

Partnering for Public Health Improvement: How State Health Departments and Public Health Institutes Collaborate to Assess System Performance

Partnerships between State Health Agencies and Public Health Institutes (PHIs) provide enhanced capacity and flexibility for assessing and improving the public health system. This article briefly describes how such partnerships in two states (Michigan and Illinois) stimulated improvements in the public health system using the National Public Health Performance Standards Program (NPHPSP).

The NPHPSP is a program of the Centers for Disease Control and Prevention, Office of State, Tribal, Local, and Territorial Support. It aims to improve the quality of public health practice and performance of public health systems by:

- Providing performance standards for public health systems,
- Improving quality and accountability of public health practice,
- Conducting systematic collection and analysis of performance data, and
- Developing a science-base for public health practice improvement.

In every state, the state health agency is the entity assuring all people receive essential public health prevention, protection, and wellness services. State health agencies assess all communities to determine areas of greatest need and deploy programs, personnel, and dollars to meet the health needs of all people in the state. They ensure that scarce public health resources are spent wisely and that evidence-based and innovative solutions to health challenges are implemented where they are needed. Additionally, state health agencies provide critical expertise and support to independent local public health departments, reaching vulnerable populations. In 27 states, the state health agency directly acts as the local public health department to some, if not all, communities.

Public Health Institutes (PHIs) work in partnership with state health agencies and local health departments in over 30 states to address current and emerging health issues. PHIs have competencies in areas such as population-based health program delivery; health policy; training and technical assistance; research and evaluation; health informatics and communications; fiscal/administrative management; and collaborative leadership. PHIs foster innovation in public health by leveraging resources and building partnerships with governmental agencies, communities, the health care delivery system, media, and academia.

In order to become a member of the National Network of Public Health Institutes (NNPHI), PHIs must demonstrate a partnership with governmental public health, either in governance or in programming. PHIs partner with state health agencies and local health departments through a variety of mechanisms, including designation as a bona fide agent for the agency, direct grants from the agency for the provision of services, and contracts that enable PHIs to serve as fiscal intermediaries. These mechanisms allow state health agencies and local health departments to preserve their authority and responsibilities -- while accomplishing efficient and effective work with trusted partners.

The following examples from Michigan and Illinois demonstrate how state health agencies and PHIs leverage relationships to improve the public health system.

Michigan

The Michigan Department of Community Health (MDCH) and Michigan Public Health Institute (MPHI) have collaborated on an ongoing basis since the 1990s, when MPHI was established through an act of the legislature. MPHI, a 501(c)(3) organization, has assisted MDCH with projects that span MPHI's service offerings, including health IT, research and evaluation, learning solutions, health and healthcare solutions, and planning and implementing change. Working with MPHI provides MDCH access to scientific and technical expert experts who are able to implement projects in an environment that promotes flexibility and efficiency.

One area of collaboration between MDCH and MPHI has been the performance standards and accreditation, in general, and the management of Michigan's local public health accreditation program, specifically. Several factors influenced Michigan's decision to use the NPHPSP state assessment instrument. In 2008 and 2009, MDCH staff attended the annual NPHPSP Training Workshop to gain an understanding of the performance standards program and how to use its results for system performance improvement. Also in 2009, Michigan included the completion of the NPHPSP state assessment in its Multi State Learning Collaborative (MLC) project workplan. MDCH and MPHI wanted to have a better understanding of their system's capacity and to prepare for accreditation through the Public Health Accreditation Board (PHAB), including the development of PHAB pre-requisites. Senior leadership at MDCH remained engaged throughout the process.

MPHI and the MDCH began preparing for the assessment in the summer of 2009 and held a two-day assessment retreat that October. MPHI facilitated the execution of the NPHPSP state assessment activities. MPHI facilitated the planning process, provided technical assistance, ensured regular communication among partners, developed timelines for the process, coordinated meetings and trainings, and disseminated information and materials. MDCH played an administrative role by supporting the concept of the assessment from the executive level, keeping its senior leadership regularly informed about the process, determining the format for the assessment, and identifying assessment group leaders.

