Foundational Public Health Services (FPHS) and Public Health Modernization

Background Report

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Foundational Public Health Services and Public Health Modernization

Introduction

In 2013, the Public Health Leadership Forum, a project led by RESOLVE and funded by the Robert Wood Johnson Foundation (RWJF) convened a group of public health stakeholders to explore a recommendation from the Institute of Medicine (IOM) – to define a minimum package of public health capabilities and programs that no jurisdiction can be without. The result was the Foundational Public Health Services (FPHS), now housed at the Public Health National Center for Innovations (PHNCI) at the Public Health Accreditation Board (PHAB).

> *FPHS is the suite of skills, programs, and activities that must be available in health departments everywhere for the public health system to work anywhere.*

As the nation begins to assess how to rebuild in the post COVID-19 pandemic period, the concept of FPHS, in particular Foundational Capabilities, has gained new salience. Congress and the Administration have used the Foundational Capabilities framework to target and consider new investments in federal, Tribal, territorial, state, and local public health.

This paper reviews the original FPHS concept, summarizes how some states have already used the FPHS framework to spur local modernization efforts, describes the potential federal funding support for a nationally driven modernization effort, and suggests areas where the FPHS framework may need to be adapted in light of the lessons learned during the pandemic.

Current Definitions and Language for the FPHS

FPHS describes the vital role and unique responsibilities of governmental public health. The framework consists of three components: **Foundational Capabilities (FCs), Foundational Areas (FAs),** and the additional services that health departments provide which vary based on their communities' needs.

Foundational Capabilities (FCs) are the cross-cutting skills and capacities needed to support basic public health protections that are key to ensuring the community's health and achieving equitable health outcomes. FCs are built and sustained by the public health **workforce** – people with various sets of cross-cutting skills and competencies.

These 7 Foundational Capabilities are the infrastructure necessary to support Foundational Areas:

- Assessment / Surveillance
- Emergency Preparedness and Response
- Policy Development & Support
- Communications
- Community Partnership Development
- Organizational Administrative Competencies
- Accountability / Performance Management

Foundational Areas (FAs) are those basic public health, topic-specific programs aimed at improving the health of the community affected by certain diseases or public health threats.

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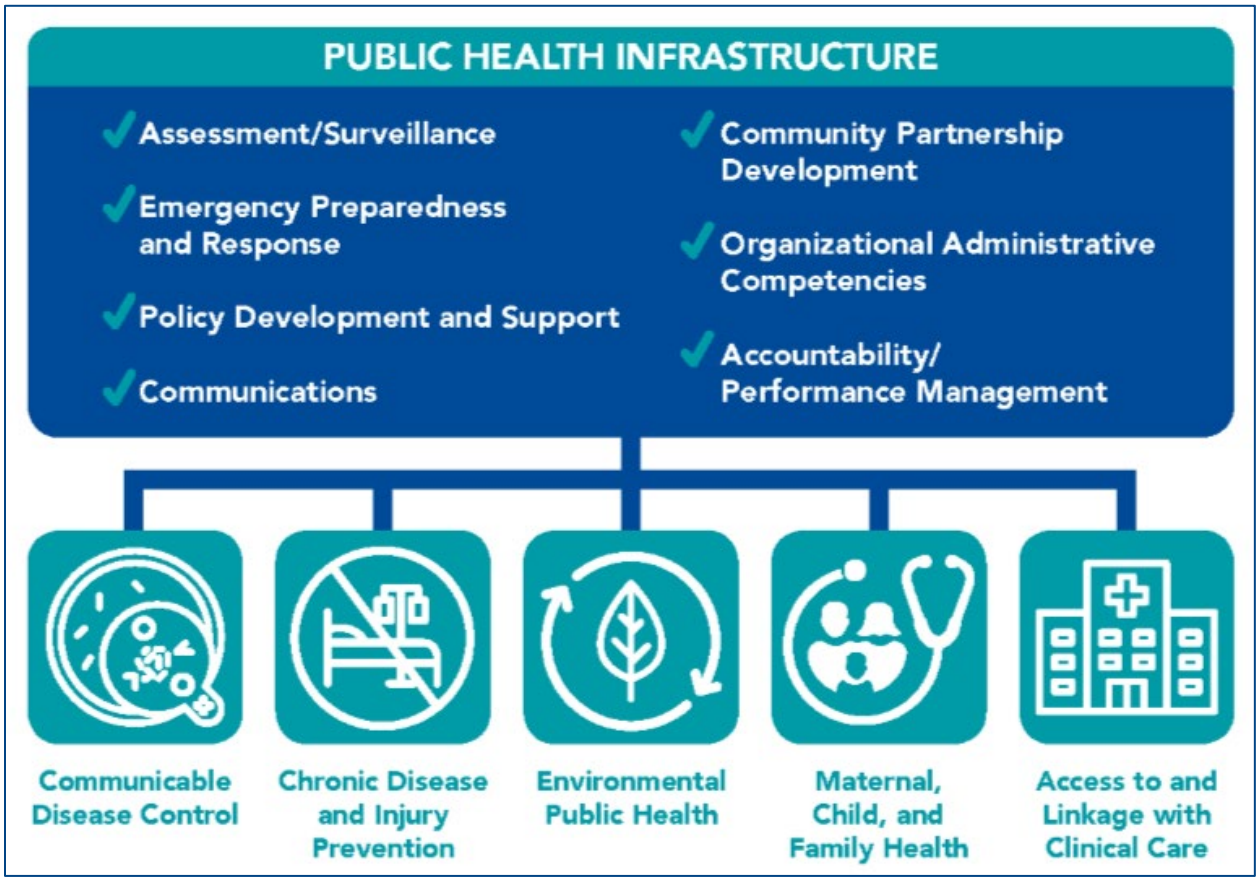
These 5 Foundational Areas are:

