2009 ILLINOIS PUBLIC HEALTH SYSTEM STATE ASSESSMENT

REPORT of RESULTS

August 2009

Prepared by

Results are reported for the Illinois NPHPSP State Assessment Retreat held at the NIU Conference Center, 1120 East Diehl Road, Naperville, IL March 23, 2009

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Introduction

The Illinois public health system – the public, private and voluntary organizations, institutions and sectors that have a stake in a healthy populace – has for several years recognized the importance of performance assessment and action planning as the foundation for improving the health and well-being of the residents of Illinois.

On March 23, 2009, as part of the Illinois state health improvement planning process (mandated by P.A. 93-0975, the State Health Improvement Plan Act), 72 Illinois public health system partners from public, private and non-profit sectors were convened to conduct the National Public Health Performance Standards Program (NPHPSP) state assessment. The NPHPSP state assessment instrument measures performance of the state public health system with respect to the ten Essential Public Health Services against a set of 40 optimal standards. The 2009 assessment used Version 2 of the NPHPSP state assessment instrument: Illinois also assessed the system in 2004 using Version 1 of the instrument. This report provides a reasonable comparison of the two assessments, given the differences between the instruments.

	Ten 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/Assure Provision of Health Services.
8	Assure a Competent Public and Personal Health Care Workforce.
9	Evaluate Effectiveness, Accessibility and Quality of Personal/Population-based Health Services.
10	Research for New Insights and Innovative Solutions to Health Problems.

The Assessment Results

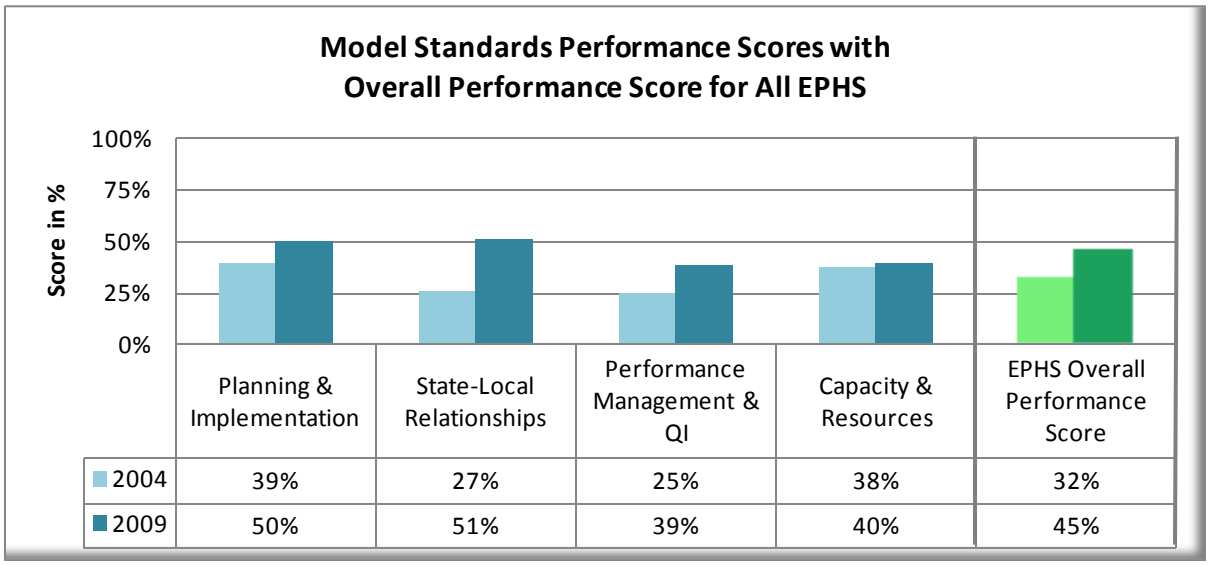
Overall Performance by Essential Public Health Service

The summary score for each essential service reflects a composite of responses for the four standards, multiple stem questions and sub-questions for each standard. ***The Overall Performance Score for All EPHS in 2009 was 45 percent, at the high end of the moderate activity range.*** The overall score improved by 13 points, nearly 1.5 times higher than the 2004 score.

- ***Highest Ranked EPHS and Greatest Change: EPHS 5 (Policies and Plans) ranked highest in 2009 and lowest in 2004.*** EPHS 5 was highest ranked at 87 percent in the optimal activity range *and* most improved with an increase of 64 points -- nearly quadruple the 2004 score. This change recognizes the impact of the State Health Improvement Plan in Illinois, a major component initiated at the state level in 2004.
- ***Lowest Ranked: EPHS 8 and 10 (Competent Workforce; Research) ranked lowest of the Essential Public Health Services*** at 26 percent**,** the very bottom of the moderate activity range. Performance for EPHS 8 dropped by 5 points and appears to be trending in the wrong direction.

Overall Results by Model Standard

Four model standards reflecting common state-level responsibilities are assessed for each of the ten EPHS for a total of 40 model standard scores. Assessment scores improved in all four model standards from 2004 to 2009.



Distribution of Scores for All Model Standards

As in 2004, the 2009 performance scores were concentrated in the middle ranges: 60 percent of all performance scores in 2004 and 65 percent of all scores in 2009 fell into the mid-range categories. However, the distribution of scores shifted higher overall. The number of model standards assessed in the lowest activity range (no/minimal) decreased by 20 points; and the number of standards scored in the highest activity (*yes/optimal)* range increased by 15 points (from zero percent in 2004 to 15 percent in 2009).

Results by Essential Public Health Service

Summary Essential Public Health Service Scores	2004 Score	2009 Score	Change	%Change
1 Monitor Health Status to Identify Community Health Problems	28	34	+6	21%
2 Diagnose and Investigate Health Problems and Health Hazards	64	55	-9	-14%
3 Inform, Educate, and Empower People about Health Issues	27	37	+10	37%
4 Mobilize Community Partnerships to Identify and Solve Health Problems	25	42	+17	68%
5 Develop Policies and Plans that Support Individual and Statewide Health Efforts	23	87	+64	278%
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	32	79	+47	147%
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	37	34	-3	-8%
8 Assure a Competent Public and Personal Health Care Workforce	31	26	-5	-16%
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	27	29	+2	7%
10 Research for New Insights and Innovative Solutions to Health Problems	27	26	-1	-4%
Overall Performance Score	32	45	+13	+41%

I. Introduction

The State Public Health System Assessment in Illinois

The Illinois public health system – the public, private and voluntary organizations, institutions and sectors that have a stake in a healthy populace – has for several years recognized the importance of performance assessment and action planning as the foundation for improving the health and well-being of the residents of Illinois. This recognition is expressed in the State Health Improvement Plan (SHIP) Act (PA 93-0975), which requires the State Board of Health and a SHIP Planning Team to produce a health improvement plan every four years that addresses the roles and responsibilities of system partners. The first SHIP was published in May 2007. The 2007 plan and the related assessments can be found at www.idph.state.il.us/SHIP.

The SHIP Act requires that the Illinois public health system be assessed using national system performance standards (such as the National Public Health Performance Standards (NPHPSP).[1]

With a second plan due in 2009, the Illinois Department of Public Health (IDPH) contracted with the Illinois Public Health Institute (IPHI) to design and manage the planning process, including the implementation of the National Public Health Performance Standards assessment. The NPHPSP state assessment instrument measures performance of the state public health system with respect to the ten essential public health services against a set of 40 optimal standards.

To this end, on March 23, 2009, 72 Illinois public health system partners from public, private and non-profit sectors were convened to conduct the state NPHPSP assessment.

In carrying out this assessment, Illinois became the first state to conduct a second round of the assessment. Illinois is, therefore, also the first state to have the opportunity to compare the assessment results over time. It is important to note that the NPHPSP instrument was revised in 2007. In Version 2, some assessment questions from the original instrument were consolidated and others were re-organized or re-framed as optional questionnaires. Thus, results for 2004 and 2009 Illinois assessments can be directly compared for essential services, model standards, and for selected measures, but not for sub-questions. This report, therefore, provides the results of the March 23, 2009 assessment along with a reasonable comparison of current data against 2004 results. With comparative data, the SHIP Team will have a unique ability to measure and consider progress, as well as identify performance gaps that demand more attention.

II. The Assessment Instrument

The NPHPSP state assessment instrument measures performance of the *state public health system (SPHS)* -- defined as the collective efforts of public, private and non-profit sector contributors to the public's health. The NPHPSP does not focus specifically on the capacity or performance of any single agency or organization.

[1] National Public Health Performance Standards Program (NPHPSP) state assessment was developed by the Centers for Disease Control and Prevention (CDC) in collaboration with a number of national public health organizations.

The instrument is framed around **the ten Essential Public Health Services (EPHS)** that are utilized in the field to describe the scope of public health. For each service, the tool includes **four model standards** to gauge *optimal* performance of state-level systems: 1) planning and implementation; 2) state and local relationships; 3) performance management and quality improvement; and 4) public health capacity and resources. For each standard in each essential service, there are a series of stem questions that break down the standard into its component parts, and sub-questions to detail stem question responses.

Each EPHS, model standard, stem question and sub-question is scored by participants to assess system performance on the following scale:

Optimal Activity	greater than 75% of the activity is met
Significant Activity	greater than 50% but no more than 75% of the activity is met
Moderate Activity	greater than 25% but no more than 50% of the activity is met
Minimal Activity	greater than 0% but no more than 25% of the activity is met
No Activity	0% or absolutely no activity

NPHPSP results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also take into account variation in knowledge about the public health system among assessment participants: this variation may introduce a degree of random non-sampling error.

III. The Assessment Methodology

Prior to the assessment program on March 23, 2009 all registered participants were invited to view an orientation webinar that provided an overview of the purpose, content and process for the assessment. Though organizers did not track the number of hits on the webinar site, 26 of the 72 participants submitted responses to a voluntary satisfaction survey following the webinar. The assessment program began with a 30-minute plenary presentation to welcome participants, review the process, introduce the staff and entertain questions. Participants were then broken into five groups of 12-17 members; each breakout group was responsible for conducting the assessment for two Essential Public Health Services, as follows:

Group A: 1) Monitor health status to identify community health problems.
2) Diagnose and investigate health problems and health hazards in the community.

Group B: 3) Inform, educate, and empower people about health issues.
4) Mobilize community partnerships to identify and solve health problems.

Group C: 5) Develop policies and plans that support individual and community health efforts.
6) Enforce laws and regulations that protect health and ensure safety.

Group D: 7) Link people to needed personal health services and assure the provision of health services.
9) Evaluate effectiveness, accessibility and quality of personal/population-based health services.

Group E: 8) Assure a competent public and personal health care workforce.
10) Research for new insights and innovative solutions to health problems.

In each group, a professional facilitator guided a qualitative process of group discussion and rating to arrive at reasonable consensus relative to each assessment question. A single response, indicative of the state public health system's performance, was generated for each assessment question. Two recorders were assigned to each group to report highlights of group discussion as well as raw scores for each question. The program ended with a one-hour plenary session where highlights were reported by one or more members of each group. Event organizers facilitated the end-of-day dialogue and outlined next steps to enter and analyze NPHPSP data and to report results to the Illinois SHIP Planning Team.

Assessment Respondents

IDPH and the Illinois State Board of Health, with the support of IPHI and input from project consultants from the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Health Officials (ASTHO), developed a list of over 170 public health stakeholders to be invited to participate in a full day assessment retreat. The event organizers carefully considered how to balance participation across sectors and agencies and how to ensure that diverse perspectives as well as adequate expertise were represented in each breakout group.

The event drew 72 public health system partners from the public, private and voluntary sectors. The composition of attendees was apportioned as follows: 29 percent IDPH, 11 percent represented other government agencies, 4 percent State Board of Heath; 20 percent local health departments, 6 percent universities (PH programs), and 30 percent private and voluntary sector organizations. Sixty one percent of the participants were based in the metropolitan Chicago area and 39 percent traveled from other areas of the state. For a list of participants and their affiliations by breakout group, see Appendix 3, page 62. The diverse set of public health systems partners participating in the assessment are reflected in Table 1 below.

Table 1 Composition of Retreat Participants		
Constituency Represented	*No. of Participants by Type*	*% of Total Participants*
Illinois Department of Public Health	21	29%
Illinois Department Human Services (*State Title V, X programs)*	5	7%
Illinois Department of Healthcare and Family Services (*Medicaid Agency)*	1	1%
Other State-Federal agencies	2	3%
State Board of Health	3	4%
Local Health Departments	14	20%
Professional Associations	6	8%
Association of Organizations	2	3%
Issue-focused Organizations	5	7%
Private Insurance Corporations	1	1%
Hospitals	2	3%
Policy Advocates	2	3%
Philanthropy	1	1%
Universities *(PH Programs)*	4	6%
Other	3	4%

IV. The Assessment Results

A. Overall Results by Essential Public Health Service (EPHS)

Table 2 and Figure 1 together provide an overview of the state public health system's performance in each of the 10 Essential Public Health Services (EPHS) with the score in 2009 compared to 2004. Users of this data should consider that changes in scores reflect observed improvement (or deterioration) in performance. However, users should also note that changes in scores may be partially attributed to differences in participant profiles and/or changes related to the instrument used (Version 1 published 2002 and implemented in Illinois 2004; and Version 2 published 2007 and implemented in Illinois 2009).

Table 2 Summary Essential Public Health Service Scores	2004 Score*	2009 Score	Change	%Change
1 Monitor Health Status to Identify Community Health Problems	28	34	+6	21%
2 Diagnose and Investigate Health Problems and Health Hazards	64	55	-9	-14%
3 Inform, Educate, and Empower People about Health Issues	27	37	+10	37%
4 Mobilize Community Partnerships to Identify and Solve Health Problems	25	42	+17	68%
5 Develop Policies and Plans that Support Individual and Statewide Health Efforts	23	87	+64	278%
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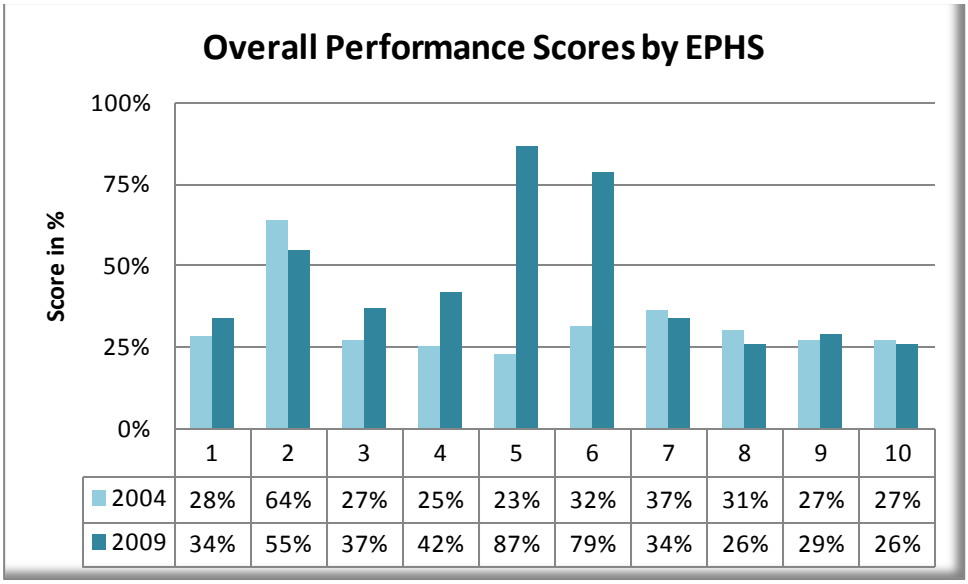
Overall Performance Score	32	45	+13	+41%

*2004 Scores are rounded for ease of comparison: Change and % Change are calculated based on the rounded values.

Highest Ranked and Greatest Change: **EPHS 5 (Policies and Plans) ranked highest in 2009 and lowest in 2004.** The performance ranking for EPHS 5 was highest ranked at 87 percent in the optimal activity range *and* most improved with an increase of 64 points -- nearly quadruple the 2004 score. This change recognizes the impact of the State Health Improvement Plan in Illinois, one of the major components initiated at the state level in 2004. The only other EPHS scored in the optimal range in 2009 was EPHS 6 (Enforce Laws/Regulations) with a performance improvement increase of 47 points, which more than doubled the 2004 assessment scores. For these essential services, the dramatic increases clearly represent actual improvement in performance, but it should be noted that EPHS 5 and 6 were assessed by the same breakout group. This suggests that the group may have interpreted the scoring categories more liberally than other breakout groups.

Lowest Ranked: **EPHS 8 and 10 (Competent Workforce; Research) ranked lowest of the Essential Public Health Services** at 26 percent**,** the very bottom of the moderate activity range. Performance for EPHS 8 dropped by 5 points and appears to be trending in the wrong direction. As noted above, however, this variance may also be influenced by a combination of observed change in performance; differences in the knowledge level of participants in each of the assessment years; and/or changes in the assessment instrument. As above, EPHS 8 and 10 were scored by the same breakout group, which may also reflect differences in interpretation of the scoring categories relative to the other groups.

Figure 1



	1	2	3	4	5	6	7	8	9	10
2004	28%	64%	27%	25%	23%	32%	37%	31%	27%	27%
2009	34%	55%	37%	42%	87%	79%	34%	26%	29%	26%

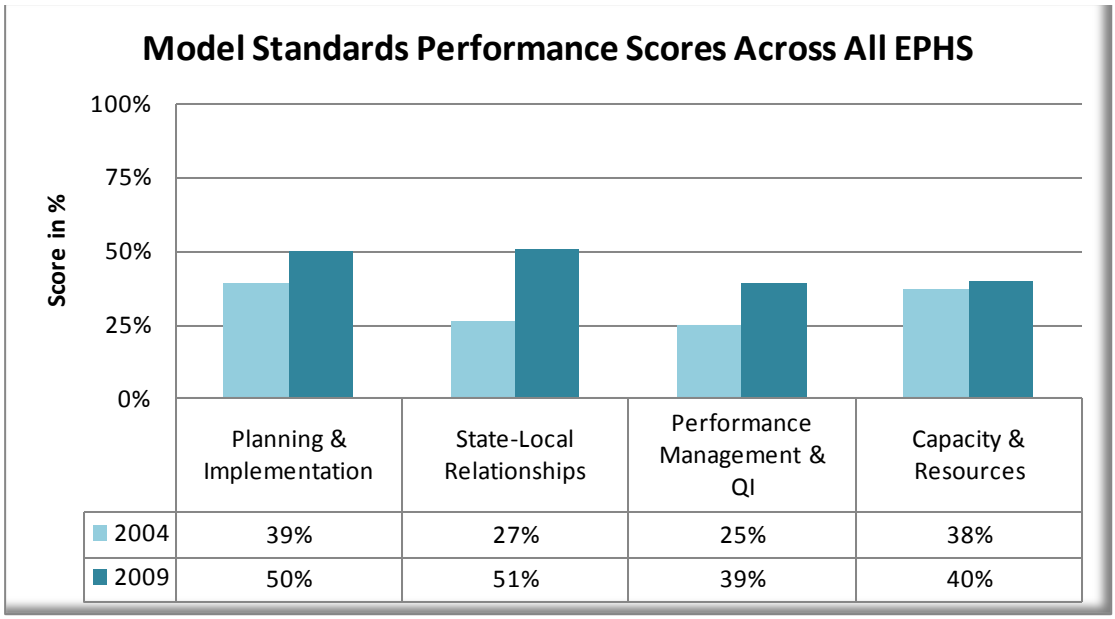
Overall Performance and Range of Activity by Essential Service
The summary score for each Essential Service reflects a composite of responses for the four standards, multiple stem questions and sub-questions for each standard. The range of activity reported in the assessment process (displaying the minimum and maximum values of responses for each EPHS) is available in Appendix 1.2, Figure 1 (page 45). Users of this report may want to look closely at both the raw data in Appendix 1.2, Table 2 (pages 50 – 55) as well as discussion notes highlighted in Section E. Results by Essential Public Health Services: Scores and Common Themes, particularly where a wide range of scores are reported.

A. Overall Results by Model Standard

Four model standards reflecting common state-level responsibilities are assessed for each of the ten Essential Public Health Services (EPHS) for a total of 40 model standard scores.

- **Planning and Implementation** – focuses on the state public health system's collaborative planning and implementation of key activities to accomplish the Essential Services.
- **State-Local Relationships** – examines the assistance, capacity building, and resources that the state public health system provides to local public health systems in efforts to implement the Essential Services.
- **Performance Management and Quality Improvement** – focuses on the state public health system's efforts to review the effectiveness of its performance and the use of these reviews to continuously improve performance.
- **Public Health Capacity and Resources** – examines how effectively the state public health system invests in and utilizes its human, information, organizational and financial resources to carry out the Essential Services.

Figure 2



Illinois state assessment scores improved in all four model standards. The change in average score by Model Standard is reported in points and in descending order (greatest change to least change) from 2004 to 2009 as follows:

1. Model Standard 2 – State and Local Relationships: 24 point increase, nearly twice the 2004 performance score.
2. Model Standard 3 - Performance Management and QI**:** 14 point increase, approximately 1.5 times higher than the 2004 performance score.
3. Model Standard 1 - Planning and Implementation: increased by 11 points, nearly one-third higher than the 2004 score.
4. Model Standard 4 – Public Health Capacity and Resources: increased by only 2 points.

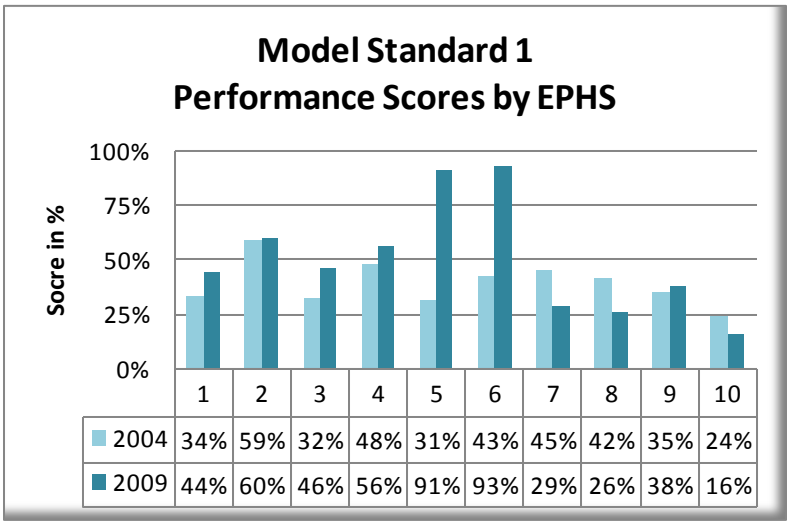
On the following two pages, a comparison of scores for each Model Standard by EPHS is detailed with assessment highlights for highest and lowest ranked performance scores and greatest changes from 2004 to 2009 scores. Detailed analysis with Key Discussion Points documented in individual breakout groups is offered in Section E. Results by Essential Service – Scores and Common Themes, pages 10-31.

B. Detailed Results by Model Standard

Model Standard 1: Planning and Implementation

Greatest Change: For this model standard, the greatest improvement was reported for EPHS 5 (Policies/Plans) with an increase of 60 points, nearly tripling the 2004 score. As noted for overall performance by EPHS, the change in performance for this model standard directly relates to successful advocacy to enact Public Act 93-0975 mandating a State Health Improvement Plan (SHIP) every four years as well as delivery of the 2007 SHIP (see EPHS 5 Key Discussion Points on page 19).

