

# **Implementing National Public Health Performance Standards in Kentucky's Local Public Health Systems**

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## **EXECUTIVE SUMMARY:**

Even though there have been opportunities since 1991 to help health departments improve the quality of their services, few Kentucky health departments have implemented continuous quality improvement strategies or incorporated the available performance improvement tools into their systems. The goal of the Kentucky Public Health Leadership Institute's (KPHLI) "Unbridled for Excellence" team was to demonstrate the functionality of the National Public Health Performance Standards Program (NPHPSP) to various local health departments in order to assist them in beginning quality improvement processes, which will be a requirement for accreditation in the coming years.

In pursuing its objective, "Unbridled for Excellence" was able to accomplish the following actions in the nine-month project timeframe. The team was able to obtain NACCHO grant funds, provide a NPHPSP kickoff training, create information and linkage resources for local health departments, provide facilitator toolkits and training, maintain monthly conference calls, provide technical support, provide funding information, and obtain graduate student resources for the local public health departments.

As of this point in time, five public health departments in KY have begun using the NPHPSP as an integral tool to strengthen public health in their region. In addition, a number of other health departments are now interested in doing the performance standards. Consequently, "Unbridled for Excellence" spearheaded the first statewide push to use NPHPSP to implement continuous quality improvement in Kentucky's local health departments.

## **INTRODUCTION/BACKGROUND:**

*The Future of the Public's Health in the 21st Century*, published by the Institute of Medicine in 2002, states that "The vision of *healthy people in healthy communities* can be achieved only if the governmental backbone of the public health system is strong." <sup>1</sup>

In order for the public health system to be strong, it must assess its capacity to provide services, determine whether it is doing the right things and determine whether it is doing the right things well. Performance improvement is integral to providing quality services and has long been used in the private sector. Quality improvement, however, has only recently made its way into the public health realm; and it needs to be more than just an initiative that members of a public health system do sporadically. Performance improvement needs to be woven into the very fabric of doing business on a continual basis. Continuous quality improvement is a journey that transforms systems, the organizations within it and the people who work in it as they move from one level of performance to the next. It basically changes the ways people and organizations think and

work, altering the mental models people hold about quality and the standards of their services.

The National Public Health Performance Standards Program was created by the Centers for Disease Control and Prevention (CDC), in collaboration with other national partners, to address the need for valid, science-based performance measures for public health, based on the Ten Essential Public Health Services. It is an instrument which allows public health to assess its public health system and supports a process of continuous improvement for its infrastructure and its performance at the national, state and local levels.

In exploring various areas in which to target efforts through a Change Master Project, “Unbridled for Excellence” did not want to work on an initiative that was a too small in scope, but rather on a project that would indeed make an impact on the provision of public health services in Kentucky—a project that would change the thinking of public health professionals in Kentucky. The team decided to address the need to provide quality public health services throughout Kentucky. As the team studied the issue, it saw that Kentucky did not have a continuous quality improvement process in public health that was comprehensive and systemic, and no standardization regarding what to assess and how, leading to an inability within public health in Kentucky to benchmark, improve the provision of public health services and then adequately prepare for accreditation in public health. As “Unbridled for Excellence” considered possible actions, it learned of a grant opportunity from the National Association of County and City Health Officials (NACCHO)<sup>2</sup>. This grant was to be given to entities that would plan and implement a statewide initiative to use the National Public Health Performance Standards Program at the state, governance or local level. The team applied for and received a grant from NACCHO to implement the statewide initiative with local health departments.

There was already support for quality improvement at the state level. The Kentucky Administrative Regulations require local health departments to perform an assessment of the public health services that they provide to assure the quality of those services<sup>3</sup>. The quality assurance process must include an assessment of the public health services provided, a review of medical records, community satisfaction surveys which address the community, patient and provider perspectives and a review of administrative data and outcomes based on a Cabinet-approved community plan. The results, along with interventions implemented and recommendations to assure continuous improvement, are to be provided to the board and Cabinet.

The Board of Directors of the Kentucky Health Department Association approved a position statement on January 15, 2002, advocating and supporting the need for a strong and purposeful system of accountability<sup>4</sup> (Attachment 1). Increased efficiency, productivity and better health related outcomes are the natural results of the effective internal controls and well-stated, well-established, management standards that help assure and maintain accountability. Accountability is the method whereby the public trust is earned. It is this earned trust which maintains the resources needed to protect the health of the Commonwealth.

