this assessment process, Delaware has identified a rich diversity of system partners with a high level of skill and commitment to health improvement. Naming system weaknesses has provided seeds of opportunity to organize and build a multi-dimensional, dynamic health system that will benefit all Delawareans.

