



Improving Performance: Resources for NPHPSP Users

Issue Focus: Leadership & Management Support

October 2005

PHF Assessment Reveals Characteristics of Public Health Systems Engaged in Performance Improvement

Not sure what to do once you've received your NPHPSP data? You're not alone. In the spring of 2005, the Public Health Foundation (PHF) conducted an informal assessment of NPHPSP users and their performance improvement activities after completing the assessment. The PHF assessment, which included interviews with approximately 19 public health systems from across the United States, revealed that most NPHPSP users found it difficult to get started with implementation of performance improvement (PI) efforts.

➤ ***Characteristics of Systems Able to Move from Assessment to Action***

Communities that were able to take their data and move towards implementing performance improvement activities had a series of characteristics in common. These include:

- Leadership support
- Ability to find, use, or hire experts
- Ability to form partnerships/involvement of community
- Small steps toward system improvements
- Experience with multiple, related efforts such as MAPP, or an accreditation program
- Regular PI meetings with feedback

➤ ***How Public Health Compares to Other Industries***

The characteristics needed to improving performance in public health don't differ that much from other industries. The following list of evidenced-based strategies for improving performance comes from a compilation of literature from sectors including healthcare, manufacturing, and construction:

- Focus on priorities
- Leadership and management support
- Creating a culture for improvement
- Involving the right people (those who understand or experience the problem, are skilled in Quality Improvement (QI), and can think in 'systems')
- Dedicated time and staff to PI efforts
- Analyzing the root causes of performance problems
- Regular measurement and feedback (for example, the "Plan-Do-Study-Act" model)



➤ *Frequent Barriers to Implementing Performance Improvement Activities*

The PHF assessment revealed some of the most frequent barriers to successful implementation of performance improvement activities. These include a lack of staff knowledge of performance improvement concepts and processes, high turnover rates, a lack of funding or resources for policy and planning development, and a loss of momentum after completing the assessment.

➤ *Positive Outcomes: A Better Understanding of Public Health*

PHF found that an increased understanding of public health among system partners was the most frequently cited benefit of conducting the NPHPSP assessment.

“Our community now has a better understanding of our role, which helps solidify community support. We held a two-day meeting with 75 people to do the assessment. There were providers, representatives from the faith community, nine tribes, and the police chief,” says Niki Baptiste, Community Health Administrator for the Sandoval County (N.M.) Community Health Alliance Council.

“Initially, the police chief told us, ‘I have no idea why I’m here. I have nothing to do with public health.’ Going through the process of the NPHPSP made him realize he was the first line of defense against domestic violence and other health and safety problems in our community,” says Baptiste. “Bringing in all the different players really helped us and helped others think more broadly about what public health is. It also helped justify our local, state, and federal dollars.”

Want more information on any of the improvement characteristics listed in this article? Tell us which one you’d most like to learn more about and we’ll feature it in our next communication. Send an e-mail to hross@phf.org with “NPHPSP” in the title of the message.



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How Leaders Can Show Their Commitment

Following Florida's statewide completion of the state and local NPHPSP self-assessment instruments in June 2005, the Florida Department of Health wasted no time in convening its 67 counties to focus on using the local results for performance improvement.

The state's NPHPSP coordinator, Christine Abarca, called everyone together after receiving the assessment results to provide direction on next steps, identify priorities, and communicate results to partners. Abarca knew that senior leadership support was essential to show at the outset, so her first post-NPHPSP meeting agenda included time for leadership—the highest public health official available—to lay out **Vision, Expectations, and Commitment** related to performance improvement.

After acknowledging their hard work on the assessments, a senior official set forth the state's **vision** of using the results for performance improvement, **expectations** and timelines for performance improvement action plans, and **commitments** of the Department to support the counties' improvement efforts and consider recommendations about the state roles and resources to help counties better achieve the national performance standards.

Leadership provided guidance and answered questions on communicating results to partners, identifying priorities for improvement, and structuring performance improvement activities.

County health department leaders and community partners exchanged ideas about strategies for tackling tough issues, such as how to agree on improvement priorities and how leaders can help shift local resources (which may include a different allocation of people's time, as well as proposals to use future dollars differently) to priority areas without triggering "territorial" resistance. Commitment to fostering discussions and sharing practices has led to the development of a statewide conference and an ongoing series of technical assistance projects, says Abarca.

For more information on how Florida worked to establish priorities, show leadership, or exchange ideas, contact: Christine Abarca, MPH, CHES, Florida Department of Health, Office of Planning, Evaluation and Data Analysis, at Christine.Abarca@doh.state.fl.us or (850) 245-4444 ext. 2071.