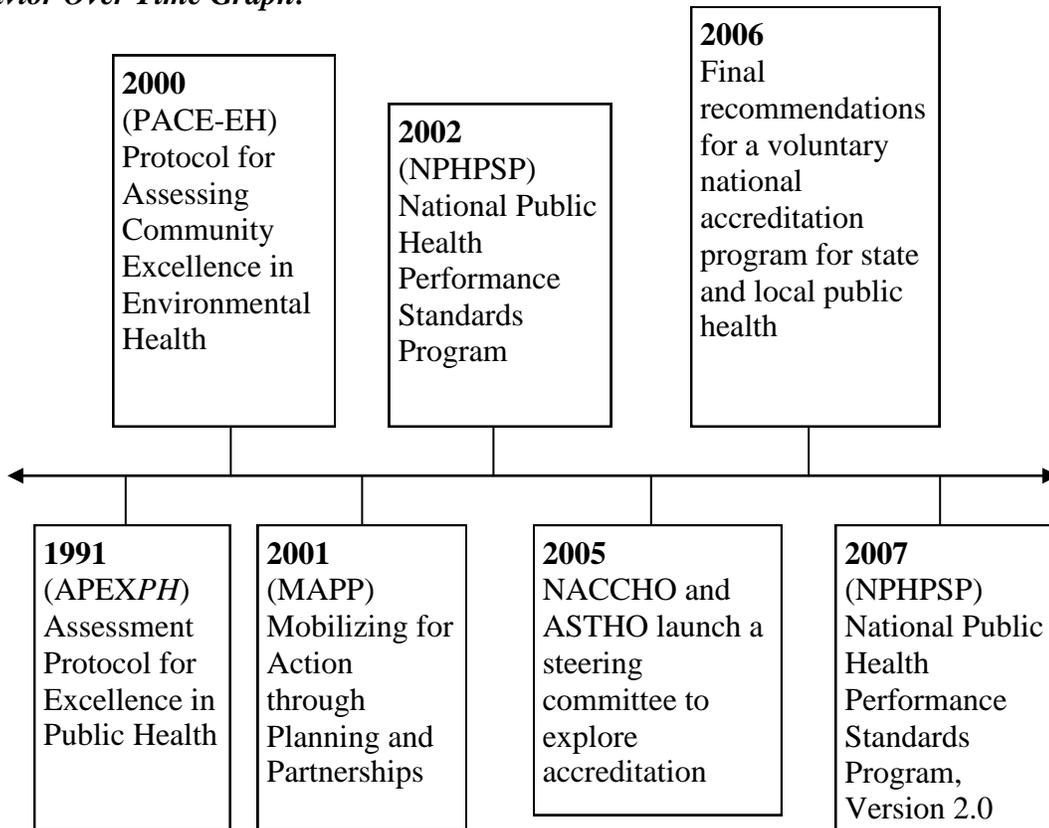
The Board of Directors of the Kentucky Public Health Association approved a position statement on January 17, 2007, supporting the use of the National Public Health Performance Standards by the Kentucky Department for Public Health to assess the state public health system, by local health departments to assess the local public health system and by local and district boards of health to assess local public health governance <sup>5</sup> (Attachment 2).

When the National Public Health Performance Standards were released in 2002, assessments were performed in numerous state localities. Field tests and validity studies were conducted by the University of Kentucky in 2001-02. Additional statistical analysis using data from the initial versions of the local instrument confirmed statistical relationships with institutional characteristics of local public health systems such as population, agency staffing spending levels and measures of population health status <sup>6</sup>.

***Problem Statement:***

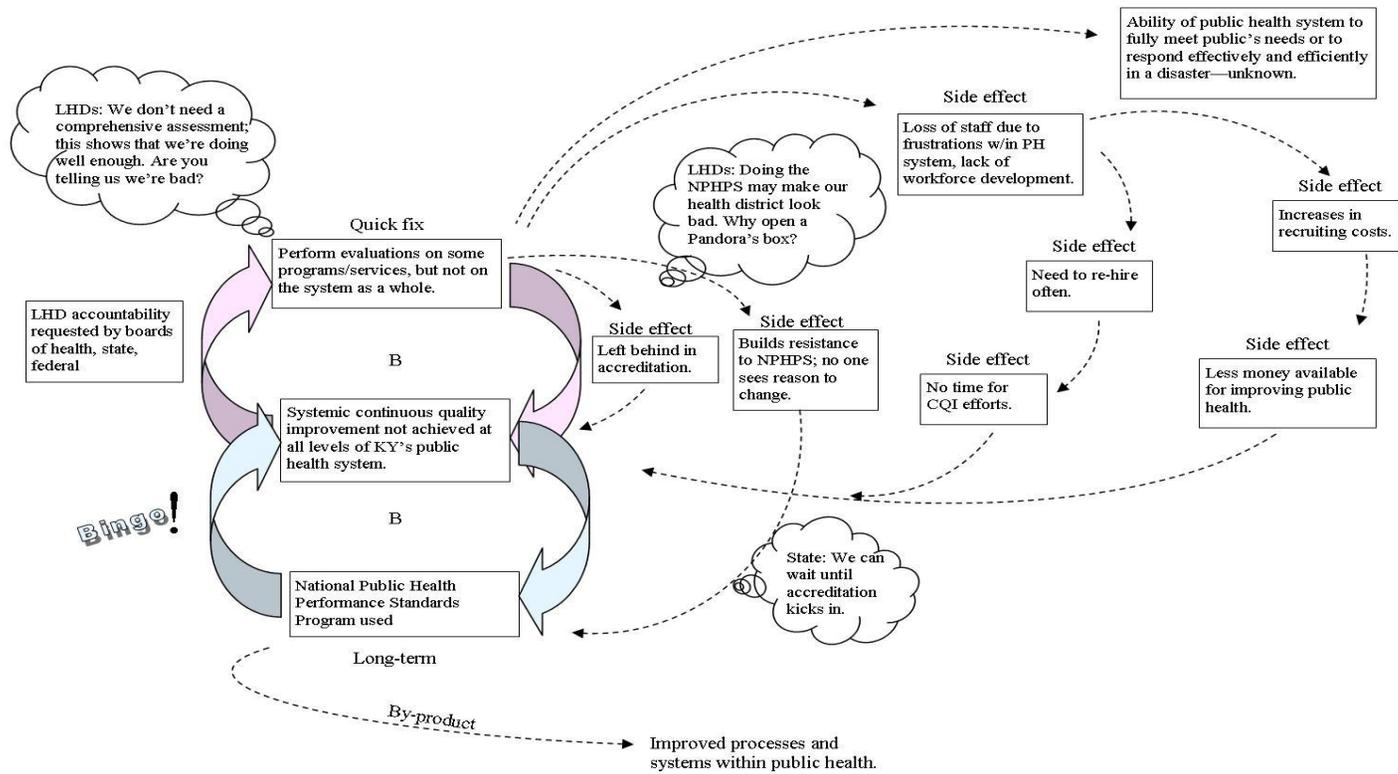
Despite the availability of a national public health performance standards system assessment process and a growing interest in accreditation, Kentucky has not yet formally adopted this process in a standardized fashion or implemented its own quality assurance assessment process of the public health system in its entirety at the state, local and board of health levels.