- Preventing the spread of *Communicable Disease*
- Ensuring safe food, air, and water quality through *Environmental Health*
- Supporting *Maternal, Child and Family Health*
- Improving *Access to and Linkage with clinical care services*
- Preventing *Chronic Disease and Injury*

To provide a visual demonstration of the FPHS, a graphic was created in YEAR to depict the Foundational Capabilities and Foundation Areas (Figure 1).

Figure 1: Foundational Public Health Services (FPHS) (The complete definitions for each of the FCs and FAs can be found in Appendix A and here)



About the Framework

The nationally developed FPHS framework reflects the consensus of public health leaders across the country for a minimum package of services that no jurisdiction should be without. The framework focuses on what services need to be delivered by governmental public health, while leaving room for individual communities to decide how to deliver them.

As with any framework, the real value is how it works and is used in practice. The FPHS framework is already "field tested" and showing results to transform public health practice. Tools have been

developed and implemented to assess gaps and estimate costs. Some states have passed legislation to fund and implement FPHS as their path to modernizing today's public health system (*See the Resources Section of this paper for some of the states' work with FPHS*).

Today's Public Health System COVID-19 severely stressed the public health system in that every local, state, and federal public health entity was simultaneously called to respond. Significant inadequacies of the public health system were exposed, leading to lives lost, economic instability, and exacerbating inequities for historically excluded populations. Recovery is being significantly and unnecessarily slowed due to these system inadequacies. And, the already diminished public health workforce has been further compromised by the pandemic.

Even before COVID-19, the landmark IOM report, The Future of Public Health in 1988, chronicled a system in disarray. Today we are still living with an outdated public health infrastructure that has been chronically underfunded. And when it is funded, it usually comes in waves of reacting to events or emergencies or piecemealed to a single disease or issue.

With each public health crisis over the last several decades, whether it was Anthrax attacks, H1N1, Ebola, Zika, or now the COVID-19 pandemic, the federal government has pumped emergency funds into the public health system, trying to make up for past underfunding. But core elements of a public health system can't be surged overnight, and even when emergency funds were appropriated, they often came after the crisis was over. Once the crisis passed, funding was often cut back again, with a return to focus on specific programs or diseases rather than core capacities. This boom-and-bust approach leaves us vulnerable to new and emerging public health issues.

"But core elements of a public health system can't be surged overnight, and even when emergency funds were appropriated, they often came after the crisis was over."

Public Health Modernization

New strategies and investments are needed to effectively address these chronic system inadequacies. There is an urgency to public health modernization and for all in public health to move forward in a similar direction. COVID-19 provides an unprecedented opportunity to create a stronger public health system. FPHS is a practical framework that is already being widely used to modernize public health.

"COVID-19 provides an unprecedented opportunity to create a stronger public health system."

Indeed, federal policy makers have come to recognize the FPHS framework, especially the Foundational Capabilities, as a way to describe how best to rebuild our public health system based on learnings from the pandemic.

