Community Health Planning and National Public Health Performance Standards

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There is now a rare coincidence between recent planning among public health organizations to improve the capability and performance of health departments, and national planning for preparedness against bioterrorist events. The long neglected need to put real resources into our public health system and enable it to function at the state of the art achieved by the personal health system, may finally be an idea whose time has come. The death and destruction of September 11, 2001, and the subsequent spread of anthrax through the mail, may be a terrible price we pay in order to integrate public health into our way of thinking about our society, and establish the commitment to address better stewardship of health care resources in the interests of equity and social justice.

Building a better infrastructure for public health begins with strategic planning and coordination of resources. The greatest needs are in training of an expanded public health workforce and of all other personnel in healthcare and getting them to work together effectively. Surveillance must be improved with new capabilities to identify, monitor, and report health threats. Vaccines, medicines, and new technologies will be developed.

Along with new resources will come new accountability in their use, and public health has anticipated this through assessment of the performance of health departments against a core set of ten essential public health services. Over the past decade, studies of the performance of public health organizations have demonstrated their weakness in providing essential services. Using a set of twenty performance measures reflecting the essential services, a study of the nation's largest local health departments determined that they met only 64 percent of the measures.(1)

Last year, the Centers for Disease Control and Prevention (CDC) collected extensive data from three state health departments and 131 local health departments in those three states in order to assess their capacity to deliver these services. The state health departments performed at 40, 51, and 56 percent. The overall performance level of the local health departments in those states was 62, 55, and 53 percent.(2)

Studies have also addressed the issue from the perspective of the populations served by health departments, asking what percentage of the population is being served effectively as measured by these essential services. Two national studies concluded that only one-third of the nation's population was effectively served.(3)

National Public Health Performance Standards

In 1998, the CDC partnered with five other public health organizations to develop a set of performance standards reflecting best practices in public health with the aim of improving health department performance and making it accountable for its use of resources. The five other

organizations are the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), and the Public Health Foundation (PHF).

These standards also constitute the beginning of a set of accreditation standards, initially voluntary, that could be used to upgrade health departments. The model established by the JCAHO for accrediting health care organizations might be replicated by an independent organization, overseen by the CDC, that would carry out a similar process for public health. APHA is the lead agency in marketing this new program throughout the public health community, and to policy makers and stakeholders. Its implementation is anticipated to begin in the first quarter of 2002.

Healthy People 2010

The aims of this process are supported in the chapter on Public Health Infrastructure in Healthy People 2010, notably in the following two objectives:

- 23-11. Increase the proportion of State and local public healthagencies that meet national performance standards foressential public health services.
- 23-12. Increase the proportion of Tribes, States, and the Districtof Columbia that have a health improvement plan and increase the proportion of local jurisdictions that have a health improvement plan linked with their State plan.

Healthy People 2010 goes on to explain what will be required as follows:

- Planning is central to improving public health in any State or community. A health improvement plan (HIP) is a long-term, systematic effort to address health problems on the basis of the results of a community needs assessment. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.
- A HIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely wayÉ. State and local health departments have a leadership role in this process.(4)

Community Health Planning

An excellent model for producing a HIP through a process of community needs assessment is that offered by MAPP: Mobilizing for Action through Planning and Partnerships. Developed as an outgrowth of APEXPH by NACCHO and CDC, MAPP involves public health leadership in strategic planning for improving community health through a community- driven initiative. The process incorporates four assessments: (1) Community Themes and Strengths; (2) The Local Public Health System; (3) Community Health Status; (4) Forces of Change.

It is in these assessments, especially of the Local Public Health System, that community health

planning tools and methods are brought into public health to a greater extent than in previous practice, in order to determine the extent to which the ten essential public health services are being performed. Two of them bring this point home:

- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

Standards for local public health system assessment can be found in the National Public Health Performance Standards Program at www.phppo.cdc.gov/dphs/nphpsp.

Health planning has many potentially useful tools that can be brought to bear in assessing the local health system. For example, HEDIS Data can be used to identify preventable hospitalizations and the costs associated with them. Mortality data by neighborhood can be used as an indicator of the performance of hospitals. CAHPS Data can be used to judge the performance of Health Plans. And Ambulatory Care Sensitive (ACS) Conditions can be used as an indicator of lack of access to primary and preventive care.

ACS Conditions are diagnoses cited in hospital admissions that are considered preventable and/or manageable on an outpatient level for the general population aged 0 through 64 years. An index is created of up to a dozen such conditions including adult bronchitis/asthma, adult pneumonia, cellulitis, diabetes, congestive heart failure, kidney/urinary tract infection, respiratory infections/inflammations, renal failure/dialysis, pelvic inflammatory disease, chronic obstructive pulmonary disease, adult otitis media/upper respiratory infection, and hypertension. In addition, there is a Pediatric ACS Index comprised of hospital inpatient admissions (ages 0 to 4) for conditions that can be managed at the outpatient level for this age group: Pediatric bronchitis/asthma, pediatric pneumonias, pediatric otitis media/UPI, gastroenteritis/volume depletion, and convulsions.

Indexing neighborhoods identifies those that are underserved with respect to these conditions, which then become the subjects of research designed to uncover the reasons among such possibilities as the following:

- Inadequate number of primary care providers and/or unavailability of appropriate services;
- Health care resources that are not effectively coordinated and/or organized to meet community needs;
- A majority of the population either does not have insurance coverage or has inappropriate insurance coverage;
- Unfavorable community attitude toward seeking medical care or lack of understanding of how to use the system appropriately;
- Health care services that are not culturally sensitive to the community.

The ACS Conditions cited above are a combination of rapid onset conditions and chronic conditions. To these can be added immunization-preventable conditions such as measles. ACS rates are age- and sex- adjusted at the county level and compared with statewide norms.

Additional indicators may be selected and included in order to capture local risks such as drug abuse, trauma care and violence, and low birthweight and other abnormal infants.(5)

To assist in prioritizing neighborhoods according to need, a composite index may be created out of ACS indices, change in these indices (i.e., trends), special risk factors, and socioeconomic indicators such as Medicaid eligibles. All of these index factors can then be weighted to come up with a composite. Finally, each factor can be given a point score based on its weighting and its percentage above or below the regional average for each.

This brief discussion of how community health planners use ACS Conditions to identify and locate deficiencies in the local health care delivery system is but one illustration of what health planning has to offer to local health departments. Now that those health departments are being called upon to provide the leadership necessary to carry out community needs assessments and produce HIPs, health planners can contribute materially to the quality of those efforts, for we share a common vision: Empowering our communities to develop all the resources necessary to produce better health.

References

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(2) Centers for Disease Control and Prevention. Public Health's Infrastructure: A Status Report. CDC, 2000, p.12. Other studies have shown that health departments serving larger jurisdictions performed more of these types of services than smaller health departments, but that overall, local health departments were performing somewhere between 50 and 70 percent of the services deemed essential for protecting the public's health. Association of State and Territorial Health Officials. Study of State Health Official Turnover. 1997.

(3) Turnock BJ, Handler AS, Hall W, Potsic S, Nalluri R, Vaught EH. Local Health Department

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(4) U. S. Department of Health and Human Services. Healthy People 2010. 2nd ed. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000, pp 23-15,16,17.

(5) Indicators are represented in GIS format, using the Pandora database program developed by the Codman Research Group, Inc. The maps alternatively offer graphic representations of indicators at the county, hospital market area, and zip code level.