PHAB
Center for Innovation

Foundational Public Health Services Capacity & Cost Assessment

Frequently Asked Questions

Introduction

National recommendations suggest that a "minimum package of public health services"—a suite of skills, programs, and activities—must be available from the public health system everywhere for the health system to work anywhere. The Foundational Public Health Services (FPHS) provide such a framework and sufficient detail to estimate necessary spending to deliver such services.

A capacity and cost Assessment ("Assessment") helps governmental public health agencies assess their role in the governmental public health system and identify resources needed to transform it. This information can inform an agency's decisions about what additional resources they need and how best to allocate resources to meet the needs of their jurisdictions and communities, in support of public health system transformation. The Excel-based FPHS Capacity & Cost Assessment Tool ("the Tool") can assist state and local governmental public health agencies in collecting data for an Assessment to estimate current and necessary resources for governmental public health, according to the FPHS Operational Definitions.

Acknowledgments

The Tool was developed in collaboration with the University of Minnesota School of Public Health with funding and support from the Robert Wood Johnson Foundation.

The PHAB Center for Innovation recognized the need following conversations with the 21st Century Learning Community (21C), where there has been a history of conducting capacity and cost assessments through their statewide transformation efforts. Additionally, the University of Washington (UW) School of Nursing's Public Health Activities and Services Tracking (PHAST) program developed a structural design of this tool for the Uniform Chart of Accounts (UCOA). Using that design and information from other 21C states who have done various types of these

assessments, the CPHS at UMN and PHAB Center for Innovation developed this tool for use with the FPHS Operational Definitions and to be a single comprehensive tool for an Assessment.

Contents

General Questions

Common Concepts for the Assessment

What are the Foundational Public Health Services (FPHS)?

The Foundational Public Health Services (FPHS) were developed in 2013 to define a minimum package of public health capabilities and programs that no jurisdiction can be without. The FPHS includes cross-cutting skills and infrastructure ('Foundational Capabilities, FCs') and programmatic divisions of services ('Foundational Areas,' FAs) that must be available everywhere for the health system to work anywhere. Foundational Capabilities and Areas are a subset of all public health services that (1) must be available to all people served by the governmental public health system, and (2) meet one or more of the following criteria:

- Services that are mandated by federal or state laws.
- Services for which the governmental public health system is the only or primary provider of the service, statewide.
- Population-based services (versus individual services) that are focused on disease prevention and protection and promotion of health.

The FPHS Operational Definitions (detailed responsibility-specific and activity-level definitions for the FPHS) were created for the FPHS. The Operational Definitions for the FPHS framework focus on defining elements that are quantifiable and provide an understanding of the Foundational Capability and Area and its associated responsibilities and activities.

What is meant by 'Foundational' and what services are considered 'Foundational?'

Services considered to be 'foundational' include cross-cutting capabilities (e.g., expertise to deliver public communications, data analytics skills) and community programs (e.g., infectious disease prevention and control, environmental public health). There are certain legislative and executive functions in public health that the government cannot divest of that makes them foundational. These services are described in detail within the FPHS Factsheet and the FPHS Operational Definitions.

Other services delivered by health departments, such as individualized services (e.g., clinical, transactional) or other health care or social services, may be locally important but are not considered foundational ('Community-Specific Services'); these services are not the focus of this Assessment and should not be conflated with foundational services, even if they meet critical needs in the community. Health departments have become safety net providers or providers of last resort for many health care and social services that address community needs but do not meet the criteria listed above. These include many other typical individualized public health

services such as enrolling individuals or administering benefits to those enrolled in Women, Infants, and Children (WIC); providing visits to a family as part of Family Home Visiting (MIECHV); and distributing equipment to individuals through Child Passenger Safety for Child Seats. However, keep in mind that these programs may also include 'foundational' aspects, such as public education or developing policies or systems that will serve the population. Please think critically about the work actually being performed to determine whether there is a share of that work that is population-based and, therefore, foundational.

One resource that might be helpful in distinguishing foundational from community-specific services is PHAB's Scope of Authority Policy. While that policy was developed to identify which public health services fall within the accreditation scope of authority, it provides specific examples of activities that are considered population based and those that are not, in such areas as WIC, behavioral health, contact tracing, and others.