During the pandemic, we have seen unprecedented levels of investment in the public health system – to close gaps in existing capacity and to ramp up specific activities needed to respond (e.g., testing and contact tracing, vaccine distribution). But built into those investments, especially beginning with the American Rescue Plan Act passed in early 2021, the Administration and Congress have allocated funding toward modernization of the public health system, with a particular focus on workforce and infrastructure – the true building blocks of the Foundational Capabilities in FPHS.

Specific examples of this kind of funding include:

- $7.6 billion in the American Rescue Plan Act to rebuild the public health workforce at the state and local levels. $3 billion of those funds have been held back by the Centers for Disease Control and Prevention (CDC) to permit longer-term investments in the public health workforce in the post-pandemic period.
- The pending budget reconciliation bill (*often referred to as the Build Back Better Act*) has $7 billion allocated over five years for public health infrastructure improvements, with over $5.5 billion of that reserved for state and local modernization efforts. The legislation encourages accreditation as an end point for these investments and defines public health infrastructure in a similar way to the Foundational Capabilities as follows:
    - DEFINITION – In this section, the term "core public health infrastructure" includes –
        - (1) health equity activities;
        - (2) workforce capacity and competency;
        - (3) all hazards public health preparedness;
        - (4) testing capacity, including test platforms, mobile testing units, and personnel;
        - (5) health information, health information systems, and health information analysis (including data analytics);
        - (6) epidemiology and disease surveillance;
        - (7) contact tracing;
        - (8) policy and communications;
        - (9) financing;
        - (10) community partnership development; and
        - (11) relevant components of organizational capacities.

This level of investment – possibly $10 billion over the next five years – makes the potential for public health modernization more real. While offering a public health infrastructure framework, it leaves a good deal of flexibility for how to invest these dollars based on local assessment of modernization needs. FPHS, and accreditation as a quality improvement and accountability process, can create consistency in approaches across the country without mandating specific activities.

"While offering a public health infrastructure framework, it [FPHS] leaves a good deal of flexibility for how to invest these dollars based on local assessment of modernization needs."

The Value of FPHS in Modernization

FPHS provides the needed framework for investment that will help the United States avoid and/or lessen the disruption of future pandemics and epidemics and to continue to address chronic issues and advance health equity.

The framework provides:

- A **common language** and national understanding of the vital role and unique responsibilities of governmental public health.
- The ability to **assess gaps** in capacity for which **costs can be estimated**.
- **Standardization** to assure continuity across all states, but with the **flexibility** for states to adapt to specific states' needs; and
- **Alignment** with national initiatives, such as public health accreditation.

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Accreditation and FPHS

The conversation about modernization and FPHS requires consideration of how it aligns with other critical public health modernization efforts, in particular accreditation by the Public Health Accreditation Board (PHAB).

The structural framework for the PHAB Standards and Measures are the 10 Essential Public Health Services. FPHS describes the governmental role. Both frameworks were developed by the field, for the field and describe core elements of public health practice. The alignment of PHAB and FPHS can be found here.

PHAB is making its alignment with FPHS more visible in Version 2022 of the PHAB Standards and Measures for accreditation, due for release in summer 2022. To promote accountability, health departments should possess key capabilities found in FPHS. As such, Version 2022 will designate and emphasize which measures align with Foundational Capabilities.

FPHS in Public Health Practice

Several states across the country have already embraced FPHS to transform or modernize their governmental public health systems. These states are at various stages of adopting and implementing FPHS framework but are all working towards transforming their governmental public health system.

Public Health in the 21st Century – 21C Project

Since 2016, the Public Health National Center for Innovations (PHNCI) at PHAB has been leading *Public Health in the 21st Century (the 21C Project),* a learning community of 11 states who are in various stages of adopting the FPHS framework to modernize governmental public health. The 21C states are described here. Some examples of their work are highlighted below:

Assessment - Washington, Oregon, and Ohio

Key to the FPHS framework is the ability to assess the current capacity and coverage of the public health system to deliver the FPHS, where the gaps are to achieving full FPHS implementation, and what it will cost to fill those gaps.

Washington, Oregon, and Ohio each developed a tool that identifies gaps and estimates costs for each of the Foundational Capabilities and Areas. Each tool includes state-specific functional definitions that describe the core roles of governmental public health to provide FPHS. Washington and Oregon's tools are particularly robust, drilling down to assess specific activities within each of the foundational areas and capabilities. All three tools break down FPHS capacity and cost by geography and size of populations served. Ohio's recent assessment can be found here.

