



**WELCOME!**  
**NPHPSP User Teleconference**

**January 19, 2009**  
 Call in Information: 1-800-504-8071, code 8422006

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Please mute your line by pressing \*6



You can un-mute your line by pressing \*7

*Do not put your phone on hold.*

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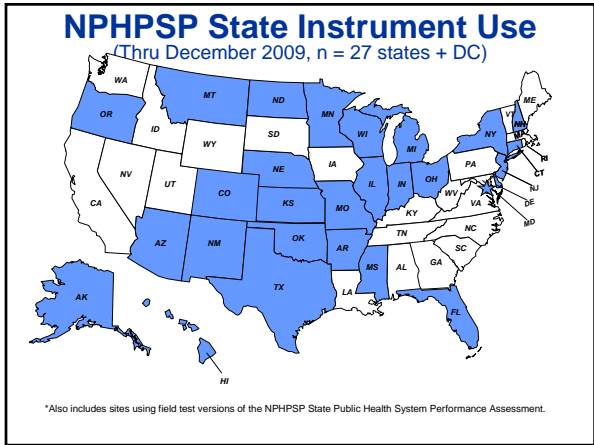
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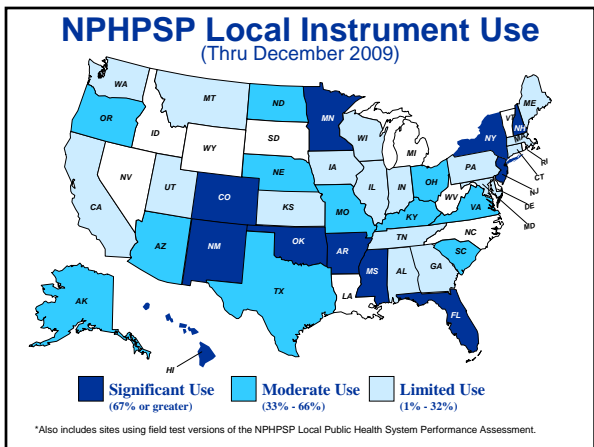
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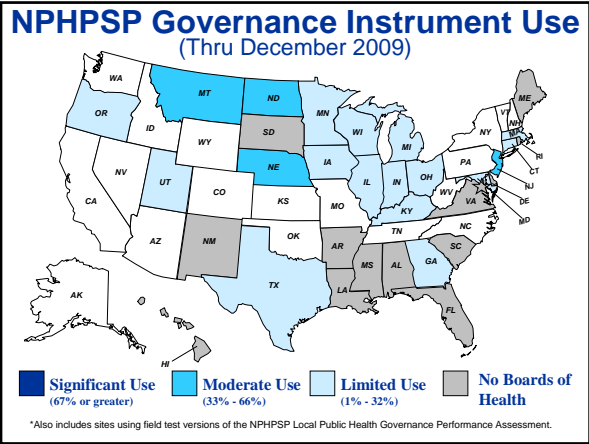
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### National Use of the NPHPSP Local Instrument

Findings from the 2005 & 2008 National Profiles of Local Health Departments

Julia Joh Elligers, MPH  
 Senior Analyst  
 NACCHO  
 January 19, 2010

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### Objective

To describe the characteristics of local health departments (LHDs) that use the NPHPSP local instrument

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### Data Sources

- NACCHO's 2005 & 2008 *National Profile of Local Health Departments Surveys*
- Comprehensive survey-based datasets on LHDs in the U.S.
- Includes information on topics such as services, finance, workforce, and organization.
- [www.naccho.org/profile](http://www.naccho.org/profile)



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### Profile Survey NPHPSP Question

Please indicate whether and how you have used any of the following tools in a community health assessment or health improvement plan in the past three years.