What is a FPHS Capacity & Cost Assessment?

A capacity and cost assessment ("Assessment") helps governmental public health agencies assess their role in the governmental public health system and identify resources needed to transform it. This information can inform an agency's decisions about what additional resources they need and how best to allocate resources to meet the needs of their jurisdictions and communities, in support of public health system transformation.

The Assessment will provide an understanding of costs, expertise, and capacity toward the national FPHS framework. Information from the Assessment can be used to:

- determine how best to allocate resources to meet the needs of their jurisdictions and communities;
- consider options to shift resources within the organization;
- identify opportunities to share resources and/or services across agencies; and
- advocate for funding.

What is the difference between a pass-through and transfer fund?

Pass-through spending, similar to contracting, occurs when funds received by one organization ("recipient") are then provided to another organization ("sub-recipient"), including the original funding terms and conditions. You may estimate pass-throughs based on historical data, but should also consider where additional pass-throughs may occur (e.g., if the agency expects an increase in revenues).

Transfers occur within governmental public health agencies that use fund-based accounting. In fund-based accounting, when funds are moved from one fund to another that is recorded as a transfer. For example, your agency might have a 'current expense fund' that it transfers money from to bolster a grant fund. You do not need to track or estimate the cost of internal transfers but should estimate any anticipated transfers from your agency to other departments of your government.

General Questions About the FPHS Capacity & Cost Assessment

Do we conduct the Assessment only as an agency (complete one Tool) or can we participate in a statewide Assessment (each agency completes one Tool)?

The Tool was designed to be completed by a single agency and may be easiest to complete as a small- to medium-sized agency without a complex organizational structure (i.e., least challenges in responding to different worksheets in the tool). However, large or complex agencies may also complete the Tool, being mindful of the need to coordinate across their agency. A single agency (local or state health department) may complete their own Tool for their own jurisdiction or many agencies within a state-local system may complete their own Tools and have a central coordinating body (e.g., state health department) combine findings across the Assessment. See the question below about aggregating data for a statewide Assessment.

Who should complete this Assessment within an agency?

The Assessment is a team process that will require the input of leadership, financial, and program staff. Please see the FPHS Assessment Decision Guide for additional guidance.

How long will it take to complete the Assessment?

The time it takes to complete the Assessment will vary significantly from agency to agency based on a number of factors, including, agency size, complexity of personnel or accounting data, and available time and resources. The lengthier tasks to complete within planning for and using the Tool are planning efforts, self-assessment, current implementation, and full implementation sections. Accessing available technical assistance early may reduce time to complete.

A recommended timeframe to plan for gathering information and filling out the Tool in a statewide Assessment is six to eight weeks.

Is it possible to freeze headings in place?

Yes, you can freeze rows and/or columns based on your viewing preferences. To freeze a row or column, open the FPHS Capacity & Cost Assessment Excel. Highlight the column to the right of the column you would like to freeze. Select View from the menu, then Freeze Panes, then select Freeze First Column or Freeze Panes. Please view Microsoft Office's instructions for the most current instructions.

Can health departments collaborate with other health departments within a statewide Assessment?

Yes, this is perfectly allowable and even encouraged to facilitate consistency and quality. It will be up to each local or state health department to be mindful of what information may ethically or legally be shared and also be cognizant of differences in accounting mechanisms or programs.

In the event that multiple health departments may share resources or deliver services on another's behalf, it may be critically important that those health departments are in alignment on their responses to service delivery questions (e.g., County A and County B both report sharing with one another) and that health departments' full implementation estimates account for resources shared (e.g., County A pass-throughs) and effort and spending for activities in both jurisdictions (e.g., County B effort and spending).

The FPHS Assessment Decision Guide provides detailed guidance for handling resource and services sharing.

What data do we need for this Assessment?

Assessments (and the Tool) rely upon a variety of administrative and financial data and perspectives from your agency, such as agency financial policies, accounting data, and payroll data.

The FPHS Assessment Decision Guide provides detailed guidance for preparing for and conducting an Assessment and describes data to be collected and used.

How should we address service and resource sharing in our Assessment?