***Behavior Over Time Graph:***



**Figure 1: Performance Management Systems and Accreditation Efforts**

**Causal Loop Diagram**



**10 Essential Public Health Services/National Goals Supported:**

This project supports the following Essential Public Health Services:

- **Essential Service #4: Mobilize community partnerships to identify and solve health problems.** Engaging partners to perform the NPHPSP provides an opportunity to obtain a clear picture of our local public health system, prioritize a plan for action and work together to achieve improvements.
- **Essential Service #5: Develop policies and plans that support individual and community health efforts.** Conducting an assessment with partners raises awareness of current public health priorities and efforts, and improves connections with one another. Therefore, health departments become better situated to coordinate work with their partners in developing policies and plans to support their current efforts, along with work on improving performance.
- **Essential Service # 9: Evaluate effectiveness, accessibility and quality of personal and population based health services.** The Essential Services provide a framework for the NPHPSP, which contains optimal levels of performance standards that health departments use to assess how effective they are. This promotes continuous quality improvement efforts as they work to achieve those standards.

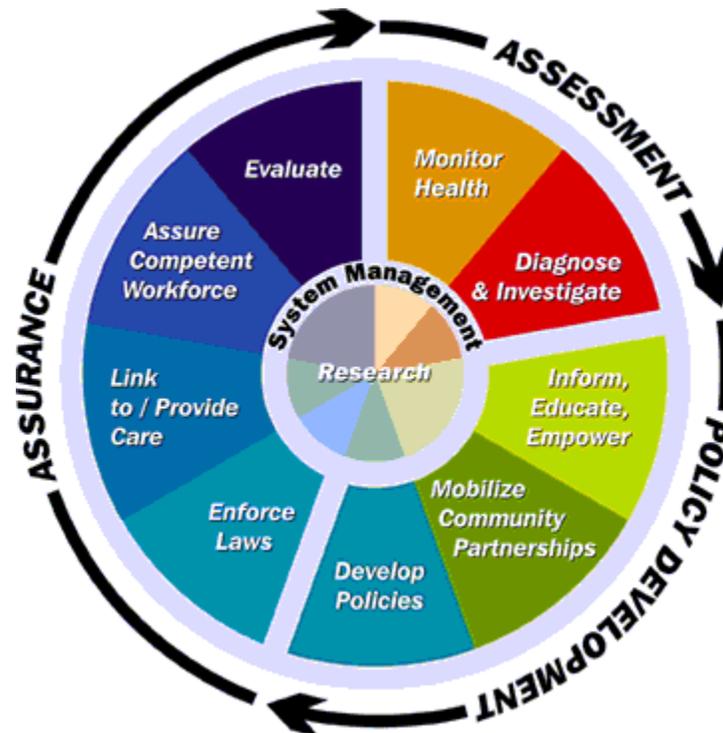


Figure 2: 10 Essential Services and Core Functions of Public Health

This project supports the following National Goals:

- Healthy People 2010's goal: Ensuring that Federal, Tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively for Objective #23 Public Health Infrastructure.
- Healthy People 2010 Information Access Project Bringing Evidence to You: Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services. (Objective 23-11) and to increase the proportion of Federal, Tribal, State, and local public health agencies that gather accurate data on public health expenditures, categorized by essential public health service. (Objective 23-16)
- CDC's 21 Health Protection Goal: Preparing people for emerging health threats by using 3 of the 6 strategic imperatives (health impact focus, leadership and accountability).