While conducting the assessment was not without its challenges, MDCH and MPHI agreed that collaborating on the NPHPSP state assessment illustrated the efficacy of the partnership between MDCH and MPHI. As a result of the assessment, the Michigan public health system has a report that describes its strengths and weaknesses that will be used for state government planning purposes. The assessment results are also a resource for the incoming administration. The process also helped prepare MDCH for its participation in the PHAB beta test – which began immediately after the NPHPSP assessment.

Illinois

The Illinois Department of Public Health (IDPH) and Illinois Public Health Institute (IPHI) have had a long-standing collaborative relationship dating back to the late 1990s. IPHI began as an initiative to engage various key organizations within the Illinois public health system in a partnership effort to foster statewide improvements in public health. The partnership was led by IDPH and funded through the Robert Wood Johnson Foundation's Turning Point program. Over the years, the partnership sustained its work through various organizational constructs, including a loosely structured independent entity and its current status as an independent not-for-profit institute, working closely with IDPH and other system partners.

Over the years, the Illinois Public Health Institute has supported IDPH in several ways. With a grant from IDPH, IPHI provides training and technical assistance to local health departments to support their implementation of the Illinois Project for Local Assessment of Needs (IPLAN) – a community health assessment and planning process required for local health department certification by IDPH. IPHI works with IDPH on projects related to obesity prevention and health department accreditation. IPHI is also a bona fide agent for a CDC assessment initiative cooperative agreement to re-engineer the state's web-based data query system that serves local health departments and other partners.

Several factors led to Illinois' use of the NPHPSP state assessment instrument. One of the early priorities identified by the Turning Point partnership was the need for a state health improvement plan (SHIP). The partnership worked with the legislature to create a statutory requirement for a SHIP to be developed every four years, including a requirement that an assessment of the public health system be part of the process. To achieve the goals of the legislation, the SHIP process adapts the Mobilizing Action for Planning and Partnerships and thus includes the use of the NPHPSP instrument as one of the assessments that inform the plan. Illinois completed its first state assessment in 2005 for the 2006 SHIP. For the 2010 SHIP, Illinois repeated the NPHPSP assessment in 2009, becoming the first state to use the instrument twice.

For both assessments, IDPH contracted with IPHI to help with the planning and execution, including developing the invitation list, identifying speakers, managing meeting logistics, providing facilitation, and creating materials and the assessment report. IPHI used a similar process each time, adding an online orientation webinar for the second assessment. Following the development of the first SHIP, IPHI also helped monitor some of the identified priorities.

IPHI brought staff support as well as content and process expertise to the assessment process. IPHI helped assure the efficiency of the assessment planning process, simplifying invitations, structure of the meetings, and tangible outcomes such as establishing a set of priorities from the NPHPSP to help inform a robust SHIP. Also, as a convener of public health system stakeholders, IPHI has connections to an extensive network of system partners, allowing for a more robust and accurate assessment of the state public health system.

IDPH has identified many benefits resulting from its partnership with IPHI and engaging in the NPHPSP and SHIP. After the assessment, IDPH had a better understanding of the needs of system partners, including local health departments, and how reliant they are on IDPH. IDPH staff also had increased capacity to communicate with partners on a regular basis. System partners realized their importance to improving public health. Partnering on the NPHPSP and SHIP planning process drove system-wide collaborative support of common priorities, which has generated synergies and new initiatives. In response to the first SHIP, Illinois passed legislation to create a health data task force across multiple state agencies, sought and obtained a CDC Assessment Initiative collaborative agreement mandated additional components in hospital interpretation services plans, and require statewide obesity prevention hearings by public/private organizations. In 2010, the Illinois General Assembly passed legislation requiring an ongoing State Health Improvement Plan Implementation Coordination Council, which is expected to generate multiple initiatives from the 2010 SHIP that will benefit public health.

As indicated, PHIs can support state health agencies through various mechanisms including program management and evaluation, contributing staff support to projects, and legislative research and advocacy. Many other collaborative relationships similar to those of Illinois and Michigan exist and are advancing public health in states. With fiscal and staff resources continuing to decline, the need for public health system partnerships has never been more evident.

The National Public Health Performance Standards Program is supported by the CDC-OSTLTS with the partnership of six national public health organizations. See here for more information about the program: <http://www.cdc.gov/nphpsp/index.html>