

NPHPSP Reporting System Version 2 - Website Screen Shots

NPHPSP Reporting System – Main Screen

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National Public Health Performance Standards Program

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Welcome to the National Public Health Performance Standards Program (NPHPSP) data reporting page. This site allows users of the NPHPSP instruments to request user IDs, input data from their current performance assessment, and retrieve reports from both current and past assessments.

If you are new to the NPHPSP or are considering using the instrument for your public health system or board of health please visit the [Centers for Disease Control and Prevention \(CDC\) NPHPSP website](#) for more information or use the contact links at left.

To enter or access performance data, you must have a User ID and password to log into this system. When registering for a new User ID, select "Local" as your User Type if you are completing the Local Public Health System Instrument, select "State" if you are completing the State Public Health System Instrument, and select "Governance" if you are completing the Local Public Health Governance Instrument. Every single jurisdiction or Board is assigned to a unique User ID.

If you are submitting data on behalf of a jurisdiction or Board that completed the NPHPSP assessment, please fill out the associated name of the jurisdiction or Board, mailing address, and contact information in the new User ID request form below. Need to register for bulk or multiple User IDs? Contact the NPHPSP Data System Support at (202) 218-4411 or nphpsp-support@phf.org for assistance.

Please note that this website functions best using the latest version of Internet Explorer.

Register for a New User ID

Name of Jurisdiction (health department/Board)
Address
City:
State:
ZipCode:
County/Countries:
Tribal Organization: Yes No
User Type:
Does this jurisdiction have a previous ID?
Yes No Provide If Known:

Main Contact for the NPHPSP Assessment (health department/Board contact):

First Name:
Last Name:
E-mail:
Phone (ex: 000-000-0000):
Will the main contact also be entering data into the system?
Yes No
If "No" please provide information below
First Name:
Last Name:
E-mail:

Login

User ID:
Password:
 [Forgot Password?](#)

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Finding Tools and Resources for Performance Improvement After you have your reports and data, what are your next steps? The resources listed below can help keep your momentum going! You can turn to them immediately, or after you have selected a specific EPHS, standard, or other areas for improvement. You can also mine these resources before you decide on your final priorities.

Start finding the information you need to improve! Search the NPHPSP Online Resource Center for State, Local, and Governance resources. This powerful database lets you search by model standard, essential public health service, and keyword.

National Public Health Performance Standards Program
online resource center

In addition to the NPHPSP Online Resource Center's searchable database, here are some resources to get you started:

1. Check out the [Post-Assessment Toolkit](#) on the CDC web site, complete with sample follow-up letters, improvement plans, priority setting guides, and other links.
2. See what the User Guide says about "[After We Complete the Assessment, What Next?](#)"
 - Organize Participation for Performance Improvement
 - Prioritize Areas for Action
 - Explore "Root Causes" of Performance
 - Develop and Implement Improvement Plans
 - Regularly Monitor and Report Progress
3. Get to action and outcomes using NACCHO's [Mobilizing for Action through Planning and Partnership \(MAPP\)](#) tool. MAPP provides a community-based process for using NPHPSP assessment results in identifying areas for improvement and action planning.
4. Join the NPHPSP "User Calls," held the 3rd Tuesday of every month at 2 PM Eastern. Hear what others are doing, get inspired, and ask for advice. To receive notices of the calls, contact the [National Network of Public Health Institutes](#). Registration is free.

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NPHPSP Reporting System – Help Page


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For assistance with User IDs, entering assessment data, reports, or problems with the reporting system web site, contact the Public Health Foundation (PHF) at (202) 218-4411 or nphpsp-support@phf.org.

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NPHPSP Reporting System – Frequently Asked Questions Guidance

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**Version 2 Data Entry and Report Generation
Frequently Asked Questions**

The Frequently Asked Questions (FAQs) are separated into four sections: User ID and Password, Individual versus Bulk ID request, Entering and Submitting Data, and Report Generation.

I. User ID and Password

1. How do I get a User ID?

Visit the NPHPSP data reporting home page at www.nphpsp-results.org. On this website, you can register for a new User ID, log in to enter data and download a report.

2. What information do I need to register for a new User ID?

The following fields are required: name of jurisdiction or board, work address, city, state, zip code, tribal organization (yes or no), user type (local, state or governance), previous User ID (yes or no), main contact for the NPHPSP assessment, and password (minimum of 6 characters). We recommend choosing a non-personal password that isn't linked to personal accounts.