Above all else listed, however, “Unbridled for Excellence’s” Change Master Project is most strongly supporting all of the goals of the NPHPSP, which are the following:

- Provide performance standards for public health systems and encouraging their widespread use;
- Encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness;
- Promote continuous quality improvement of public health systems;
- Strengthen the science base for public health practice improvement

## **PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:**

### ***Vision***

All three levels of public health in Kentucky (i.e. state, governance and local health departments) will embrace the National Public Health Performance Standards Program in order to achieve continuous quality improvement within the public health system.

“Unbridled for Excellence’s” Change Master Project is to support local health departments in the assessment of their local public health system using the National Public Health Performance Standards Program (NPHPSP) Version 2.0 assessment.

Supporting local health departments in using the NPHPSP achieves the following deliverables:

- Promotes the use of NPHPSP as a standardized performance assessment process in Kentucky
- Promotes a culture of continuous quality improvement
- Develops capacity at the local level
- Links local health departments to resources at the local, state and national levels
- Determines the status of our public health system at the local level and by region

- Creates tools that can be used as resources on an ongoing basis to continue making progress with performance improvement
- Provides a path to prepare for accreditation efforts

### ***Background of the National Public Health Performance Standards Program*** <sup>7</sup>

The NPHPSP is a collaborative effort of seven national partners:

1. Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC / OCPHP)
2. American Public Health Association (APHA)
3. Association of State and Territorial Health Officials (ASTHO)
4. National Association of County and City Health Officials (NACCHO)
5. National Association of Local Boards of Health (NALBOH)
6. National Network of Public Health Institutes (NNPHI)
7. Public Health Foundation (PHF)

The NPHPSP includes three instruments that were originally developed between 1997 and 2001, and were updated between 2005 and 2007. Using working groups and field test activities, hundreds of representatives from organizations were involved in developing, reviewing, testing and refining the instrument to result in Version 2.0.

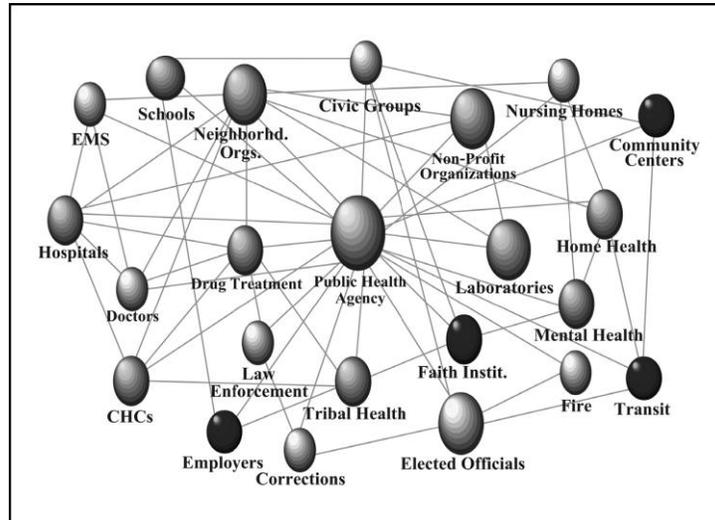
The three instruments are:

- **The State Public Health System Performance Assessment Instrument (State Instrument):** Focuses on the “state public health system” and includes state public health agencies and other partners that contribute to public health services at the state level.
- **The Local Public Health System Performance Assessment Instrument (Local Instrument):** Focuses on the “local public health system” or all entities that contribute to the delivery of public health services within a community. This system includes all public, private and voluntary entities, as well as individuals and informal associations.
- **The Local Public Health Governance Performance Assessment Instrument (Governance Instrument):** Focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners.

Four core concepts provide a framework for the NPHPSP:

- The standards are designed around the ten Essential Public Health Services to assure that the standards fully cover the gamut of public health action needed at state and community levels. The Essential Services were first set forth in a statement called “Public Health in America” and were developed in 1994 by the Public Health Functions Steering Committee that was convened by the U.S. Department of Health and Human Services <sup>8</sup>. The Public Health in America statement includes a vision, mission, purpose and responsibilities for public health, while the Essential Public Health Services describe the public health activities that should be carried out in all states and communities.

- The standards focus on the overall public health system (all public, private and voluntary entities that contribute to public health activities within a given area), rather than a single organization.



**Figure 3: The Public Health System**

- The standards describe an optimal level of performance, rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement.
- The standards are intended to support a process of quality improvement. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

Benefits of using the NPHPSP include:

- Improving organizational and community communication and collaboration by bringing partners to the same table.
- Educating participants about public health and the interconnectedness of activities, which can lead to a higher appreciation and awareness of the many activities related to improving the public's health.
- Strengthening the diverse network of partners within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- Identifying strengths and weaknesses to address in infrastructure quality improvement efforts. Responses to the assessment can be tracked over time to identify system improvements or changes.
- Providing a benchmark for public health practice improvements, by providing a "gold standard" to which public health systems can aspire.
- Complementing accreditation efforts, in that the NPHPSP follows the same standards as the National Voluntary Accreditation Program that is based on the Operational

