

What is NPHII?

The National Public Health Improvement Initiative (NPHII) supports 73 health departments or their bona fide agents to

- Improve management of day-to-day work
- Prepare for accreditation
- Use successful practices and share these results with others

See map on reverse for more information about funded entities.

What type of activities does this initiative fund and promote?

NPHII grantees work on

- **Efficiency:** Saving time or money on program services and operations
- **Effectiveness:** Using practices that have been shown to work or making services and programs available to more people
- **Accreditation readiness:** Completing projects to prepare for application to the Public Health Accreditation Board for national accreditation

NPHII also supports health department staff in making changes that help all of their programs achieve better health outcomes. For example, health department staff might change the way they manage grants so the same number of people can get more work done. They might provide training to fellow staff to help them do a better job. They might also develop new technology systems to help manage finances, track diseases, or prepare for emergencies.

NPHII grantees also work with each other and other public or private organizations to maximize limited resources.

What types of projects do NPHII grantees lead?

Performance management and quality improvement

- Build new performance management systems or improve existing systems to use resources more efficiently
- Identify and carry out projects that will help save time and money
- Train staff to use quality improvement tools in public health program activities
- Integrate evidence-based practices into public health programs

Accreditation readiness

- Assess their organization to see where changes are needed to meet national accreditation standards
- Develop plans and documents for accreditation, such as a community health assessment, a community health improvement plan, and an agency strategic plan

Collaboration

- Work with and learn from other health departments and national partner organizations
- Collaborate with other public health jurisdictions to share services or resources
- Establish partnerships with other public and private organizations, such as hospitals, chambers of commerce, and environmental quality agencies, to advance shared goals and help people live healthier lives

NPHII is funded by and supports the Prevention and Public Health Fund of the Patient Protection and Affordable Care Act of 2010, the nation's health reform law. It also supports the Healthy People 2020 focus area of addressing public health infrastructure (<http://www.healthypeople.gov/hp2020/>).

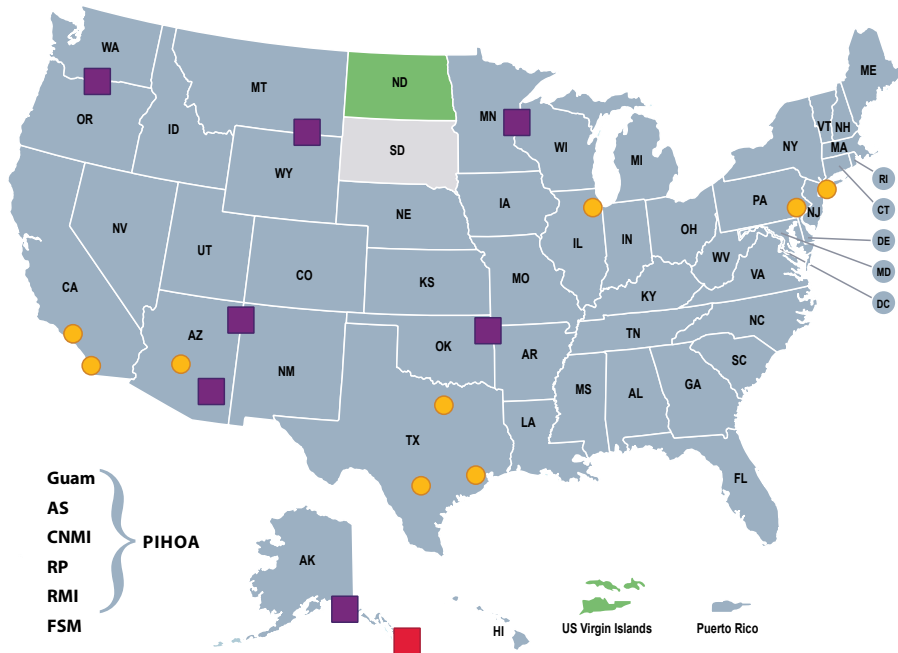
Through the Office for State, Tribal, Local and Territorial Support, CDC has awarded \$32.5 million to health departments or their bona fide agents for Year 4 of NPHII (\$141 million total for all funding years).

Learn more about NPHII at www.cdc.gov/stltpublichealth/nphii/index.html.

Learn more about public health accreditation at www.phaboard.org.



NPHII Awardees & Year 4 Funding



Legend

States, DC, Territories, and Pacific Islands Health Departments

- Received Year One, Year Two, Year Three, and Year Four funding
- Received Year One funding only
- Did not apply for funding

Local Health Departments

- Received Year One, Year Two, Year Three, and Year Four funding

Tribal Organizations

- Received Year One, Year Two, Year Three, and Year Four funding
- Received Year One and Year Two funding only

Abbreviations

- AS: American Samoa
- CNMI: Commonwealth of the Northern Mariana Islands
- RP: Republic of Palau
- RMI: Republic of the Marshall Islands
- FSM: Federated States of Micronesia
- PIHOA: Pacific Islands Health Officers' Association

What are some successes NPHII grantees have had in the first three years?

Efficiency

- The Federated States of Micronesia has reduced sample processing time from seven days to one day with a new laboratory information system.
- The Houston Department of Health and Human Services reduced customer wait time at the Vital Records Office by 50% after implementing new policies.
- The Minnesota Department of Health reduced the amount of time for drinking water compliance processes from 243 weeks to 52 weeks.

Effectiveness

- The Connecticut Department of Public Health quadrupled the number of its databases that collect standardized sociodemographic information that is consistent with federal Office of Management and Budget standards.
- The Louisiana Department of Health and Hospitals eliminated the backlog of food inspections and reduced the cost of each inspection by 30%.
- The Virginia Department of Health increased enrollment in its Medicaid-funded comprehensive family planning program sixfold over two years, from 6,209 women to more than 36,000.

Working together for accreditation readiness

- The State of Alaska Division of Public Health and the Alaska Native Tribal Health Consortium convened a cross-jurisdictional, multi-disciplinary group that collaborated on developing the Healthy Alaskans 2020 plan, a statewide health assessment and improvement plan. This is the first known instance of a state government and tribal entity uniting to set shared health goals and a joint implementation plan to reach those goals.
- The Kansas Department of Health and Environment collaborated with the State Office of Rural Health to support mini-grants for collaborative community health assessment work among hospitals and health departments.
- The Washington State Department of Health established three Public Health Performance Management Centers for Public Health Excellence and provided mini-grants to 29 local health jurisdictions.