PHC 6147
Performance Management

1. This segment focuses on performance management in public health.

2. The objectives are to describe performance standards in the National Public Health Performance Standards Program and then to review MAPP, which is a strategic approach to community health improvement.

3. The CDC promoted the development of innovative new public health products for state and local public health agencies to improve effectiveness. These include the National Public Health Performance Standards Program (NPHPSP) and MAPP (Mobilizing for Action through Planning and Partnerships). Further, the efforts lead to the development of accreditation of state, tribal and local public health agencies.

4. Public health organizations use performance measurement activities to track the work produced and results achieved through their internal and inter-organizational efforts. Increasingly, organizations rely on performance measurement activities both to achieve internal quality improvement goals and to demonstrate accountability to external stakeholders. Performance management is the active use of performance data in making management decisions.

5. Performance management includes the following components.
   - Performance standards to establish targets and goals to improve public health practice
   - Performance measures to assess achievement of such standards.
   - Reporting of progress to document progress in meeting standards and targets and then sharing information through feedback.
   - Quality improvement to establish a process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports

6. This presents the four components of the performance management framework in a graphic.

7. The definition performance measurement acknowledges critical dimensions of performance include capacities, processes and outcomes, similar to structure-process-outcome...

8. Capacities (or structure) refer to the resources and relationships necessary to carry out the important processes of public health. The capacity to perform is made possible by the maintenance of the basic infrastructure of the public health system, as well as specific program resources.

9. Processes refer to what is done to, for, with, or by defined individuals or groups to identify and address community or population health problems. The performance of key processes (such as monitoring health status) leads to the development of other processes or outputs. In public health practice, these outputs take the form of interventions (specifically, policies, programs, and services) that are intended to achieve important outcomes. The 10 Essential Public Health Services embody these key processes and outputs as the framework for public health practice.

10. Outcomes reflect immediate and long-term changes experienced by individuals and populations as a result of the processes. Measures of outcome reflect the magnitude and direction of the impact on health status, risk reduction, social functioning, or consumer satisfaction outcomes, always aimed toward reducing morbidity and mortality rates.

11. In 1994, the Core Public Health Functions Steering Committee which identified the 10 essential public health services. These are the services which translate the three core functions of assessment, assurance and policy development into the 10 essential services. Then, the next step was a cooperative agreement with public health associations to translate the 10 essential services into performance measures.

12. The National Public Health Performance Standards (NPHPS) program is a CDC-led partnership of
national public health organizations to improve public health systems through the development and application of local and state-based performance standards. The participating organizations are the National Association of City and County Health Officers, the Association of State and Territorial Health Officers, the National Association of Local Boards of Health, the Public Health Foundation, the American Public Health Association, and the National Network of Public Health Institutes.

13. Launched in 2002, the NPHPS are comprised of three performance self-assessment instruments: one for state public health systems, one for local public health systems and one for local governing bodies, such as local boards of health. The state and local performance standards are designed for voluntary use by system partners in state and local public health jurisdictions to assess strengths and weaknesses as part of performance improvement. The focus is on a public health system with participation from all members of the public health community. The standards have undergone validity studies and have been found to have face and content validity as a basis for measuring public health system performance. It is important to note these are framed as optimal standards based on the 10 essential public health services. They are a means to assess current public health performance and also set standards for improvement.

14. The NPHPS is based on the assumption that public health requires new forms of governance, and looks to public-private partners. It acknowledges that the government can no longer do it all or achieve what needs to be done by just simply issuing regulations. It must bring in all the other members of the local public health system, described as all entities that contribute to the delivery of public health services within the community.

15. The local health department is one of many players in a local public health system. Collaboration can take many forms, including informal collaboration, such as loosely structured agreements, and more formal contractual agreements that specify roles and performance expectations of participating agencies. Shared governance is a formalized decision-making process for engaging in and implementing collective practice. Each participating organization makes decisions about the partnerships they will engage in for the protection of the public health.

16. The CDC manual for the NPHPS notes that a major purpose is to improve the quality of public health performance by engaging and leveraging national, state and local partnerships to build a stronger foundation for public health preparedness. The use of the instrument is also aimed in part toward improving organizational and community communication and collaboration by bringing partners to the same table. This has often been cited as a primary benefit. Those who take the survey do a self-assessment using the community input and get reports back from NPHPS about their performance and how they compare with other local or state public health agencies.

17. For those interested in more information, this is the web link to the CDC’s NPHPS home page.

18. MAPP, or Mobilizing for Action through Planning and Partnerships, is an application using public health standards. It was launched in 2001 as is a communitywide strategic planning tool promoting broader community health improvement that link public and private community partners to specific performance expectations in addressing priority health needs in a community.

19. This provides an overview of MAPP. It is an action-oriented process that helps communities prioritize public-health issues, identify resources to address them, and take action. There are several steps in the process that include organizing and partnership development, visioning, four MAPP assessments, identifying strategic issues, formulating goals and strategies, and then taking Action. The four assessments are what make MAPP a unique tool. They provide both qualitative and quantitative data to let a community understand it ability to provide the 10 essential public health services.

20. These are the MAPP phases once again, provided as a list, which also identifies of each of the four MAPP assessments.

21. MAPP is based on strategic planning concepts and requires creative long-term strategic thinking. The process is community-driven, looking for participation from a broad range of individuals, groups, and constituencies within the community. Since the community drives the process, the process's credibility is ensured and creates sustainability overtime. The third key is the broad
definition of the local public health system, that it is more than just the local public health department.

22. Despite the development of MAPP AND NPHPS, problems continue. The voluntary nature of using the NPHPS has slowed adoption. Without financial or regulatory incentives, state and local health agencies, who are the natural leaders of these systems-oriented processes, have tended not to consider the use of the NPHPS as an urgent or compelling need. Although the NPHPS is incorporated into the MAPP process as the local public health systems assessment, MAPP is not in widespread local use. State NPHPS users have also struggled to develop strategic planning processes as vehicles for using NPHPS results. The lack of strategic planning capacity in public health agencies has been a barrier to effective quality improvement initiatives. These have improved over time with participation but are less than ideal.