## Definition of a Functioning Local Health Department and the Essential Public Health Services.

The NPHPSP Local Instrument is linked to a community-wide, strategic planning process for health improvement that is known as *Mobilizing for Action through Planning and Partnerships* (MAPP) <sup>9</sup>. Released in 2001 by NACCHO and CDC, MAPP guides system partners and community members through a community health improvement process that includes a set of four assessments. In addition to the NPHPSP Local Instrument, the other three assessments address:

- Community perceptions of strengths, assets, and needs
- Forces of change in the community, such as changes in legislation, funding shifts or recent natural disasters
- Community health status through the collection and analysis of health data



**Figure 4: The MAPP Model**

The NPHPSP instrument was updated and released in 2007 as Version 2.0 <sup>10</sup>. It was modernized to include such topics as preparedness and informatics, and streamlined with new discussion boxes, thereby deleting long lists of sub-questions from the original version that required a longer time to complete. An additional “no activity” response was included to address the need to accurately reflect those services that were not being performed at all. An optional priority questionnaire was added for sites to complete about the "priority" of addressing each model standard, and is intended to strengthen the action planning process and performance improvement activities that should occur as a result of the assessment process.

## **METHODOLOGY:**

Efforts by the KPHLI “Unbridled for Excellence” team to support local health departments included the following components:

- Incentive funding provided through NACCHO grant monies to support efforts in conducting the assessment
- Kickoff training to enable participants to learn about the NPHPSP assessment process
- Information provided to local health departments regarding a quality improvement-focused RFP to be funded by the Foundation for a Healthy Kentucky
- Resources for the facilitators to use at each stage in the NPHPSP process
- Facilitator toolkits and training (including templates for use) to prepare the local health departments for the assessment
- Monthly conference calls and technical support for assistance in preparing and conducting the assessment
- One-on-one consultation by “Unbridled for Excellence” team members to local health departments, as requested
- Connection to the National Network of Public Health Institutes (NNPHI) Webinars for NPHPSP training
- Graduate level students made available for facilitation of the NPHPSP

### ***NACCHO Grant Funding***

In order to support use of the NPHPSP local instrument, NACCHO provided funding to organizations supporting a voluntary, state-wide implementation of the updated NPHPSP local instrument Version 2.0. The objective of the funding is to support building a culture of quality improvement by providing incentives to early adopters of the updated NPHPSP local instrument. Kentucky was awarded \$4,000 to support these efforts.

The Kentucky Health Departments Association (KHDA), acting as fiscal agent for the NACCHO grant, collaborated with the “Unbridled for Excellence” team, the University of Kentucky (UK) and university public health students to encourage and support the state-wide implementation of the NPHPSP local instrument in Kentucky. Dr. Douglas Scutchfield, Professor with the School of Public Health at the University of Kentucky, served as an Advisor to the implementation. He performed extensive research through field tests and validity studies with the NPHPSP in 2001-2002 in Kentucky; and he is a recognized authority as a researcher of the instrument, as referenced in publications such as “Implementing the National Local Public Health System Performance Assessment: Evaluation of a Readiness Process in Kentucky”<sup>11</sup>.

This funding allowed “Unbridled for Excellence” to present a kickoff training to Kentucky’s health department directors and to supply incentive funding to those local health departments who voluntarily committed to perform the assessment by April 2008. The majority of the grant funding was set aside as incentive funding to encourage local health department directors to perform the assessment. This discretionary funding was intended to assist with costs such as time, travel or other expenses associated with

conducting the assessment. This money was granted to and divided evenly among those who participated; and funding was disbursed upon submission of assessment results. The team initially had 16 local health departments apply for this incentive funding and commit to implement the NPHPSP assessment.

### ***NPHPSP Kickoff Training***

Kickoff training was held at the KHDA Fall 2007 Retreat on October 11, 2007. Training for the local instrument was provided by Heidi Deutsch, who serves as the MAPP Program Manager for NACCHO. The “Unbridled for Excellence” team assisted with the presentation and provided additional information about the timeline, incentives for implementation and assistance that it would provide. This training was videotaped and is soon to be loaded onto TRAIN as a webcast that can be accessed at any time at no cost for future use <sup>12</sup>.

### ***Foundation for a Healthy Kentucky Grant***

The team also informed the public health directors at the October 2007 KHDA retreat about the Foundation for a Healthy Kentucky’s “Local Data for Local Action: *Healthy Communities, Accessible Care*” grant that was to become available immediately to encourage ongoing assessment and improvement efforts in public health. The Letter of Intent for Phase I was due December 3, 2007. With funding concerns high on the list of Kentucky’s public health directors, it was hoped that this funding opportunity would provide encouragement to the health departments to pursue the NPHPSP in their jurisdictions.