There are many instances where health departments may partner to deliver services or may exchange resources with another organization. This may occur between public bodies or governments (i.e., "cross-jurisdictional" sharing or delivery), between public and private organizations (i.e., cross-sectoral collaboration), within a government (i.e., intra-governmental collaboration), or when health departments may be a part of a combined health and human services or 'umbrella' agency. Keep in mind that the Tool is designed to track a single agency's resources and needs. When service and resource sharing may be present, care should be taken to

appropriately track data, especially if sharing may occur between agencies each completing their own Tool in a statewide Assessment.

The FPHS Assessment Decision Guide provides detailed guidance for these complex situations.

Accessing Resources and Requesting Assistance

How can we access the FPHS Capacity & Cost Assessment Tool?

The Excel-based FPHS Capacity & Cost Assessment Tool ("the Tool") can assist state and local governmental public health agencies in collecting data for an Assessment to estimate current and necessary resources for governmental public health. We ask that you access the Tool by completing the brief access form, available on PHAB's FPHS Capacity & Cost Assessment webpage (click, "Access the Tool"). You will then be redirected to download the Excel tool.

What technical assistance resources are available for the FPHS Capacity & Cost Assessment?

Companion guidance is available on PHAB's FPHS Capacity & Cost Assessment webpage, accessed through completion of a brief form. The Assessment Tool Instructional Guide offers detailed instructions for use of the Tool and describes features and functions of its different worksheets. The FPHS Operational Definitions, available within the Tool and as a separate document, offer detailed responsibility-specific and activity-level definitions for the FPHS.

The FPHS Assessment Decision Guide provides detailed guidance for preparing for and conducting an assessment and approaching complex decisions and situations within an assessment.

Who do we contact for additional technical assistance, including if our specific question is not answered in available guidance?

PHAB is available to discuss using the FPHS Capacity & Cost Assessment with health departments and state systems seeking systemwide transformation – email questions to info@phaboard.org.

Conducting the FPHS Capacity & Cost Assessment

Allocating Effort and Expenditures

What if we do not know which Foundational Capability or Area a service falls under?

The FPHS Operational Definitions, available within the Tool and as a separate document, offer detailed responsibility-specific and activity-level definitions for the FPHS that may help with these determinations.

We partner with other organizations to deliver services in our jurisdiction; how do we account for this when allocating effort and expenditures?

The Tool is designed to track a single agency's resources and needs. Care must be taken to not conflate other agencies' effort or spending with your own agency's.

- If your agency contracts with or passes through funds to another organization, do not include that organization's FTE with your agency's FTE.
- If your agency contracts with or passes through funds to another organization*, allocate those expenditures in their respective financial categories across the FPHS or community-specific services that best represent activities performed by that organization.

  * *If participating in a statewide Assessment and your agency provides financial resources to another agency participating in the Assessment, include those expenditures as a pass-through expense, not contractual.*

The FPHS Assessment Decision Guide provides detailed guidance for addressing complex sharing arrangements.

Should we include overtime hours worked by salaried employees that did not result in additional compensation?

The Tool is designed to capture personnel effort in accordance with their compensation. Salaried exempt staff are compensated to their full appointment whereas hourly staff are compensated based on hours worked (including overtime). As such, salaried exempt staff could only have worked a maximum of 1.00 FTE for their position while hourly staff may have worked (and been compensated for) greater than 1.00 FTE. Agencies are recommended to not include uncompensated overtime for exempt staff.

The FPHS Assessment Decision Guide provides detailed guidance for addressing personnel effort decisions.

How do we report vacant positions or other unused resources for the Assessment period?

The purpose of the Assessment is to estimate actual expenditures toward the FPHS. It may be likely that your agency had vacant positions for part or all of the Assessment period (e.g., person hired mid-year, person who left position mid-year) or revenues that were received but not expended. Please do not report vacant or unused FTE nor unallocated funds, only those that were "on your books" for the assessment period. However, you may consider including those vacant FTE or unused funds when estimating needs for the full implementation estimates.

How should we allocate time not associated with delivering services, such as paid time off or staff development?

Within the Tool, there is not a special category for paid time off or other "non-delivery effort." For the purposes of this Assessment, effort directed toward non-delivery purposes should be distributed proportionally with other effort. Keep in mind, however, any effort directed toward serving individuals or other non-foundational public health activities should be allocated to "community-specific services."

The FPHS Assessment Decision Guide provides detailed guidance for effort allocation decisions.