Figure 3 Model Standard 1 Results by EPHS



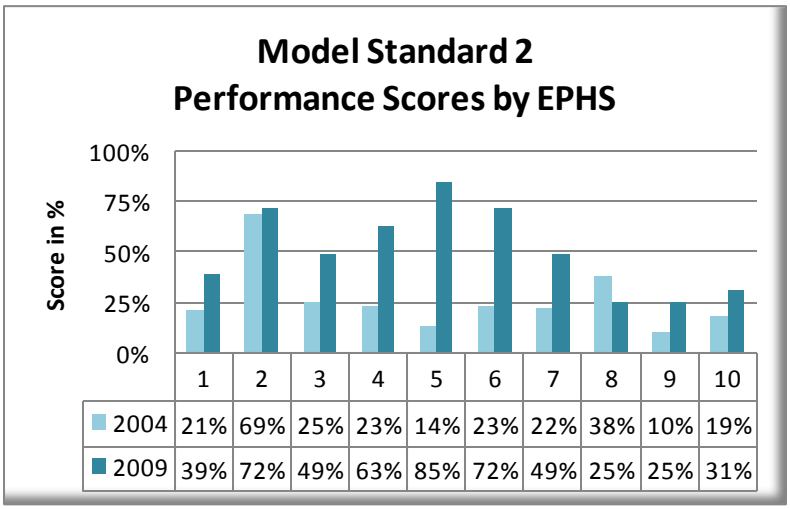
Highest ranked: EPHS 6 (Enforce Laws/Regulations) ranked highest in the optimal activity range with a score of 93 percent.

Lowest ranked: EPHS 10 (Research/Innovation) ranked lowest with a score of 16 percent in the minimal activity range.

Model Standard 2: State and Local Relationships

Greatest Change: For this model standard, performance increased most for EPHS 5 (Policies/Plans) with an increase of 71 points, more than six times the 2004 score.

Figure 4 Model Standard 2 Results by EPHS



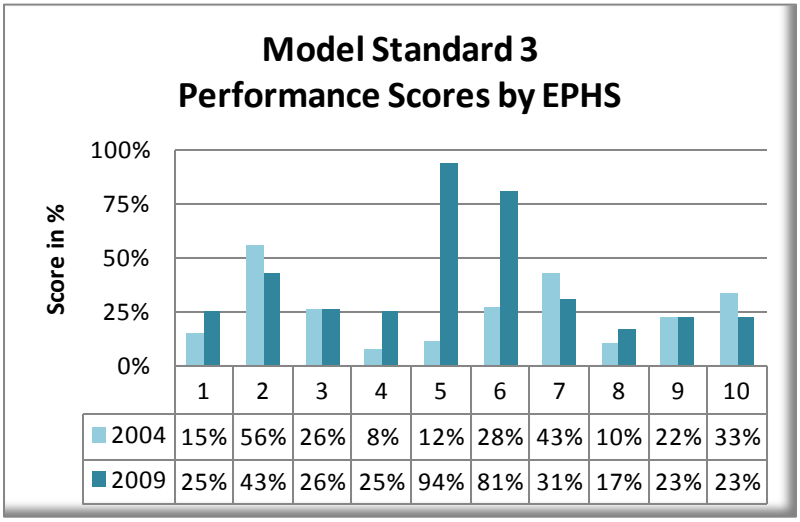
Highest ranked: EPHS 5 ranked highest in the optimal activity range with a score of 85 percent.

Lowest ranked: EPHS 8 (Competent Workforce) and EPHS 9 (Evaluation) were both assessed as performing in the minimal activity range with a score of 25 percent. The EPHS 8 score dropped by 13 points, approximately one-third lower than in 2004.

Model Standard 3: Performance Management and Quality Improvement

Greatest Change: EPHS 5 (Policies/Plans) reflected a gain of 82 points, almost eight times the 2004 score.

Figure 5 Model Standard 3 Results by EPHS



	1	2	3	4	5	6	7	8	9	10
2004	15%	56%	26%	8%	12%	28%	43%	10%	22%	33%
2009	25%	43%	26%	25%	94%	81%	31%	17%	23%	23%

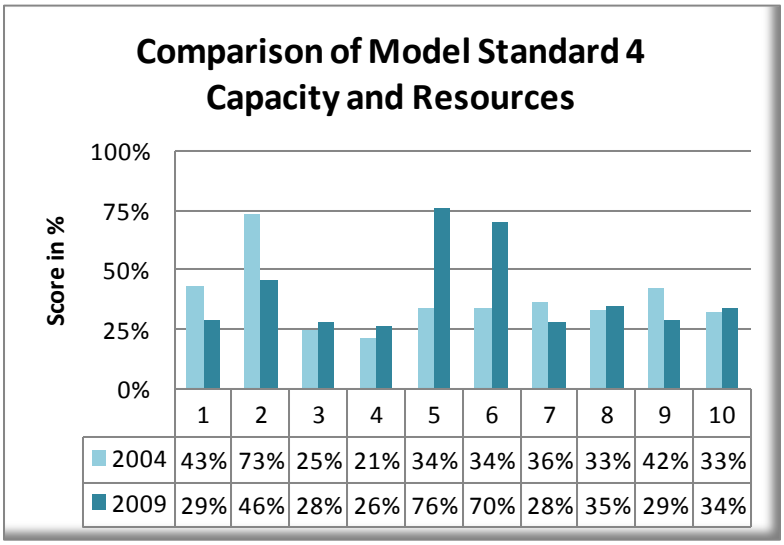
Highest ranked: EPHS 5 ranked highest in the optimal activity range with a score of 94 percent.

Lowest ranked: EPHS 8 (Competent Workforce) ranked in the minimal activity range with a score of 17 percent; however, this EPHS still showed improvement over 2004 gaining seven points.

Model Standard 4: Public Health Capacity and Resources

Greatest Change: EPHS 5 (Policies/Plans) and EPHS 6 (Enforce Laws/Regulations) showed the greatest change over 2004 for this model standard; with increases of 27 and 26 points respectively. Decreases in performance rankings for Public Health Capacity and Resources are notable for EPHS 2, 7 and 9 (see detail pages 13, 25 and 29).

Figure 6 Model Standard 4 Results by EPHS



	1	2	3	4	5	6	7	8	9	10
2004	43%	73%	25%	21%	34%	34%	36%	33%	42%	33%
2009	29%	46%	28%	26%	76%	70%	28%	35%	29%	34%

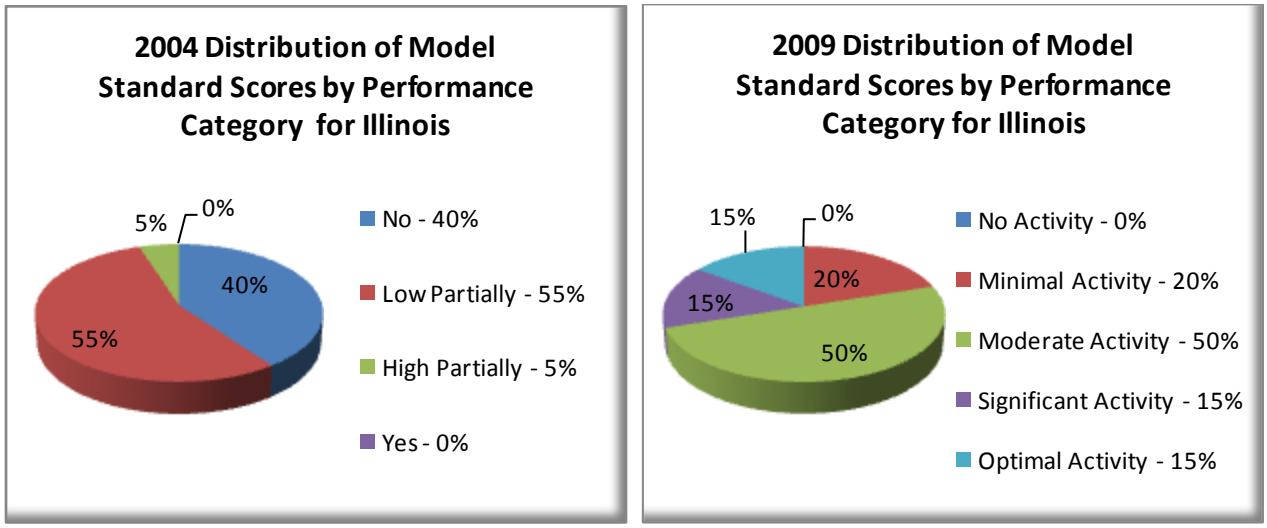
Highest ranked: EPHS 5 again scored highest in the optimal activity range with a score of 76 percent.

Lowest ranked: EPHS 4 (Mobilize Partnerships) scored lowest in the moderate activity range with a score of 26 percent.

C. Distribution of Scores for All Model Standards

The 2009 assessment used Version 2 of the NPHPSP State instrument. The tool, updated in 2007, is significantly streamlined and refined to improve the quality of the data. Key changes were based on respondent input and field tested. While Version 2 added a fifth response option and modified response option labels to provide more intuitive wording across the rating scale, the definitions were unchanged for the three highest response options. Version 1 included four response options: no, low partially, high partially, and yes. The "no" response reflected that between 0 – 25% of the activity was being done. In Version 2, the bottom response option was broken into two categories: "no activity" (or 0%) and "minimal activity" (greater than zero but no more than 25%). Thus, the five Version 2 response options are: no activity, minimal, moderate, significant, and optimal. The Version 2 response values of "moderate," "significant," and "optimal" correspond with the Version 1 values of "low partially," high partially," and "yes," respectively.

Figure 7 Distributions of Model Standard Scores by Performance Category



***Highest Concentration of Activity*:** As in 2004, the 2009 performance scores were concentrated in the mid-range: 60 percent of all performance scores in 2004 and 65 percent of all scores in 2009 fell into the mid-range categories. However, the distribution of scores shifted higher overall.

***Significant Changes*:** Increased performance across model standards is indicated by changes in the distribution in each performance category. The number of model standards assessed in the *no/minimal* activity range decreased by 20 points; and the number of standards scored in the *yes/optimal* activity range increased by 15 points (from zero percent in 2004 to 15 percent in 2009).

No model standard scores were reported in the "no activity" range in 2009.

E. Results by Essential Public Health Service: Scores and Common Themes

EPHS 1: Monitor Health Status to Identify Health Problems
Overall Performance Score: 34 percent or MODERATE ACTIVITY

The instrument asks 51 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 3. EPHS 1 services include:

- 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, which support the state public health system (SPHS) in promoting health and improving quality of life.
- Interpretation and communication of health information to diverse audiences across sectors.
- Collaboration in integrating and managing public health related information systems.

Table 3 *Performance Measures by Model Standard for EPHS 1*

1.1 Planning and Implementation	1.2 State-Local Relationships	1.3 Performance Management and Quality Improvement	1.4 Public Health Capacity and Resources
Measures, analyzes and reports on the health status of the state's population. The SPHS: • Develops and maintains population-based programs that collect health-related data to measure the state's health status. • Produces useful data and information products for a variety of data users. • Organizes health-related data into a state health profile that routinely reports on the prevailing health of the people of the state. • Operates a data reporting system for receiving and transmitting information regarding reportable diseases and other potential public health threats. • Protects personal health information by instituting security and confidentiality policies that define protocols for health information access and data integrity.	Provides assistance, capacity building, and resources for local efforts to monitor health status and identify health problems. The SPHS: • Offers technical assistance in the interpretation, use, and dissemination of local health data. • Provides a standard set of health-related data to local public health systems and assists them in accessing, interpreting, and applying these data in policy and planning activities. • Assists in the development of information systems needed to monitor health status at the local level.	Reviews the effectiveness of its performance in monitoring health status. The SPHS: • Reviews the effectiveness of its efforts to monitor health status to determine the relevance of existing health data and its effectiveness in meeting user needs. • Manages the overall performance of its health status monitoring activities for the purpose of quality improvement.	Invests in and utilizes its human, information, technology, organizational and financial resources to monitor health status and to identify health problems in the state. To accomplish this, the SPHS: • Commits adequate financial resources to monitoring health status. • Aligns organizational relationships to focus statewide assets on monitoring health status. • Uses a workforce skilled in collecting, analyzing, disseminating, and communicating health status data and maintaining data management systems

Participants in this breakout group were selected due to their subject matter expertise relative to public health data collection and reporting. Fourteen members represented two local health departments; IDPH laboratories and epidemiology teams; Illinois Department of Human Services (IDHS); two partnership projects (one hospital-based/children's health-focused and one private, not-for-profit/data integration-focused); one private information clearinghouse; the Illinois State Board of Education; and Region V, US Department of Health and Human Services (US DHHS).

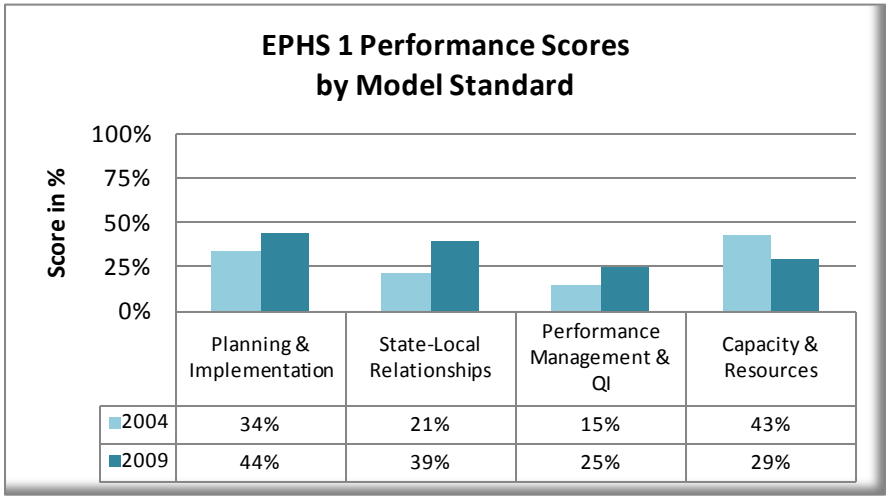


Figure 8 - Model Standards Summary EPHS 1

Performance scores increased for Model Standards 1.1, 1.2 and 1.3 from 2004 to 2009. Scores by standard were:

1.1 - Moderate Activity
1.2 - Moderate Activity
1.3 - Minimal Activity
1.4 - Moderate Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:

- Ranked at ***significant activity***, the State Public Health System (SPHS) develops surveillance and monitoring programs designed to measure the health status of the state's population; supports a data reporting system designed to identify potential public health threats; and ensures enforcement of laws and use of protocols to protect personal health information and other data.
- Five measures were ranked at ***moderate activity***. The SPHS compiles, publishes, and disseminates health data products; provides technical assistance to local public health systems; regularly provides local public health systems a uniform set of local health-related data; provides technical assistance to monitor health status at the local level; and assures professional expertise to carry out health status monitoring activities.

***Lowest Ranked Performance Measures*:**

- Five measures were ranked at ***minimal activity.*** The SPHS publishes a state health profile; reviews the effectiveness of health status monitoring activities; actively manages, and improves health status monitoring activities; commits financial resources; and aligns organizations and coordinates efforts to monitor health status.

***Greatest Change by Performance Measure from 2004*:**

Version 2 measures may not directly correlate to Version 1 measures. However, generally stated, improvement was greatest for measures related to technical assistance.

EPHS 1 Key Discussion Points:

Participants commented that the data standards to monitor health status remain unclear and that data collection methodologies vary widely across the state. Systems barriers (timeliness, access, rigid enforcement of HIPAA) to data sharing continue to frustrate public/private agency staff. The state public health system strengths include significant disease registry resources, specificity and range of data sets (e.g. geo-coded), and progress on an integrated web-based data query system. SPHS weaknesses include: under-staffing, under-funding, and lack of vision to ensure provision of data to local health departments. SPHS opportunities include: local health department voluntary accreditation process that will promote the role of data in quality improvement, and new resources and partners that may be leveraged to support coordination. SPHS threats include: additional budget constraints, and workforce attrition.

EPHS 2: Diagnose and Investigate Health Problems and Health Hazards
Overall Performance Score: 55 percent or SIGNIFICANT ACTIVITY

The state instrument asks 60 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 4. EPHS 2 services include:

- Epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health conditions.
- Population-based screening, case finding, investigation, and the scientific analysis of health problems.
- Rapid screening, high volume testing, and active infectious disease epidemiologic investigations.

Table 4 ***Performance Measures by Model Standard for EPHS 2***

2.1 Planning and Implementation	2.2 State-Local Relationships	2.3 Performance Management and Quality Improvement	2.4 Public Health Capacity and Resources
Identify and respond to public health threats including infectious disease, chronic disease, injuries, environmental contaminations, disasters, and other threats. The SPHS: • Operates a broad scope of surveillance and epidemiology to identify and analyze public health problems and threats. • Establishes and maintains the capability to initiate enhanced surveillance in the event of an emergency. • Organizes its public and private laboratories into an effectively functioning laboratory system. • Uses public and private laboratories, within and possibly outside of the state, that have the capacity to analyze clinical and environmental specimens in the event of suspected exposures and disease outbreaks. • Investigates and responds to public health problems and hazards.	Provide assistance, capacity building, and resources for local efforts to identify, analyze, and respond to public health problems and threats. The SPHS provides: • Assistance in epidemiologic analysis to local public health systems. • Assistance to local public health systems in using public health laboratory services. • Information about possible public health threats and appropriate responses to these threats by local public health systems. • Trained personnel to local communities on-site to assist in the investigation of disease outbreaks and other emergent health threats, as needed.	Reviews the effectiveness of its performance in diagnosing and investigating health problems; actively uses the information from these reviews to continuously improve the quality and responsiveness of their efforts. The SPHS: • Reviews the effectiveness of its state surveillance and investigation procedures, using published guidelines, including CDC's *Updated Guidelines for Evaluating Public Health Surveillance Systems* and CDC's measures and benchmarks for emergency preparedness. • Manages the overall performance of its diagnosis and investigation activities for the purpose of quality improvement.	Invests in and utilizes its human, information, organizational, and financial resources to diagnose and investigate health problems and hazards that affect the state's population. The SPHS: • Commits adequate financial resources for diagnosing and investigating health problems and hazards. • Aligns organizational relationships to focus statewide assets on diagnosis and investigation of health problems. • Uses a workforce skilled in epidemiology and laboratory science to identify and analyze public health problems and hazards and to conduct investigations of adverse public health events.

Participants in this breakout group were selected due to their subject matter expertise relative to data collection and reporting. Fourteen members represented two local health departments; IDPH laboratories and epidemiology teams; Illinois Department of Human Services (IDHS); two partnership projects (one hospital-based/children's health-focused and one private, not-for-profit/data integration-focused); one private information clearinghouse; the Illinois State Board of Education; and Region V, US Department of Health and Human Services (HHS).

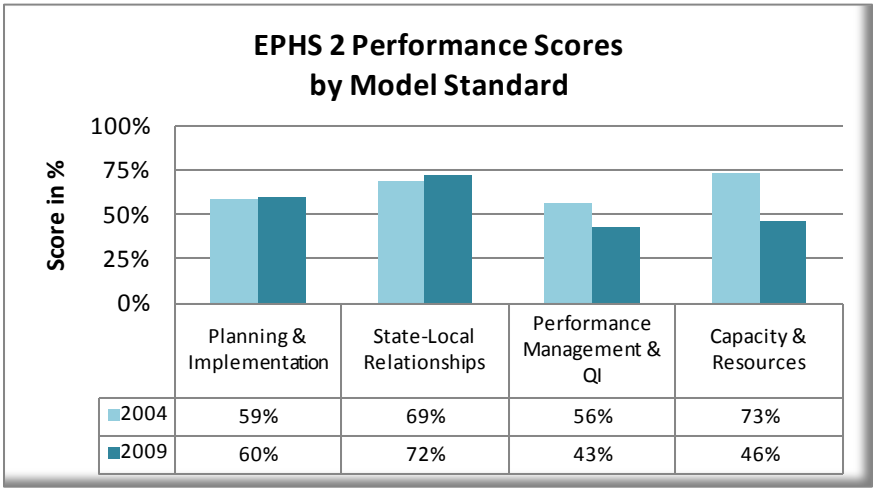


Figure 9 - Model Standards Summary EPHS 2

Performance scores decreased slightly for Model Standards 2.3 and 2.4 from 2004 to 2009. Scores by standard were:

2.1 - Significant Activity
2.2 - Significant Activity
2.3 - Moderate Activity
2.4 - Moderate Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:

- Ten measures were ranked at ***significant activity***, the State Public Health System (SPHS) operates surveillance systems/epidemiology activities that identify and analyze health problems and threats; has the capability to rapidly initiate enhanced surveillance when needed for a statewide/regional threat; organizes its public and private laboratories into a well functioning system; ensures laboratories' capacity to analyze specimens; investigates and responds to public health threats; provides assistance to local public health systems in the interpretation of epidemiologic findings; provides information and guidance about public health problems/threats, and laboratory assistance to local public health systems; provides trained personnel to assist local communities in the investigations of public health problems; has the professional expertise to identify and analyze public health threats/hazards.

***Lowest Ranked Performance Measures*:**

- One measure was ranked at ***minimal activity***, the SPHS organizations align and coordinate their efforts to diagnose and investigate health hazards and health problems.

***Greatest Change by Performance Measure from 2004*:**

Version 2 measures may not directly correlate to Version 1 measures. However, generally stated, performance was ranked about the same or lower than in 2004 for all four standards. Lower scores for performance management/quality improvement and public health capacity/resource measures may be due, in part, to a group propensity to respond conservatively to survey questions they considered to be ambiguously worded.

EPHS 2 Key Discussion Points:

Participants noted system strengths including epidemiology response, improvements in data ascertainment cycle time; established protocols and training (e.g. coordinate for emergency management, transfer of specimens); ability to leverage CDC tools for hazard analysis; advocacy around chronic disease; and technical assistance to interpret data. Specific insufficiencies related to child health surveillance data; under-reporting or exclusion of intentional injury/harm incidence data; secondary control of data/data insecurity (e.g. data is managed by Illinois Department of Central Management Services); limited analysis capacities; fragmented approach to quality improvement; staffing limitations that undermine developmental work and QI efforts. Under-staffing was cited as a systems issue for multiple questions. Participants also referred to lack of clarity around what will influence the agenda to improve public health data systems. Participants commented that, because many of the survey questions were ambiguously worded, they were not confident that responses would be useful.

EPHS 3: Inform, Educate, and Empower People about Health Issues
Overall Performance Score: 37 percent or MODERATE ACTIVITY

The state instrument asks 45 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 5. EPHS 3 services include:

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

Table 5 *Performance Measures by Model Standard for EPHS 3*

3.1 Planning and Implementation	3.2 State-Local Relationships	3.3 Performance Management and Quality Improvement	3.4 Public Health Capacity and Resources
Creates, communicates, and delivers evidence-based, culturally and linguistically appropriate health information and health interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations. The SPHS: • Designs and implements health education and health promotion interventions to help meet the state's health improvement objectives, reduce risks, and promote better health. • Designs and implements health communications to reach wide and diverse audiences with information that enables people to make healthy choices. • Maintains an effective emergency communications capacity to ensure rapid communications response in the event of a crisis.	Provide assistance, capacity building, and resources for local efforts to inform, educate and empower people about health issues. The SPHS: • Provides technical assistance to develop skills and strategies for effective local health communication, health education, and health promotion interventions. • Supports and assists local public health systems in developing effective emergency communication capabilities.	Reviews the effectiveness of its performance in informing, educating, and empowering people about health issues. Members of the SPHS actively use the information from these reviews to continuously improve the quality of their efforts in these areas. The SPHS: • Reviews the effectiveness and appropriateness of its health communication, health education and promotion interventions. • Manages the overall performance of its activities to inform, educate and empower people about health issues for the purpose of quality improvement.	Invests, manages, and utilizes its human, information, organizational, and financial resources to inform, educate, and empower people about health issues. The SPHS: • Commits adequate financial resources to informing, educating, and empowering people about health issues. • Aligns organizational relationships to focus statewide assets on health communication and health education and promotion services. • Uses a culturally competent workforce skilled in developing and implementing health communication and health education and promotion interventions.