### ***Resources for Local Health Departments***

“Unbridled for Excellence” developed a Web site to be used as a resource for facilitators as they progress through each stage of implementing the assessment. The link to this web site is <https://www.nkyhealth.org/mx/hm.asp?id=Implementationchecklist>, and it contains the following:

- An implementation checklist organized by timeline for completion
- Templates and resources for each stage in the process
- A facilitator section that includes materials presented at the facilitator videoconference training, along with the NPHPSP User Guide, tips for dealing with dysfunctional team members and potential energizers to use

### ***Facilitator Training***

The facilitator videoconference training was combined with the January 2008 local health department user conference call to train health department NPHPSP facilitators. Cynthia Lamberth, who provided facilitator training for the University of Kentucky in the implementation of the original local instrument, and Louise Kent from the “Unbridled for Excellence” team reviewed the best and worst facilitation techniques and the flow of facilitating a process such as the NPHPSP. Teresa Daub and Ursula Phoenix Weir from the CDC presented specifics on conducting the NPHPSP local assessment. This training was videotaped and has been loaded onto TRAIN as a webcast that can be accessed at any time at no cost <sup>13</sup>. This training can be used to build capacity within each local health department.

### ***Monthly Conference Calls and Technical Support***

Conference calls were held on a monthly basis to provide guidance along each phase of the implementation, to give technical support as questions arose and to make available a forum for local health departments to talk to one another and share insights. Heidi Deutsch (NACCHO), Ursula Phoenix Weir (CDC) and Teresa Daub (CDC) participated on various calls. A consultant with the Public Health Foundation will provide key information in the final call. Topics for the conference calls were:

- Identifying participants, initial preparation & giving education on the tool
- Facilitation and preparing for assessment
- Using the tool and conducting the assessment
- Post-assessment/Action planning and moving forward

### ***One-on-One Training***

In order to fully support Kentucky's local public health departments, members of the "Unbridled for Excellence" team provided one-on-one training and consultation, as requested. This included a facilitator training conducted via conference calls, email communication to address various questions, and numerous phone calls.

### ***Training provided by the National Network of Public Health Institutes (NNPHI)***

In addition to the monthly conference calls, "Unbridled for Excellence" linked local health departments with NNPHI resources and encouraged them to participate on monthly national webinars that were being offered during the same timeframe as the team's project (November 2007 – March 2008). These webinars allowed Kentucky NPHPSP users to connect with national counterparts and covered topics such as:

- Becoming familiar with the instruments, assessing readiness to engage in the effort, identifying the types of leadership needed to sponsor and sustain the process
- Structuring and facilitating the process
- Participation: Who to get, how to get them, and how to keep them involved
- Coordinating a statewide implementation with panel of previous state coordinators from Florida, New Jersey and Colorado
- Entering data and using reports, including how to compare version 1 data with version 2 data
- Performance improvement: from data to action

### ***Graduate Level Students for Facilitation***

In collaboration with Dr. Douglas Scutchfield at the University of Kentucky, "Unbridled for Excellence" was able to connect a few local public health departments with students who were pursuing a Masters in Public Health in order for the students to go on-site and provide facilitation of the NPHPSP.

### ***Survey to Kentucky Users***

As a part of "Unbridled for Excellence's" wrap-up, the team has designed a survey and plans to send it to all participating local health departments in Kentucky, after they have uploaded their respective NPHPSP assessments.

## **RESULTS:**

1. Several health departments in Kentucky considered becoming involved in this initiative. By the end of January 2008, sixteen health departments expressed a strong interest in participating. Of the sixteen health departments that indicated they would perform the NPHPSP in their jurisdiction by the end of March 2008, five health departments in Kentucky are to complete the assessment during the timeframe allotted in this project. Of the remaining nine health departments, three are planning to do the assessment by the end of summer 2008; two health departments experienced the recent resignation of their public health director and are not positioned to move forward; and the rest have postponed the assessment until a later date.
2. In addition to the sixteen health departments that initially signed up to use the NPHPSP, a number of health departments in Kentucky expressed an interest in using the NPHPSP in their jurisdictions in the future.
3. The approach that the five health departments are taking in implementing the NPHPSP is to hold one-day retreat assessments in their communities. They have found this method to be the best manner in which to gather community leaders in order to maintain energy and focus for their efforts.
4. The participating health departments expressed appreciation for and value of the monthly conference calls, the facilitator's training, incentive funding and many resources that were provided.
5. Although "Unbridled for Excellence" was not able to achieve their goal of nineteen health departments as the minimum number of health departments to participate in the NPHPSP during their project's timeframe, its team members became very knowledgeable about the NPHPSP and are now capable of providing training and consultation to other local health departments not only in Kentucky, but in other states as well, thus increasing the capacity of their respective health departments.

## **CONCLUSIONS:**

The purpose of this Change Master Project is to raise awareness of the importance of continuous quality improvement in Kentucky's public health and to begin implementation of performance improvement through use of the National Public Health Performance Standards Program. Improving the quality of public health practice and the performance of public health systems is integral to the strengthening of public health as a whole. Using the NPHPSP at all levels of public health will increase their ability to assure that standards are fully met (as delineated in the ten Essential Public Health Services). It will adjust the focus of public health to include the much larger picture of all entities that contribute to the public's health. It will provide a beacon to assist public health in attaining the highest levels of performance and will support a process of continuous quality improvement in public health. In addition, utilizing the NPHPSP throughout Kentucky at all levels will improve communication and partnerships between the local level and state, as well as within its respective communities. Health departments moving into the MAPP strategic planning process (of which the NPHPSP is one of the