What minimum effort or financial resources are worth estimating for allocation?

Keep in mind that data collected within an assessment should derive a planning-level estimate, not exact figures. The Tool will accept extremely small effort or spending values but your agency may not want to scrutinize resources below 0.05 FTE (equivalent to 2 hours per week or 104 hours per year) or $5,000 (5% of $100,000 expenditure).

For current spending allocations, if there were 0.00 FTE or $0 dedicated toward a foundational capability or area in that time period, report 0.00 FTE or $0. Ensure you allocate 100% of your FTE and spending.

For full implementation estimations, consider ensuring a minimum FTE and/or spending for each Foundational Capability and Area (e.g., 0.50 FTE, $50,000), even if you anticipate another organization to have a substantial responsibility for that service. The Public Health Workforce Calculator ("the Calculator") may be beneficial for estimating minimum FTE. The Calculator is intended for use by local public health agencies in decentralized public health systems that serve less than 500,000 residents. The Calculator may still be used by governmental health departments that do not meet these specifications but accuracy of outputs may be diminished; please refer to the User Guide for the Calculator to find limitations for its use.

How should we allocate FTE and labor costs for staff that work across multiple FPHS or community-specific services?

It is common to have staff that work across programs and, especially, to have different staff dedicating time to your health department's capabilities (i.e., infrastructure and expertise) while working within a specific area (i.e., program). Starting with the total FTE for each occupation, estimate the amounts of that FTE that contributed to population-based services within their respective capability or area, with the remaining FTE that is dedicated toward individual or non-public health services being entered into community-specific services.

The FPHS Assessment Decision Guide and Assessment Tool Instructional Guide provide detailed guidance for allocating effort and expenditures.

How do we allocate the FTEs completed by volunteers or people paid below market value (e.g., interns)?

Volunteers and unpaid interns would not be included in your FTEs nor personnel spending, so they should not be included in the labor sections (i.e., Salaries, Wages, and Fringe) of the Tool.

For paid interns, we encourage you to describe that effort and expenditures in comment sections of the Tool according to how you account for them in finances. If, however, paid interns are included in personnel accounting as hourly staff (with tracked FTE, salary, and benefits), then they would be included in the labor sections of the tool. Or, if paid interns receive a stipend or are paid via contract, those paid interns should be included in the Contracts sections of the Tool.

Should I add contract FTEs in with regular FTEs?

Health departments may contract for human resources to assist in the delivery of services, either short- or long-term. For the purposes of this Assessment, only report FTEs for employed persons, not contracted persons in the labor sections (i.e., Salaries, Wages, and Fringe) of the Tool. Any contractual work should be included in the Contracts sections of the Tool.

How should we allocate indirects or cost allocations that we make to our government(s) (e.g., local government, state government)?

Many governmental public health agencies pay an overhead or indirect rate to their City County, or other superordinate government. Others may have internal administrative rates paid by their internal divisions, departments, or units to support agency administration. These overhead and indirect rates are often set by formula to allocate the administrative costs of their agency across the programmatic elements.

Depending on the structure of the formula for overhead or indirect rate, you may be able to use it to allocate to the FPHS. If the formula used to generate your overhead or indirect rate was based

on different services and infrastructure, you could potentially allocate to the FPHS. If no formula exists or if the formula may be too obscure or opaque to easily allocate, you may need to rely upon financial or program staff expertise to allocate.

Self-Assessment Questions

In the Self-Assessment section, how do we determine the expertise and capacity of our health department?

You will be asked to self-assess the 'expertise' and 'capacity' with which each FPHS capability, area, and headline responsibility are delivered:

- Expertise is the knowledge, skills, education, and experience needed to implement the headline responsibility or activity.
- Capacity is the staff and/or other resources with the materials and supplies to implement the headline responsibility or activity.

Given that your agency may not have data to evidence implementation for the self-assessment items, this activity will be fairly subjective. Your agency should aim to be as accurate as possible and take notes where appropriate (to revisit decisions at a later date). You may also want to consult with other assessments that the health department has conducted. For health departments pursuing accreditation, a PHAB Readiness Assessment or Site Visit Report might provide useful information in considering the expertise and capacity to deliver the FPHS.

A recommended approach is to bring together staff across the agency and even invite external partners to engage as many viewpoints as possible.

