

National Public Health Improvement Initiative (NPHII)

Year Three Overview

Goals

Initiated in 2010, the National Public Health Improvement Initiative (NPHII) provides support to health departments or their bona fide agents for

- Accelerating public health accreditation readiness activities
- Implementing performance and improvement management practices and systems
- Implementing and sharing practice-based evidence

NPHII also supports cross-cutting public health system changes, which complement categorical public health program efforts. The initiative increases the ability of health departments to use resources more efficiently and effectively across or within key areas, such as health promotion and disease prevention, public health policy and law, health information technology, and workforce development.

Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are encouraged through NPHII to increase the impact of limited resources, improve efficiency, and leverage other related health reform efforts and projects. Increased efficiency and effectiveness are critical in preparing for, preventing, and responding to acute and chronic threats to the nation's health.

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 (www.healthypeople.gov/hp2020/).

Expected Outcomes

Measurable outcomes of the initiative align with the following performance goals:

1. Increased efficiencies of program services and/or operations (e.g., saving time or money)
2. Increased effectiveness (e.g., use of evidence-based policies and practices, improved health outcomes, improved quality of service, increased service reach of a program, customer satisfaction)
3. Increased readiness for accreditation by the Public Health Accreditation Board (PHAB) (www.phaboard.org/)

Awardees

Through the Office for State, Tribal, Local and Territorial Support (OSTLTS), CDC has awarded \$33.5 million for Year Three of NPHII (\$109.5 million total for all funding years) to health departments or their bona fide agents in

- 48 states and Washington, DC
- 7 federally recognized tribal organizations (3 directly funded tribes and 4 tribal organizations that support approximately 250 federally recognized tribes)
- 9 large local health departments
- 4 US territories
- 3 US-affiliated Pacific islands and
- 1 Pacific island organization

See Figure 1 for a map of the Year Three awardees and funding.

Awardee Activities

Awardees conduct activities that continue their ongoing performance management and quality improvement efforts and foster readiness for accreditation, including the following:

• Performance Management and Quality Improvement

- o Establish and maintain a Performance Improvement Manager (PIM) to lead and establish appropriate performance management/quality improvement activities across their agency
- o Participate in the national PIM Network
- o Establish or enhance systems that increase the efficient use of resources across their agency
- o Implement two or more performance or quality improvement initiatives that increase agency efficiency and effectiveness

• Accreditation Readiness

- o Implement relevant and essential activities to accelerate their readiness for national public health accreditation
- o Complete an organizational self-assessment to identify gaps in meeting national PHAB standards
- o Undertake activities to improve their performance against PHAB standards

• Cross-Jurisdictional Partnerships

Establishing cross-jurisdictional collaboration with one or more other health department(s) and with other public health system partners



Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

NPHII Awardees & Year Three Funding

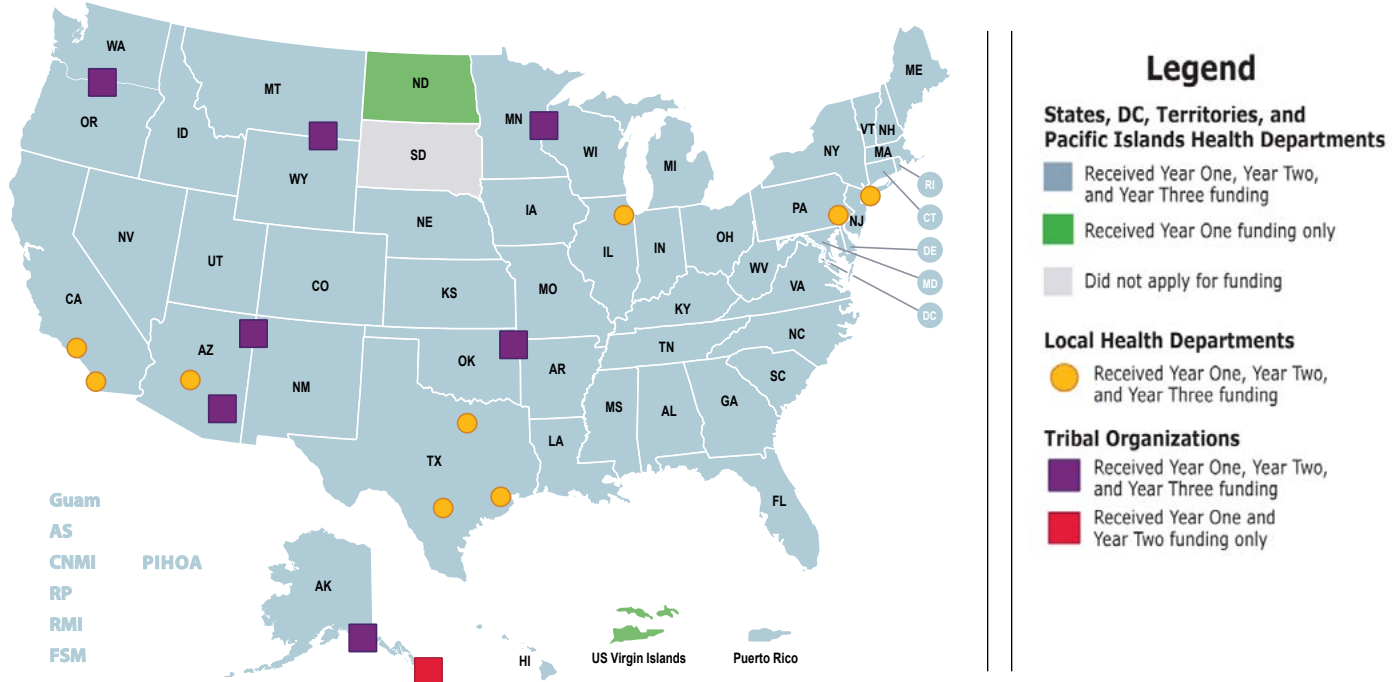


Figure 1

Funding Awarded to States (\$24,429,922 total): Alabama Dept of Public Health \$300,000 | State of Alaska Dept of Health and Social Services \$250,000 | Arizona Dept of Health Services \$400,000 | Arkansas Dept of Health \$300,000 | California Dept of Public Health \$1,093,662 | Colorado Dept of Public Health and Environment \$400,000 | State of Connecticut Dept of Public Health \$300,000 | Delaware Health and Social Services \$250,000 | District of Columbia Dept of Health \$250,000 | Florida Dept of Health \$1,093,662 | Georgia Dept of Community Health \$498,489 | Hawaii Dept of Health \$607,600 | Idaho Dept of Health and Welfare \$300,000 | Illinois Dept of Public Health \$500,000 | Indiana State Dept of Health \$400,000 | Iowa Dept of Public Health \$300,000 | Kansas Dept of Health and Environment \$300,000 | Kentucky Cabinet for Health and Family Services \$300,000 | Louisiana Dept of Health and Hospitals \$300,000 | State of Maine Dept of Health and Human Services \$843,182 | Maryland Dept of Health and Mental Hygiene \$400,000 | Massachusetts Dept of Public Health \$993,662 | Michigan Dept of Community Health \$500,000 | Minnesota Dept of Health State Treasurer \$993,662 | State of Mississippi \$300,000 | State of Missouri \$400,000 | State of Montana \$250,000 | Nebraska Dept of Health and Human Services \$657,600 | New Jersey Dept of Health and Senior Services \$950,791 | Nevada Dept of Health and Human Services/Health Division \$300,000 | New Hampshire Division of Public Health Services \$250,000 | New Mexico Dept of Health \$300,000 | New York State Dept of Health \$500,000 | North Carolina Dept of Health and Human Services \$1,037,779 | State of Ohio Dept of Health \$500,000 | Oklahoma State Dept of Health \$300,000 | Oregon Dept of Human Services \$893,662 | Pennsylvania Dept of Health \$500,000 | Rhode Island Dept of Health \$250,000 | South Carolina Dept of Health and Environmental Control \$300,000 | Tennessee Dept of Health \$757,600 | Texas Dept of State Health Services \$500,000 | Utah Dept of Health \$300,000 | Vermont Dept of Health \$607,600 | Virginia Dept of Health \$399,709 | Washington State Dept of Health \$400,000 | West Virginia Dept of Health and Human Resources \$657,600 | Wisconsin Dept of Health Services \$993,662 | Wyoming Dept of Health \$250,000

Funding Awarded to Locals (\$4,301,432 total): City of Chicago \$300,000 | Dallas County Health and Human Services \$250,000 | Houston Dept of Health and Human Services \$300,000 | County of Los Angeles Dept of Public Health \$893,598 | Maricopa County \$300,000 | New York City Dept of Health and Mental Hygiene \$1,093,621 | Philadelphia Dept of Public Health \$664,213 | City of San Antonio Metropolitan Health District \$250,000 | County of San Diego \$250,000

Funding Awarded to Territories and Pacific Islands (\$2,392,825 total): American Samoa Government Dept of Health (AS) \$250,000 | Commonwealth of Northern Mariana Islands Dept of Public Health (CNMI) \$249,163 | Federated States of Micronesia (FSM) \$250,000 | Guam Dept of Public Health and Social Services \$250,000 | Pacific Island Health Officers Association (PIHOA) \$593,662 | Puerto Rico Dept of Health \$300,000 | Republic of the Marshall Islands, Ministry of Health (RMI) \$250,000 | Republic of Palau, Ministry of Health (RP) \$250,000

Funding Awarded to Tribes (\$2,340,692 total): Alaska Native Tribal Health Consortium \$250,000 | Cherokee Nation \$843,662 | Gila River Indian Community \$250,000 | Mille Lacs Band of Ojibwe \$247,032 | Montana-Wyoming Tribal Leaders Council \$250,000 | Navajo Nation Tribal Government \$250,000 | Northwest Portland Area Indian Health Board \$249,998

For additional information about NPHII, please visit www.cdc.gov/stltpublichealth/nphii/index.html.