Participants in this breakout group were selected due to their subject matter expertise or their role in the community relative to community health (population-focused and/or issue-specific); regional health; health promotion; client advocacy; and cultural/language competencies. Thirteen members (two participated for only partial-day) represented four departments within IDPH; IDHS Department of Community Health Prevention; two local health departments; one private insurance corporation; two issue-specific organizations (disease-specific and violence); one private foundation; one association of organizations; and one public health consulting firm.

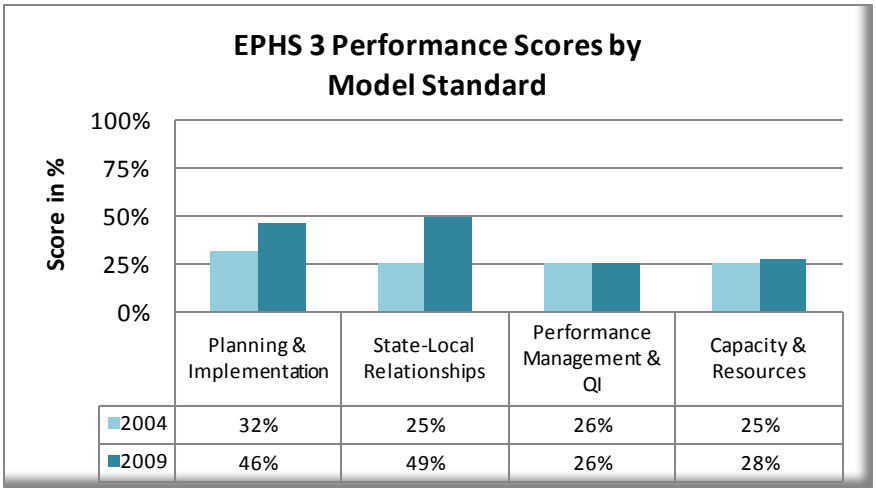


Figure 10 - Model Standards Summary EPHS 3

Performance scores increased for Model Standards 3.1, 3.2, and 3.4. Scores by standard were:

3.1 - Moderate Activity
3.2 - Moderate Activity
3.3 - Moderate Activity
3.4 - Moderate Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:

- Two measures were ranked at ***significant activity***: the State Public Health System (SPHS) has an emergency communications plan; and supports and assists local public health systems in developing effective emergency communications capabilities.
- The group ranked four measures at ***moderate activity***: the SPHS designs and implements health communications programs; reviews the effectiveness of health communication; organizations align and coordinate efforts to implement health communication, health education and health promotion; and has the professional expertise to carry out the health communications, health education and health promotion services.

***Lowest Ranked Performance Measures*:**

- All other measures were ranked at ***minimal activity***.

***Greatest Change by Performance Measure from 2004*:**

Version 2 measures may not directly correlate to Version 1 measures. Generally stated, decreased scores for measures indicate that the SPHS can do more to ensure periodic review of effectiveness of emergency communication, health education and health promotion and to improve system performance to inform, educate and empower the public about health issues.

EPHS 3 Key Discussion Points:

Members highlighted the importance of collaboration and pointed to successful health promotion and prevention campaigns that raise awareness through community dialogue (e.g. Women's Health, children's mental health "Say it Out Loud" campaign), but more effort is needed to address cultural/linguistic diversity and leverage community networks to reach vulnerable populations. Members acknowledged strong performance at the state level for emergency communications. However, materials are not yet available in formats that are culturally-linguistically appropriate *and* health literacy remains an issue for all communications. With limited direct knowledge about emergency management, the group qualified its responses to emergency communications questions and recommended that more preparedness experts be included in the next assessment. Members agreed that there is no coordinated media strategy and minimal collaboration to develop a shared health communications plan. Some commented that technical assistance/support resources should focus more on chronic disease. Members discussed challenges to systematic performance evaluation: while evaluation activity may be strong within content areas (e.g. HIV), there is no common understanding of baseline data or consensus on data standards. Discussion of resource allocation clarified that current program funding is adequate, but attention should be paid to assess how effectively funds are used.

EPHS 4: Mobilize Community Partnerships to Identify/Solve Health Problems
Overall Performance Score: 42 percent or MODERATE ACTIVITY

The state instrument asks 23 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 6. EPHS 4 services include:

- The organization and leadership to convene, facilitate, and collaborate with statewide partners (including those not typically considered to be health-related) to identify public health priorities and create effective solutions to solve state and local health problems.
- The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state's health status.
- Assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

Table 6 ***Performance Measures by Model Standard for EPHS 4***

4.1 Planning and Implementation	4.2 State-Local Relationships	4.3 Performance Management and Quality Improvement	4.4 Public Health Capacity and Resources
Conducts a variety of statewide community-building practices to identify and solve health problems. These practices include community engagement, constituency development, and partnership mobilization, which is the most formal and potentially far-reaching of these practices. The SPHS: • Engages and builds statewide support for a variety of public health issues by identifying, convening, and communicating with organizations that contribute to or benefit from the delivery of the Essential Public Health Services. • Organizes partnerships for public health to foster the sharing of resources, responsibilities, collaborative decision-making, and accountability for delivering EPHS services at the state and local levels.	Engages in a robust partnership with local public health systems to provide technical assistance, capacity building and resources for local community partnership development. The SPHS: • Assists local public health systems to build competencies in community development, advocacy, collaborative leadership and partnership management. • Provides incentives for local partnership development.	Reviews the effectiveness of its performance in mobilizing partnerships. Members of the SPHS actively use the information from these reviews to continuously improve the quality of their partnership efforts. The SPHS: • Reviews the effectiveness of its partnership efforts, including the commitment of SPHS partner organizations. • Manages the overall performance of its partnership activities for the purpose of quality improvement.	Invests in and utilizes its human, information, organizational and financial resources to assure that its partnership mobilization efforts meet the needs of the state's population. The SPHS: • Commits adequate financial resources to sustain partnerships and support their actions. • Aligns organizational relationships to focus statewide assets on partnerships. • Uses a workforce skilled in assisting partners to organize and act on behalf of the health of the public.

Participants in this breakout group were selected largely due to their role in community partnerships and/or subject matter expertise relative to community health (population-focused and/or issue-specific); regional health; health promotion; client advocacy; and cultural/language competencies. Thirteen members (two participated for only partial-day) represented four departments within IDPH; IDHS Department of Community Health Prevention; two local health departments; one private insurance corporation; two issue-specific organizations (disease-specific and violence); one private foundation; one association of organizations; and one public health consultant firm.

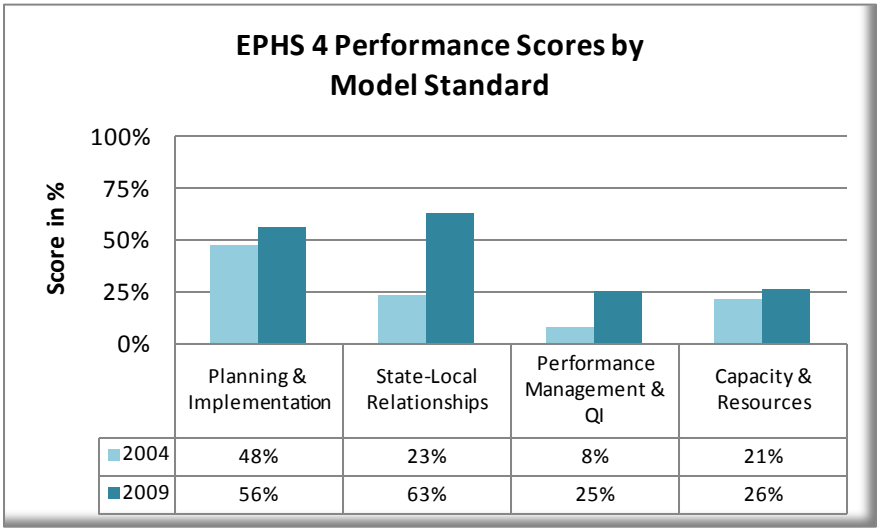


Figure 11 - Model Standards Summary EPHS 4

Performance scores increased for all Model Standards. Scores by standard were:

4.1 - Significant Activity
4.2 - Significant Activity
4.3 - Minimal Activity
4.4 - Moderate Activity

With respect to the individual measures comprising the standards*:*

Highest Ranked Performance Measures:

- Three measures were ranked at ***significant activity***. The State Public Health System (SPHS) builds statewide support for public health issues; organizes partnerships to identify and solve health problems; and provides incentives to local partnerships through grant requirements and/or resource sharing.
- The group ranked two measures at ***moderate activity***. The SPHS provides assistance to local public health systems to build partnerships for community health improvement; and organizations align and coordinate to mobilize partnerships.

***Lowest Ranked Performance Measures*:**

- Four measures were ranked at ***minimal activity***, all focused on performance management and quality improvement as well as capacity and resources.

***Greatest Change by Performance Measure from 2004*:**
Version 2 measures may not directly correlate to Version 1 measures. However, generally stated, the SPHS improved significantly relative to coordination for planning and implementation and technical assistance to local communities to build partnerships.

EPHS 4 Key Discussion Points:
Discussion pointed to strong partnerships already in place, notably with faith communities around HIV prevention, and for preparedness. Members suggested that involvement of corporate partners would expand incentives and health promotion resources. Members noted that agencies routinely convene/collaborate and that significant advocacy efforts are ongoing. However, there is little evidence of shared ownership or responsibility for plans. Members also suggested that the system would benefit from greater participation of non-traditional partners who, as leaders, will develop new kinds of partnerships. The group acknowledged progress in technical assistance and training offered to local health departments for the Illinois Project for Local Assessment of Needs (IPLAN) that build on community strategies, but noted challenges to sustainable collaboration models. Barriers to effective partnership include lack of infrastructure and inadequate funding (e.g. IPLAN certification is required of local health departments, but not funded). In spite of barriers, some funders actively and/or exclusively support collaborative initiatives. The group assessed evaluation efforts as minimal, and pointed out that strong models exist (e.g. AOK program) that could be emulated. Improvement could be realized with more funding, through stronger alignment of plans, and through technology.

EPHS 5: Develop Policies/Plans that Support Individual/Statewide Health Efforts
Overall Performance Score: 87 percent or OPTIMAL ACTIVITY

The state instrument asks 67 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 7. EPHS 5 services include:

- Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide community health improvement at the state and local levels.
- Development of legislation, codes, rules, regulations, ordinances, and other policies to enable performance of the EPHS services, supporting all health efforts.
- The process of dialogue, advocacy and debate among groups affected by the proposed health plans and policies prior to adoption of such plans or policies.

Table 7 ***Performance Measures by Model Standard for EPHS 5***

5.1 Planning and Implementation	5.2 State-Local Relationships	5.3 Performance Management and Quality Improvement	5.4 Public Health Capacity and Resources
Conducts comprehensive and strategic health improvement planning and policy development that integrates health status information, public input/communication, policy analysis and recommendations for action based on the best evidence. The SPHS: • Develops statewide health improvement processes that include convening partners, facilitating collaborations, and gaining statewide participation in planning and implementation of needed improvements in the public health system. • Produces a state health improvement plan(s) that outlines strategic directions for statewide improvements in health promotion, disease prevention and response to emerging PH problems. • Establishes and maintains PH emergency response capacity, plans and protocols for all-hazards, addressing 24/7 readiness, multi-agency coordination/ operations, vulnerable populations. • Engages in health policy development activities and takes necessary actions to raise awareness of policies that affect the public's health.	Provides assistance, capacity building, and resources for their efforts to develop local policies and plans that support individual and statewide health efforts. The SPHS: • Provides technical assistance and training to local public health systems developing community health improvement plans. • Supports development of community health improvement plans and provides assistance in adapting and integrating statewide improvement strategies to the local level. • Provides assistance to local public health systems in the development of local All-Hazards Preparedness Plans. • Provides technical assistance and support for conducting local health policy development.	Reviews the effectiveness of its performance in policy and planning. Members of the SPHS actively use the information from these reviews to continuously improve the quality of policy and planning activities in supporting individual and statewide health efforts. The SPHS: • Regularly monitors the state's progress towards accomplishing its health improvement objectives. • Reviews new and existing policies to determine their public health impact. • Conducts exercises and drills to test preparedness response capacity outlined in the state's all-hazard preparedness plan. • Manages the overall performance of its policy and planning activities for the purpose of quality improvement.	Invests in and utilizes its human, information, organizational and financial resources to assure that its health planning and policy practices meet the needs of the state's population. The SPHS: • Commits adequate financial resources to develop and implement health policies and plans. • Aligns organizational relationships to focus statewide assets on health planning and policy development. • Uses the skills of the SPHS workforce in long-range, operational and strategic planning techniques. • Uses the skills of the SPHS workforce in health policy development, including skills in policy analysis and in obtaining public participation in the policy-making process.

Participants in this breakout group were selected for their expertise and direct involvement in planning and policy development, policy advocacy and/or policy administration; participation on the State Board of Health policy committee; and/or direct service. Sixteen members (including the IDPH Director) represented seven IDPH departments; one policy advocacy organization; the State Board of Health; one issue-specific organization; an association of hospitals; an association of physicians; and two local health departments.

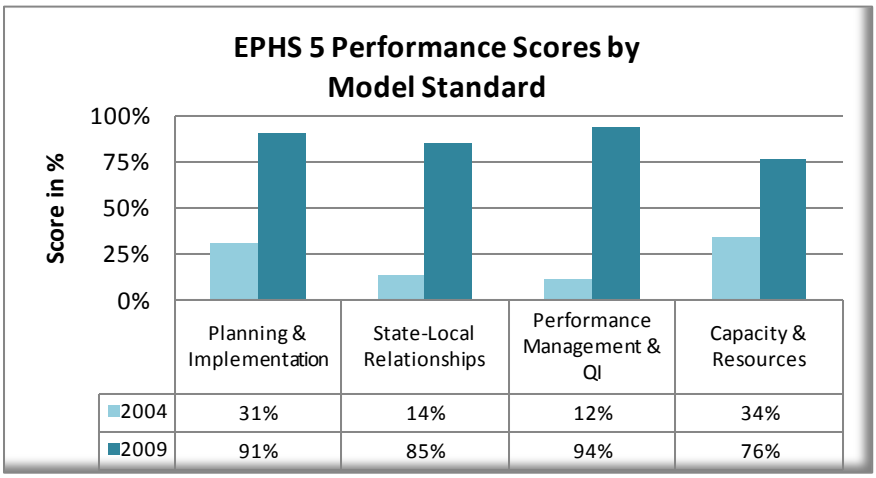


Figure 12 - Model Standards Summary for EPHS 5

Performance scores for EPHS 5 gained in all four Model Standards:

5.1 - Optimal Activity
5.2 - Optimal Activity
5.3 - Optimal Activity
5.4 - Optimal Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:

- Twelve measures were ranked at ***optimal activity*.** The State Public Health System (SPHS) implements statewide health improvement processes that convene partners and facilitates collaboration among organizations contributing to public health; develops one or more state health improvement plan(s) to guide its collective efforts to improve health and the public health system; has an All-Hazards Preparedness Plan guiding systems partners to protect the state's population in the event of an emergency; conducts policy development activities; provides technical assistance and training to local public health systems for developing local plans; provides technical assistance in the development of local public health all-hazards preparedness plans for responding to emergency situations; provides technical assistance in local health policy development; reviews progress towards accomplishing health improvement across the state; reviews new and existing policies to determine their public health impacts; conducts formal exercises and drills of the procedures and protocols linked to its All-Hazards; has the professional expertise to carry out planning activities; and has the professional expertise to carry out health policy development.

Lowest Ranked Performance Measures:

- Four measures were ranked at ***significant activity***: the SPHS provides support and assistance for the development of community health improvement plans that are integrated with statewide health improvement strategies; actively manages an improves overall performance of its planning and policy development; commits financial resources to health planning and policy development; and organizations align and coordinate their efforts to implement health planning and policy development. No measures were ranked at moderate and minimal activity levels.

***Greatest Change by Performance Measure from 2004*:**
Version 2 measures may not directly correlate to Version 1 measures. For example, measures related to preparedness plans were not incorporated in the first assessment. However, for this EPHS, the standard is dependent on production of a state health improvement plan. Therefore, the significant improvement in most measures for the EPHS can be attributed to the fact that, since the 2004 assessment, Public Act 93-075 now mandates the SHIP planning process and deliverable. Increases by model standard are noted in the caption for Figure 12 above.

EPHS 5 Key Discussion Points:

Members noted evidence of strong planning processes and coordinated efforts at state and local levels, but suggested that training and technical assistance is needed from IDPH to improve coordination between state-local as well as state-federal agencies. Attention is needed to promote connectivity and inclusion -- there are no consumers and still too few community partners involved in assessment, planning, and policy development. All recognized the SHIP as the major accomplishment since 2004, but noted that there is no accountability for roles assigned under the SHIP and no documentation of results as yet. Participants stated concerns that public health is under-represented in broad discussions, but suggested more could be done to communicate plans (including the SHIP and its priorities) to the public. Members recommended stronger coordination to promote training by IDPH and non-governmental partners (e.g. hospital or CBO-led programs) and to align plans. Policy development and advocacy efforts are strong, though stakeholder involvement is limited and underlying policy analysis is weak. Monitoring and policy review activity is ongoing at multiple levels, but not systematic. Data quality and integration remains a high priority, but public health still needs to improve outcomes reporting. Insufficiencies related to workforce were noted including poor organizational development resources and under-staffing of advocacy and interest groups.

EPHS 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Overall Performance Score: 79 percent or OPTIMAL ACTIVITY

The state instrument asks 39 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 8. EPHS 6 services include:

- The review, evaluation, and revision of laws (laws refers to all laws, regulations, statutes, ordinances, and codes) designed to protect health and ensure safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities in the regulated environment and persons and entities that enforce laws designed to protect health and ensure safety.
- Enforcement activities of public health concern, including, but not limited to, enforcement of clean air and potable water standards; regulation of health care facilities; workplace safety inspections; review of new drug, biological, and medical device applications; enforcement activities occurring during emergency situations; and enforcement of laws governing the sale of alcohol/tobacco to minors, seat belt/child safety seat usage, and childhood immunizations.

Table 8 ***Performance Measures by Model Standard for EPHS 6***

6.1 Planning and Implementation	6.2 State-Local Relationships	6.3 Performance Management and Quality Improvement	6.4 Public Health Capacity and Resources
Assures that laws and enforcement activities are based on current PH science and best practices for achieving compliance with an emphasis on collaboration between those who enforce laws and those in the regulated environment. The SPHS: • Reviews existing and proposed laws to assure these reflect current scientific knowledge and best practices for achieving compliance and solicits input on reviewed laws from stakeholders including legislators, legal advisors, and the general public. • Reviews/updates laws to assure appropriate emergency powers are in place. • Fosters cooperation among persons and entities in the regulated environment and persons and entities that enforce laws to support compliance and to assure that laws and regulations accomplish their health and safety purposes. • Ensures that administrative processes, such as those for permits and licenses are customer-centered for convenience, cost, and quality of service, and are administered according to written guidelines.	Works with local public health systems to provide assistance, capacity building, and resources for local efforts to enforce laws that protect health and safety. The SPHS: • Offers technical assistance to local public health systems based on current scientific knowledge and best practices for achieving compliance in both routine and complex enforcement operations. • Partners with local governing bodies to provide assistance in developing local laws that incorporate current scientific knowledge and best practices for achieving compliance.	Reviews the effectiveness of its performance in enforcing laws that protect health and safety. Members of the SPHS actively use the information from these reviews to continuously improve the quality of enforcement efforts. The SPHS: • Reviews the effectiveness of its laws and enforcement activities, using resources such as the Model State Public Health Act and Model State Emergency Powers Act. • Manages the overall performance of its enforcement activities for the purpose of quality improvement.	Effectively invests in and utilizes its human, information, technology, organizational and financial resources to enforce laws that protect health and safety in the state. The SPHS: • Commits adequate financial resources for the enforcement of laws that protect health and ensure safety. • Aligns organizational relationships to focus statewide assets on enforcement activities. • Uses workforce expertise to effectively carry out the review, development, and enforcement of public health laws.

Participants in this group were selected for their expertise and direct involvement in policy evaluation and enforcement. Seventeen members (including the IDPH Director); represented seven IDPH departments one policy advocacy organization; the State Board of Health; two issue-specific organizations; an association of hospitals; an association of physicians; and two local health departments.

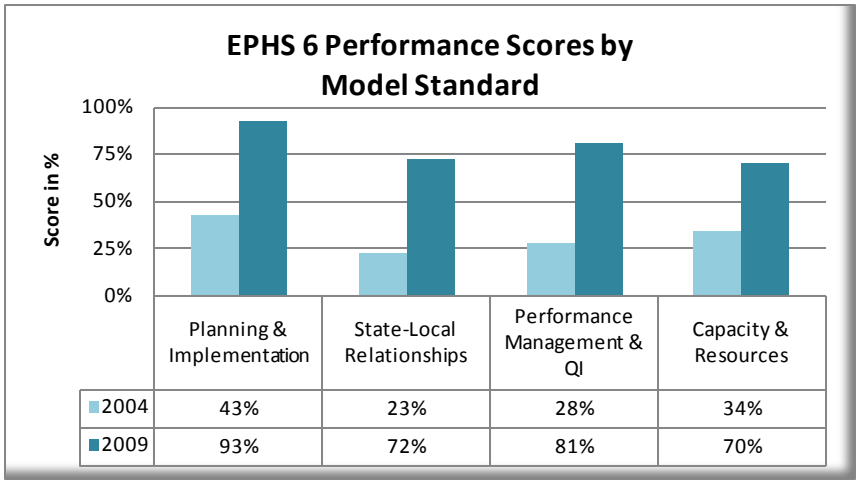


Figure 13 - Model Standards Summary EPHS 6

Performance scores increased for all four standards. Scores by standard were:

6.1 - Optimal Activity
6.2 - Significant Activity
6.3 - Optimal Activity
6.4 - Significant Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:

- Four measures were ranked at ***optimal activity*.** The State Public Health System (SPHS) assures existing and proposed state laws are designed to protect the public's health and ensure safety; assures that laws give state/local authorities the power and ability to prevent, detect, manage, and contain emergency health threats; assures cooperative relationships between SPHS and regulated entities to encourage compliance and assure that laws accomplish their health and safety purposes; and reviews the effectiveness of its regulatory, compliance and enforcement activities.