In the Self-Assessment section, should our expertise and capacity scores reflect normal service needs even if the Assessment period included atypical activities?

Your self-assessed expertise and capacity should relate to the same time period as the current spending data. This enables your agency to establish a relationship between your perceived level of implementation and resources expended. While you may prefer to report a hypothetical "normal" scenario that does not include atypical activities (e.g., response to COVID-19 pandemic), it is important for data in the Assessment to be as consistent as possible.

In the Self-Assessment section, should our expertise and capacity scores reflect cyclical activities common to our agency, even if they did not occur in the reporting period?

Your self-assessed expertise and capacity should relate to the same time period as the current spending data. This enables your agency to establish a relationship between your perceived level of implementation and resources expended. While you may prefer to report a hypothetical scenario that includes activities that may occur in any given year (e.g., community health assessment), it is important for data in the Assessment to be as consistent as possible.

Service Delivery Questions

For the service delivery questions in the Self-Assessment section, should we consider resource and service sharing within our county government or only arrangements outside of our health department and its government?

The intent of these questions is to identify sharing with another agency or organization. If you receive or share services "intra-governmentally" or "inter-departmentally" within your own government, do not list those arrangements in the service delivery questions.

For the service delivery questions in the Self-Assessment section, how do we indicate the extent of our agency's responsibility when a partner may deliver a service or program on our behalf?

After responding to how a headline responsibility, capability, or area may be shared in your jurisdiction (i.e., "Sharing (my jurisdiction)") and listing those partners (i.e., "Partners (my jurisdiction)"), your agency should report "Percent Delivered by Agency." This percentage is subjective but estimate to the best of your knowledge.

See the Assessment Tool Instructional Guide for additional guidance.

Estimating Resources Needed to Fully Implement the FPHS

How do we estimate resources that are needed to fully implement the FPHS, given that public health service needs vary over time?

You should estimate the resources needed to fully implement the FPHS based on the service needs of a "normal" year, accounting for minor or short-term events or surge responses. Those minor or short-term events or surge responses should reflect the typical nuisances, public health risks, incidents, and outbreaks that you might address in any given year and do not include major emergencies and incidents (e.g., widespread chemical spill, COVID-19 pandemic). You should also consider estimating resource needs for cyclical activities (e.g., community health assessment) by

estimating the effort and spending needed for that activity and dividing those costs equally across the length of the cycle (e.g., divide by 3 if community health assessments occur every 3 years).

The FPHS Assessment Decision Guide provides detailed guidance for how to estimate full implementation needs.

Which time period should we consider for the full implementation estimations?

Estimates of the full cost of implementation of FPHS are intended to be forward-looking. Those estimates should be based on present rates and expenses (e.g., current compensation rates), rather than for the reporting period (past fiscal years' compensation rates). Agencies, however, may opt to base costs on a future time period (e.g., upcoming fiscal year) or adjust to reflect an ideal or likely scenario (e.g., competitive compensation). Finance staff may be well-suited for assisting with estimating rates and costs for a future period. If you opt to use different costs or rates from those in the most recent fiscal year, be sure to note this in your Assessment.

How should we estimate the full implementation cost of a service where there are external factors that prevent our agency from fully implementing the service?

External impeding factors that cannot be resolved through financial means ("non-financial barriers") may limit an agency's ability to fully implement some services. These barriers may include an inability to receive position authorizations or other limitations on your agency. Consider describing any existing barriers within comment fields in the Tool. It is encouraged that agencies make full implementation decisions based on what resources would be necessary to fully implement FPHS in their community, regardless of financial or non-financial barriers.*

**If participating in a statewide Assessment, it is important that all participating health departments follow the same approach toward considering financial and non-financial barriers.*

How should I determine the salary of a position or FTE that is needed for full implementation?

To estimate the cost of each FTE, you may opt to use your current salary and benefit rates (based on current staff or an agency salary schedule) or consider rates for a future time period (e.g., upcoming fiscal year) or that reflect more competitive compensation. If you opt to use different compensation rates from those in the most recent fiscal year, be sure to note this in your Assessment.

If you include FTE related to an occupation that is "new" to your agency, we recommend reaching out to partner agencies to understand typical rates for that position in your area or researching those positions through resources such as Public Health Degrees.