Get Your Leadership On Board for Performance Improvement

- Aim for the highest level support you can get, such as the health commissioner, board chair, or other top executives.
- Ask top executive(s) to demonstrate their support for improvement early—ideally well before the NPHPSP and self-assessment.
- Leadership support is not a spectator sport. While you need leaders to cheer on the team, you won't create system changes if they sit on the sidelines. See the [Tips](#) section for actions needed.

Tips: Asking Leaders to Provide Vision, Commitment, and Expectations

It's a fact, the success of performance improvement efforts hinges on effective leadership support. "Vision, Expectations, and Commitment," as Abarca says [see feature story [How Leaders Can Show Their Commitment](#)], sums up what is needed from leadership to improve performance. The Public Health Foundation offers these tips to help NPHPSP users ask for needed support:

Ask leaders and system partners to share their **vision** on the following:

- What a high-performing public health system looks like.
- How the performance standards relate to the public health mission.
- Why improvement is important to strategic priorities (For example, "Weaknesses in areas like policy development block our headway on many community priorities such as obesity and access to care.").
- How improvement efforts will fit with other initiatives and responsibilities (strategic planning, assessments, MAPP, programs).

Request leaders show or affirm **commitment** by:

- Assigning staff or experts to help convene improvement teams, identify underlying causes of poor performance, develop improvement plans, test out improvements, monitor progress, and report results.
- Considering recommendations from all levels to strengthen the public health system.
- Working with senior executives of partner organizations, legislators, and other leaders to achieve system improvements.
- Participating in the NPHPSP process; becoming involved in an oversight board or periodic improvement team meetings.
- Using existing resources to make improvements right away (such as setting priorities for personnel, shifting resources, or incorporating improvements into existing efforts where possible); also by requesting funding to address priority areas in the next budget cycle.

Help leaders clarify their **expectations** related to performance improvement in a variety of ways. Offer to draft their speech, memo, or talking points such as the following:

- **Establish short-term deadlines and responsibilities**
Ex.: "I charge each team with identifying feasible improvements that we can test out this quarter, then report in six months with results and recommendations. I need the information in time to make decisions for next year's plans, budget requests, and legislative session."



- **Expect participation**

Ex.: "I expect every division in my organization to participate in improvement teams, and I am counting on our partners to do the same."

- **Encourage action**

Ex.: "I expect managers to give their staff and contractors encouragement and authority to take actions where they see opportunities for improvement. Although not every change will result in improvement, we must reward efforts to improve more than we reward inaction."

Voices from the Field: The Importance of Setting the Vision

Setting a clear vision is a critical part of being able to lead. Vision can be thought of as the 'picture you paint' of the desired health outcomes and high-performing system that you seek to create in the future.

Joan Aschier, Chief, Bureau of Policy and Performance Management, New Hampshire Department of Health and Human Services, Division of Public Health Services, has led several local health entities to improved performance (see [New Hampshire: Performance Measurement](#)) and is spearheading the fall 2005 statewide NPHPSP assessment. Here is what Aschier says about the importance of vision and leadership:

"It's easy get bogged down in the day-to-day struggles of politics, budget cuts, re-organizations, etc. Leadership can provide the motivation for staff to get through some of those struggles. As a leader, you have to bring a sense of enthusiasm to the NPHPSP initiative and lead the way.

One of the most important things you can do as a leader is to be honest and have a true sense of belief about what you are doing. You can't lead an initiative like the NPHPSP if you don't believe in it. People will know if you aren't earnest about it. We have to remember that the NPHPS are national standards, field tested by experts. The assessment is going to tell us a lot about how well we are doing and how we measure up.

Setting a vision is also critical and should be about more than a mission statement up on the wall. It's about building a culture, where everyone plays a part in creating the vision. As a leader, you are the person who helps set the vision and brings important matters to the forefront.

Having a vision and mission will help keep everyone motivated during tough times. When people are struggling, it's important to understand why you are there and what is unique about what you do—why public health is unique, compared to what happens in a doctor's office."



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LEADERSHIP DEVELOPMENT RESOURCES

[Building the Foundation: Leadership and Structure](#)

As part of the *Healthy People 2010 Toolkit*, the section "Building the Foundation: Leadership and Structure" provides tools for developing leadership and partnerships in public health systems. It also provides suggestions and tools that can help individuals build a strong foundation for planning with support from selected leaders.

[Collaborative Leadership in Public Health](#)

This site offers tools, resources, and training information about collaborative leadership, with a special focus on developing public health leaders.

[Center for the Advancement of Collaborative Leadership Strategies in Health](#)

The Center for the Advancement of Collaborative Strategies in Health at [The New York Academy of Medicine](#), helps partnerships, funders, and policy makers realize the full potential of collaboration to solve complex problems related to health or any other area.