Lowest Ranked Performance Measures:

- Seven measures were ranked at ***significant activity***. The SPHS ensures that administrative processes are customer-centered; provides technical assistance to local PH systems on best practices in compliance and enforcement of laws that protect health and ensure safety; actively manages/improves the overall performance of its regulatory programs and activities; assists local governing bodies in reviewing, improving and developing local laws; commits financial resources to the enforcement of laws that protect health and ensure safety; organizations align and coordinate their efforts to comply with laws and regulations; and has the professional expertise to carry out enforcement activities.

***Greatest Change by Performance Measure from 2004*:**

Version 2 measures may not directly correlate to Version 1 measures. For this EPHS, language changes and consolidation of measures occurred for each original survey question. However, strong improvement was clearly evident for every model standard. The discussion did not reveal major systems changes to which the improvement can be attributed; but this group seems to have had a fairly liberal interpretation of the rating scale. Thus, some differences may be attributable to the differences in the respondents from 2004.

EPHS 6 Key Discussion Points:

Discussion of system gaps pointed to weaknesses to review/update laws and to educate the public about current regulation. Members stated that some questions were difficult to answer without more regulated entities in the group (e.g. is technical assistance adequate?). Members commented that technical assistance is available, but may not be effectively utilized. Technical training tends to focus on interpretation of specific regulations at the local level, but conflict resolution skills and communication across agencies are lacking. State-local efforts tend to focus on development of new regulations/laws, but should spend more time on analysis and update of existing regulations/laws. Limited resources continue to hinder organizational alignment/coordination and enforcement to improve compliance.

EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

Overall Performance Score: 34 percent or MODERATE ACTIVITY

The state instrument asks 44 questions to assess performance against the four model standards and EPHS-specific measures summarized in Table 9. EPHS 7 services include:

- Assessment of access to/availability of quality personal health services for the population.
- Assurances that access is available in a coordinated system of quality care which includes outreach services to link populations to preventive and curative care, medical services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs.
- Partnership across sectors to provide a coordinated system of health care.
- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

Table 9 *Performance Measures by Model Standard for EPHS 7*

7.1 Planning and Implementation	7.2 State-Local Relationships	7.3 Performance Management and Quality Improvement	7.4 Public Health Capacity and Resources
Assesses the availability of personal health services for the state's population and works collaboratively with state and local partners to assure that the entire state population has access to high quality personal health care. The SPHS: • Assesses the availability and utilization of personal health services for all persons living in the state, including underserved populations. • Works collaboratively with local PH systems and with health care providers to deliver personal health services and to take policy and programmatic action to assure access, utilization, and quality of health care for persons living in the state. • Uses a State PH System organization to provide statewide leadership and coordinate system efforts to monitor, evaluate, and improve the availability, utilization, and effectiveness of personal health care delivery within the state. • Mobilizes to reduce health disparities in the state (using guides such as *Healthy People 2010*) and to meet the needs of vulnerable populations in the event of an emergency.	Works with local PH systems to provide assistance, capacity building, and resources for local efforts to identify underserved populations and develop innovative approaches for meeting their health care needs. The SPHS: • Provides technical assistance in systems approaches for identifying and meeting personal health care needs of underserved populations. • Provides technical assistance in quality improvement of personal health care delivery and management to providers in local public health systems.	Reviews the effectiveness of its performance in the provision of personal health care to the state's population. Members of the SPHS actively use the information from these reviews to continuously improve the quality of its efforts to link people to needed personal health services. The SPHS: • Reviews health care quality, access, and appropriateness (using such resources as *Health Plan and Employer Data and Information Set* (HEDIS), reports published by DHHS' Agency for Healthcare Research and Quality, and the *Guide to Clinical Preventive Services*). • Manages the overall performance of its activities to link people to needed health services for the purpose of quality improvement.	Effectively invests in and utilizes its human, information, organizational and financial resources to assure the provision of personal health care to meet the needs of the state's population. The SPHS: • Commits adequate financial resources for the provision of needed personal health care. • Aligns organizational relationships to focus statewide assets on linking people to needed personal health care and assuring the provision of health care. • Uses a workforce skilled in the evaluation, analysis, delivery, and management of personal health services.

Participants in this breakout group were selected for their expertise and direct involvement in service delivery and program administration at the state and community levels. Sixteen members represented three departments within IDPH; the Illinois Department of Healthcare and Family Services (IHFS); the IDHS Department of Mental Health; the State Board of Health; three associations of providers; one rural health association; one university program; and four local health departments.

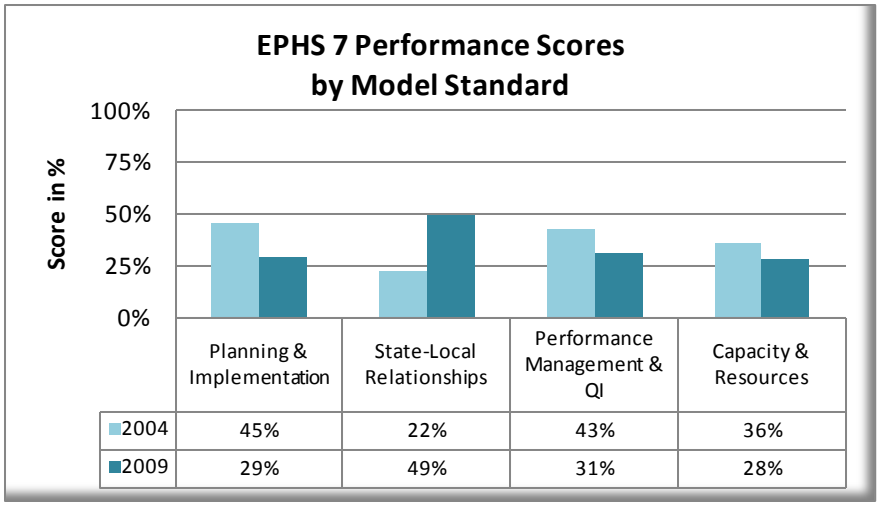


Figure 14 - Model Standards Summary EPHS 7

Performance scores increased for 7.2; results for all other standards decreased.

7.1 - Moderate Activity
7.2 - Moderate Activity
7.3 - Moderate Activity
7.4 - Moderate Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:

- Seven measures were ranked at ***moderate activity***. The State Public Health System (SPHS) assesses the availability of personal health services to the state's population; takes action to eliminate barriers to access to personal health care; mobilizes its assets, including local public health systems, to reduce health disparities in the state; provides technical assistance to local public health systems on methods to assess and meet the needs of underserved populations; provides technical assistance to providers who deliver personal health care to underserved populations; reviews personal health care access, appropriateness and quality; and has the professional expertise to carry out the functions of linking people to needed personal health care.

Lowest Ranked Performance Measures:

- One measure was ranked at ***no activity:*** the SPHS has an entity responsible for monitoring and coordinating personal health care delivery within the state.

***Greatest Change by Performance Measure from 2004*:**

Version 2 measures may not directly correlate to Version 1 measures. For this EPHS, consolidation of measures occurred for each model standard and the wording of the sub-questions varied somewhat from the parallel questions in the prior version. While scoring indicated a marked improvement for technical assistance to providers, decreases were recorded for performance management and quality improvement.

EPHS 7 Key Discussion Points:

The group had lengthy, general discussion of the EPHS and model standards before scoring on stem questions and sub-questions. Major, recurring themes included: disconnection between the state-local levels to ensure comprehensive services and continuity of care; negative impact of limited funding on access to and quality of services; increased demand for care at the local level; lack of clarity and communication around public health quality standards; challenges to address both quality and access; unwillingness of providers to accept Medicaid; and lack of public awareness that programs are available. Participants distinguished the performance of state agencies from the SPHS suggesting that, without strong leadership and coordination around shared priorities, state agencies function as "a sum of parts" rather than as a system. Participants agreed that the SPHS must focus on preventive health services (and address determinants) to be sustainable.

EPHS 8: Assure a Competent Public and Personal Health Care Workforce
Overall Performance Score: 26 percent or MODERATE ACTIVITY

The state instrument asks 42 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 10. EPHS 8 services include:

- Education, training, development, and assessment of health professionals--including partners, volunteers and other lay community health workers--to meet statewide needs for public and personal health services.
- Efficient processes for credentialing technical and professional health personnel.
- Adoption of continuous quality improvement and life-long learning programs.
- Partnerships with professional workforce development programs to assure relevant learning experiences for all participants.
- Continuing education in management, cultural competence, and leadership development.

Table 10 *Performance Measures by Model Standard for EPHS 8*

8.1 Planning and Implementation	8.2 State-Local Relationships	8.3 Performance Management and Quality Improvement	8.4 Public Health Capacity and Resources
Identifies the PH workforce needs and implements recruitment and retention policies to fill those needs. The SPHS provides training and continuing education to assure that the workforce will effectively deliver EPHS services. The SPHS: • Assesses the numbers, qualifications, and location of the population-based and personal health care workforce required to meet statewide health needs. • Based on workforce assessments, develops a statewide workforce plan(s) that establishes strategies and actions needed to recruit, maintain and sustain a competent and diverse workforce. • Provides human resource development programs focused on enhancing the skills and competencies of the workforce. • Assures that the population-based and health care workforce in the state attain the highest level of knowledge and functioning in the practice of their professions. • Supports continuous professional development through programs focused on life-long learning.	Works with local PH systems to provide assistance, capacity building, and resources for local efforts to assure a competent population-based and personal health care workforce. The SPHS: • Assists local public health systems in assessing the needs of the population-based and personal health care workforces. • Provides assistance to local public health systems in recruitment, retention, and performance improvement strategies to improve the availability and competency of the local workforce. • Assures the availability of educational course work to enhance the skills of the workforce of local public health systems.	Reviews the effectiveness of its performance in assuring a competent population-based and personal health care workforce. Members of the SPHS actively use the information from these reviews to continuously improve the quality of workforce development efforts. The SPHS: • Reviews the implementation of its workforce development plans to determine their effectiveness in developing a workforce that meets current and future demand for health services in the state; and reviews the use of quality improvement resources to improve the skills of individual workers. • Through an academic-practice partnership(s), reviews the preparation of personnel entering the workforce. • Manages the overall performance of its workforce development activities for the purpose of quality improvement.	Invests in and utilizes its human, information, organizational and financial resources to assure a competent population-based and personal health care workforce. The SPHS: • Commits adequate financial resources to support workforce development. • Aligns organizational relationships to focus statewide assets on workforce development. • Uses the skills of the SPHS workforce in the management of human resources and workforce development programs supporting the delivery of high quality personal and population-based services throughout the state.

Participants in this breakout group were selected for their expertise and direct involvement in assessment of public health workforce training needs; design, delivery and evaluation of public health workforce training programs; and management of human resources and continuous quality improvement. Thirteen members represented two IDPH departments; IDHS; the State Board of Health; one public health association; one policy advocacy organization; two university programs; one issue-specific organization; one association of providers; and two local health departments.

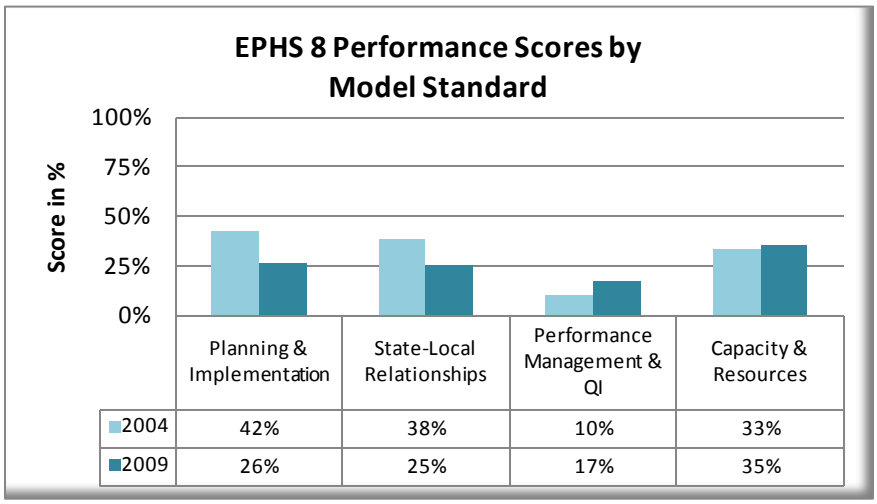


Figure 15 - Model Standards Summary EPHS 8

Performance scores decreased for 8.1 and 8.2 from 2004: the scores for 8.3 and 8.4 increased. Scores by Model Standard were:

8.1 - Moderate Activity
8.2 - Minimal Activity
8.3 - Minimal Activity
8.4 - Moderate Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:

- One measure was ranked at ***significant activity***: the SPHS has the professional expertise to carry out workforce development activities.

Lowest Ranked Performance Measures:

- Two measures were ranked at ***no activity***. The SPHS develops a statewide workforce plan(s) to guide its activities in workforce development; and actively manages and improves the overall performance of its workforce development activities.

***Greatest Change by Performance Measure from 2004*:**

Version 2 measures may not directly correlate to Version 1 measures. For this EPHS, many survey questions remained intact; however, language changes in some questions may have influenced the assessment score. For example, in Version 1, participants ranked performance at higher than 50 percent (significant range) when asked if individual professionals meet prescribed competencies required by law. Version 2 participants reported minimal activity when asked a slightly different question: does the SPHS assure that individuals achieve the highest level of professional practice? Marked increase was noted for technical assistance to assess population-based and personal health care workforces. Decreased performance was reported in availability and accessibility of educational coursework and training to enhance the skills of the workforce of local public health systems.

EPHS 8 Key Discussion Points:

Participants noted that workforce development needs are well-researched in all sectors, but poorly communicated. Training continues to improve for preparedness and IT practices and is widely available through learning management systems. Little training is available to develop management skills or to understand determinants of health. Discussion was needed to agree on interpretation of the technical assistance-related questions (e.g. assurance means the SPHS is responsible for training). Financial scholarships were recognized as part of the system methodology to assure workforce development. Some characterized the SPHS as “an embarrassment of riches” for training of public health professionals. Members shared concerns that public health is losing ground and under-equipped to build a workforce pipeline. Members agreed that the SPHS needs to establish a single entity to coordinate and assess overall performance to make needed progress in workforce development.

EPHS 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Overall Performance Score: 29 percent or MODERATE ACTIVITY

The state instrument asks 35 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 11. EPHS 9 services include:

- Evaluation and critical review of health programs, based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.
- Assessment of and quality improvement in the SPHS performance and capacity.

Table 11 ***Performance Measures by Model Standard for EPHS 9***

9.1 Planning and Implementation	9.2 State-Local Relationships	9.3 Performance Management and Quality Improvement	9.4 Public Health Capacity and Resources
Conducts evaluations to improve the effectiveness of population-based services and personal health services within the state. Evaluation is considered a core activity of the PH system and essential to understand how to improve the quality of services to the state's population. The SPHS: • Evaluates the availability, utilization, appropriateness, and effectiveness of population-based health services (e.g., injury prevention, promotion of physical activity, immunization) within the state using national guidelines, such as CDC's *Guide to Community Preventive Services*. • Evaluates the effectiveness of personal health services within the state using national guidelines such as the *Guide to Clinical Preventive Services*. • Evaluates the performance of the state public health system in delivering Essential Public Health Services to the state's population.	Provides assistance, capacity building, and resources for local efforts to evaluate the performance and effectiveness of population-based programs, personal health services, and local public health systems. To accomplish this, the SPHS: • Provides technical assistance to local public health systems in the evaluation of population-based programs, personal health services, and overall local public health systems performance, using performance benchmarks, such as the Baldrige National Quality Program and the National Public Health Performance Standards. • Shares results of state-level performance evaluations with local public health systems for use in local health improvement and strategic planning processes.	Reviews the effectiveness of its performance in evaluating the effectiveness, accessibility, and quality of population-based programs, personal health services, and public health systems. Members of the SPHS actively use the information from these reviews to continuously improve the quality of evaluation efforts. To accomplish this, the SPHS: • Reviews its evaluation activities to assure their appropriateness in scope and methodology, using nationally recognized resources, such as CDC's *Principles of Program Evaluation.* • Manages the overall performance of its evaluation activities for the purpose of quality improvement.	Invests in and utilizes its human, information, organizational and financial resources to evaluate the effectiveness, accessibility and quality of population-based and personal health services. Evaluations are appropriately resourced so they can be routinely conducted. To accomplish this, the SPHS: • Commits adequate financial resources for evaluation activities. • Aligns organizational relationships to focus statewide assets on evaluating population-based and personal health services. • Uses a workforce skilled in monitoring and analyzing the performance and capacity of the state public health system and its programs and services.

Participants in this breakout group were selected for their expertise and direct involvement in service delivery, program administration and evaluation of personal and public health services at the state and community levels. Sixteen members represented three departments within IDPH; the Illinois Department Healthcare and Family Services (IDHFS); the IDHS Department of Mental Health; the State Board of Health; three associations of providers; one rural health association; one university program; and four local health departments.

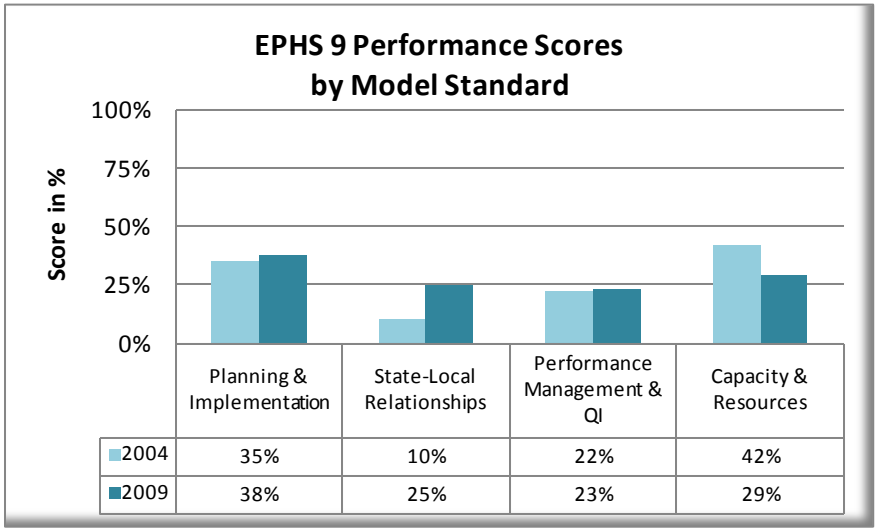


Figure 16 - Model Standards Summary EPHS 9

Performance scores increased from 2004 for model standards 9.1, 9.2 and 9.3, though scores remained within the same performance ranges. Scores were:

9.1 - Moderate Activity
9.2 - Minimal Activity
9.3 - Minimal Activity
9.4 - Moderate Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:

- Four measures were ranked at ***moderate activity***. The State Public Health System (SPHS) routinely evaluates population-based health services within the state; evaluates the effectiveness of personal health services within the state; establishes and/or uses standards to assess the performance of the state public health system; and has the professional expertise to carry out evaluation activities.

Lowest Ranked Performance Measures:

- The remaining six measures were ranked at ***minimal activity***. The SPHS provides technical assistance to local public health systems in their evaluations; shares results of state-level performance evaluations for use in local planning processes; regularly reviews the effectiveness of its evaluation activities; actively manages and improves the overall performance of its evaluation activities; commits financial resources for evaluation; and organizations align and coordinate efforts to conduct evaluations.

***Greatest Change by Performance Measure from 2004*:**

Version 2 measures may not directly correlate to Version 1 measures. For this EPHS, many questions remained intact, while others were consolidated or re-stated. Distinct increases were reported for evaluation of population-based health services as well as sharing of state-level evaluation results. All other variances from 2004 scores were either within (+ or -) ten points or direct comparisons of measures were not possible due to changes in the instrument.

EPHS 9 Key Discussion Points:

Members commented that funding is not based on effectiveness, but is institutionalized by program and that reallocation of funds towards preventive health services would have broader impact. Evaluation is especially difficult in an environment characterized by categorical funding, where services are managed by various agencies. Outcomes data could also be better utilized to educate policy-makers and influence program development. Members commented that local evaluation efforts are undermined by the lack of comprehensive policy and limited access to quality data. One participant made the point that local health departments are responsible for communicating what they need so that the state can develop resources. Members generally agreed that, though efforts to assess effectiveness of overall evaluation are underway, a systematic approach is missing.

EPHS 10: Research for New Insights/Innovative Solutions to Health Problems
Overall Performance Score: 26 percent or MODERATE ACTIVITY

The state instrument asks 41 questions to assess performance against the four model standards and EPHS-specific measures as summarized in Table 12. EPHS 10 services include:

- A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research.
- Linkage with research institutions and other institutions of higher learning.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

Table 12 *Performance Measures by Model Standard for EPHS 10*

10.1 Planning and Implementation	10.2 State-Local Relationships	10.3 Performance Management and Quality Improvement	10.4 Public Health Capacity and Resources
Identifies and participates in research activities that address new insights in the implementation of the EPHS. The State Public Health System (SPHS) organizations foster innovation by continuously using best scientific knowledge and new knowledge about effective practice in their work to improve the health of the state's population. The SPHS: • Establishes a statewide public health academic-practice collaboration to foster innovations in public health and personal health care practice by disseminating and applying research findings and new knowledge to improve the practice of public health. • Develops a public health research agenda focused on public health performance, public health problems and public health systems issues, bridging the interests of the research community and the needs of the practice community. • Conducts and participates in public health research to maximize learning about more effective methods of improving health.	Works with local public health systems to provide assistance, capacity building, and resources for local efforts to carry out research for new insights and innovative solutions to health problems. The SPHS: • Assists local public health systems in their research activities, including promoting community-based participatory research. • Assists local public health systems in the interpretation and application of research findings to improve public health practice at the local level.	Reviews the effectiveness of its performance in conducting and using research for new insights and innovative solutions to health problems. Members of the SPHS actively use the information from these reviews to continuously improve the quality of research efforts. The SPHS: • Regularly monitors its research activities for relevance to current issues in practice and for appropriate-ness in scope and methodology. • Manages the overall performance of its research activities for the purpose of quality improvement.	Invests, manages, and utilizes its human, information, organizational and financial resources for the conduct of research to meet the needs of the state's population. The SPHS: • Commits adequate financial resources for research to foster innovations and increase the effectiveness of public health practice. • Aligns organizational relationships to focus statewide assets on research and applying new evidence to practice. • Uses a workforce skilled in conducting and applying research relevant to the practice of the Essential Public Health Services.

Participants in this breakout group were selected for their expertise and direct involvement in practice-based and clinical research; linkage with research institutions; capacity to conduct complex analyses and/or research; and/or familiarity with community needs assessment; program development and continuous quality improvement. Thirteen members represented two departments within IDPH; IDHS; the State Board of Health; one public health association; one policy advocacy organization; two university programs; one issue-specific organization; one provider association; and two local health departments.

