Public Health System Performance Evaluation

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1、What is public health performance

- Performance includes two levels -effectiveness and efficiency 。
- Effectiveness: "doing the right thing", reflecting the relationship between organizational activities and target value ；
- Efficiency - "doing things right", reflecting the relationship between input and output of the organization's activities
- Public health performance includes regional (or system) and institutional levels

1、What is public health performance

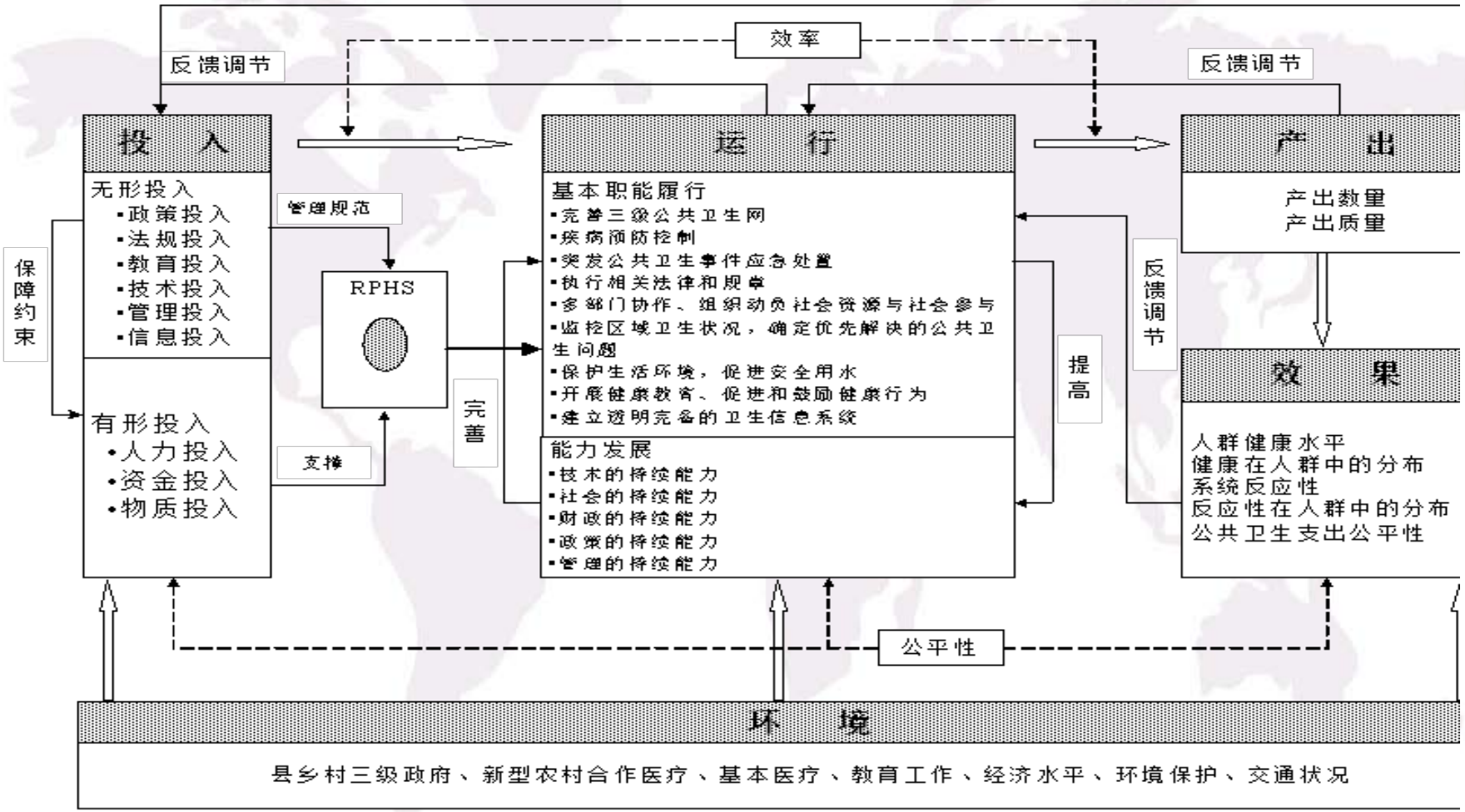
- There are three main objectives of the health system: to promote health, enhance responsiveness and ensure the fairness of health financing. The performance of health system refers to the completion of three general objectives of health system under the given health resources.

- Efficiency: the use of as little as possible health resources to provide quality, quantity of health services. It is not only of economic significance, but also has been extended to the social efficiency of social resources and social value realization
- To the extent that the services provided by the health system meet the needs of the public, and to what extent the health system objectives are achieved. Including two aspects of population health and responsiveness.
- Equity: the level of access to health services. In the framework of the health system performance of WHO, including three aspects, such as the fairness of health expenditure, the fairness of health services and the health of the population

2、How to do public health performance evaluation

- The performance evaluation of public health is a discipline that studies the operation of public health, such as organization and management, financing and provision, as well as its impact on public health.
- The performance evaluation of public health includes the definition of the concept framework of performance, the design of performance indicators, the collection and analysis of performance data, the report and application of performance evaluation results
- The performance evaluation of public health depends on the public health system. The boundary of public health system, the structure of organization and the division of functions are the basis of the formation of public health performance. The external factors such as population, resources and environment are important conditions for the formation of public health performance.