[Emerging Leaders' Program Development Handbook– Turning Point program](#)

This handbook provides ideas and resources for developing and supporting emerging leaders in public health. The program and materials on this site were first piloted in Minnesota and are available for use or adaptation by others.

PRIORITY SETTING RESOURCES

[NPHPSP Users' Guide, Appendix E: Identifying Priorities](#)

Appendix E provides a four quadrant chart to assist NPHPSP users in identifying priority areas.

[Priority Setting Guidelines \(New Mexico\)](#)



This one-page outline from the New Mexico Department of Health can be used to guide small groups of NPHPSP users to identify goals, guiding principles, and methods for prioritizing action around the ten Essential Public Health Services.

[Achieving Healthier Communities through MAPP: A User's Handbook](#)

Phase 2 of the MAPP process includes a section on visioning (page 26) and a worksheet on identifying priorities (page 54).

[Setting Priorities](#)

This chapter is from the 2003 *Guidelines for District Health Planning and Reporting*, published by the South African Department of Health. It outlines factors that should go into framing priority setting, illustrates a priority setting matrix, how to build community involvement and ownership in priority setting, the importance of mission, vision, values, and provides questions to ask while setting priorities.

[Priority Setting Resources: Selected Background Information and Techniques.](#)

This 2004 guide is from the Cornell Cooperative Extension, Cornell University. Chapters include: *Why It's Hard for Organizations to Set Priorities*, *Dealing with Barriers to Priority Setting*, and *Priority Setting Approaches*.

SAMPLE PUBLIC HEALTH IMPROVEMENT PLANS

The following public health improvement plans include information on how each respective public health agency prioritized NPHPSP activities after receiving assessment scores. Additional sample improvement plans and tools are available on PHF's website, <http://www.phf.org/infrastructure/performance>

[Southern Strafford County \(New Hampshire\) Public Health Improvement Plan](#)

After assessing its local health system using the NPHPSP's Local Public Health Assessment Tool, Southern Strafford County of New Hampshire identified several priorities. In order to streamline the process of setting priorities, the County Coalition laid out three criteria to consider when deciding priority areas for improvement. Targeted areas of improvement had to: (1) positively improve health outcomes, (2) be achievable given reasonable resources, and (3) be supported by the participant's agency in the implementation phase. The health improvement plan provides an overview of Southern Strafford County's NPHPSP assessment results, as well as a brief discussion of each priority area within an essential service area.

[Colorado's Public Health Improvement Plan](#)

This September 2004 plan outlines the challenges that the health system in Colorado faces and identifies a plan to improve the public health capacity to provide Essential Public Health Services. Some of the challenges identified by the state include: (1) autonomous systems



with parallel authority, (2) lack of uniform standards to define the public health system, (3) categorical approaches to public health issues, and (4) lack of understanding about public health by the public.

The Colorado Department of Public Health and Environment, in collaboration with the Public Health Performance Improvement Collaborative and other partners, set out several objectives to improve performance, including: (1) identifying performance improvement activities occurring among state and public health system partners, (2) highlighting activities on three priority Essential Public Health Services, (3) identifying common themes of activities, (4) facilitating learning communities among state and local partners with common activities, and (5) establishing measurable and achievable benchmarks for improvement and developing opportunities to recognize and celebrate success. Colorado is using the Institute for Healthcare Improvement's recommended steps and the Deming Plan-Do-Study-Act model for improvement.

To share your improvement plans with others, e-mail your plan and a brief description to hross@phf.org.

NPHPSP IMPROVEMENT RESOURCES FOR SPECIFIC STANDARDS & ESSENTIAL SERVICES

Once you have identified priorities for improvement around specific Essential Public Health Services (EPHS) or model standards in the NPHPS, the following guides can help.

[Performance Improvement Resource Guide for State Public Health Systems](#)

This October 2003 guide was developed by the Public Health Foundation (PHF) in partnership with the CDC, American Public Health Association, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, and National Network of Public Health Institutes. The guide is intended to help state public health systems that have completed the NPHPSP and seek to use the results to improve their system's performance.

[Performance Improvement Resource Guide for Local Public Health Systems](#)

This March 2002 guide was developed by the PHF in partnership with the CDC, American Public Health Association, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, and National Network of Public Health Institutes. The guide is intended to help local public health systems that have completed the NPHPSP and seek to use the results to improve their system's performance. The guide is a collection of quality improvement tools and resources organized around each of the [10 Essential Public Health Services](#).

TIP: Give improvement teams suggested resource pages for only those EPHSs or standards on which they are working. Otherwise, the guide's many resources can be overwhelming.