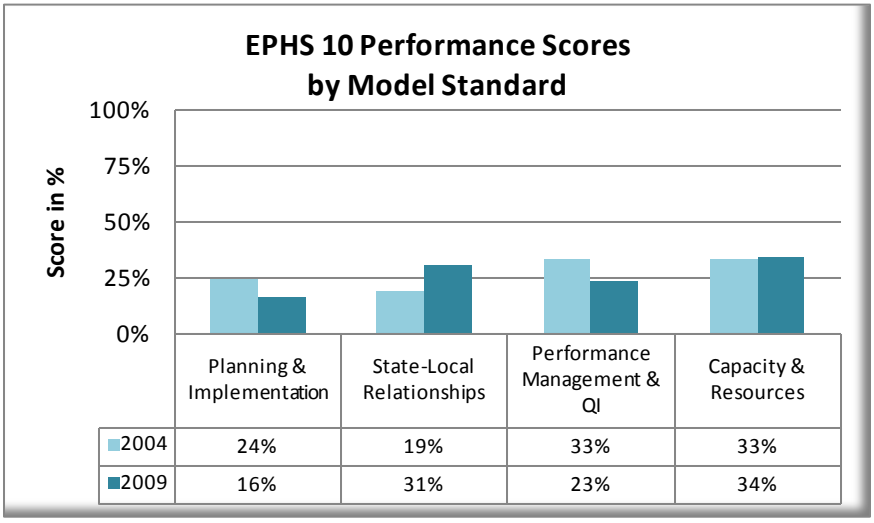


Figure 17 - Model Standards Summary EPHS 10

Performance scores decreased for 10.1 and 10.3, but increased in 10.2 and 10.4 from 2004. Scores by Model Standard were:

10.1 - Minimal Activity
10.2 - Moderate Activity
10.3 - Minimal Activity
10.4 - Moderate Activity

With respect to the individual measures comprising the standards:

Highest Ranked Performance Measures:
- One measure was ranked at ***significant activity*****.** The State Public Health System (SPHS) has the professional expertise to carry out research activities.
- One measure was ranked at ***moderate activity***. The SPHS provides technical assistance to local public health systems with research activities.

Lowest Ranked Performance Measures:
- Seven measures were ranked at ***minimal activity***. The SPHS maintains an active academic-practice collaboration(s) to promote and organize research activities and disseminate and use research findings in practice; participates in/conducts research relevant to public health services; assists local public health systems in their use of research findings; reviews its public health research activities; actively manages and improves the overall performance of its research activities; commits financial resources to research relevant to health improvement; and organizations align and coordinate their efforts to conduct research.
- One measure was ranked at ***no activity***: the SPHS has a public health research agenda.

***Greatest Change by Performance Measure from 2004*:**
Version 2 measures may not directly correlate to Version 1 measures. For this EPHS, many stem questions were consolidated and/or re-worded. Therefore comparison is difficult, and it is not clear that small changes are meaningful.

EPHS 10 Key Discussion Points:
Participants noted that research was more broadly defined in Version 1 (not just as academic-practice research collaboration). There was consensus that research activity is ongoing, but there is no systematic research approach or framework. Interest in and resources for research dissemination are also limited. All agreed that Illinois needs an actionable research agenda. Members stated that communication is critical, but no vehicle exists to translate findings into an evidence base that informs practice. Additionally, workforce issues (e.g. loss of epidemiologists/data stewards and research administrators) influence research capacity. Members also commented on the NPHPSP assessment process. Specifically, to adequately respond to the tool, the group needed better representation of research experts.

F. Optional Section: Agency Contribution to Performance

In addition to measuring overall system performance, the NPHPSP State Assessment assesses the contribution of the state public health agency to the total system effort for each Essential Public Health Service. Participants indicated the agency contribution using the numeric rating scale of 0-25%; 26-50%; 51-75%; and 76-100%. The qualifiers of "minimal, moderate, significant, and optimal" are NOT applied to the agency questionnaire in NPHPSP materials. The four response options for the agency questionnaire are designed ONLY to assess the percentage of the model standard that is achieved through the direct contribution of the agency, not the extent to which that activity meets the standard.

However, the results of the Agency Contribution Section are intended to be compared to performance scores for each EPHS so that planners can better understand the relationship of the agency efforts to overall performance. Planners should consider whether the agency is contributing an appropriate level service and whether a change in that contribution, less or more, would influence system performance. To assist in future performance improvement efforts, the NPHPSP detailed report includes a guide (see Appendix 1.2 B, page 57) with questions based on the relationship of agency effort to performance (e.g. high performance/high contribution; low performance/high contribution). While this activity considered the contribution of IDPH alone, the additional questions provided are worth further review given that, in Illinois, public health responsibilities are shared among several state agencies.

Figures 18 – 27 below include comparison of **overall performance scores** and **agency contribution** to the total effort for each EPHS in both 2004 and 2009. Detailed results for the agency contribution questions by each model standard and EPHS are available in Appendix 1.2 B, pages 58-60.

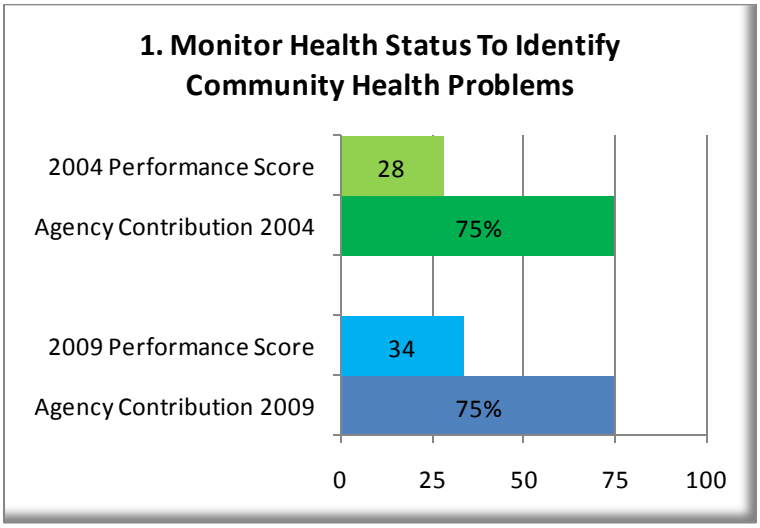


Figure 18
While the overall performance score for **EPHS 1** improved by six points from 2004, the percent of total system effort contributed by the state public health agency (IDPH) was unchanged. Scores are consistent with breakout discussion that recognized current inefficiencies as well as intensive collaboration to improve data quality and build data infrastructure.

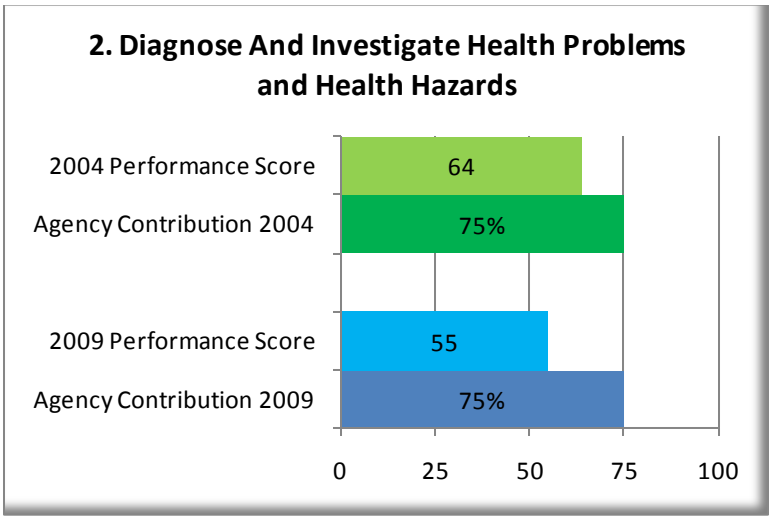


Figure 19
While the overall performance score for **EPHS 2** decreased by nine points from 2004 to 2009, the percent of total system effort contributed by the state public health agency (IDPH) was unchanged.

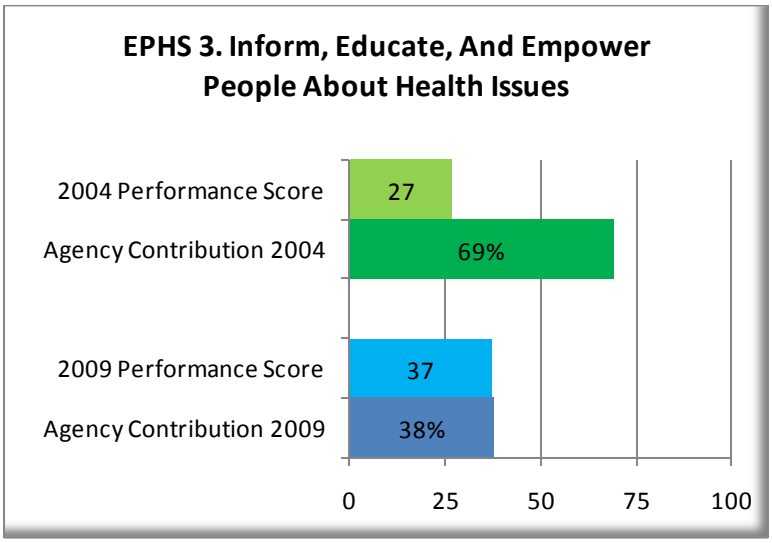


Figure 20
The overall **EPHS 3** performance score increased by ten points from 2004 to 2009. Agency (IDPH) contribution to the total system effort decreased by 31 points. In breakout discussion for this EPHS, members suggested that the agency contribution to the total effort may be appropriate.

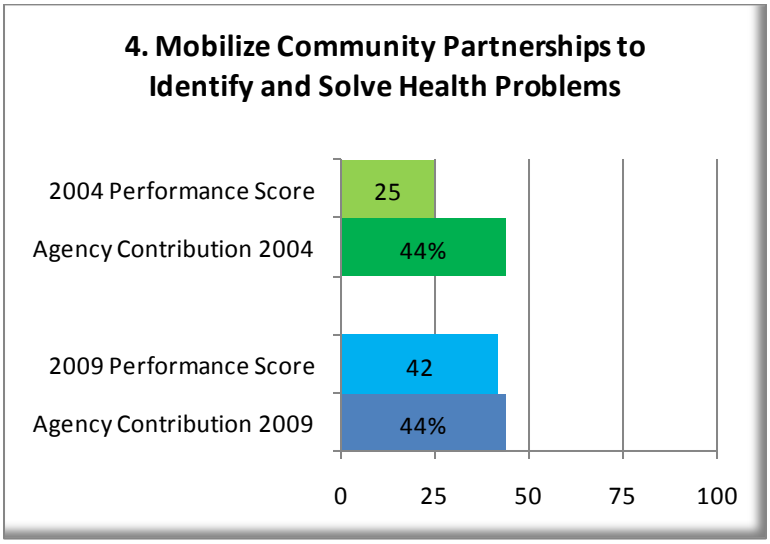


Figure 21
The overall performance score for **EPHS 4** increased by 17 points from 2004 to 2009, while the state public health agency (IDPH) contribution to the total system effort was unchanged. Participants commented that, for this EPHS, the agency contribution translates as committed resources, and the contribution should be greatest for Model Standard 3 (performance management/QI).

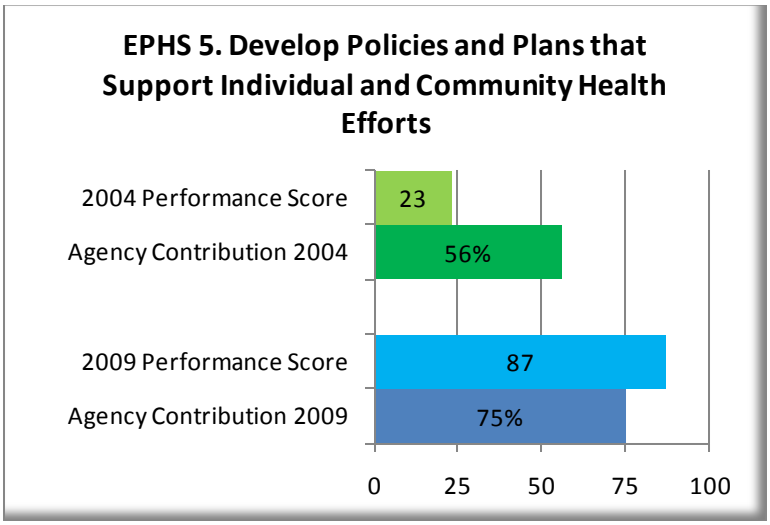


Figure 22
The most dramatic improvement was made in **EPHS 5:** overall performance increased by 64 points from 2004. The state public health agency (IDPH) contribution also increased by 19 points.

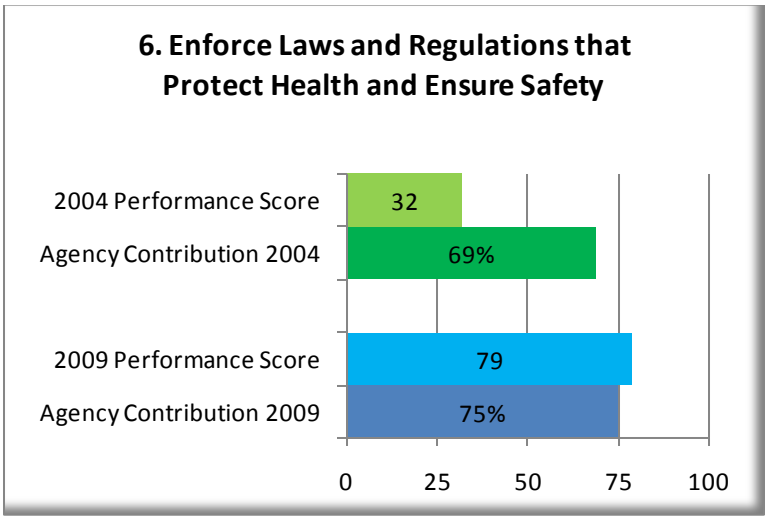


Figure 23
The overall performance score for **EPHS 6** increased by 47 points from 2004 to 2009. The state public health agency (IDPH) contribution gained six points from 2004.

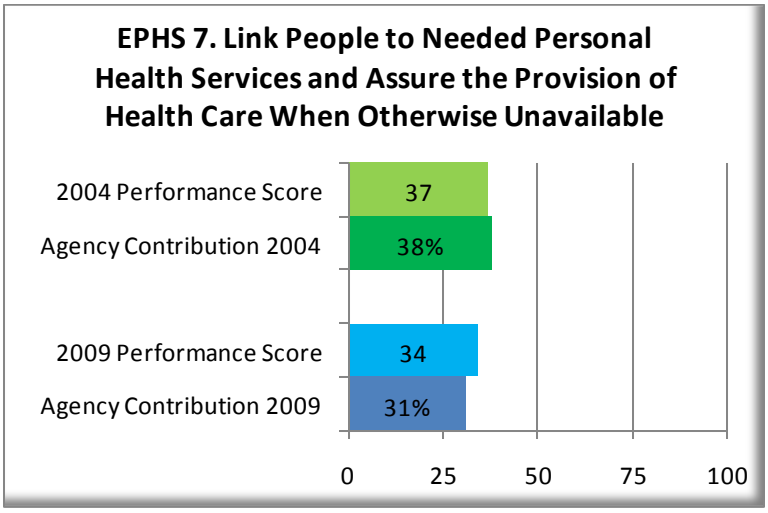


Figure 24
The overall performance score for **EPHS 7** decreased by three points from 2004 while the state public health agency (IDPH) contribution decreased by seven points.

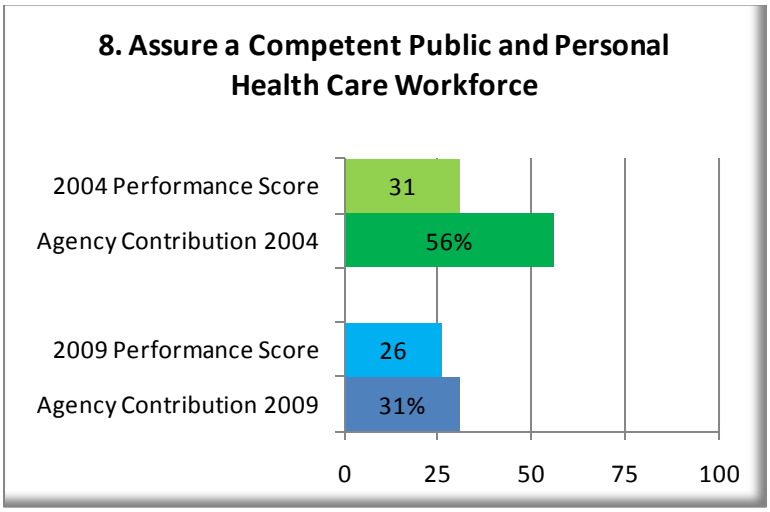


Figure 25
The overall performance score for **EPHS 8** decreased by five points from 2004 while the state public health agency (IDPH) contribution decreased by 25 points.

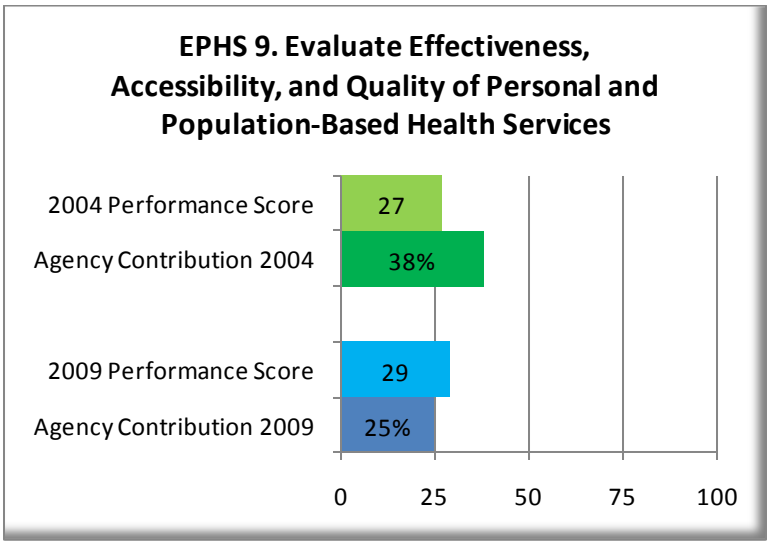


Figure 26
The overall performance score for **EPHS 9** increased by two points from 2004 while the state public health agency (IDPH) contribution decreased by 13 points.

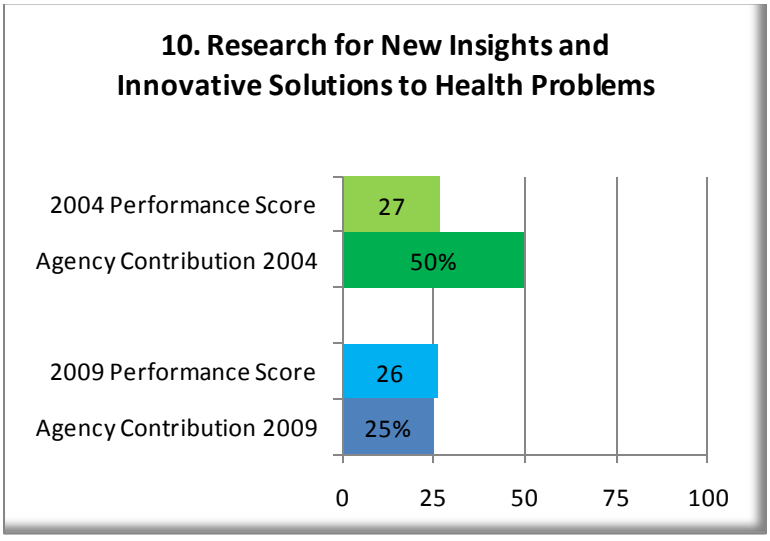


Figure 27
The overall performance score for **EPHS 10** decreased by one point from 2004 while the state public health agency (IDPH) contribution decreased by 25 points.

Appendices

APPENDIX 1

1.1 NPHPSP Report of Results for March 23, 2009 State Assessment

A. Introduction
B. About the Report
C. Interpreting the Results
D. Additional Remarks from NPHPSP
E. Resources for Next Steps

1.2 State Instrument Performance Assessment Results

A. Detailed Results
B. Optional Agency Contribution Results

APPENDIX 2

2.1 Retreat Agenda

APPENDIX 3

3.1 Participant Roster

APPENDIX 4

4.1 Webinar Handout

APPENDIX 1

1.1 The National Public Health Performance Standards Program (NPHPSP) State Performance Assessment Results

A. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as: "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

The NPHPSP 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)
- Public Health Foundation (PHF)

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP State Public Health System Assessment (OMB Control number 0920-0557, expiration date: August 31, 2010). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public health system.

B. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the State Instrument, each EPHS includes four model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and sub question responses; model standard scores are a composite of the question scores within that area, and so on. 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, which can be

minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can 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 NPHPSP has attempted to present results – through a variety of figures and tables – in a user-friendly and clear manner. Results are presented in Rich Text Format (RTF), which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in 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 choose to complete two optional questionnaires – one which asks about priority of each model standard and the second which assesses the state public health agency's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

C. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the state public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health

system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the state public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated and statewide use of the Local Instrument or Governance Instrument with the use of the State Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in descending order (Figure 2). The report also provides composite scores for the four common model standards found in the State Instrument (Planning and Implementation; State-Local Relationships; Performance Management and Quality Improvement; and Public Health Capacity and Resources). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the state public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the stem questions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a state public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the state, and the needs and interests for all stakeholders should be considered.

Some sites have used a state public health improvement process or strategic plans to incorporate NPHPSP results into broader efforts. This often looks similar to process outlined in the community strategic planning tool, *Mobilizing for Action through Planning and Partnerships* (MAPP), which guides users in considering NPHPSP data within 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 "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires – one which asks about priority of each model standard and the second which assesses the state public health agency's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each

model standard. These results may assist the state public health agency in its own strategic planning and quality improvement activities.

D. ADDITIONAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

E. RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation** - NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.

- **NPHPSP User Guide** - The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website www.cdc.gov/od/ocphp/nphpsp.

- **NPHPSP Online Tool Kit** - Additional resources that may be found on, or are linked to, the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) under the "Post Assessment/Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.

- **NPHPSP Online Resource Center** - Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standard, essential public health service, and keyword. Alternately, users may read or print the resource guides available on this site.

- **NPHPSP Monthly User Calls** - These calls feature speakers and dialogue on topics of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 – 3:00 PM ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.

- **Annual Training Workshop** - Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) for more information.

- **Improving Performance Newsletter** and the **Public Health Infrastructure Resource Center at the Public Health Foundation** - This website

(www.phf.org/performance) presents tools and resources that can help organizations streamline efforts and get better results. A five minute orientation presentation provides an orientation on how to access quality improvement resources on the site. The website also includes information about the Improving Performance Newsletter, which contains lessons from the field, resources, and tips designed to help NPHPSP users with their performance management efforts. Read past issues or sign up for future issues at: www.phf.org/performance.

- **Mobilizing for Action through Planning and Partnerships (MAPP)** - MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.