2、How to do public health performance evaluation



领域	绩效目标	编号	指标名称	指标性质
投入	促进资源配置的均等化	1	公共卫生及基层卫生服务机构的地方财政收入占地方财政支出比例	定量、区间型
		2	乡镇每千人口公共卫生人员数量比值比	定量、区间型
		3	县、乡两级公共卫生机构仪器设备正常运行率比值比	定量、负向型
	保障系统可持续运行的能力	4	乡村医生公共卫生服务补助的发放到位率	定性、正向型
		5	基层公共卫生人员接受国家基本公共卫生服务项目技术培训的比例	定量、正向型
运行	提高公共卫生职能的履行程度	6	县级公共卫生机构专业技术人员下基层指导人均天数	定量、区间型
		7	突发公共卫生事件报告及时率	定量、正向型
		8	农村自办宴席申报制度的实施情况	定量、正向型
		9	国家免疫规划疫苗全程接种率	定量、正向型
		10	农村孕妇孕前和孕早期叶酸服用率	定量、正向型
		11	高血压/2型糖尿病患者健康管理率	定量、正向型
	提高运行效率	12	乡村基层卫生机构开展基本公共卫生项目的人均服务人数	定量、区间型
产出	改善服务利用的可及性	13	农村安全饮用水覆盖率	定量、正向型
		14	农村居民到达最近预防接种门诊的平均距离	定量、负向型
		15	慢性病患者遵循行为生活方式指导的比例	定量、正向型
	促进服务利用的均等化	16	6岁以下留守儿童与非留守儿童1年内疫苗接种平均次数的比值比	定量、区间型
		17	贫困与非贫困分组的35岁以上居民一年内测血压平均次数的比值比	定量、区间型
		18	城郊村与普通村孕产妇产后访视率的比值比	定量、区间型
	提升服务的技术质量	19	慢性病患者按规范接受随访的比例	定量、正向型
		20	高血压/2型糖尿病患者**规范管理率**	定量、正向型
		21	**重性精神疾病患者规范管理率**	定量、正向型
结果	改善健康结果	22	法定报告传染病总发病率	定量、负向型
		23	高血压/2型糖尿病患者的血压/血糖控制率	定量、正向型
		24	3岁以下儿童平均体重指数	定量、区间型
	改善健康公平性	25	不同家庭收入分组孕产妇的比例死亡比	定量、负向型（高值分组比低值分组）
		26	不同教育程度分组居民健康知识知晓率比值	定量、负向型（高值分组比低值分组）
	提升服务利用人群满意度	27	农村居民对基本公共卫生服务项目开展的满意度	定性、正向型
		28	农村居民对当地食品安全及监管状况的满意度	定性、正向型

3、The main findings

- Input: compared with the western region, the central areas were quite poor
- Operation: compared with the areas with health projects, the performance in the areas without projects were worse; compared with the developed regions, the less developed areas were better.
- Children's planned-immunity project: the overall vaccination rate was high, but the standard vaccination rate was low; compared with the non-left-behind children, the rate of vaccination among the left-behind children was low; compared with the economically developed areas in the East, the rate of the Western Underdeveloped areas was lower

3、The main findings

Planned immunization for children project:：

•The overall vaccination rate was high, the standard vaccination rate was low

•Statistics revealed that: for gender (2=1.212, P=0.271>0.05), family economic status (2=4.474, P=0.107>0.05), the service of geographic accessibility (2=0.233, P=0.630>0.05), the guardian of trust on inoculation mechanism (x 2=0.165, P=0.684>0.05) and other factors were grouped in a =0.05 test level, there was no significant difference between the different groups. And significant difference was found between the "left behind children" and "whether there is a clear service"

3、The main findings

Maternal health: :

- Compared with prenatal examination, the postpartum visit was poor; ;
- Compared with the general rural areas, urban and rural integration of postpartum visit were poor;
- Compared with the delivery in the county-level institutions, postpartum delivery in the township-level centers was lower
- No significant difference was found between different family economic status ($x^2=1.296$, $P=0.523>0.05$)and education ($x^2=0.505$, $P=0.777>0.05$)

3、The main findings

Chronic disease management project：

•For age (x 2=0.305, P=0.581>0.05), gender (2=0.416, P=0.519>0.05), education (x 2=1.233, P=0.540>0.05), occupation, family economic status (2=2.137, P=0.144>0.05) and medical security (2=0.573, P=0.449>0.05) group, the study found there was no significant difference in each group at 0.05 level

• Compared with the patients who had more than 2 diseases, the possiblity of the using the follow-up visit was 0.549 times for the patients who had one disease; compared with the patients who had more than 5 years medical history, the possiblity of using the follow-up visit was 0.746 times for the patients whose medical history were less than 5 years; compared with the patients who did not do physical exercise, the possibility of hcompleting at least 4 times followed-up visits was 0.374 times among those who often did excercise; compared with those people who had doctors' door-to-door services, outpatients were 0.374 times likely to complete 4 times followed-up visits. At last, the migrant workers had poor blood glucose control compared with their counterparts.