3. Do I need to enter information for an alternate contact?

No. The inclusion of an alternate contact is optional, but is encouraged and may be needed under certain circumstances. For example, many sites may be interested in including both the health official (or other senior management representative) and a staff person who might be responsible for data entry. Alternatively, an alternate contact may be needed if data entry is contracted out to a third party or one person is coordinating data entry for multiple jurisdictions. Both the main and alternate contacts receive an email with the User ID and password.

4. I completed the Version 1 assessment. Can I use my last User ID and password to complete the Version 2 assessment?

No, please register for a new User ID. On the User ID registration form, you have the option of providing your Version 1 User ID, which will facilitate linking Version 1 and Version 2 reports once that feature is available.

5. I completed the Version 2 assessment two years ago and would like to complete it again. Should I register for a new User ID?

No, you can complete more than one assessment associated with the same User ID. After logging in to the NPHPSP data reporting home page, click on the "Report Center" link in the top navigation bar. On the Report Center page, click on the "Reference Manager" link in the left navigation bar. This will migrate your reports and data to the Report Center History page and clear out the Report Center History Page. From the Report Center History Page, accessible through the Report Center page, you can view active and closed instruments reports and data.


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For questions about the program, instruments, resources, training requests, or other non-technical issues, contact the Centers for Disease Control and Prevention (CDC).
NPHPSP Website with FAQs: <http://www.cdc.gov/od/ocph/nphpsp/PDF/FAQ.pdf>
Phone: (800) 747-7649
E-mail: nphpsp@cdc.gov

For assistance with User IDs, entering assessment data, reports, or problems with the reporting system web site, contact the Public Health Foundation (PHF) at (202) 218-4411 or nphpsp-support@phf.org.

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NPHPSP Reporting System – New User ID Registration and User Log-In

The screenshot displays the NPHPSP Reporting System interface. At the top left is the NPHPSP logo with the text "National Public Health Performance Standards Program". Below the logo is a navigation menu with items: Home Page, Partner Links (with sub-links for APHA, ASTHO, CDC, IACCHO, NALBOH, NNPHI, and PHF), Next Steps, Help, FAQs, and Contact Us. The main content area contains a welcome message and instructions for new users. A registration form titled "Register for a New User ID" includes fields for Name of Jurisdiction, Address, City, State (a dropdown menu), Zip Code, County/Countries, Tribal Organization (Yes/No radio buttons), User Type (a dropdown menu), and a question about previous IDs. A login section on the right has fields for User ID (containing "DC0001") and Password (masked with dots), with "Login" and "Forgot Password?" buttons. A "Main Contact" section at the bottom has fields for First Name, Last Name, E-mail, and Phone. The browser's address bar at the bottom shows "Internet" and a zoom level of "100%".

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Register for a New User ID


Name of Jurisdiction (health department/Board)
Address
City:
State:
Zip Code:
County/Countries:
Tribal Organization: Yes No
User Type:
Does this jurisdiction have a previous ID?
Yes No Provide if Known:


Main Contact for the NPHPSP Assessment (health department/Board contact):

First Name:
Last Name:
E-mail:
Phone (ex: 000-000-0000):
Will the main contact also be entering data into the system?
Yes No
If "No" please provide information below
First Name:
Last Name:
E-mail:

Login

User ID:
Password:
 [Forgot Password?](#)

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NPHPSP Reporting System – Welcome User Page after Secure Log-in

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Welcome to the NPHPSP Survey and Reporting Center


Use the menu on the left to complete the following instruments:

- **Performance Assessment** – the updated "Version 2" of the NPHPSP assessment instrument for public health systems.
- **Respondent Information Form** – a short survey that all sites must complete to provide basic demographic information about the jurisdiction, public health agency, participants in the assessment process and other basic data.
- **Priority of Model Standards [optional]** – a supplemental and optional questionnaire that asks about the "priority" of addressing each model standard. Those that complete these questions get an additional component to their reports, which rank their scores in relation to how they have prioritized standards. This new component is intended to strengthen and better catalyze the performance improvement activities that should occur as a result of the assessment process. Those that complete these questions get an additional component to their reports.
- **Agency Contribution [optional]** – a supplemental and optional questionnaire that asks about the public health agency contribution to each model standard. Those that complete these questions get an additional component to their reports.

The Report Center:

The Report Center gives you access to your partial/complete reports based on the data entered in the questionnaires. It also gives you access for you to download raw data and have access to previous years' reports.