1.2 STATE PERFORMANCE ASSESSMENT RESULTS

A. DETAILED RESULTS

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status to Identify Community Health Problems	34
2	Diagnose and Investigate Health Problems and Health Hazards	55
3	Inform, Educate, and Empower People about Health Issues	37
4	Mobilize Community Partnerships to Identify and Solve Health Problems	42
5	Develop Policies and Plans that Support Individual and Community Health Efforts	87
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	79
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	34
8	Assure a Competent Public and Personal Health Care Workforce	26
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	29
10	Research for New Insights and Innovative Solutions to Health Problems	26
Overall Performance Score		45

Figure 1: Summary of EPHS performance scores and overall score

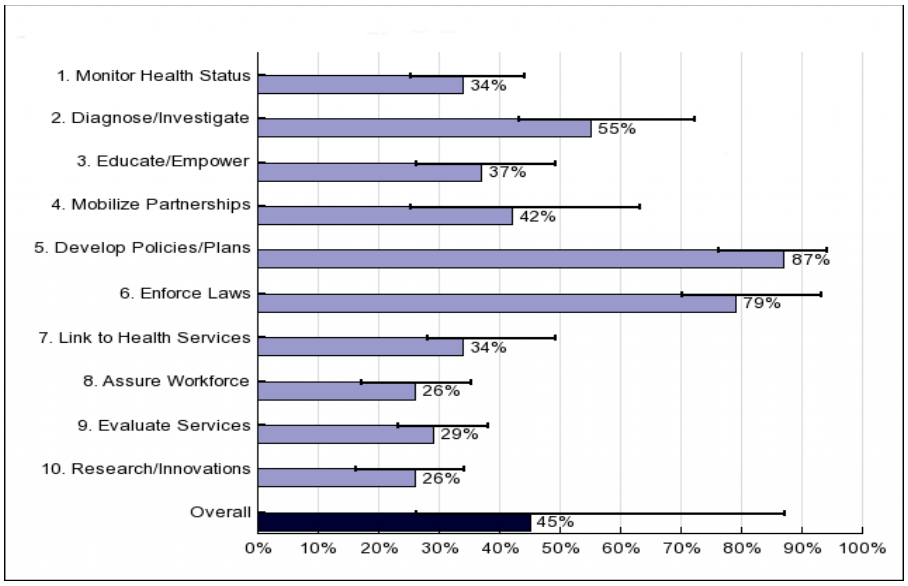


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

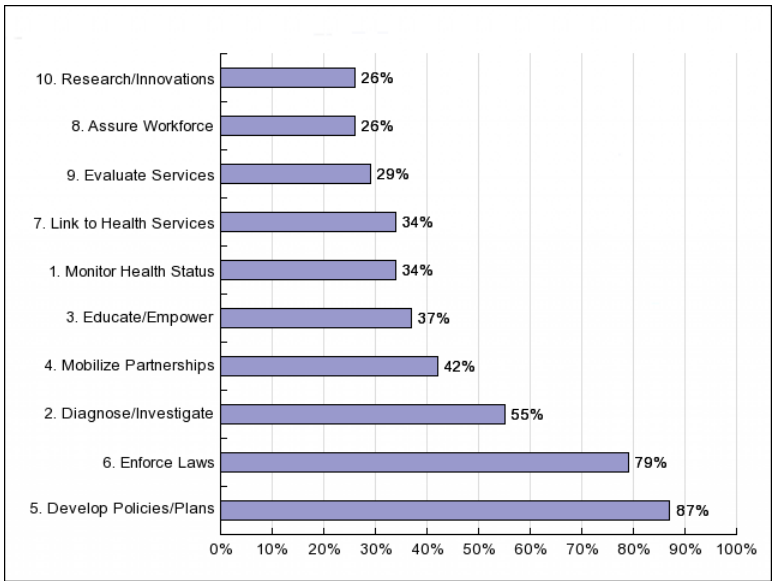


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

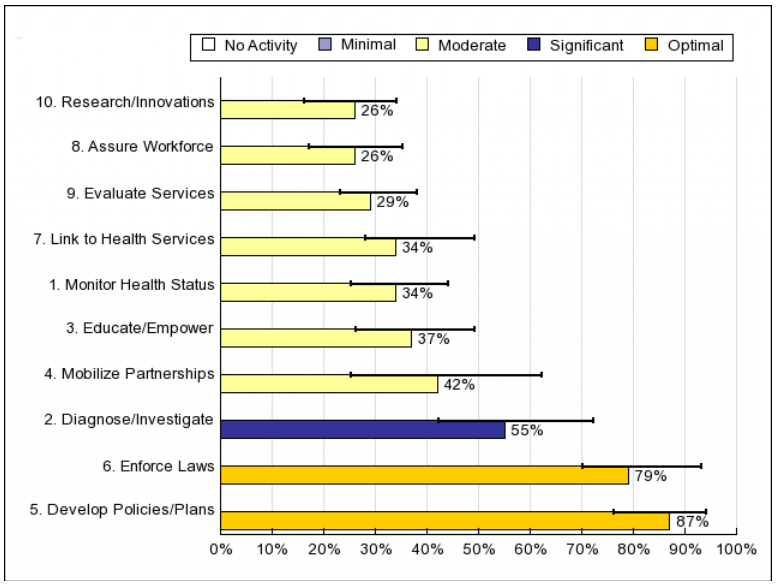


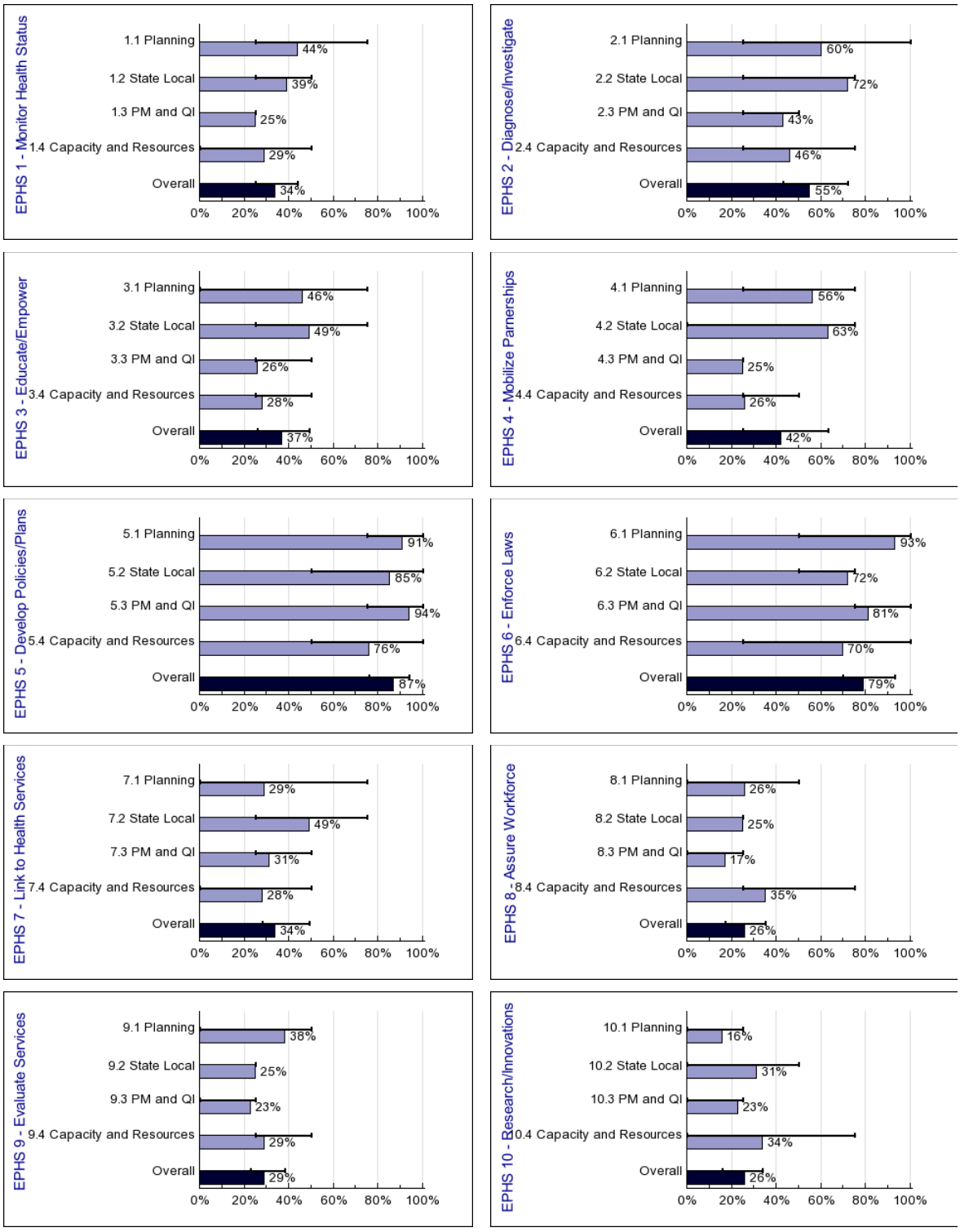
Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service



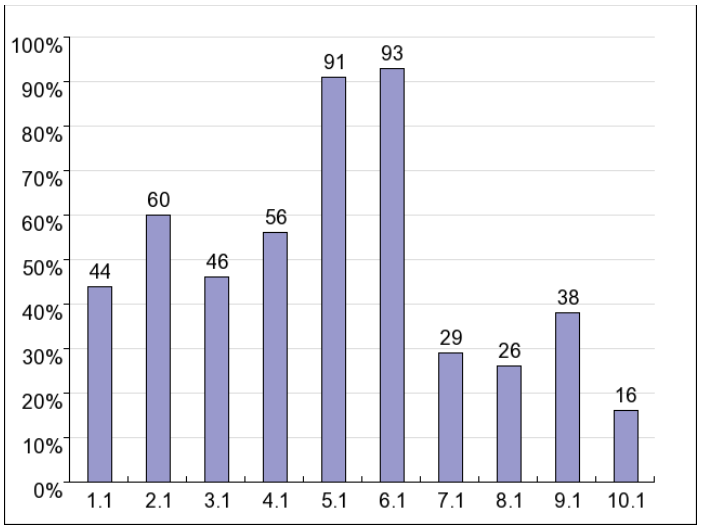


Figure 5: Model Standard 1 scores (Planning and Implementation) by Essential Service

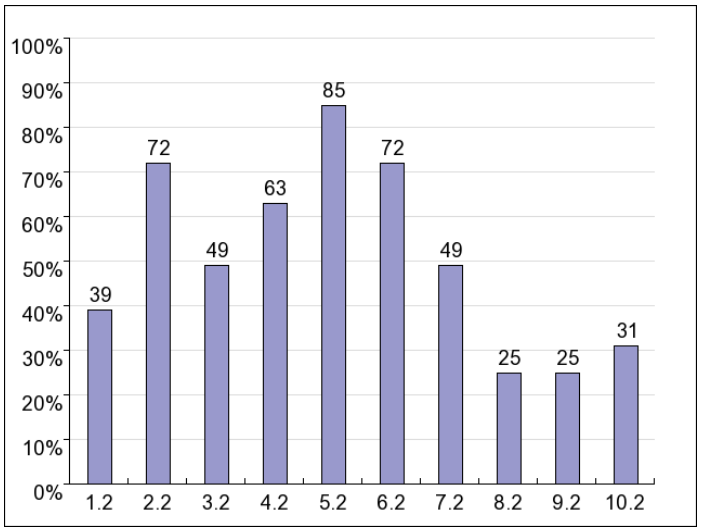


Figure 6: Model Standard 2 scores (State-Local Relationships) by Essential Service

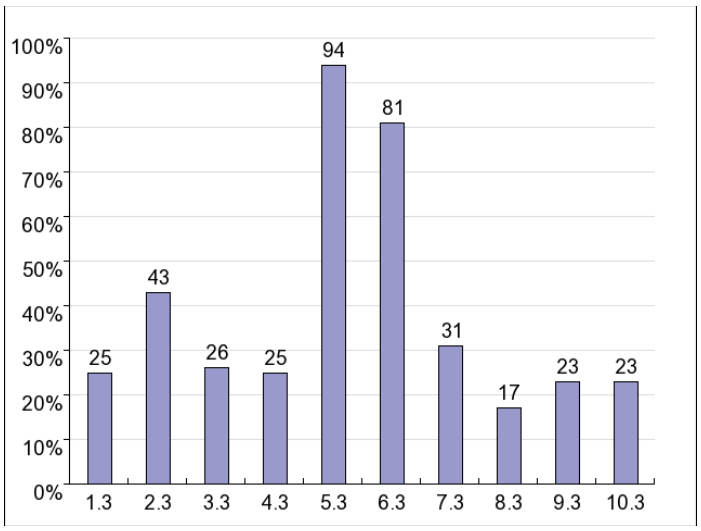


Figure 7: Model Standard 3 scores (Performance Management and Quality Improvement) by Essential Service

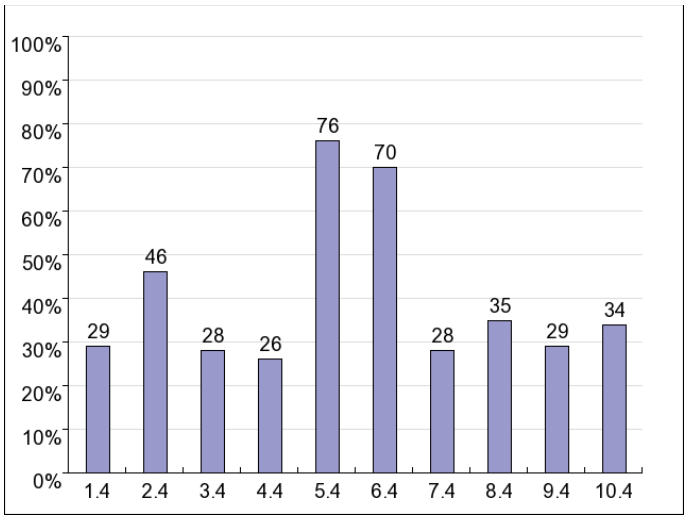


Figure 8: Model Standard 4 scores (Public Health Capacity and Resources) by Essential Service

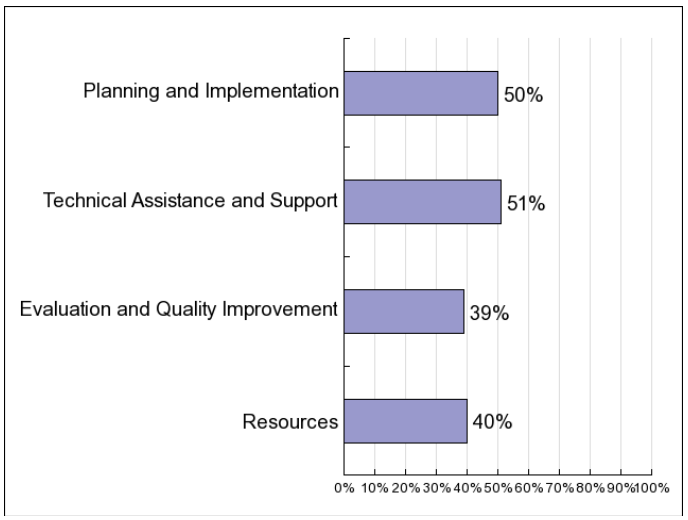


Figure 9: Summary of average scores across Model Standards

Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
1. Monitor Health Status To Identify Community Health Problems	34
1.1 Planning and Implementation	44
1.1.1 Does the SPHS use surveillance and monitoring programs designed to measure the health status of the state's population?	56
1.1.2 Does the SPHS regularly compile and provide health data in useable products to a variety of health data users?	27
1.1.3 Does the SPHS publish or disseminate health-related data into one or more documents that collectively describe the prevailing health of the state's population (i.e., a state health profile)?	25
1.1.4 Does the SPHS operate a data reporting system designed to identify potential threats to the public's health?	56
1.1.5 Does the SPHS enforce established laws and the use of protocols to protect personal health information and other data?	54
1.2 State-Local Relationships	39
1.2.1 Does the SPHS offer technical assistance (e.g., training, consultations) to local public health systems in the interpretation, use, and dissemination of health-related data?	45
1.2.2 Does the SPHS regularly provide local public health systems a uniform set of local health-related data?	38
1.2.3 Does the SPHS offer technical assistance in the development of information systems needed to monitor health status at the local level?	33
1.3 Performance Management and Quality Improvement	25
1.3.1 Does the SPHS review the effectiveness of its efforts to monitor health status?	25
1.3.2 Does the SPHS actively manage and improve the overall performance of its health status monitoring activities?	25
1.4 Public Health Capacity and Resources	29
1.4.1 Does the SPHS commit financial resources to health status monitoring efforts?	25
1.4.2 Do SPHS organizations align and coordinate their efforts to monitor health status?	25
1.4.3 Does the SPHS have the professional expertise to carry out health status monitoring activities?	38
2. Diagnose And Investigate Health Problems and Health Hazards	55
2.1 Planning and Implementation	60
2.1.1 Does the SPHS operate surveillance system(s) and epidemiology activities that identify and analyze health problems and threats to the health of the state's population?	56
2.1.2 Does the SPHS have the capability to rapidly initiate enhanced surveillance when needed for a statewide/regional health threat?	55
2.1.3 Does the SPHS organize its private and public laboratories (within the state and outside of the state) into a well-functioning laboratory system?	58
2.1.4 Does the SPHS have laboratories that have the capacity to analyze clinical and environmental specimens in the event of suspected exposure or disease outbreak?	75
2.1.5 Does the SPHS investigate and respond to identified public health threats?	58
2.2 State-Local Relationships	72
2.2.1 Does the SPHS provide assistance (through consultations and/or training) to local public health systems in the interpretation of epidemiologic findings?	75

2.2.2 Does the SPHS provide laboratory assistance to local public health systems?	75
2.2.3 Does the SPHS provide local public health systems with information and guidance about public health problems and potential public health threats (e.g., health alerts, consultations)?	63
2.2.4 Does the SPHS provide trained personnel, as needed, to assist local communities in the investigations of public health problems and threats?	75
2.3 Performance Management and Quality Improvement	43
2.3.1 Does the SPHS periodically review the effectiveness of the state surveillance and investigation system?	35
2.3.2 Does the SPHS actively manage and improve the overall performance of its activities to diagnose and investigate health problems and health hazards?	50
2.4 Public Health Capacity and Resources	46
2.4.1 Does the SPHS commit financial resources to support the diagnosis and investigation of health problems and hazards?	50
2.4.2 Do SPHS organizations align and coordinate their efforts to diagnose and investigate health hazards and health problems?	25
2.4.3 Does the SPHS have the professional expertise to identify and analyze public health threats and hazards?	63
3. Inform, Educate, And Empower People about Health Issues	37
3.1 Planning and Implementation	46
3.1.1 Does the SPHS design and implement health education and health promotion interventions?	44
3.1.2 Does the SPHS design and implement health communications?	23
3.1.3 Does the SPHS have a crisis and emergency communications plan?	71
3.2 State-Local Relationships	49
3.2.1 Does the SPHS provide technical assistance to local public health systems (through consultations, training, and policy changes) to develop skills and strategies to conduct health communication, health education, and health promotion interventions?	25
3.2.2 Does the SPHS support and assist local public health systems in developing effective emergency communications capabilities?	73
3.3 Performance Management and Quality Improvement	26
3.3.1 Does the SPHS periodically review the effectiveness of health communication, including emergency communication, health education and promotion interventions?	28
3.3.2 Does the SPHS actively manage and improve the overall performance of its activities to inform, educate and empower people about health issues?	25
3.4 Public Health Capacity and Resources	28
3.4.1 Does the SPHS commit financial resources to support health communication and health education and health promotion efforts?	25
3.4.2 Do SPHS organizations align and coordinate their efforts to implement health communication, health education, and health promotion services?	29
3.4.3 Does the SPHS have the professional expertise to carry out effective health communications, health education, and health promotion services?	31
4. Mobilize Community Partnerships to Identify and Solve Health Problems	42
4.1 Planning and Implementation	56
4.1.1 Does the SPHS build statewide support for public health issues?	52
4.1.2 Does the SPHS organize partnerships to identify and to solve health problems?	59
4.2 State-Local Relationships	63

4.2.1 Does the SPHS provide assistance (through consultations and/or trainings) to local public health systems to build partnerships for community health improvement?	50
4.2.2 Does the SPHS provide incentives to local partnerships through grant requirements, financial incentives and/or resource sharing?	75
4.3 Performance Management and Quality Improvement	25
4.3.1 Does the SPHS review its partnership development activities?	25
4.3.2 Does the SPHS actively manage and improve the overall performance of its partnership activities?	25
4.4 Public Health Capacity and Resources	26
4.4.1 Does the SPHS commit financial resources to sustain partnerships?	25
4.4.2 Do SPHS organizations align and coordinate their efforts to mobilize partnerships?	28
4.4.3 Does the SPHS have the professional expertise to carry out partnership development activities?	25
5. Develop Policies and Plans that Support Individual and Community Health Efforts	87
5.1 Planning and Implementation	91
5.1.1 Does the SPHS implement statewide health improvement processes that convene partners and facilitate collaboration among organizations contributing to the public's health?	78
5.1.2 Does the SPHS develop one or more state health improvement plan(s) to guide its collective efforts to improve health and the public health system?	96
5.1.3 Does the SPHS have in place an All-Hazards Preparedness Plan guiding systems partners to protect the state's population in the event of an emergency?	100
5.1.4 Does the SPHS conduct policy development activities?	92
5.2 State-Local Relationships	85
5.2.1 Does the SPHS provide technical assistance and training to local public health systems for developing local plans?	83
5.2.2 Does the SPHS provide support and assistance for the development of community health improvement plans that are integrated with statewide health improvement strategies?	63
5.2.3 Does the SPHS provide technical assistance in the development of local public health all-hazards preparedness plans for responding to emergency situations?	100
5.2.4 Does the SPHS provide technical assistance in local health policy development?	95
5.3 Performance Management and Quality Improvement	94
5.3.1 Does the SPHS review progress towards accomplishing health improvement across the state?	100
5.3.2 Does the SPHS review new and existing policies to determine their public health impacts?	100
5.3.3 Does the SPHS conduct formal exercises and drills of the procedures and protocols linked to its All-Hazards Preparedness Plan?	100
5.3.4 Does the SPHS actively manage and improve the overall performance of its planning and policy development activities?	75
5.4 Public Health Capacity and Resources	76
5.4.1 Does the SPHS commit financial resources to health planning and policy development efforts?	75
5.4.2 Do SPHS organizations align and coordinate their efforts to implement health planning and policy development?	54

5.4.3 Does the SPHS have the professional expertise to carry out planning activities?	88
5.4.4 Does the SPHS have the professional expertise to carry out health policy development?	88
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	79
6.1 Planning and Implementation	93
6.1.1 Does the SPHS assure existing and proposed state laws are designed to protect the public's health and ensure safety?	100
6.1.2 Does the SPHS assure that laws give state and local authorities the power and ability to prevent, detect, manage, and contain emergency health threats?	100
6.1.3 Are there cooperative relationships between SPHS and persons and entities in the regulated environment to encourage compliance and assure that laws accomplish their health and safety purposes (e.g. hospitals and the state public health agency)?	100
6.1.4 Does the SPHS ensure that administrative processes are customer-centered (e.g., obtaining permits and licenses)?	73
6.2 State-Local Relationships	72
6.2.1 Does the SPHS provide technical assistance to local public health systems on best practices in compliance and enforcement of laws that protect health and ensure safety?	72
6.2.2 Does the SPHS partner with local governing bodies in reviewing, improving and developing local laws?	72
6.3 Performance Management and Quality Improvement	81
6.3.1 Does the SPHS review the effectiveness of its regulatory, compliance and enforcement activities?	88
6.3.2 Does the SPHS actively manage and improve the overall performance of its regulatory programs and activities?	75
6.4 Public Health Capacity and Resources	70
6.4.1 Does the SPHS commit financial resources to the enforcement of laws that protect health and ensure safety?	75
6.4.2 Do SPHS organizations align and coordinate their efforts to comply with laws and regulations?	67
6.4.3 Does the SPHS have the professional expertise to carry out enforcement activities?	69
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	34
7.1 Planning and Implementation	29
7.1.1 Does the SPHS assess the availability of personal health services to the state's population?	44
7.1.2 Through collaborations with local public health systems and health care providers, does the SPHS take action to eliminate barriers to access to personal health care?	40
7.1.3 Does the SPHS have an entity responsible for monitoring and coordinating personal health care delivery within the state?	0
7.1.4 Does the SPHS mobilize its assets, including local public health systems, to reduce health disparities in the state?	31
7.2 State-Local Relationships	49
7.2.1 Does the SPHS provide technical assistance to local public health systems on methods to assess and meet the needs of underserved populations?	48
7.2.2 Does the SPHS provide technical assistance to providers who deliver personal health care to underserved populations?	50