Lessons Learned:

- *The tools in all 3 states effectively identified capacity, gaps, and cost estimations and can be easily modified to be used in any state.*
- *Results showed areas of strength within the governmental public health system, but there were gaps in capacity and expertise for each Foundational Capability and Area.*
- *No FPHS is fully implemented across all jurisdictions and the gaps are not uniform.*
- *There is no "one size fits all" when allocating resources to close FPHS gaps*

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Legislative Funding & Support – Washington and Oregon

The FPHS assessments in Washington and Oregon led to comprehensive transformation initiatives with legislative support and start-up funding.

Oregon's legislature codified FPHS in statute as the framework for governmental public health in 2015 and 2017. Funding has been part of their modernization legislation. The FPHS framework adapted to the COVID-19 surge. Inequities were apparent and trusted sources or connection points in communities were needed. Funds were directed to community-based organizations for COVID-19 work within the existing FPHS framework. In the current biennium, $60 million has been approved and invested towards these efforts. Oregon's modernization work can be found here.

Washington's legislature defined the governmental public health system, FPHS, and resource distribution processes in statute. The state legislature invested in FPHS over the past two biennia, addressing chronic underfunding and the resulting detrimental effects on communities and the state's economy. After the initial 2017-2019 investment, Washington documented a small but measurable increase in the system's capacity to deliver FPHS and indicators of better health. In Washington's current biennium, the $28 million FPHS investment and short-term COVID funding have increased system capacity. However, most resources shifted to the pandemic at the expense of other core public health services. Most recently, the Washington State Legislature approved the 2021-2023 biennial budget to provide $147 million for FPHS in the 2021-2023 biennium, and $148 million per year ongoing starting in FY2024. Washington's latest report can be found here.

Structuring the System Differently

Public Health Modernization requires a departure from traditional practices, changes in the way we work and how we are organized.

New Service Delivery Model – Washington

With its initial FPHS investment in the 2017-2019 biennium, Washington conducted service delivery Demonstration Projects. The FPHS assessment created a new source of information to rethink service delivery. Projects were chosen to test new service delivery models based on gaps identified in the FPHS assessment. The projects were:

- *Establishing a networked TB response team for all local health jurisdictions housed at the Seattle-King County Health District*
- *Building regional assessment capability by providing trained epidemiologists at the Spokane Regional Health District*
- *Building Provider Resources websites for communicable disease control tailored to a local health departments' unique provider and community needs. Led by the Tacoma-Pierce County Health District who had already been doing this work.*

These Projects demonstrate the value of new service delivery models to meet FPHS across governmental public health jurisdictions. The vision of doing work differently was successfully achieved with lessons to share - to bring various agencies working together along a continuum, striking the right balance between centralized services with services that are also responsive to local variation in geography, population, economics, and culture. (Results of Washington's

Sharing Public Health Services

Sharing public health services is not new and there is a long history of informal sharing or using contractual agreements. But new and diverse service delivery models like those tested in Washington will be needed to effectively and efficiently allocate the expected resources for successful FPHS implementation. States are already moving in this direction.

- In a 2020 Public Health System Review, Indiana recommends a district-level (regional) mechanism to enable resource sharing among local health departments to assure services and skill sets are available across the state. The system review can be found here.
- A 2021 Missouri report for Strengthening Public Health Infrastructure recommends creating "Regional Coordinating Bodies" to incentivize and support formal sharing of staffing and services among smaller health departments to build foundational capabilities. The report can be found here.

The Future of the FPHS Framework

States have chosen the FPHS framework for modernization and transformation efforts, and federal legislation includes language around the Foundational Capabilities. It's more important than ever, especially considering the pandemic experience, that the FPHS framework reflects the needs of the field at all levels. Some key areas under discussion to strengthen the framework include:

Equity

As part of modernization, public health must be a leader in advancing equity in every community. The 10 Essential Public Health Services, which were revised in 2020, puts equity front and center across all 10 services.:

> *Equity is defined as a fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill.*

PHAB has also been intentional about emphasizing the importance of equity in Version 2022 of the Standards and Measures. Considerations related to equity will now be highlighted in every domain. And, addressing Social Determinants of Health (SDOH) are considered a necessary pathway to achieve equity.