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NPHPSP Reporting System – Performance Assessment Questionnaire Page

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Performance Assessment Questionnaire:

<p>1. Monitor Health Status To Identify Community Health Problems</p> <ul style="list-style-type: none"> 1.1 Planning and Implementation 1.2 State-Local Relationships 1.3 Performance Management and Quality Improvement 1.4 Public Health Capacity and Resources 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
<p>2. Diagnose And Investigate Health Problems and Health Hazards</p> <ul style="list-style-type: none"> 2.1 Planning and Implementation 2.2 State-Local Relationships 2.3 Performance Management and Quality Improvement 2.4 Public Health Capacity and Resources 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
<p>3. Inform, Educate, And Empower People about Health Issues</p> <ul style="list-style-type: none"> 3.1 Planning and Implementation 3.2 State-Local Relationships 3.3 Performance Management and Quality Improvement 3.4 Public Health Capacity and Resources 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
<p>4. Mobilize Community Partnerships to Identify and Solve Health Problems</p> <ul style="list-style-type: none"> 4.1 Planning and Implementation 4.2 State-Local Relationships 4.3 Performance Management and Quality Improvement 4.4 Public Health Capacity and Resources 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
<p>5. Develop Policies and Plans that Support Individual and Community Health Efforts</p> <ul style="list-style-type: none"> 5.1 Planning and Implementation 5.2 State-Local Relationships 5.3 Performance Management and Quality Improvement 5.4 Public Health Capacity and Resources 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
<p>6. Enforce Laws and Regulations that Protect Health and Ensure Safety</p> <ul style="list-style-type: none"> 6.1 Planning and Implementation 6.2 State-Local Relationships 6.3 Performance Management and Quality Improvement 6.4 Public Health Capacity and Resources 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
<p>7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</p> <ul style="list-style-type: none"> 7.1 Planning and Implementation 	<p>Completed</p>

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NPHPSP Reporting System – Performance Assessment Questionnaire Detail Page


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Performance Assessment Questionnaire Details:

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Enter assessment notes for this standard (optional)


Everyone has different roles in collecting data; District does not use a systematic approach for collection of data; Different agencies utilize different methods to obtain data.

1.1.1 Does the SPHS use surveillance and monitoring programs designed to measure the health status of the states population?	<input type="radio"/> NO <input type="radio"/> MIN <input checked="" type="radio"/> MOD <input type="radio"/> SIG <input type="radio"/> OPT
1.1.1.1 Do these programs Identify data required for monitoring health status?	<input type="radio"/> NO <input type="radio"/> MIN <input type="radio"/> MOD <input type="radio"/> SIG <input checked="" type="radio"/> OPT
1.1.1.2 Do these programs Identify the methods for data collection and storage?	<input type="radio"/> NO <input type="radio"/> MIN <input type="radio"/> MOD <input type="radio"/> SIG <input checked="" type="radio"/> OPT
1.1.1.3 Do these programs Identify the roles of state and local governmental agencies and relevant non-governmental agencies in the collection of health data?	<input type="radio"/> NO <input type="radio"/> MIN <input type="radio"/> MOD <input checked="" type="radio"/> SIG <input type="radio"/> OPT
1.1.1.4 Do these programs Facilitate access to health-related data for state and local partners, researchers and other interested groups?	<input type="radio"/> NO <input type="radio"/> MIN <input checked="" type="radio"/> MOD <input type="radio"/> SIG <input type="radio"/> OPT
1.1.2 Does the SPHS regularly compile and provide health data in useable products to a variety of health data users?	<input type="radio"/> NO <input type="radio"/> MIN <input type="radio"/> MOD <input type="radio"/> SIG <input checked="" type="radio"/> OPT
1.1.2.1 Do these state data products use National health objectives, such as Healthy People objectives?	<input type="radio"/> NO <input type="radio"/> MIN <input type="radio"/> MOD <input type="radio"/> SIG <input checked="" type="radio"/> OPT
1.1.2.2 Do these state data products use Linked data from diverse sources, (e.g., universities, hospitals, managed care organizations, and health departments)?	<input type="radio"/> NO <input checked="" type="radio"/> MIN <input type="radio"/> MOD <input type="radio"/> SIG <input type="radio"/> OPT
1.1.2.3 Do these state data products use Geo-coded data for geographic analysis?	<input type="radio"/> NO <input type="radio"/> MIN <input checked="" type="radio"/> MOD <input type="radio"/> SIG <input type="radio"/> OPT
1.1.2.4 Do these state data products use Population health registries (e.g., cancer incidence, birth defects)?	<input type="radio"/> NO <input type="radio"/> MIN <input type="radio"/> MOD <input checked="" type="radio"/> SIG <input type="radio"/> OPT
1.1.2.5 Do these state data products use A uniform set of health indicators to describe the health of the states population?	<input checked="" type="radio"/> NO <input type="radio"/> MIN <input type="radio"/> MOD <input type="radio"/> SIG <input type="radio"/> OPT
1.1.2.6 Do these state data products use A web-based data query system?	<input checked="" type="radio"/> NO <input type="radio"/> MIN <input type="radio"/> MOD <input type="radio"/> SIG <input type="radio"/> OPT
1.1.2.7 Do these state data products use Data reporting capability that allows electronic data exchange?	<input type="radio"/> NO <input type="radio"/> MIN <input checked="" type="radio"/> MOD <input type="radio"/> SIG <input type="radio"/> OPT