7.3 Performance Management and Quality Improvement	31
7.3.1 Does the SPHS review personal health care access, appropriateness and quality?	37
7.3.2 Does the SPHS actively manage and improve the overall performance of its activities to link people to needed personal health care services?	25
7.4 Public Health Capacity and Resources	28
7.4.1 Does the SPHS commit financial resources to assure the provision of personal health care?	25
7.4.2 Do SPHS organizations align and coordinate their efforts to provide needed personal health care?	21
7.4.3 Does the SPHS have the professional expertise to carry out the functions of linking people to needed personal health care?	38
8. Assure a Competent Public and Personal Health Care Workforce	26
8.1 Planning and Implementation	26
8.1.1 Does the SPHS conduct assessments of its workforce needs to deliver effective population-based and personal health services in the state?	31
8.1.2 Does the SPHS develop a statewide workforce plan(s) to guide its activities in workforce development?	0
8.1.3 Do SPHS human resources development programs provide training to enhance the technical and professional competencies of the workforce?	42
8.1.4 Does the SPHS assure that individuals in the population-based and personal health care workforce achieve the highest level of professional practice?	28
8.1.5 Does the SPHS support initiatives that encourage life-long learning?	27
8.2 State-Local Relationships	25
8.2.1 Does the SPHS assist local public health systems in completing assessments of their population-based and personal health care workforces?	25
8.2.2 Does the SPHS assist local public health systems with workforce development?	25
8.2.3 Does the SPHS assure educational course work and training is available and accessible to enhance the skills of the workforce of local public health systems?	25
8.3 Performance Management and Quality Improvement	17
8.3.1 Does the SPHS review its workforce development activities?	25
8.3.2 Does the SPHS review the extent to which academic-practice partnership(s) address the preparation of personnel entering the SPHS workforce?	25
8.3.3 Does the SPHS actively manage and improve the overall performance of its workforce development activities?	0
8.4 Public Health Capacity and Resources	35
8.4.1 Does the SPHS commit financial resources to workforce development efforts?	25
8.4.2 Do SPHS organizations align and coordinate their efforts to effectively conduct workforce development activities?	25
8.4.3 Does the SPHS have the professional expertise to carry out workforce development activities?	56
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	29
9.1 Planning and Implementation	38
9.1.1 Does the SPHS routinely evaluate population-based health services within the state?	46
9.1.2 Does the SPHS evaluate the effectiveness of personal health services within the state?	29
9.1.3 Does the SPHS establish and/or use standards to assess the performance of the state public health system?	40

9.2 State-Local Relationships	25
9.2.1 Does the SPHS provide technical assistance (e.g., consultations, training) to local public health systems in their evaluations?	25
9.2.2 Does the SPHS share results of state-level performance evaluations with local public health systems for use in local planning processes?	25
9.3 Performance Management and Quality Improvement	23
9.3.1 Does the SPHS regularly review the effectiveness of its evaluation activities?	21
9.3.2 Does the SPHS actively manage and improve the overall performance of its evaluation activities?	25
9.4 Public Health Capacity and Resources	29
9.4.1 Does the SPHS commit financial resources for evaluation?	25
9.4.2 Do SPHS organizations align and coordinate their efforts to conduct evaluations?	25
9.4.3 Does the SPHS have the professional expertise to carry out evaluation activities?	38
10. Research for New Insights and Innovative Solutions to Health Problems	26
10.1 Planning and Implementation	16
10.1.1 Does the SPHS maintain an active academic-practice collaboration(s) to promote and organize research activities and disseminate and use research findings in practice?	23
10.1.2 Does the SPHS have a public health research agenda?	0
10.1.3 Does the SPHS participate in and conduct research relevant to public health services?	25
10.2 State-Local Relationships	31
10.2.1 Does the SPHS provide technical assistance to local public health systems with research activities?	38
10.2.2 Does the SPHS assist local public health systems in their use of research findings?	25
10.3 Performance Management and Quality Improvement	23
10.3.1 Does the SPHS review its public health research activities?	22
10.3.2 Does the SPHS actively manage and improve the overall performance of its research activities?	25
10.4 Public Health Capacity and Resources	34
10.4.1 Does the SPHS commit financial resources to research relevant to health improvement?	25
10.4.2 Do SPHS organizations align and coordinate their efforts to conduct research?	21
10.4.3 Does the SPHS have the professional expertise to carry out research activities?	56

III. Overall, how well is the system achieving optimal activity levels?

Figure 10: Percentage of Essential Services scored in each level of activity

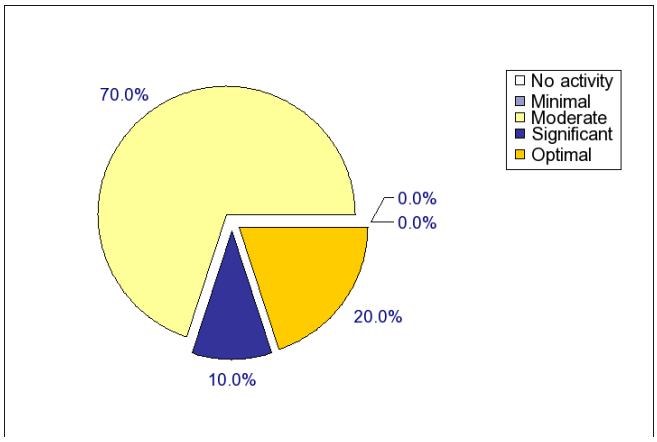


Figure 10 displays the percentage of the system's Essential Services scores that falls within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 11: Percentage of model standards scored in each level of activity

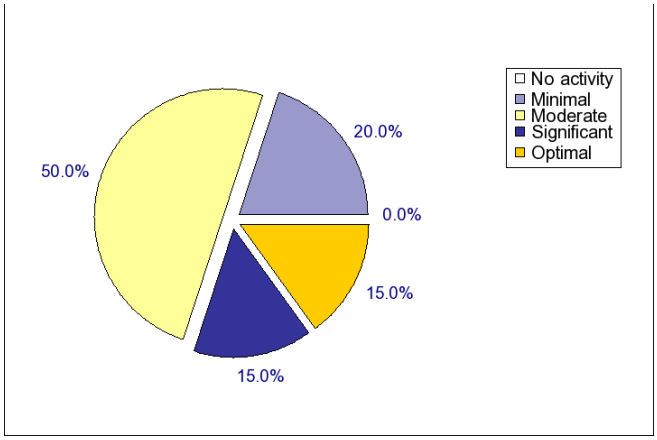


Figure 11 displays the percentage of the system's Model Standard scores that falls within the five activity categories.

Figure 12: Percentage of all question scored in each level of activity

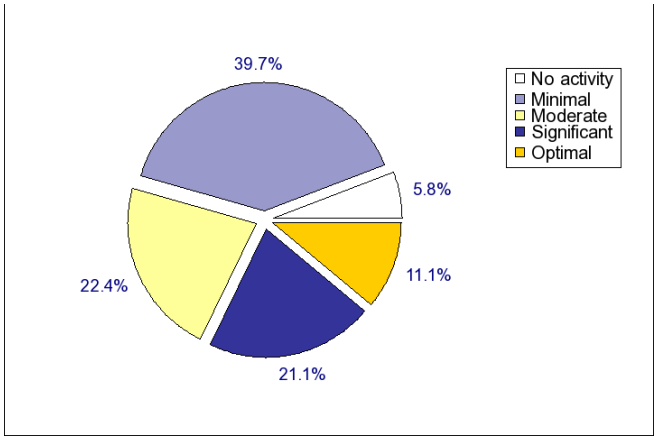


Figure 12 displays the percentage of all scored questions that falls within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 10** and **11**.

B. OPTIONAL AGENCY CONTRIBUTION RESULTS

How much does the State Public Health Agency contribute to the system's performance, as perceived by assessment participants?

Tables 5 and **6** (below) display Essential Services and Model Standards arranged by State Health Agency (SHA) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and Model Standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in **Figures 15** and **16**.

Quadrant		Questions to Consider
I.	**Low Performance/High Department Contribution**	• Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	**High Performance/High Department Contribution**	• What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?
III.	**High Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
IV.	**Low Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?

Table 5: Essential Service by perceived SHA contribution and score

Essential Service	SHA Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	75%	Moderate (34)	Quadrant I
2. Diagnose And Investigate Health Problems and Health Hazards	75%	Significant (55)	Quadrant I
3. Inform, Educate, And Empower People about Health Issues	38%	Moderate (37)	Quadrant IV
4. Mobilize Community Partnerships to Identify and Solve Health Problems	44%	Moderate (42)	Quadrant IV
5. Develop Policies and Plans that Support Individual and Community Health Efforts	75%	Optimal (87)	Quadrant II
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	75%	Optimal (79)	Quadrant II
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	31%	Moderate (34)	Quadrant IV
8. Assure a Competent Public and Personal Health Care Workforce	31%	Moderate (26)	Quadrant IV
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	25%	Moderate (29)	Quadrant IV
10. Research for New Insights and Innovative Solutions to Health Problems	25%	Moderate (26)	Quadrant IV

Table 6: Model Standard by perceived SHA contribution and score

Model Standard	SHA Contribution	Performance Score	Consider Questions for:
1.1 Planning and Implementation	75%	Moderate (44)	Quadrant I
1.2 State-Local Relationships	75%	Moderate (39)	Quadrant I
1.3 Performance Management and Quality Improvement	75%	Minimal (25)	Quadrant I
1.4 Public Health Capacity and Resources	75%	Moderate (29)	Quadrant I
2.1 Planning and Implementation	75%	Significant (60)	Quadrant I
2.2 State-Local Relationships	75%	Significant (72)	Quadrant I
2.3 Performance Management and Quality Improvement	75%	Moderate (43)	Quadrant I
2.4 Public Health Capacity and Resources	75%	Moderate (46)	Quadrant I
3.1 Planning and Implementation	50%	Moderate (46)	Quadrant I
3.2 State-Local Relationships	25%	Moderate (49)	Quadrant IV
3.3 Performance Management and Quality Improvement	50%	Moderate (26)	Quadrant I
3.4 Public Health Capacity and Resources	25%	Moderate (28)	Quadrant IV
4.1 Planning and Implementation	50%	Significant (56)	Quadrant I
4.2 State-Local Relationships	50%	Significant (63)	Quadrant I
4.3 Performance Management and Quality Improvement	25%	Minimal (25)	Quadrant IV
4.4 Public Health Capacity and Resources	50%	Moderate (26)	Quadrant I
5.1 Planning and Implementation	75%	Optimal (91)	Quadrant II
5.2 State-Local Relationships	75%	Optimal (85)	Quadrant II
5.3 Performance Management and Quality Improvement	75%	Optimal (94)	Quadrant II
5.4 Public Health Capacity and Resources	75%	Optimal (76)	Quadrant II
6.1 Planning and Implementation	75%	Optimal (93)	Quadrant II
6.2 State-Local Relationships	75%	Significant (72)	Quadrant I
6.3 Performance Management and Quality Improvement	75%	Optimal (81)	Quadrant II
6.4 Public Health Capacity and Resources	75%	Significant (70)	Quadrant I
7.1 Planning and Implementation	25%	Moderate (29)	Quadrant IV
7.2 State-Local Relationships	50%	Moderate (49)	Quadrant I
7.3 Performance Management and Quality Improvement	25%	Moderate (31)	Quadrant IV
7.4 Public Health Capacity and Resources	25%	Moderate (28)	Quadrant IV
8.1 Planning and Implementation	50%	Moderate (26)	Quadrant I
8.2 State-Local Relationships	25%	Minimal (25)	Quadrant IV
8.3 Performance Management and Quality Improvement	25%	Minimal (17)	Quadrant IV
8.4 Public Health Capacity and Resources	25%	Moderate (35)	Quadrant IV
9.1 Planning and Implementation	25%	Moderate (38)	Quadrant IV
9.2 State-Local Relationships	25%	Minimal (25)	Quadrant IV
9.3 Performance Management and Quality Improvement	25%	Minimal (23)	Quadrant IV
9.4 Public Health Capacity and Resources	25%	Moderate (29)	Quadrant IV
10.1 Planning and Implementation	25%	Minimal (16)	Quadrant IV
10.2 State-Local Relationships	25%	Moderate (31)	Quadrant IV
10.3 Performance Management and Quality Improvement	25%	Minimal (23)	Quadrant IV
10.4 Public Health Capacity and Resources	25%	Moderate (34)	Quadrant IV

Figure 15: Scatter plot of Essential Service scores and SHA contribution scores

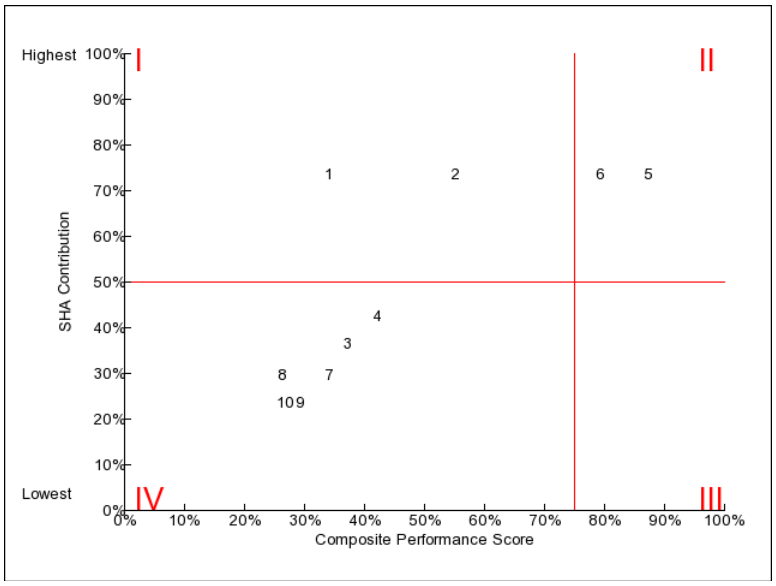
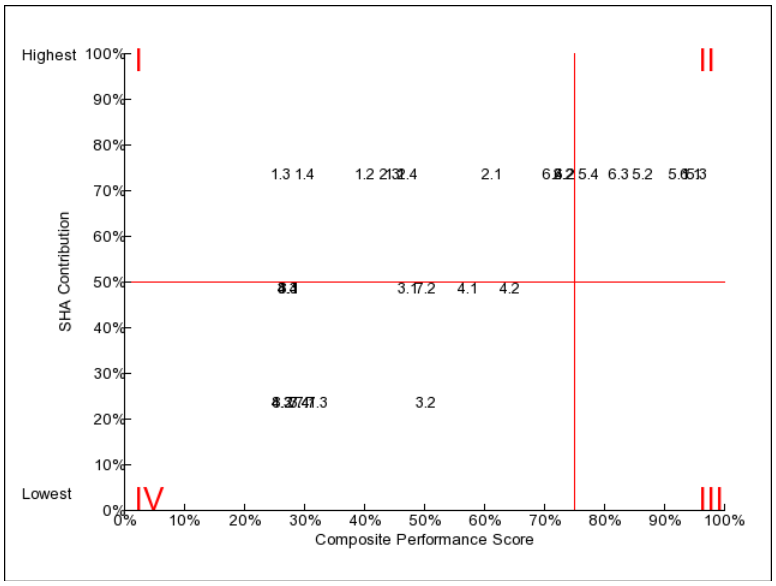


Figure 16: Scatter plot of Model Standard scores and SHA contribution scores



Appendix 2

THE 2009 ASSESSMENT OF THE ILLINOIS PUBLIC HEALTH SYSTEM
CO-CONVENED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
AND THE ILLINOIS STATE BOARD OF HEALTH
Northern Illinois University Conference Center, Naperville IL March 23, 2009

9:30am Registration
Continental Breakfast - *Atrium*

10:00am Welcome *and* Opening Remarks - *Special Events Room 101 B/C*
Damon T. Arnold, MD MPH, Director, Illinois Department of Public Health
on behalf of co-conveners Illinois Department of Public Health and
the Illinois State Board of Health

10:10am Retreat Agenda and Introductions
Elissa J. Bassler
Chief Executive Officer, Illinois Public Health Institute

10:15am NPHPSP Assessment Orientation Review
Teresa Daub, Public Health Advisor, Centers for Disease Control and Prevention
Laura Landrum, Consultant, Association of State and Territorial Health Officials

10:30am Conducting the Assessment: Breakout Session I

Group A: Classroom 164 Morten
#1 Monitor health status to identify community health problems.

Group B: Classroom 162 Call
#3 Inform, educate, and empower people about health issues.

Group C: Classroom 167 McAlpine
#5 Develop policies and plans that support individual and community health efforts.

Group D: Classroom 166 Loewy
#7 Link people to needed personal health services / assure provision of health services.

Group E: Classroom 256 Edgar
#8 Assure a competent public and personal health care workforce.

12:45pm Lunch – *Special Events Room 101 B/C*

1:30pm Conducting the Assessment: Breakout Session II

Group A: Classroom 164 Morten
#2 Diagnose and investigate health problems and health hazards in the community.

Group B: Classroom 162 Call
#4 Mobilize community partnerships to identify and solve health problems.

Group C: Classroom 167 McAlpine
#6 Enforce laws and regulations that protect health and ensure safety.

Group D: Classroom 166 Loewy
#9 Evaluate effectiveness, accessibility and quality of personal and population-based health services.

Group E: Classroom 256 Edgar
#10 Research for new insights and innovative solutions to health problems.

3:45pm NPHPSP Assessment Recap – *Special Events Room 101 B/C*
State Health Improvement Plan Next Steps

4:45pm Adjourn

APPENDIX 3 ILLINOIS NPHPSP RETREAT PARTICIPANT ROSTER

GROUP A

EPHS 1 Monitor Health Status to Identify Community Health Problems; and
EPHS 2 Diagnose and Investigate Health Problems and Hazards

FACILITATORS AND RECORDERS BY GROUP
Mary Morten, Facilitator, Morten Group/Illinois Public Health Institute
Jason Chakkalakel, Recorder, Benedictine University
Teresa Neumann, Lead Recorder, Illinois Public Health Institute

16 TOTAL PARTICIPANTS

- Jennifer Cartland, PhD, Director, Child Health Data Lab, Children's Memorial Hospital
- Valerie Webb, Assistant Health Officer, Cook County Dept. of Public Health
- Michelle Esquivel, MPH, Associate Executive Director, Illinois Chapter, American Academy of Pediatrics
- Ralph Schubert, Associate Director, Community Health and Prevention, Illinois Dept. of Human Services
- Craig S. Conover, State Epidemiologist, Illinois Dept. of Public Health
- Mark Flotow, Division Chief, Illinois Dept. of Public Health
- Bernard T. Johnson, Chief, Division of Laboratories, Illinois Dept. of Public Health
- George S. Rudis, Assistant Deputy Director, Illinois Dept. of Public Health
- Tiefu Shen, Division Chief, Epidemiology, Illinois Dept. of Public Health
- Peter Eckart, Director of Health Information Technology, Illinois Public Health Institute
- Dr. Glenn Steinhausen, Principal Consultant, Illinois State Board of Education
- Peggy Murphy, Public Health Administrator, Jo Daviess County Health Dept.
- Linnea O'Neill, Director, Clinical, Administrative, Professional and Emergency Services Dept. Metropolitan Chicago Healthcare Council
- Robert Herskovitz, JD, Deputy Regional Health Administator, U.S. Dept of Health and Human Services
- John Cicero, Executive Director, Will County Health Dept.

GROUP B:

EPHS 3 Inform, Educate, and Empower People about Health Issues; and
EPHS 4 Mobilize Community Partnerships to Identify and Solve Health Problems

FACILITATORS AND RECORDERS BY GROUP
Laurie Call, Facilitator, Illinois Public Health Institute
Sameer Khan, Recorder, Benedictine University
John Nguyen, Recorder, Benedictine University

13 TOTAL PARTICIPANTS

- Nancy Bluhm, Public Health Administrator, Adams County Health Dept.
- Nomathemba Pressley, Director of Education, American Cancer Society
- Sheri Cohen, Senior Public Health Planning Analyst, Chicago Dept. of Public Health
- Karen Phelan, President, Duncannon Associates
- Robert Kieckhefer, Vice President, Public Affairs, Health Care Service Corp/BCBS of Illinois
- Michael A. Holmes, Associate Director, Illinois Dept. of Human Services/DCHP
- Tanya Anderson, Illinois Dept. of Human Services/DCHP
- Shannon Lightner, Deputy Director, Office of Women's Health, Illinois Dept. of Public Health
- Leticia E. Reyes, Division Chief of Health Policy, Illinois Dept. of Public Health
- Tom Schafer, Deputy Director, Office of Health Promotions, Illinois Dept. of Public Health
- Barbara Shaw, Director, Illinois Violence Prevention Authority
- Diana N. Derige, Program Officer, The Chicago Community Trust

GROUP C:

EPHS 5 Develop Policies and Plans that Support Individual and Statewide Health Efforts; and
EPHS 6 Enforce Laws and Regulations that Protect Health and Ensure Safety

FACILITATORS AND RECORDERS BY GROUP

Laura McAlpine, Facilitator, McAlpine Consulting/Illinois Public Health Institute
Jennifer Mallo, Recorder, Benedictine University
Shafaque Moinuddin, Recorder, Benedictine University

17 TOTAL PARTICIPANTS

- Dr. Damon T. Arnold, MD, MPH, Director, Illinois Dept. of Public Health
- Kathy Drea, Vice President, American Lung Association of Illinois
- Ann O'Sullivan, RN, MSN, Assistant Dean, Blessing-Rieman College of Nursing
- Joseph M. Harrington, Assistant Commissioner, Chicago Dept. of Public Health
- William Bell, Acting Deputy Director, OHCR, Illinois Dept. of Public Health
- Alan Biggerstaff, Deputy Director, Office of Health Protection, Illinois Dept. of Public Health
- David Carvalho, JD, Deputy Director, Office of Policy, Planning and Statistics, Illinois Dept. of Public Health
- Jessica Ledesma, Senior Policy Analyst, Illinois Dept. of Public Health
- Jayne Nosari, Retail Food Program Manager, Division of Food, Drugs and Dairies, Illinois Dept. of Public Health
- Winfred Rawls, Deputy Director, Office of Preparedness and Response, Illinois Dept. of Public Health
- Marilyn Thomas, General Counsel, Legal Services, Illinois Dept. of Public Health
- Charles A. Jackson, Executive Director, Illinois Environmental Council
- Ann Guild, Vice President, Illinois Hospital Association
- Elissa J. Bassler, CEO, Illinois Public Health Institute
- Katie Gilfillan, Assistant Director, Health Policy Research and Advocacy, Illinois State Medical Society
- Greg A. Chance, Public Health Administrator, Knox County Health Dept.
- Laura Schneider, Policy Analyst, Lake County Health Dept and Community Health Center

GROUP D:
EPHS 7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable; and
EPHS 9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