The FPHS Assessment Decision Guide provides detailed guidance for how to estimate full implementation needs.

Other Questions

Other Questions Relevant to the Assessment

What common pitfalls may we aim to avoid when conducting the Assessment?

- Agencies may opt to use BUDGETED FTE, expenditures, etc. rather than ACTUAL FTE, expenditures, etc. For this Assessment to work, agencies should only report actual resources expended—both totals and those related to FPHS.
- Agencies may conflate individual or clinical services with 'foundational' services when allocating current effort and expenditures or when estimating effort or expenditures needed to fully implement FPHS. Those should ONLY include effort and expenditures on population-based, mandated, or government reserved services. Keep in mind, however, any effort directed toward non-public health services or serving individuals should be allocated to "community-specific services."
- Participants may underestimate effort and spending needed for Full Implementation of FPHS. Use of the Calculator may establish ballpark resource needs but many prior participants have not fully considered their needs; please refer to the User Guide for the Calculator to find limitations for its use.

Do we need to enter data into all of the fields or is there some minimum set of data needed to function?

The Tool is designed to be as simple and streamlined as possible and many fields were removed from prior versions of the tool as they were not critical for assessing capacity and cost. Some of the fields may be somewhat less critical:

- FTE, expenditures, and revenues for the two fiscal years prior to the most recent year are necessary only for analyzing the Assessment in context;
- contractual staffing estimates are only used internally by the agency;
- service delivery questions for services delivered in other jurisdictions are only used internally by the agency; and

- The Calculator is an optional tool to assist in estimating ballparks for staff needed to fully implement FPHS; please refer to the User Guide for the Calculator to find limitations for its use.

Is the Tool available in formats other than Excel?

PHAB is planning to build a web-based platform through which health departments can enter their data for the Assessment and ultimately be able to see how their data compare with aggregate data from other health departments. To learn more about this, please contact info@phaboard.org.

Is there additional guidance about how to aggregate and analyze the data if conducting a statewide Assessment?

There are many complexities involved in adequately analyzing a statewide Assessment (e.g., variable weighting, standardization of variables and other adjustments, regression modeling). Public health systems that are considering implementing the Assessment statewide in order to understand gaps and strengths across the system to support transformation, are encouraged to reach out to PHAB. Email info@phaboard.org and PHAB will discuss potential resources to support this effort.

If participating in a statewide Assessment where agencies may operate according to different fiscal years (e.g., January-December, July-June), will the Tool automatically adjust for those differences?

Agencies operating on different fiscal periods may present small but substantial challenges when calculating statewide estimates. There may have been unequal opportunities for receiving revenues or completing expenditures or there may have been major incidents that unequally affected some jurisdictions based on timing. The Excel-based Tool is not designed to connect to other Excel files to unify or align fiscal periods. Those persons coordinating the statewide estimate can use different agencies' fiscal periods and inflation data to adjust spending to align agencies' data.

If participating in a statewide Assessment where agencies may operate according to different full-time equivalent definitions (e.g., 2080 hours, 1750 hours), will the Tool automatically adjust for those differences?

Agencies operating on different FTE definitions may present small but substantial challenges when calculating statewide estimates. A person working 1.00 FTE at 2080 hours can contribute more effort than a person working 1.00 FTE at 1750 hours. Those persons coordinating the

statewide estimate can use different agencies' definitions to standardize agency FTEs across the state (e.g., align to denominator of 2080 hours).

Additional Uses of Assessment

Can data collected in the Tool or within an Assessment be used to inform the establishment of new public health authorities or districts?

The data collected in the Tool or within an Assessment may be used in a variety of ways for system transformation. Strengths, weaknesses, and gaps identified from Assessment data (e.g., capacity, expertise, resourcing) may identify potential opportunities for expansion of services or sharing of resources and services. The data collected within the Tool, however, may not be sufficient for this purpose and additional activities may be needed (e.g., survey on perspectives and interests, policy analysis). This tool can be used alone or in conjunction with other assessments to plan way efforts to transform the public health department and/or system and to understand and advocate for the funding needs and investments needed into the FPHS to truly support transformed public health systems.

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The Foundational Public Health Services Capacity & Cost Assessment was developed in collaboration with the University of Minnesota School of Public Health.