[Enter discussion Toolbox data \(optional\)](#)

1.1.3 Does the SPHS publish or disseminate health-related data into one or more documents that collectively describe the prevailing health of

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Demographic Information

Name of State Public Health Agency:

Mailing Address:

City:

State:

ZipCode:

Phone (ex: 000-000-0000):

Fax (ex: 000-000-0000):

Email:

Agency Website URL:

Name of State Health Official:

Main Contact Information (health department contact):

First Name:

Last Name:

Phone (ex: 000-000-0000):

E-mail:

Alternate Contact Information:

First Name:

Last Name:

Phone (ex: 000-000-0000):

E-mail:


1. What Is The Current Population Of Your State?

A. Population (Please enter a single number. [Find data from the U.S. Census Bureau](#)):

B. Year Of Population Estimate:


2. How Many People Are Employed By Your State Public Health Agency? Total FTEs:

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NPHPSP Reporting System – Priority of Model Standards (Optional Questionnaire) Page

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Priority of Model Standards Questionnaire:

1. Monitor Health Status To Identify Community Health Problems

P 1.1 On a scale of 1 to 10, what is the priority of this model standard - Planning and Implementation around Essential Service 1 - to our state public health system?

P 1.2 On a scale of 1 to 10, what is the priority of this model standard - State-Local Relationships around Essential Service 1 - to our state public health system?

P 1.3 On a scale of 1 to 10, what is the priority of this model standard - Performance Management and Quality Improvement - around Essential Service 1 to our state public health system?

P 1.4 On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources - around Essential Service 1 to our state public health system?

2. Diagnose And Investigate Health Problems and Health Hazards

P 2.1 On a scale of 1 to 10, what is the priority of this model standard - Planning and Implementation - around Essential Service 2 to our state public health system?

P 2.2 On a scale of 1 to 10, what is the priority of this model standard - State-Local Relationships - around Essential Service 2 to our state public health system?

P 2.3 On a scale of 1 to 10, what is the priority of this model standard - Performance Management and Quality Improvement - around Essential Service 2 to our state public health system?

P 2.4 On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources - around Essential Service 2 to our state public health system?

3. Inform, Educate, And Empower People about Health Issues

P 3.1 On a scale of 1 to 10, what is the priority of this model standard - Planning and Implementation - around Essential Service 3 to our state public health system?

P 3.2 On a scale of 1 to 10, what is the priority of this model standard - State-Local Relationships - around Essential Service 3 to our state public health system?

P 3.3 On a scale of 1 to 10, what is the priority of this model standard - Performance Management and Quality Improvement - around Essential Service 3 to our state public health system?

P 3.4 On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources - around Essential Service 3 to our state public health system?

4. Mobilize Community Partnerships to Identify and Solve Health Problems

P 4.1 On a scale of 1 to 10, what is the priority of this model standard - Planning and Implementation - around Essential Service 4 to our state public health system?

P 4.2 On a scale of 1 to 10, what is the priority of this model standard - State-Local Relationships - around Essential Service 4 to our state public health system?

P 4.3 On a scale of 1 to 10, what is the priority of this model standard - Performance Management and Quality Improvement - around Essential Service 4 to our state public health system?

P 4.4 On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources - around Essential Service 4 to our state public health system?

5. Develop Policies and Plans that Support Individual and Community Health Efforts

P 5.1 On a scale of 1 to 10, what is the priority of this model standard - Planning and Implementation - around Essential Service 5 to our state public health system?