> *Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.*

In the FPHS framework, Health Equity is currently a function under the Organizational Administrative Competencies Capability, but has not been designated as its own separate Capability or Area. Colorado added Health Equity and SDOH as a Foundational Capability, instead of a function within organizational competencies in their needs assessment. Some states, like Missouri, have modified the FPHS framework

to elevate health equity (and SDOH), making it visible across all Capabilities and Areas. An overview of Missouri's model can be viewed here.

Congress, in both the reconciliation bill and the Senate Public Health Infrastructure Saves Lives Act, added equity as part of the core public health infrastructure. Similarly, several states have adapted the FPHS framework to include equity in their modernization efforts.

Emergency Preparedness and Response Capability
The pandemic brings up questions about whether emergency preparedness should be a Foundational Area, instead of a Capability as it is now. Public health can't do emergency preparedness without the other capabilities, however treating it as a separate capability may give the impression that preparedness is not dependent on the rest of what public health has to offer.

State-Specific Models – Definitions States have "tweaked" the FPHS model to meet local needs and requirements and also changed their graphic interpretation along with some definitions. However, these tweaks are not a dismissal of the national framework. States continue to adopt or embrace FPHS and the concept of "minimum package of services" to shape their modernization initiatives and relay or affirm the importance of tying back to a national framework.

FPHS, especially the Foundational Capabilities, has driven public health infrastructure definitions in legislation, though overlapping with Foundational Areas and the consistent addition of equity. There seems to be a sense that even if the FPHS framework has been tweaked, those working in the weeds of public health all "know what we mean". There is an opportunity here to better define "what we all mean" for our funders and partners going forward.

Summary
FPHS can guide investment in prevention efforts that will help the United States avoid and/or lessen the disruption of future pandemics and epidemics and focus on chronic issues as well as advance equity. FPHS is being widely adopted and embraced as a framework for public health modernization in many states. There is discussion about the value of more clearly emphasizing equity and social determinants of health in the framework, and whether some components are a capability or a program. Some states have tweaked the visual graphic and/or some of the definitions. But despite these discussion points and adaptations, there continues to be strong support that the FPHS framework represents the "*minimum package of public health capabilities and programs that no jurisdiction can be without*." There is momentum with this framework and a growing list of lessons learned and best practices from states who are using it. Great challenges came with the COVID-19 pandemic, but now we have a singular opportunity to build a stronger local and state public health system. With a potential unprecedented infrastructure and workforce investment over the next five years, this is a great opportunity to keep moving forward and build on the FPHS work.

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Resources / References

Foundational Public Health Services Fact Sheet. Public Health National Center for Innovations (PHNCI). November 2018. FPHS-Factsheet-November-2018.pdf (phnci.org)

FPHS Planning Guide: Using Foundational Public Health Services to Transform Public Health. Public Health National Center for Innovation (PHNCI). January 2019. FPHS-Planning-Guide-Using-Foundational-Public-Health-Services-to-Transform-Public-Health.pdf (phnci.org) (*this guide includes specific definitions for each of the FC's and FA's)*

21st Century Learning Community States. Public Health National Center for Innovation (PHNCI). 2021. 21C Learning Community | PHNCI (*this document lists each of the 21C states)*

Aligning Accreditation and the Foundational Public Health Capabilities. Public Health National Center for Innovations. November 2018. Aligning-Accreditation-and-the-Foundational-Public-Health-Capabilities-November-2018.pdf (phnci.org)

The Ten Essential Public Health Services. Public Health National Center for Innovations (PHNCI). Created 2020. EPHS-English.pdf (phnci.org)

Healthy People 2030. Social Determinants of Health. U.S. Department of Health and Human Services. Accessed December 1, 2021. https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Colorado

Colorado Public Health System Transformation Core Public Health Services Needs Assessment Report. Prepared by Habile Consulting LLC. January 2020.
final_colorado_cphs_needs_assessment_executive_summary_2020_01.pdf (calpho.org)

Indiana

Indiana Public Health System Review. IU Richard M. Fairbanks School of Public Health. December 2020. indiana-public-health-system-review-fnl-web3.pdf (rmff.org)

Kansas

Kansas Foundational Public Health Services Model Development. Kansas Health Institutes. August 2017. Kansas Foundational Public Health Services Model Development.indd (khi.org)

Kansas Foundational Public Health Services Capacity Assessment. Kansas Health Institute. August 2017. Kansas FPHS Capacity Assessment (khi.org)