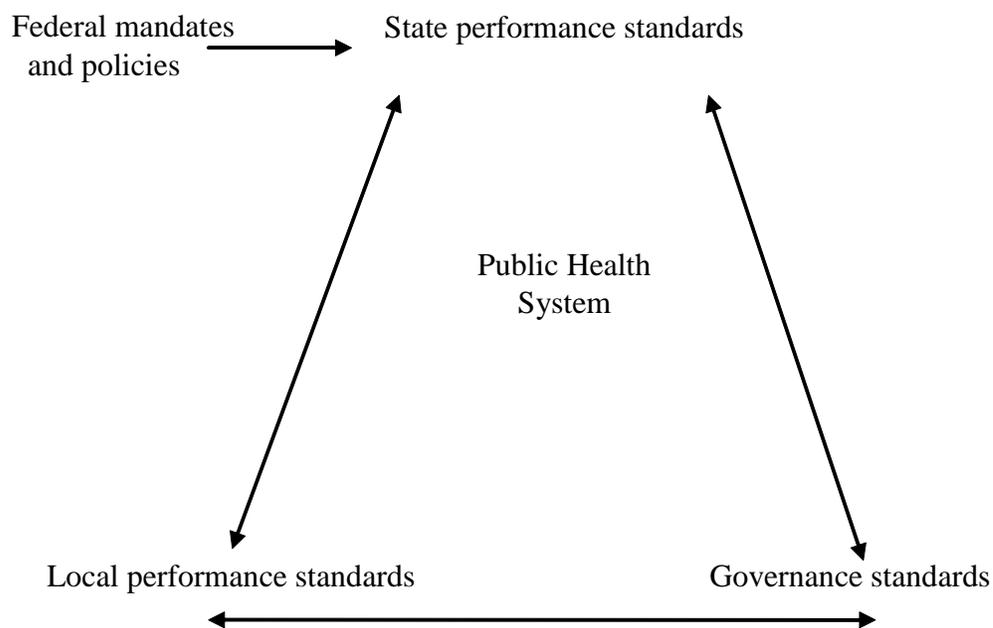
assessments) will find a benefit in obtaining amore comprehensive picture of the communities and resources. Finally, using the NPHPSP will strengthen public health’s governing bodies, educating board members about their roles and responsibilities as they guide public health activities in their jurisdictions.

The NPHPSP will also help public health become more pro-active in their response to public health issues and emergencies. According to *Public Health for the 21<sup>st</sup> Century: The Prepared Leader*<sup>14</sup>, there needs to be a connection between the performance standards of the local public health system and those performance standards of emergency preparedness and response. It is necessary for the emergency preparedness and response system to begin to build its programs on the core functions and essential public health services model, and use the same principles of NPHPSP performance standards--assessment, policy development and assurance.

Public health institutes have promoted the use of the NPHPSP and in some cases have been contracted to coordinate the NPHPSP implementation<sup>15</sup>. Institutes have also assisted state and local public health systems with quality improvement efforts once assessments have been implemented. As an example, the Maine Center for Public Health led the efforts for local health department system assessments.

CDC now reports that nearly half of the states in the country have committed to or completed a statewide implementation of the NPHPSP. Historically, however, there has been resistance among some in public health. Accountability has been viewed by some as an opportunity to be punished, rather than as an opportunity to recognize successes and to seize upon opportunities for growth. In addition, there are still some who see the provision of public health services as the sole responsibility of the public health department. Although there is still work to be done to educate people and to help others see the benefits of participation with the NPHPSP, many others are embracing the NPHPSP.

Finally, implementing the NPHPSP can be seen as foundational for the achievement of accreditation, as it weaves quality improvement into the provision of public health services, thus reaffirming the quote from the *Future of the Public’s Health in the 21<sup>st</sup> Century*, “The vision of *healthy people in healthy communities* can be achieved only if the governmental backbone of the public health system is strong”<sup>1</sup>.



**Figure 5: Building the Public Health System Through Collaboration**

## **LEADERSHIP DEVELOPMENT OPPORTUNITIES:**

### *Louise Kent*

I found my year as a scholar in the Kentucky Public Health Leadership Institute to be enriching, challenging and very worthwhile. I enjoyed the Summits where I was exposed to topics about leadership, learning organizations, personal growth through emotional intelligence and communication, to name a few. I especially enjoyed the discussions in large groups, within my team and one-on-one in which we examined various topics and sharpened our thinking abilities. I have been able to expand personal relationships with my public health colleagues throughout the state, and am indeed grateful for this opportunity. I am also grateful for the opportunity to dive deeper into the NPHPSP, to learn not only more about the tool itself, but also how to more effectively spread its use to health departments at the local level. My thanks goes to Cynthia Lamberth who, through her sessions, personal conversations with me and the books she encouraged us to read, compelled me to take an in-depth look at my strengths and areas for improvement. I also want to thank Georgia Heise, our team’s mentor, for her unwavering support and guidance and for all the efforts she put into helping our team move through our project.

### *Deb Muench*

This past year has been a challenge, but also a time of growth for me both personally and professionally. Little did I know at the beginning of our Change Master Project what our 3-member group was getting into. It was a huge undertaking; but it was one well worth it.