P 5.2 On a scale of 1 to 10, what is the priority of this model standard - State-Local Relationships - around Essential Service 5 to our state public health system?

P 5.3 On a scale of 1 to 10, what is the priority of this model standard - Performance Management and Quality Improvement - around Essential Service 5 to our state public health system?

P 5.4 On a scale of 1 to 10, what is the priority of this model standard - Public Health Capacity and Resources - around Essential Service 5 to our state public health system?

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Logos:

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NPHSP Reporting System – Agency Contribution (Optional Questionnaire) Page


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Centers for Disease Control and Prevention

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Agency Contribution Questionnaire:

1. Monitor Health Status To Identify Community Health Problems

A 1.1 How much of this model standard - Planning and Implementation around Essential Service 1 - is achieved through the direct contribution of the state public health agency? 51-75% ▾

A 1.2 How much of this model standard - State-Local Relationships around Essential Service 1 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

A 1.3 How much of this model standard - Performance Management and Quality Improvement around Essential Service 1 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

A 1.4 How much of this model standard - Public Health Capacity and Resources around Essential Service 1 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

2. Diagnose And Investigate Health Problems and Health Hazards

A 2.1 How much of this model standard - Planning and Implementation around Essential Service 2 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

A 2.2 How much of this model standard - State-Local Relationships around Essential Service 2 - is achieved through the direct contribution of the state public health agency? 51-75% ▾

A 2.3 How much of this model standard - Performance Management and Quality Improvement around Essential Service 2 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

A 2.4 How much of this model standard - Public Health Capacity and Resources around Essential Service 2 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

3. Inform, Educate, And Empower People about Health Issues

A 3.1 How much of this model standard - Planning and Implementation around Essential Service 3 - is achieved through the direct contribution of the state public health agency? 51-75% ▾

A 3.2 How much of this model standard - State-Local Relationships around Essential Service 3 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

A 3.3 How much of this model standard - Performance Management and Quality Improvement around Essential Service 3 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

A 3.4 How much of this model standard - Public Health Capacity and Resources around Essential Service 3 - is achieved through the direct contribution of the state public health agency? 51-75% ▾

4. Mobilize Community Partnerships to Identify and Solve Health Problems

A 4.1 How much of this model standard - Planning and Implementation around Essential Service 4 - is achieved through the direct contribution of the state public health agency? 51-75% ▾

A 4.2 How much of this model standard - State-Local Relationships around Essential Service 4 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

A 4.3 How much of this model standard - Performance Management and Quality Improvement around Essential Service 4 - is achieved through the direct contribution of the state public health agency? 0-25% ▾

A 4.4 How much of this model standard - Public Health Capacity and Resources around Essential Service 4 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

5. Develop Policies and Plans that Support Individual and Community Health Efforts

A 5.1 How much of this model standard - Planning and Implementation around Essential Service 5 - is achieved through the direct contribution of the state public health agency? 26-50% ▾

Done
Internet
100%

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Report Center

Your Report

You must complete and submit the Performance Assessment Questionnaire and the Respondent Information Form in order to have access to a full report. Once data is submitted, you will not be able to change your responses. If desired, you may generate a partial report based on performance assessment data entered to date. All partial reports will be marked as "Incomplete." Data from optional modules will be included in Final Reports only. If you choose to complete an optional module at a later date, you may re-generate your report with the optional section.

The "name to use on Report" text box next to the generate report button contains the name of your jurisdiction (health department) or Board that you submitted with your User ID registration or that you modified in the Respondent Information Form. When you generate the report, this text will appear on your report cover and on the header of each page of the report. You may modify the name field by entering in a different name into the text box below.

Performance Assessment Questionnaire Submitted
Respondent Information Form Submitted
Priority of Model Standards Questionnaire Submitted
Agency Contribution Questionnaire Submitted

Name to use on Report
District of Columbia

Note:The report may take several seconds to download, depending on your internet connection speed.

Raw Data
[Performance Assessment Data](#)
[Priority of Model Standards Data](#)
[Agency Contribution Data](#)
[Discussion Toolbox Data](#)
[Assessment Notes Data](#)

Close Instrument

Select "Close Instrument" when you are ready to start a new instrument associated with the same jurisdiction or board. If you would like to submit data for a different jurisdiction or board, you must register for a new User ID. Once an instrument is closed, you will not be able to modify any questionnaire forms included with the previous instrument that haven't already been submitted. You can view closed reports and raw data in the "Report Center History" page.