	Have not used	Used as a reference	Implemented in collaboration with other tools	Implemented independent of other tools
NPHPSP				



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### Referencing vs. Implementing NPHPSP

	Referenced NPHPSP	All LHDs	% Referenced NPHPSP
2005	251	1,942	12.9%
2008	229	2,160	10.6%
Change	-22	218	-2.3%

	Implemented NPHPSP	All LHDs	% Implemented NPHPSP
2005	169	1,942	8.7%
2008	142	2,160	6.6%
Change	-27	218	-2.1%



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### LHDs Use of NPHPSP in the Past 3 Years

	# NPHPSP Users	All LHDs <sup>1</sup>	% NPHPSP Users
2005	420	1,942	21.6%
2008	371	2,160	17.2%
Change	-49	218	-4.5%



<sup>1</sup>All LHDs=All LHDs who responded to related Profile question.

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### Potential Factors Associated with NPHPSP Use

- Jurisdiction Type
- Population Size
- Financial Capacity
- Staff Capacity



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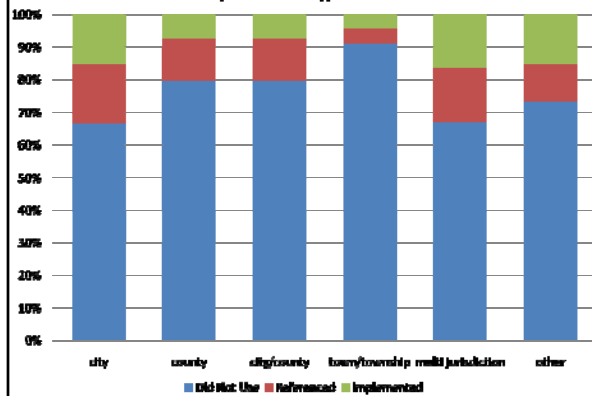
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**Percent of LHDs Implementing, Referencing, and Not Using NPHPSP by Jurisdiction Type in 2005**




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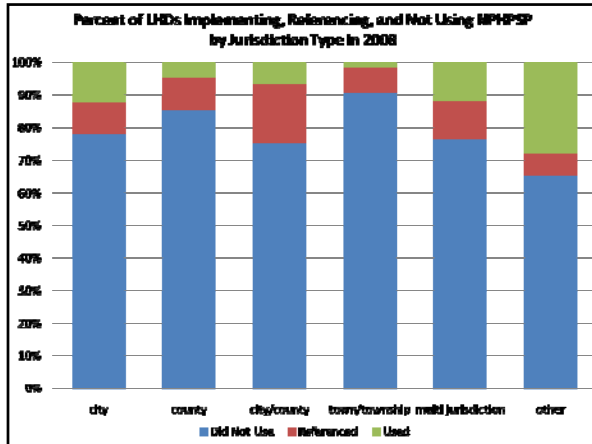
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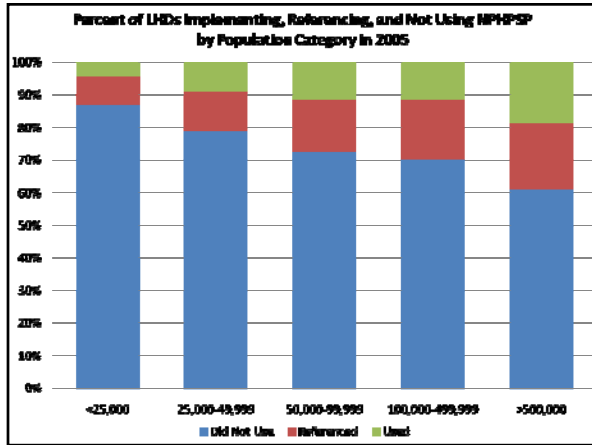
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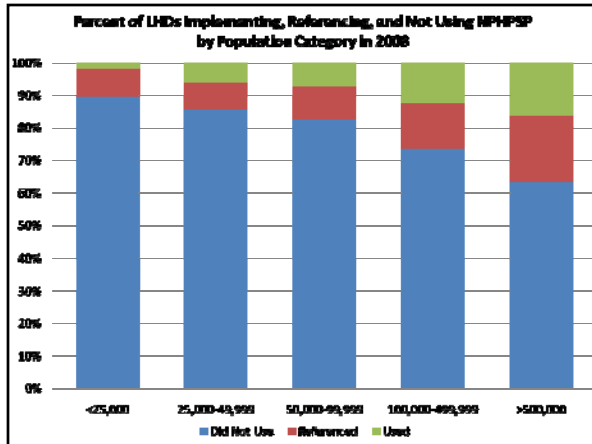
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## NPHPSP Use by Expenditures & FTE