I truly do believe that continuous quality improvement of our public health system is the key to establishing a strong foundation of public health in its future; and I hope that the journey continues on from here. This KPHLI experience has broadened my overall knowledge of public health and also increased my self-awareness in the process. I also enjoyed meeting other professionals across the state and wished that we had even more chances to get together and grow as scholars.

*Chastity Smoot*

WOW! It has already been a year! I have enjoyed KPHLI. I feel I have learned a lot about myself. Through the 360 and Emotional Intelligence, I learned things about myself that I didn't realize I needed to work on. I also got to work with two very talented, dedicated and smart women. I have learned a lot from them. I feel very privileged to have gotten a chance to work with them on our Change Master Project. Through our Change Master Project I learned a lot about Public Health. I am very honored to have attended KPHLI.

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## APPENDIX 1

### POSITION STATEMENT

#### ACCOUNTABILITY

To ensure the prudent and faithful stewardship of public health funds, the Kentucky Health Departments Association (KHDA) advocates and supports the need for a strong and purposeful system of accountability. Increased efficiency, productivity and better health related outcomes are the natural results of the effective internal controls and well-stated, well-established, management standards that help assure and maintain accountability. Accountability is the method whereby the public trust is earned. It is this earned trust, which maintains the resources needed to protect the health of our Commonwealth.

The foundation for accountability within public health is in place. The mechanisms that improve the health of our communities and the responsible use of resources are included in the internal and external processes established within local health departments and by the Department for Health Services. Internal quality assurance programs provide operational tests. Assurances for standards of care are monitored through program reviews conducted by local and state departments. External financial audits, conducted and published yearly, guarantee public and private accountability for the fiscal management of all local health systems. Annual budgets linked to stated goals and objectives are reviewed, evaluated and approved at local and state levels. Financial management systems are based on generally accepted and proved accounting procedures and policies with intricate checks and balances.

The components of accountability, high standards of care and sound management practices are the principles to which local health departments aspire. A more equitable distribution and integration of accountability and the acknowledgment of equal ownership and responsibility at all levels of public health can result in the greater protection - and improved use - of public health funds.

The Kentucky Health Departments Association holds the position that the public health system of Kentucky will be made stronger through establishing an equal accountability partnership among local and state public health entities.

Economic and performance pressures provide compelling reasons for working together to effect clearly discernible health outcomes that are being monitored in both sectors. Collaborative relationships allow each sector to achieve goals more efficiently as well as more effectively. Mutual accountability is of utmost importance in achieving the responsible fiscal and administrative management of preventative health care recognized as needed to ensure the protection of the health and welfare of Kentucky citizens.

**Approved by membership January 15, 2002**

## APPENDIX 2

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### **Position Statement (2006-2007)**

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

The Kentucky Public Health Association supports the use of the National Public Health Performance Standards by the Kentucky Department for Public Health to assess the state public health system, local health departments to assess the local public health system and by local and district boards of health to assess the local health department.

The National Public Health Performance Standards (NPHPS) provide a common framework for measuring performance and defining the optimal level of public health practice. The NPHPS will provide public health practitioners with specific information on areas for improvement. In addition, the standards will provide objective data for guiding the development of health policy and provide information to decision-makers for effective resource management.

Initiated in 1998, the NPHPS is a collaborative effort of seven national public health organizations.<sup>1</sup> The standards are framed around the Essential Public Health Services that are the basis for the Kentucky Core Public Health Act (SB 199, 2004) and the “Operational Definition of a Functional Local Health Department.” Since the release of the standards in 2002, the assessments have been used in numerous states and localities. Field tests and validity studies were conducted by the University of Kentucky in 2001-02.<sup>2</sup> Additional statistical analysis using data from the initial versions of the local instrument confirmed statistical relationships with institutional characteristics of local public health systems such as population, agency staffing, spending levels and measures of population health status.<sup>3</sup> The NPHS are currently being updated to be current with optimal standards and simplified for easier administration.

The benefits of implementing public health performance standards include: improved accountability; better resource deployment; enhanced capacity building for community, state; widespread use of best practices; and greater focus on mission and goals. The NPHPS will prepare the state, LHDs and Boards of Health for a proposed national accreditation program based on the Essential Public Health Services. For these reasons, the Kentucky Public Health Association supports promoting the use of the National Public Health Performance Standards Program by the Kentucky Department for Public Health, local health departments and local and district Boards of Health in Kentucky.

#### **Approved by Board of Directors January 17, 2007**

<sup>1</sup>Centers for Disease Control and Prevention, 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, National Network of Public Health Institutes, and the Public Health Foundation.

<sup>2</sup>Beaulieu J, Scutchfield FD, Kelly AV. Content and criterion validity evaluation of National Public Health Performance

Standards measurement instruments. *Public Health Reports*. 2003 Nov-Dec;118(6):508-17.

<sup>3</sup>Mays GP, McHugh MC, Shim K, Lenaway D, Halverson PK, Moonesinghe R, Honore P. Getting what you pay for:

public health spending and the performance of essential public health services. *Journal of Public Health Management and Practice*. 2004 Sep-Oct;10(5):435-43.