FACILITATORS AND RECORDERS BY GROUP

Sara Loevy, Facilitator, Loevy Consulting Group/Illinois Public Health Institute
Nida Malik, Recorder, Benedictine University
Abrar Salam, Recorder, Benedictine University

16 TOTAL PARTICIPANTS

- Mary Lally, Director, Emergency and Disease Control, DuPage County Health Dept.
- Suzi Montasir, MPH, Project Manager, Illinois Chapter of the American Academy of Pediatrics (ICAAP)
- Michael C. Jones, Special Assistant to the Director for Healthcare Policy, Illinois Dept. of Healthcare and Family Services
- Rebecca Paz, Assistant to the Director of Mental Health, Illinois Dept. of Human Services
- Michael Pelletier, Division of Mental Health, Illinois Dept. of Human Services
- Mary Driscoll, Division Chief, Patient Safety and Quality, Illinois Dept. of Public Health
- Julie A. Janssen, RDH. MA, Program Administrator, Division of Oral Health, Illinois Dept. of Public Health

- Siobhan M. Johnson, Division Chief, Strategic Planning and Analysis, Illinois Dept. of Public Health
- Sharon V. Canariato, MSN, MBA, RN, Director of Nursing Practice, Illinois Nurses Association
- Rajesh Parikh, Director, Education and Professional Development, Illinois Primary Health Care Association
- Cheryl L. Johnson, Executive Director, Kendall County Health Dept.
- Jerry Andrews, Administrator, Macon County Health Dept.
- Larry Boress, President Midwest Business Group on Health
- Roger L. Holloway, Executive Diector, Rural Health Resources Services, Northern Illinois University
- David McCurdy, Co-Chair/Director of Organizational Ethics, State Board of Health/Advocate Health Care
- Kathryn Banta, President, Vermilion County Board of Health

GROUP E:
EPHS 8 Assure a Competent Public and Personal Health Care Workforce; and
EPHS 10 Research for New Insights and Innovative Solutions to Health Problems

FACILITATORS AND RECORDERS BY GROUP

Mark Edgar, Facilitator, University of Illinois at Springfield/Illinois Public Health Institute
Akhil Patel, Recorder, Benedictine University
Lan Tran, Recorder, Benedictine University

13 TOTAL PARTICIPANTS

- Georgeen Polyak, PhD, MPH Program Director/Assistant Professor, Benedictine University
- Jim Bloyd, MPH, Assistant Health Officer, Cook County Dept. of Public Health
- Rashmi Chugh, Medical Officer, DuPage County Health Department, Illinois Academy of Family Physicians
- Myrtis Sullivan, Associate Director, Illinois Dept. of Human Services
- Jessica A. Pickens, Chief of Staff, Illinois Dept. of Public Health
- Michelle D. Small, Division Chief, Training and Resource Center, Illinois Dept. of Public Health
- Tim Vega, MD, Board Member, Illinois Dept. of Public Health BOD
- Jim Harvey, Director of Policy and Partnership Development, Illinois Public Health Institute
- Lolita T. Lopez, Research Director, Illinois Maternal and Child Health Coalition
- Jim Nelson, Executive Director, Illinois Public Health Association
- Sherry E. Weingart, Clinical Assistant Professor, School of Public Health, University of Illinois at Chicago
- Louis Rowitz, PhD, Professor, School of Public Health, University of Illinois at Chicago
- Stephen Laker, Public Health Administrator, Vermilion County Health Dept./Illinois Association of Public Health Administrators

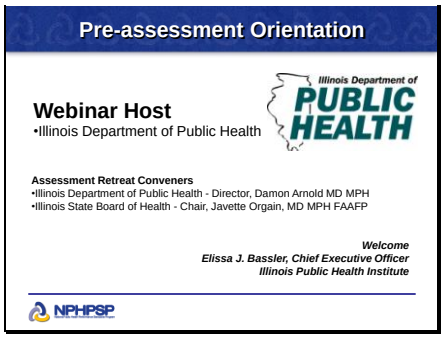
UNASSIGNED STAFF OR REGISTRANTS

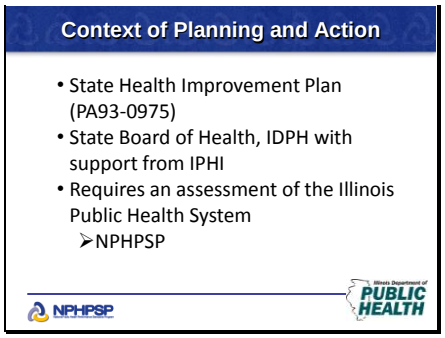
- Laura Landrum, NPHPSP Consultant, Association of State and Territorial Health Officials
- Teresa Daub, Public Health Advisor, Centers for Disease Control and Prevention, Office of Chief of Public Health Practice, Centers for Disease Control and Prevention
- Trina S. Pyron, Public Health Advisor, Office of Chief of Public Health Practice, Centers for Disease Control and Prevention
- Kathy Tipton, Program Associate, Illinois Public Health Institute
- Maryanne McDonald, Project Consultant, Illinois Public Health Institute

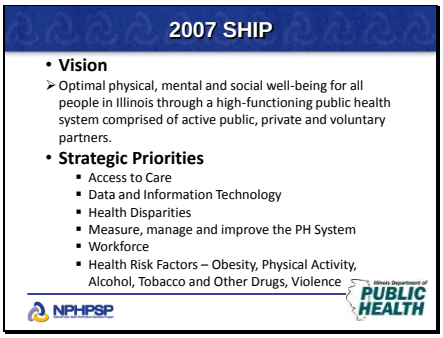
APPENDIX 4

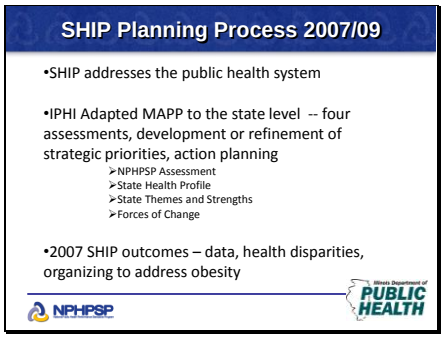
Introduction to the National Public Health Performance Standards Program (NPHPSP) State Assessment

Recorded Webinar available at http://app.idph.state.il.us/Resources/training.asp?menu=3









Progress on 2009 SHIP

2009 SHIP

•2008 SHIP Summit

•Embarking on 2009 SHIP
- ➢Revise, refine, add emerging issues
- ➢Using assessments to inform

•SHIP Team appointments in process

•SBOH overseeing the assessment phase

NPHPSP

Illinois Department of PUBLIC HEALTH

NPHPSP National Public Health Performance Standards Program

National Public Health Performance Standards Program

Teresa Daub *(CDC)* **Laura Landrum *(ASTHO)***

NPHPSP 6

National Public Health Performance Standards Program

Healthy communities served by high-performing public health systems that use evidence-based methods to improve community health

- **quality of public health practice**
- **performance of public health systems**

NPHPSP

Partners

- **CDC** – Overall lead for coordination
- **ASTHO** – Develop and support state instrument
- **NACCHO** – Develop and support local instrument; MAPP
- **NALBOH** – Develop and support governance instrument
- **APHA** –Marketing and communications
- **PHF-** Performance improvement; data collection and reporting system
- **NNPHI** – Support through institutes, training workshop and user calls

CDC astho NACCHO NALBOH APHA PHF nnphi

NPHPSP

Three NPHPSP Instruments

State

Local

Governance

NPHPSP

History of the NPHPSP

- **Key Dates**
  - Began in 1998
  - Version 1 instruments released in 2002
  - Version 1 instruments used in more than 30 states (2002-2007)
  - Development of Version 2 instruments (2005-2007)
  - Version 2 released in Fall 2007
- **Comprehensive Development of Instruments**
  - Practice-driven development by CDC and ASTHO, NACCHO and NALBOH Work Groups
  - Field testing
  - Validation studies

NPHPSP

Version 2: Updated Content Areas

- **Preparedness**
- **Informatics**
- **Communications and health marketing**
- **Partnerships**
- **Workforce**
- **Public health law**
- **Laboratory issues**
- **Social Justice**
- **State / local public health agency roles**

NPHPSP

Strategic Linkages

- **Policy support**
  - Healthy People 2010 Objective 23-11
  - Institute of Medicine reports
  - State legislation that provide for or mention use of NPHPSP (e.g., IL, OH, NJ)
- **Related initiatives**
  - Turning Point Performance Management Collaborative
  - MAPP
  - Operational Definition of a Local Health Department
  - Accreditation

NPHPSP

NPHPSP Use in the Field

- **Reasons for Using NPHPSP – State and Local**
  - Establish a baseline measure of performance
  - Wanted a nationally developed & recognized assessment tool to help improve performance
  - NPHPSP the best tool available for improving public health system effectiveness
  - Was part of the MAPP process *(local users only)*

*State evaluation data gathered through ASTHO survey 10/05-1/06 – 80% response rate (9 respondents reporting completion of State NPHPSP). Local evaluation data gathered through NACCHO survey to known NPHPSP and MAPP users in 01/06 – 05/06; 212 total respondents (149 respondents reporting completion of Local NPHPSP).

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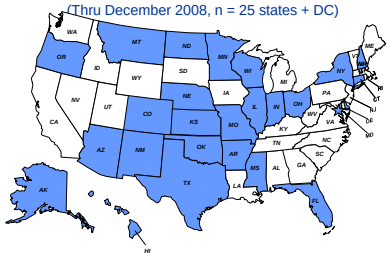
NPHPSP State Instrument Use

(Thru December 2008, n = 25 states + DC)



*Also includes sites using field test versions of the NPHPSP State Public Health System Performance Assessment.

Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services
2. Focus on the overall public health system
3. Describe an optimal level of performance
4. Support a process of quality improvement

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1 The Essential Services as a Framework

- Provides a foundation for any public health activity
- Describes public health at both the state and local levels
- Instruments include sections addressing each ES

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Essential Public Health Services

- Developed by the Core Public Health Functions Steering Committee (1994)
  - Included reps from national organizations and federal agencies
  - Charge: To provide a description and definition of public health
  - Developed the "Public Health in America" statement

PUBLIC HEALTH IN AMERICA

NPHPSP

PUBLIC HEALTH IN AMERICA

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

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The Essential Public Health Services

1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate and empower people
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent workforce - public health and personal care
9. Evaluate health services
10. Conduct research for new innovations

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2 Focus on the "System"

- More than just the public health agency
- "Public health system"
  - All public, private, and voluntary entities that contribute to public health in a given area.
  - A network of entities with differing roles, relationships, and interactions.
  - All entities contribute to the health and well-being of the community.

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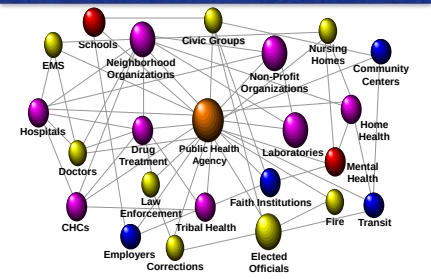
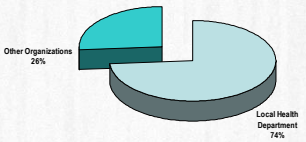
Public Health System



Our goal is an integrated system of partnerships

What Constitutes a Public Health System?

Proportion of Local Public Health Effort Contributed by LHDs and Other Organizations, 1996



Halverson et al. 1996

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A Well-Functioning Public Health System has…

- Strong partnerships, where partners recognize they are part of the PHS
- Effective channels of communication
- System-wide health objectives
- Resource sharing
- Leadership of governmental ph agency
- Feedback loops among state, local, federal partners

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How Do Systems Relate to Health?

Every system is perfectly designed to achieve exactly the results it gets!

» Deming

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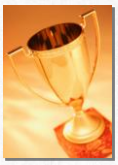
3 Optimal Level of Performance

- Each performance standard represents the "gold standard"
- Provide benchmarks to which state and local systems can strive to achieve
- Stimulate higher achievement



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4 Stimulate Quality Improvement

- Standards should result in identification of areas for improvement
- Link results to an improvement process
- NPHPSP Local Instrument - used within the MAPP planning process

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NPHPSP Use in the Field

- **Coordinated statewide approach**
  - Benefits in technical assistance and coordinated improvement planning
- **Individual System / Board Use**
- **Common Catalysts for Use**
  - Statewide interest in improvement planning
  - Interest in performance improvement
  - Bioterrorism and emergency response planning
  - Use within the MAPP process
  - Interest in accountability

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User Benefits to NPHPSP

- Establish a baseline of public health performance
- Identify strengths and weaknesses of state and local public health systems and boards of health
- Initiate a public health improvement process
- Build a stronger level of collaboration among public health partners
- Leverage staff among many partners to address common priorities
- Pool resources for addressing health improvement priorities
- Improve public health system effectiveness

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ES 1 - Monitor Health to Identify and Solve Community Health Problems

- Accurate, periodic **assessment** of the **community's health status**, including:
  - Identification of health risks
  - Attention to vital statistics and disparities
  - Identifications of assets and resources
- Utilization of methods and technology (e.g., GIS) to **interpret and communicate data**
- Population health **registries**

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ES 2 - Diagnose and Investigate Health Problems and Hazards in the Community

- Timely **identification and investigation** of health threats
- Availability of **diagnostic services**, including laboratory capacity
- **Response plans** to address major health threats

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ES 3 - Inform, Educate, and Empower People About Health Issues

- Initiatives using **health education and communication sciences** to:
  - Build knowledge and shape attitudes
  - Inform decision-making choice
  - Develop skills and behaviors for healthy living
- Health **education and health promotion partnerships** within the community to support healthy living
- **Media advocacy** and **social marketing**

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ES 4 - Mobilize Community Partnerships to Identify and Solve Health Problems

- Constituency development and identification of **system partners** and stakeholders
- **Coalition development**
- Formal and informal **partnerships** to promote health improvement

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ES 5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- **Policy development** to protect health and guide public health practice
- Community and state **planning**
- **Alignment of resources** to assure successful planning

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ES 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety

- **Review, evaluation, and revision** of legal authority, laws, and regulations
- **Education** about laws and regulations
- **Advocating** of regulations needed to protect and promote health
- Support of **compliance** efforts and enforcement as needed

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ES 7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

- **Identifying populations** with barriers to care
- **Effective entry** into a **coordinated system** of clinical care
- Ongoing **care management**
- **Culturally appropriate** and targeted health **information** for at risk population groups
- Transportation and other **enabling services**

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ES 8 - Assure a Competent Public and Personal Healthcare Workforce

- **Assessment** of the public health and personal health workforce
- Maintaining public health workforce **standards**
  - Efficient processes for licensing / credentialing requirements
  - Use of public health competencies
- **Quality improvement** and life-long learning
  - Leadership development
  - Cultural competence

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ES 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

- Evaluation answers:
  - Are we doing things right?
  - Are we doing the right things?
- Evaluation must be ongoing and should examine:
  - Personal health services
  - Population based services
  - The public health system
- Evaluation should drive resource allocation and program improvement

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ES 10 - Research for New Insights and Innovative Solutions to Health Problems

- **Identification and monitoring** of innovative solutions and cutting-edge research to advance public health
- **Linkages** between public health **practice and academic** / research settings
- Epidemiological studies, health policy analyses and health systems **research**.

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Questions to Consider

How does your organization's work fit into each Essential Public Health Service?

How good is the collective effort of public, private and voluntary organizations at achieving the state model standards for each Essential Public Health Service?

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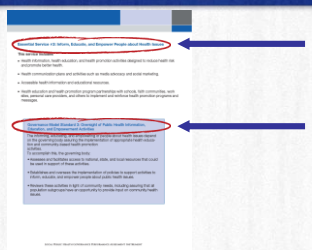
Instrument Format



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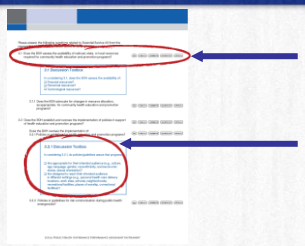
Instrument Format



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State Public Health System Instrument

- **Same 4 model standards for each of the ten Essential Services (40 model standards total)**
  - 1 – Planning and Implementation
  - 2 – State-Local Relationships
  - 3 – Performance Management and Quality Improvement
  - 4 – Public Health Capacity and Resources

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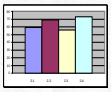
State Public Health System Instrument

- **Planning and Implementation**
  - **The State Public Health System (SPHS) collaboratively plans and implements services, programs and initiatives to accomplish the Essential Service**



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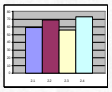
State Public Health System Instrument

- **State-Local Relationships**
  - **The SPHS provides assistance, capacity building, and resources to local public health systems to enhance local efforts to implement the Essential Service**



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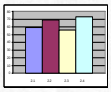
State Public Health System Instrument

- **Performance Management and Quality Improvement**
  - **The SPHS reviews the effectiveness of its performance and uses these reviews to manage and improve its performance of the Essential Service**



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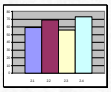
State Public Health System Instrument

- **Public Health Capacity and Resources**
  - **The SPHS invests in and utilizes its human, information, organizational and financial resources to carry out the Essential Service**



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Framework for the Assessment

- Your facilitator will facilitate open discussion of state model standards
  - Will draw out different points of view
  - Will gather ratings on system performance on each question
  - Will keep the process moving!
- Your role as a participant
  - Be prepared to engage in discussion of collective performance of the system
  - Actively listen to your colleagues

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Determining Responses

- **Think about the focus of the question:**
  - Dispersion through program areas
  - Participation among many system partners
  - Frequency of activity
  - Quality of activity
- **Use discussion toolboxes if available**
- **One final set of responses should be developed**

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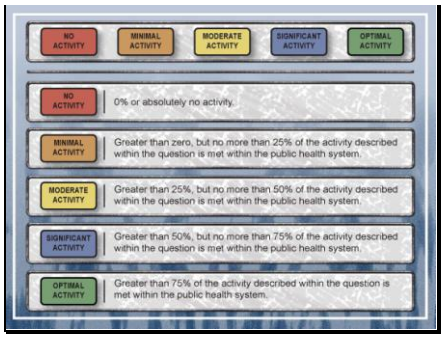

Using Discussion Toolboxes

1.1.3 Does the SPHS publish or disseminate health-related data into one or more documents that collective describe the prevailing health of the state's population (i.e., a state health profile)?

1.1.3 Discussion Toolbox

In considering 1.1.3, does the profile use data to:

- ❑ Identify emerging health problems?
- ❑ Report trends in health status?
- ❑ Report changes in the prevalence of health risk factors?
- ❑ Report changes in health resource consumption?

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State Public Health Agency Questions

- **SPHA leadership question in each Essential Service**
- **Agency Contribution Question**
  - What proportion of the collective efforts of the state public health system in this model standard are directly contributed by the state public health agency?

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Sample Report

How Did We Perform in the Ten Areas of Essential Public Health Services (EPHS)?

EPHS		Score
1	Monitor Health Status to Identify Community Health Problems	45
2	Diagnose and Investigate Health Problems and Health Hazards	82
3	Inform, Educate, and Empower People about Health Issues	32
4	Mobilize Community Partnerships to Identify and Solve Health Problems	16
5	Develop Policies and Plans that Support Individual and Community Health Efforts	81
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	97
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	60
8	Assure a Competent Public and Personal Health Care Workforce	56
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	35
10	Research for New Insights and Innovative Solutions to Health Problems	60
Overall Performance Score		56

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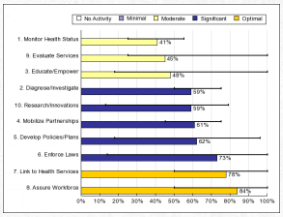
NPHPSP Reports (Example)
How well did we perform the ten EPHS?

- Rank ordered performance scores for each Essential Service, by level of activity



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A Reminder about the Importance of Planning

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Systems Performance Improvement: A Definition

- Positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. SPI involves:
  - strategic changes to address public health system weaknesses
  - ongoing efforts to maintain well-performing services
  - systems improvements leading to better outcomes

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Defining Performance Management

- A tool for managing system performance
- Four components:
  - Performance Standards
  - Performance Measures
  - Reporting of Progress
  - Quality Improvement

Performance Management:

The practice of actively using performance data to improve the public's health

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Performance Management System

NPHPSP See www.phf.org/infrastructure

Using Results for Performance Improvement: Examples from the Field

Changing Laws
- **Illinois**
- **New Hampshire**

Improvement Planning
- **Colorado**
- **Texas**

New Partnerships
- **Access to care**
- **Workforce**
- **Epidemiologic Capacity**
- **Health Information Systems**

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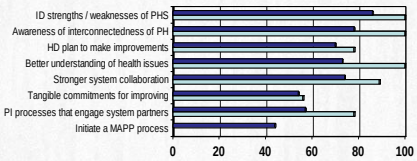
NPHPSP Outcomes Achieved



Percentage of respondents indicating achievement of these outcomes was partial/medium or high

State Local

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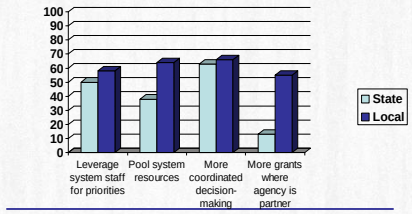
Impact of NPHPSP Use on the State / Local Public Health System

Percentage of respondents indicating moderate to major effect



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Lessons Learned from Other States

- **Use a systems approach**
- **Follow-up with performance improvement**
- **Select key measures to monitor and manage**
- **Organize reporting around Essential Services**
- **Frankly critique your collective performance**
- **Learn from your colleagues**

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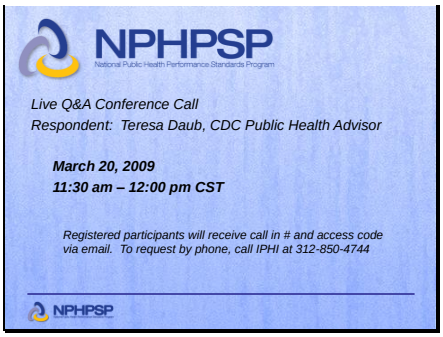
NPHPSP
National Public Health Performance Standards Program
Live Q&A Conference Call
Respondent: Teresa Daub, CDC Public Health Advisor
March 20, 2009
11:30 am – 12:00 pm CST
Registered participants will receive call in # and access code via email. To request by phone, call IPHI at 312-850-4744
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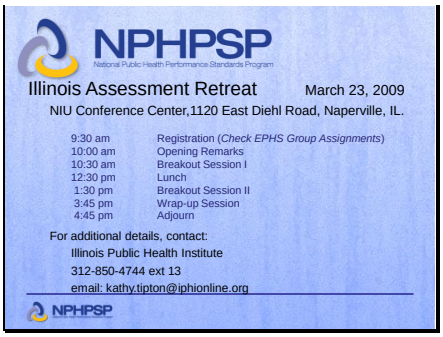
NPHPSP
National Public Health Performance Standards Program
Illinois Assessment Retreat
March 23, 2009
NIU Conference Center,1120 East Diehl Road, Naperville, IL.
9:30 am Registration (Check EPHS Group Assignments)
10:00 am Opening Remarks
10:30 am Breakout Session I
12:30 pm Lunch
1:30 pm Breakout Session II
3:45 pm Wrap-up Session
4:45 pm Adjourn
For additional details, contact:
Illinois Public Health Institute
312-850-4744 ext 13
email: kathy.tipton@iphionline.org
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National Public Health Performance Standards Program
Thank you for your participation.
Illinois Department of
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