Report Center History

NPHPSP Coordinated by:
 CENTERS FOR DISEASE CONTROL AND PREVENTION

Data System Managed by:
 Public Health Foundation

Internet 100%

NPHPSP Reporting System – Report of Results Download

The screenshot displays the NPHPSP Reporting System interface. At the top left is the NPHPSP logo (National Public Health Performance Standards Program). The top right corner indicates the user is logged in as DC0001 with a [LOGOUT](#) link. A sidebar on the left contains navigation links: Home Page, Questionnaires (Performance Assessment, Respondent Information Form, Priority of Model Standards, Agency Contribution), Report Center, Partner Links (APHA, ASTHO, CDC, NAACCHO, NALBOH, NNPHI, PHF), Next Steps, Help, FAQs, and Contact Us. Below the sidebar are logos for CDC (Centers for Disease Control and Prevention) and PHF (Public Health Foundation).

The main content area is titled "Report Center" and "Your Report". It contains instructions: "You must complete and submit the Performance Assessment Questionnaire and the Respondent Information Form in order to have access to a full report. Once data is submitted, you will not be able to change your responses. If desired, you may generate a partial report based on performance assessment data entered to date. All partial reports will be marked as 'Incomplete.' Data from optional modules will be included in Final Reports only. If you choose to complete an optional module at a later date, you may re-generate your report with the optional section." Below this, it explains the "Name to use on Report" field, which currently contains "District of Columbia".

A "File Download" dialog box is overlaid on the page, showing the following information:

- Name: DC0001_ReportOfResults_622010.doc
- Type: Microsoft Word Document, 151KB
- From: nphpspreports.nphpsp-results.org

 The dialog has "Open", "Save", and "Cancel" buttons. A checkbox "Always ask before opening this type of file" is checked. A warning icon and text at the bottom of the dialog state: "While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?"

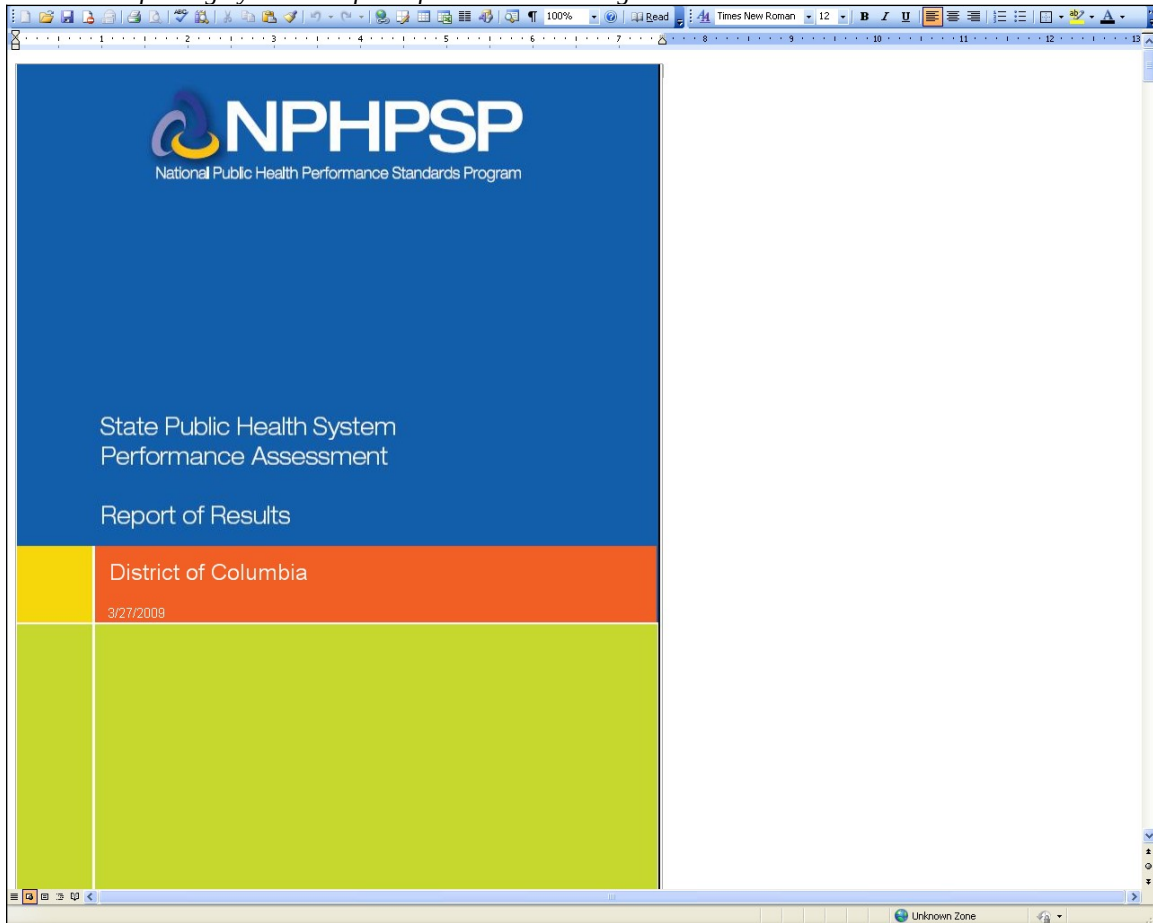
Below the dialog, the "Raw Data" section lists links for:

- [Performance Assessment Data](#)
- [Priority of Model Standards Data](#)
- [Agency Contribution Data](#)
- [Discussion Toolbox Data](#)
- [Assessment Notes Data](#)

The "Close Instrument" section explains that selecting "Close Instrument" starts a new instrument and prevents further modifications to the current one. A "Close Instrument" button is visible below this text.

At the bottom, the "Report Center History" section is partially visible. The browser's status bar at the very bottom shows the URL: "Start downloading from site: http://nphpspreports.nphpsp-results.org/ReportOfResultsState.aspx?Status=&Title=District%20of%20Co".

NPHPSP Reporting System – Report of Results Cover Page



NPHPSP Reporting System – Report of Results Tables & Figures

State Public Health System Performance Assessment - Report of Results
 District of Columbia
 3/27/2009

NPHPSP

Figure 2: Rank ordered performance scores for each Essential Service

Essential Service	Performance Score
8. Assure Workforce	34%
10. Research/Innovations	35%
9. Evaluate Services	36%
1. Monitor Health Status	43%
4. Mobilize Partnerships	50%
3. Educate/Empower	51%
2. Diagnose/Investigate	52%
7. Link to Health Services	52%
6. Enforce Laws	54%
5. Develop Policies/Plans	61%

Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

Essential Service	Performance Score	Activity Level
8. Assure Workforce	34%	Optimal
10. Research/Innovations	35%	Optimal
9. Evaluate Services	36%	Optimal
1. Monitor Health Status	43%	Moderate
4. Mobilize Partnerships	50%	Moderate
3. Educate/Empower	51%	Significant
2. Diagnose/Investigate	52%	Significant
7. Link to Health Services	52%	Significant
6. Enforce Laws	54%	Significant
5. Develop Policies/Plans	61%	Significant

Figure 2: (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3: (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Unknown Zone

NPHSP Reporting System – Report of Results Tables & Figures

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Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	43
1.1 Planning and Implementation	82
1.1.1 Surveillance and monitoring programs	66
1.1.2 Health data products accessible to data users	71
1.1.3 State health profile	100
1.1.4 Disease reporting system	81
1.1.5 Protection of personal health information	92
1.2 State-Local Relationships	22
1.2.1 Assistance in interpretation and use of health data	28
1.2.2 Uniform set of timely community-level health data	17
1.2.3 Assistance with local information and monitoring systems	21
1.3 Performance Management and Quality Improvement	25
1.3.1 Review effectiveness in monitoring efforts	25
1.3.2 Active performance management	25
1.4 Public Health Capacity and Resources	42
1.4.1 Commit financial resources	25
1.4.2 Coordinate system-wide organizational efforts	21
1.4.3 Workforce expertise	81
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	52
2.1 Planning and Implementation	56
2.1.1 Broad scope of surveillance programs	56
2.1.2 Enhanced surveillance capability	55
2.1.3 Statewide public health laboratory system	46
2.1.4 Laboratory analysis capabilities	56
2.1.5 Investigations of health problems	65
2.2 State-Local Relationships	52
2.2.1 Assistance with epidemiologic analysis	44
2.2.2 Assistance in using laboratory services	25
2.2.3 Guidance in handling public health problems and threats	63
2.2.4 Capability to deploy response teams to local areas, when needed	75
2.3 Performance Management and Quality Improvement	55
2.3.1 Review surveillance and investigation procedures	60
2.3.2 Active performance management	50
2.4 Public Health Capacity and Resources	46
2.4.1 Commit financial resources	25
2.4.2 Coordinate system-wide organizational efforts	50
2.4.3 Workforce expertise	63

NPHPSP Reporting System – Report of Results Tables & Figures

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NPHPSP

III. Overall, how well is the system achieving optimal activity levels?

Figure 10: Percentage of Essential Services scored in each level of activity

Activity Level	Percentage
Significant	50%
Moderate	50%
Optimal	0%
No activity	0%
Minimal	0%

Figure 10: displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in Figure 3.

