

9. Population Health Status												
Basic			Developing			Advanced			Leading Edge			
1	2	3	4	5	6	7	8	9	10	11	12	
<b>Strategic Direction</b>	The NPHI rarely conducts systematic assessments of population health.			The NPHI develops assessments and provides regular updates on a few selected aspects of population health status. Most assessments are very basic, except when supported by donors.			The NPHI uses multiple data sources to assess health status and to make forecasts that can inform policies and programs. It is beginning to develop a public health data observatory that will provide broad access to datasets and analyses and recommendations based on the data.			The NPHI leads the country's efforts to characterize public health issues and trends, including for subpopulations. It uses diverse data sources to assess and forecast current and future impacts, for example, from climate change. Many users access the high-quality datasets in the NPHI's public health observatory.		
	NPHI systems for collecting surveillance and other population health data are poor. The NPHI rarely accesses information from other organizations. Standardized formats and content for reports have not yet been established.			The NPHI is working to improve surveillance and conducts some systematic efforts, such as surveys, to gather needed data. However, data quality and quantity are suboptimal, and access to data from other organizations is limited. Reports on population health are becoming more consistent in format and content.			The NPHI uses multiple data sources for population health assessments. It systematically identifies and addresses the most critical data gaps that limit assessment. The NPHI uses SOPs, templates, and other tools to guide information synthesis, reporting, and dissemination.			The NPHI has fully institutionalized systems and processes for data collection, integration, analysis, report development, and dissemination. Its observatory has a robust user interface that supports outside groups to use its population health data.		
<b>Resources</b>	The NPHI has limited resources to conduct assessments, so few are completed. Those that are done only use data that the NPHI can access easily.			Except when supported by donors, the NPHI has only limited resources for population health assessments. It lacks trained staff and infrastructure for data collection, management, and analysis and to create and disseminate reports.			NPHI staff have the resources and skills to manage and analyze data and report on health of the population as a whole and subpopulations. When needed, the NPHI has resources to collect additional data, for example, on subpopulations. A public health data observatory is being developed.			NPHI staff have skills to incorporate GIS, economic, and other non-health data into analyses of health status. New technologies are regularly introduced to improve the quality of assessments, forecasting, and reports and increase dissemination, as well as to expand and improve the observatory.		
	Data used in assessments are often incomplete and low quality. Analyses are poor, and few reports are completed.			The NPHI is working to improve report quality and completeness, but data quality and analyses remain inconsistent. Reports often need to be clarified, modified, or expanded after publication.			The NPHI's assessments address priority topics and are generally of high quality. They include detailed information on subpopulations of concern. High-quality datasets used are frequently shared for other groups to conduct analyses.			The NPHI's reports are comprehensive and extremely well done. Data in the observatory are routinely assessed for quality and improvements made. The NPHI's observatory and its reports and documentation about the data used are models for other NPHIs.		
<b>Engagement</b>	The NPHI's access to quality data is limited by its lack of investment in partnerships, including with subnational levels. Reports receive limited distribution.			The NPHI sometimes tries to work with other groups on issues of joint interest. Its efforts to improve surveillance data are increasing. Data used for assessments are rarely shared. Reports are shared using convenient methods, such as the NPHI's website or email lists.			Data-sharing agreements, including with other sectors, are improving assessments and forecasting. Partnerships also help the NPHI get information about subpopulations. Reports are widely disseminated, and data used for reports are often shared.			The NPHI collaborates across sectors to maximize the quality of reports and forecasting and to incorporate new datasets into the observatory. Reports are tailored to meet stakeholder needs. Multiple organizations contribute to and use data from the observatory.		
	The few reports on population health status have little impact.			The NPHI's reports on population health status are sometimes perceived as useful, but their impact is limited due to suboptimal quality, restricted scope, and limited dissemination efforts.			Reports are comprehensive and widely circulated, with formats and channels that meet the needs of different end users. A range of stakeholders regularly access datasets in the observatory. The NPHI can show policies and programs that have changed due to the NPHI's reports and data.			The NPHI's reports are widely used by policymakers, the media, and other stakeholders nationally and internationally. Datasets in the observatory are regularly used by partners to conduct analyses that lead to recommendations and policy and program guidance.		
<b>Impact</b>												