Number of LHDs Using, Referencing, and Not Using NPHPSP by Median Per Capita Expenditures and Full Time Equivalents

	Did Not Use	Referenced	Implemented
Per Capita Expenditures in 2005	\$28.22	\$33.30	\$39.63
Per Capita Expenditures in 2008	\$36.50	\$34.20	\$34.94
Full Time Equivalents in 2005	13.00	26.90	36.94
Full Time Equivalents in 2008	17.00	22.75	47.03



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## Potential Factors Associated with NPHPSP Use

- **Jurisdiction Type:** More use among cities and multi-jurisdictions
- **Population Size:** More use among LHDs with larger population sizes
- **Financial Capacity:** Users had more per capita expenditures than non users (2005 only)
- **Staff Capacity:** Users had more FTEs than non users



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## Model

- **Logit model**
- **Dependent variable:** Probability of NPHPSP implementation (excludes LHDs that referenced).
- **Independent variables:** Jurisdiction type, population size, per capita expenditures, FTEs
- **Control variable:** State support



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## Things to Keep in Mind

### Strengths

- Describes the relative effect of influential factors, holding other variables constant

### Limitations

- Does NOT tell us *why* certain factors influence implementation.
- Does not reflect *quality* of assessment implementation



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	Odds Ratios		Interpretation Examples
	2005	2008	
<b>Jurisdiction Type (as compared to towns)</b>			
County	1.27	1.21	•The odds of NPHPSP use is 1.27 greater for county health departments than for town health departments, holding other variables constant.
City	4.13	3.14	
City-County	1.66	1.48	•The odds of NPHPSP use is 1.86 greater for LHDs with populations between 25,000-49,999 than for LHDs with populations less than 25,000, holding other variables constant.
Multi-Jurisdiction	3.12	2.69	
Other	2.48	6.46	
<b>Population Size (as compared to &lt;25,000)</b>			
25,000-49,999	1.86	3.04	•A \$1 increase in per capita expenditures increases the odds of NPHPSP implementation by 1.01, holding other variables constant. (i.e. no change in odds)
50,000-99,999	2.41	3.80	
100,000-499,999	2.63	6.91	
> 500000	5.03	8.52	
<b>LHD Capacity</b>			
Per Capita Expenditures	1.01	1.00	•State support increases the odds of implementation by a factor of 3.40, holding other variables constant.
FTEs	1.00	1.00	
<b>Controls</b>			
State Support	3.40	2.44	
With-in state effects	NA	NA	

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## NPHPSP Program Considerations

- Continued and more focused sensitivity to differences among LHDs with different jurisdictions and population sizes
- Continued technical assistance and resource support to LHDs concerned about financial and staffing limitations
- Further investigation into what these results could mean in light of accreditation