Figure 11: Percentage of model standards scored in each level of activity

Activity Level	Percentage
Significant	33%
Moderate	48%
Optimal	8%
No activity	0%
Minimal	13%

Figure 11: displays the percentage of the system's Model Standard scores that fall within the five activity categories.

Figure 12: Percentage of all questions scored in each level of activity

Activity Level	Percentage
Significant	26%
Moderate	36%
Optimal	5%
No activity	4%
Minimal	29%

Figure 12: displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in Figures 10 and 11.

NPHPSP Reporting System – Report of Results Tables & Figures

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Figures 13 and 14 (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 13: Scatter plot of Essential Service scores and priority ratings

Quadrant	Composite Performance Score (%)	Priority
I (High Priority/Low Performance)	~10	High
II (High Priority/High Performance)	~50	High
III (Low Priority/High Performance)	~30	Low
III (Low Priority/High Performance)	~55	Low
IV (Low Priority/Low Performance)	~30	Lowest
IV (Low Priority/Low Performance)	~50	Lowest
IV (Low Priority/Low Performance)	~65	Lowest

I (High Priority/Low Performance) - may need increased attention.
 II (High Priority/High Performance) - important to maintain efforts.
 III (Low Priority/High Performance) - potential areas to reduce efforts.
 IV (Low Priority/Low Performance) - may need little or no attention.

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NPHSP Reporting System Version 2 - Website Screen Shots

NPHSP Reporting System – Performance Assessment Data Excel Spreadsheet Download

Question	Score	Response	Response Value
1. Monitor	43		
1.1 Planm	82		
1.1.1 Does	66	Moderate	50
1.1.1.1 Do these prog		Optimal	100
1.1.1.2 Do these prog		Optimal	100
1.1.1.3 Do these prog		Significant	75
1.1.1.4 Do these prog		Moderate	50
1.1.2 Does	71	Optimal	100
1.1.2.1 Do these stati		Optimal	100
1.1.2.2 Do these stati		Minimal	25
1.1.2.3 Do these stati		Moderate	50
1.1.2.4 Do these stati		Significant	75
1.1.2.5 Do these stati		No Activity	0
1.1.2.6 Do these stati		No Activity	0
1.1.2.7 Do these stati		Moderate	50
1.1.3 Does	100	Optimal	100
1.1.4 Does	81	Significant	75
1.1.4.1 Does the SPH		Significant	75
1.1.4.2 Does the SPH		Optimal	100
1.1.4.3 Does the SPH		Optimal	100
1.1.4.4 Does the SPH		Significant	75
1.1.5 Does	92	Optimal	100
1.1.5.1 Do these prot		Optimal	100
1.1.5.2 Do these prot		Optimal	100
1.1.5.3 Do these prot		Moderate	50
1.2 State-I	22		
1.2.1 Does	28	Minimal	25
1.2.1.1 Does the assi		Minimal	25
1.2.1.2 Does the assi		Moderate	50
1.2.1.3 Does the assi		Moderate	50
1.2.1.4 Does the assi		Minimal	25
1.2.1.5 Does the assi		No Activity	0
1.2.2 Does	17	No Activity	0
1.2.2.1 Do uniform da		Moderate	50
1.2.2.2 Do uniform da		Minimal	25
1.2.2.3 Do uniform da		Minimal	25
1.2.3 Does	21	Minimal	25
1.2.3.1 Does the assi		No Activity	0
1.2.3.2 Does the assi		Minimal	25
1.2.3.3 Does the assi		Minimal	25
1.3 Perform	25		
1.3.1 Does	25	Minimal	25
1.3.1.1 Do these revie		Minimal	25
1.3.1.2 Do these revie		Minimal	25
1.3.1.3 Do these revie		Minimal	25
1.3.1.4 Do these revie		Minimal	25
1.3.2 Does	25	Minimal	25