State-By-State Comparison of Foundational Public Health Services. Technical Report. Prepared for the Public Health Systems Group. Kansas Health Institute. January 2017. FPHS-State-by-State-Comparison.pdf (kalhd.org)

Massachusetts

Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections. Report of the Special Commission on Local and Regional Public Health. Commonwealth of Massachusetts. June 2019. download (mass.gov)

Foundational Public Health Services and Public Health Modernization

Minnesota
A New Framework for Governmental Public Health in Minnesota. Minnesota Department of Health. June 2019. A new framework for governmental public health in Minnesota (state.mn.us)

Missouri
Acosta, Alexis; Benoit, Marie-Anais; Conway, Ciara; Hughes, Dora; Levi, Jeffrey; Markus, Anne; Regenstein, Marsha; Seyoum, Semret; Trott, Jennifer; and Van Bronkhorst, Hope, "Missouri's Public Health Response to COVID-19: Key Findings and Recommendations for State Action and Investment" (2021). *Health Policy and Management Issue Briefs.* Paper 61.
https://hsrc.himmelfarb.gwu.edu/sphhs_policy_briefs/61/

Our Model: Foundational Public Health Services. #HealthierMO. fphs-overview.pdf (mo.gov)

HOME | HealthierMO. Accessed November 2021. (*this report shows their FPHS graphic with Health Equity and SDOH visually called out across all FC's and FA's).*

Ohio
Costing the FPHS in Ohio: Analysis for FY2019. Final Report. Prepared by Simone Singh, PhD for the Ohio Public Health Partnership (OPHP). September 30, 2021. Costing the FPHS in Ohio (filesusr.com) *(this report describes the Ohio costing tool – a self-administered tool for local health departments with a User's Guide, easily adaptable for use by other states).*

Oregon
Public Health Modernization Manual: Foundational capabilities and programs for public health in Oregon. Oregon Health Authority, Public Health Division. September 2017. Public Health Modernization Manual, September 2017 (oregon.gov)

Washington
Washington State Department of Health. FPHS: Progress Toward Full Funding and Implementation, Transformation, and Improved Health. October 2020. RCW 43.70.515(3). GetPDF (wa.gov)

Service Delivery Demonstration Projects Year 1 Evaluation: Case Studies and Lessons Learned. January 2019. Berk Consulting for the Washington State Association of Local Public Health Officials (WSALPHO) and the Washington State Department of Health (DOH). 2019 FPHS Shared Services Demonstration Projects Year 1 Evaluation.pdf | Powered by Box

A Plan to Rebuild and Modernize Washington's Public Health System. Washington State Department of Health. WSALPHO. Washington State Board of Health. December 2016. FPHS-PublicHealthModernizationPlan2016.pdf (wa.gov)

Appendix A: FPHS Factsheet

Foundational Public Health Services

Overview

Health departments provide public health protections in a number of areas, including: preventing the spread of communicable disease, ensuring food, air, and water quality are safe, supporting maternal and child health, improving access to clinical care services, and preventing chronic disease and injury. In addition, public health departments provide local protections and services unique to their community's needs.

The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes seven capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance Management. Practically put, health departments have to be ready 24/7 to serve their communities. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage them in support of public health protections.

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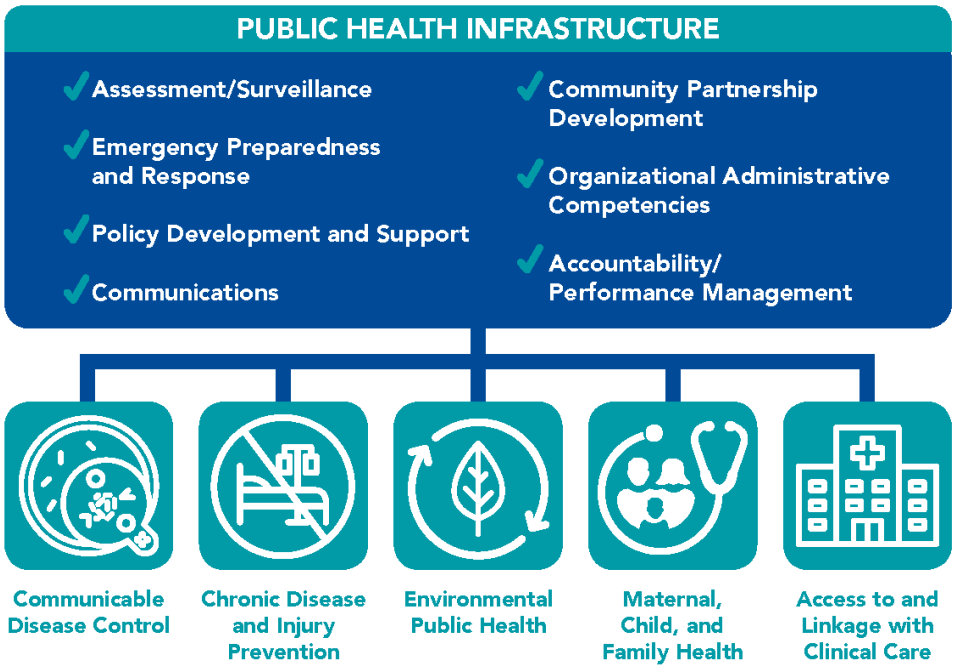

Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.

Public health programs, or foundational areas, are those basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.

Local protections and services unique to a community's needs are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.

Public Health Infrastructure (Foundational Capabilities)

Assessment/Surveillance

- Ability to collect sufficient foundational data to develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. Foundational data include Behavioral Risk Factor Surveillance Survey (BRFSS), a youth survey (such as YRBS), and vital records, including the personnel and software and hardware development that enable the collection of foundational data.
- Ability to access, analyze, and use data from (at least) seven specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable conditions data, (4) certain health care clinical and administrative data sets including available hospital discharge, insurance claims data, and Electronic Health Records (EHRs), (5) BRFSS, (6) nontraditional community and environmental health indicators, such as housing, transportation, walkability/green space, agriculture, labor, and education, and (7) local and state chart of accounts.

- Ability to prioritize and respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.

Emergency Preparedness and Response

- Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.
- Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based, grounded in law, and legally defendable. This ability includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence polices being considered by other governmental and non-governmental agencies within your jurisdiction that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to write and implement a routine communication plan that articulates the health department's mission, value, role, and responsibilities in its community, and support department and community leadership in communicating these messages.
- Ability to develop and implement a risk communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks and associated behaviors.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health prevention strategy (distinct from other risk communications) that disseminates timely and accurate information to the public in culturally and linguistically appropriate (i.e., 508 compliant) formats for the various communities served, including through the use of electronic communication tools.

Community Partnership Development

- Ability to create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.
- Ability to create, convene, and support strategic partnerships.
- Ability to maintain trust with and engage community residents at the grassroots level.
- Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect residents of the health department's geopolitical jurisdiction.
- Ability to engage members of the community in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for partnership development and coordination of effort and resources.

Organizational Administrative Competencies

- Leadership and Governance: Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the public face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction of public health initiatives. Ability to engage with the appropriate governing entity about the department's public health legal authorities and what new laws and policies might be needed.
- Health Equity: Ability to strategically coordinate health equity programming through a high level, strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.
- Information Technology Services, including Privacy and Security: Ability to maintain and procure the hardware and software needed to access electronic health information and to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies needed to interact with community residents. Ability to have the proper systems in place to keep health and human resources data confidential.
- Human Resources Services: Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.
- Financial Management, Contract, and Procurement Services, including Facilities and Operations: Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations.
- Legal Services and Analysis: Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Accountability/Performance Management

- Quality Improvement: Ability to perform according to accepted business standards and to be accountable in accordance with applicable relevant federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards. Ability to maintain a performance management system to monitor achievement of organizational objectives. Ability to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level. Ability to maintain an organization-wide culture of quality improvement using nationally recognized framework quality improvement tools and methods.

Public Health Programs (Foundational Areas)

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop and implement a prioritized communicable disease control plan, and seek funding for high priority initiatives.
- Receive laboratory reports and other relevant data, conduct disease investigations, including contact tracing and notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.
- Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy in accordance with local and state laws and Centers for Disease Control and Prevention (CDC) guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual, at the appropriate level.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease and Injury Prevention

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure, as well as exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and emerging practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant and accurate information to the state, health care system, and community on environmental public health issues and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop and implement a prioritized plan, and seek action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and, identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. housing and urban development, recreational facilities, and transportation systems) and resilient communities.
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child, and Family Health

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and seek funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to and Linkage with Clinical Care

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of health care, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.
- Coordinate and integrate categorically-funded clinical health care.

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