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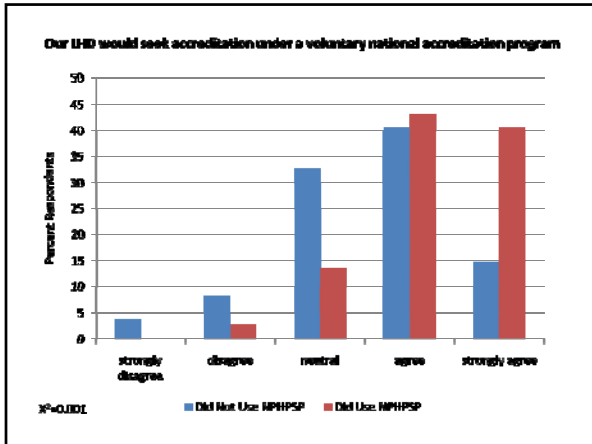
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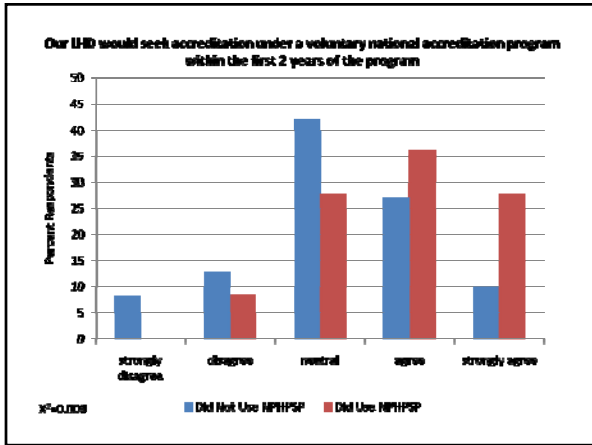
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**In Sum...**

- The odds of use is much greater for cities and multi-jurisdictions as compared to towns.
- The odds of use increases with population size.
- There is really no increase in odds of use with per capita expenditures and FTEs.
- As expected, state support increases odds of use.
- A greater percentage of NPHSP users indicated they would apply for accreditation than non-NPHSP users.
- Overall, results give us a national picture of performance standards use.

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### Questions for Your Consideration

- In reflecting on the results, what other types of research questions would you like answered?
- Why do you think the odds of NPHPSP use are greater in cities and multi-jurisdictions as compared to towns and townships?
- Why do you think the odds of NPHPSP use are greater among LHDs with larger population sizes?
- (Remember, FTEs and per capita expenditures were not statistically significant.)



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### References

- NACCHO's 2005 & 2008 *National Profile of Local Health Departments Surveys*, [www.naccho.org/profile](http://www.naccho.org/profile)
- NACCHO's NPHPSP Website, [www.naccho.org/topics/infrastructure/NPHPSP](http://www.naccho.org/topics/infrastructure/NPHPSP)
- NACCHO's MAPP LPHSA Resources, [www.naccho.org/mapp](http://www.naccho.org/mapp), select "Clearinghouse of Resources" and "Local Public Health System Assessment"
- CDC's NPHPSP Website, [www.cdc.gov/od/ocphp/nphpsp](http://www.cdc.gov/od/ocphp/nphpsp)



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### Contact Information

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## Results from ASTHO's State Public Health Survey

Jennifer Jimenez, MPH  
NPHPSP User Call  
January 19, 2010



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### Background

- Define the value of state public health
- Promote and preserve funding
- Promote work of state health officials and public health
- Explore the use of planning, performance management and quality improvement initiatives conducted by State Public Health Agencies



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### Background cont.

- Web-based survey
- September 2007 - December 2007
- Sent to 57 SPHA Senior Deputies
- Telephone and email follow-up
- Representatives from all 50 states and DC
- Response rate 89.5%
- No U.S. Territories responded



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## Survey Report and Key Findings

- Public Health Responsibilities
- Organization and Structure
- State Health Planning and Quality Improvement
- State Health Agency Workforce
- State Profiles



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## State Health Planning and Quality Improvement



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## SPHA Performance Management

### **76% had a Performance Management process**

- 16% (n=8) fully implemented department wide
- 30% (n=15) partially implemented department wide
- 10% (n=5) fully implemented specific programs
- 26% (n=13) partially implemented specific programs



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## SPHA Quality Improvement

**82% report a QI process in place**

- Only 10% (n=5) fully implemented department wide
- 29% (n=15) partially implemented department wide
- 22% (n=11) fully implemented for specific programs
- 33% (n=17) partially implemented for specific programs



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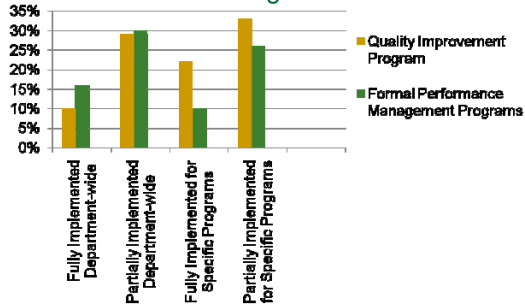
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## Quality Improvement and Performance Management



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## Planning by SPHAs

**80% of SPHAs had a State Health Improvement Plan**

- 23.5% completed the plan in the last three years
- 68% developed the plan using their state health assessment
- 59% of state plans linked to at least one local health improvement plan



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### Use of Planning and QI Tools

**About 86% of respondents use one/more of the major public health planning tools.**

- HP2010 used 68% statewide and 42% with other tools.
- **NPHPSP used 30% statewide and 30% with other tools.** (44% used as a reference)
- Turning Point tools used 20% statewide and 30% with other tools.
- Agency tools used 36% statewide and 24% with other tools.




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### Use of Performance Measures by Types of Practice Areas

**Clinical (83%)**

- MCH services
- STD services
- TB services
- Family Planning services

**Non-Clinical (56%)**

- Data and Info systems
- Financial systems
- Health status assessment
- Health facility regulation
- HR development
- Customer focus and satisfaction
- Management practices




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### Clinical Practice Areas

Clinical Practice Areas	Performance Measures n(%)	Performance Standards n (%)	Progress Reports n (%)	Quality Improvement n (%)
MCH	43 (86%)	34 (68%)	44 (88%)	31 (62%)
STD	43 (86%)	34 (68%)	42 (84%)	23 (46%)
TB	43 (86%)	35 (70%)	43 (86%)	26 (52%)
Family Planning	37 (74%)	32 (64%)	41 (82%)	31 (62%)




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## Non-Clinical Practice Areas

Non-Clinical Practice Areas	Performance Measures n (%)	Performance Standards n (%)	Progress Reports n (%)	Quality Improvement n (%)
Data & info systems	35 (70%)	29 (58%)	31 (62%)	21 (42%)
Financial systems	30 (60%)	25 (50%)	30 (60%)	17 (34%)
Health status assessment	27 (54%)	23 (46%)	35 (70%)	17 (34%)
Health facility regulation	33 (66%)	32 (64%)	33 (66%)	29 (58%)
Human resource development	32 (64%)	26 (52%)	33 (66%)	20 (40%)
Customer focus & satisfaction	14 (28%)	16 (32%)	16 (32%)	18 (36%)
Management practices	26 (52%)	20 (40%)	26 (52%)	19 (38%)




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## Summary

- 76% had a Performance Management process
- 82% report a QI process in place
- 80% of SPHAs had a State Health Improvement Plan
- About 86% of respondents use one/more of the major public health planning tools
- Performance measures used 83% of the time in clinical practice areas compared with 56% of the time in nonclinical areas




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## Study Limitations

- Only U.S. States responded
- Sample size
- Self report
- Construct validity




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## Next Steps for 2010 State Public Health Survey

### QI Module Changes

- Expansion of response options
- New questions
- Questions omitted



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For more information on...

ASTHO's work with NPHPSP or to view the *Profile of State Public Health*:

[www.astho.org](http://www.astho.org)

The NPHPSP tools and resources:

<http://www.cdc.gov/od/ocphp/nphpsp/>

*Journal of Public Health Management and Practice*  
2010, 16(1), 32-38



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Thank You!

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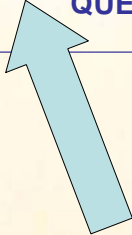
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**QUESTIONS?**

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Click on 'Q/A' above to type in your question.

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