

FPHS Planning Guide

USING FOUNDATIONAL PUBLIC HEALTH SERVICES TO TRANSFORM PUBLIC HEALTH



Contents

Purpose

What are the Foundational Public Health Services (FPHS)?

How can the FPHS transform public health and improve population health?

Getting Started

Planning Resources and the FPHS Assessment

Preparing for System, Policy, and Investment Changes

Other Considerations

Examples from 21st Century States

Introduction

New public health issues emerge every day, from an increase in natural disasters to gun violence as a public health issue. Governmental public health departments are responsible for protecting their communities' health and are evolving to keep up with dynamic community needs. However, they are constrained by an outdated infrastructure and communities or partners that do not understand their role and value. Public health funding for infrastructure and programs has declined while the need for public health services has grown. The result is underfunded governmental health departments, with outdated and crumbling infrastructures, straining to deliver services to communities. Given these challenges, many departments are evaluating options to do their work differently and are being called upon to modernize their systems as they work to improve population health.

One possible avenue to answer the call to modernize is the adoption and implementation of the foundational public health services (FPHS) to inform systems change and transformation. The FPHS are defined as a "minimum package of services" that must be available in health departments everywhere for the health system to work anywhere.

Purpose

The purpose of this guide is to provide interested health departments with the key components to consider before planning the FPHS implementation process. It is based on learnings from four states that have been implementing this work, with support from the [Public Health National Center for Innovations \(PHNCI\)](#), over the past several years.

While the FPHS can be implemented by individual health departments, it is highly recommended that multiple departments work together as a system to ensure that a minimum package of services is available across a geographic area. Participants may include the [state health department \(SHD\)](#) and some or all the [local health departments \(LHDs\)](#) in that state or [state association of county and city health officials \(SACCHO\)](#) working with LHDs.

Health departments may have different entry points to the FPHS planning and implementation process; therefore, this guide is designed to be flexible. Departments may choose to plan for complete and full implementation of the FPHS at the outset or to implement the process over time, achieving the FPHS in a more incremental fashion. This guide does not provide step-by-step instructions to implement the FPHS but does provide key considerations for exploring the FPHS at various points in the planning process based on lessons learned.

In this context, implementation of the FPHS includes:

- Defining the problem faced by the governmental public health system and determining if the FPHS implementation can help address the problem.
- Identifying governmental public health leaders willing to commit and spend the time necessary for planning, consensus building, and implementing the FPHS.
- Committing the time and resources to assess the current governmental public health system and determine the gaps for future action.
- Understanding that change is difficult for any organization and that ongoing communication, commitment, and engagement are essential.

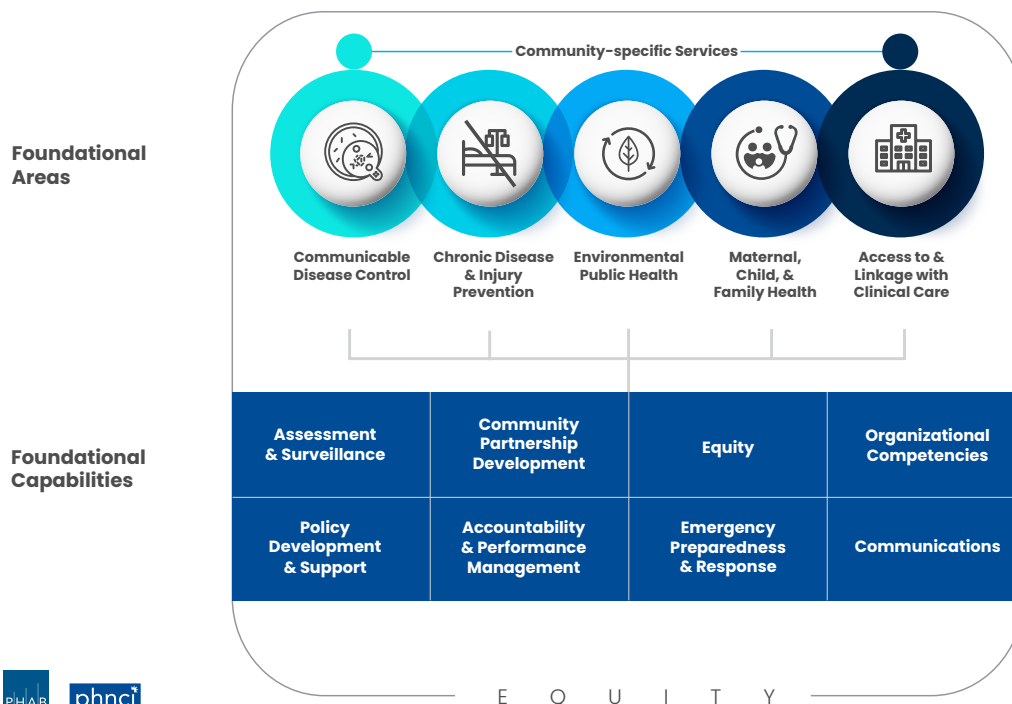
Implementation of the FPHS is a complex process that requires coordination among multiple governmental public health partners and long-term commitment. Careful planning is needed to implement the FPHS, and this guide offers considerations based on learnings from the field.

What are the Foundational Public Health Services?

Beginning in spring 2013, the [Public Health Leadership Forum](#) convened to explore a recommendation from the Institute of Medicine report, [For the Public’s Health: Investing in a Healthier Future](#), to create a “minimum package of services;” in other words, the suite of skills, programs, and activities that must be available in health departments everywhere for the public health system to work anywhere, and for which costs could be estimated. The result was a conceptual framework, the [Foundational Public Health Services \(FPHS\)](#), that no health department should be without.

The following depicts the FPHS graphically:

Foundational Public Health Services



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.

These include:

- **Assessment & Surveillance.** The ability to track the health of the community through data, case findings, and laboratory tests, with particular attention to those most at risk.
- **Emergency Preparedness & Response.** The capacity to respond to emergencies of all kinds – from natural disasters to bioterrorist attacks.
- **Policy Development & Support.** The ability to translate science into appropriate policy and regulations.
- **Communications.** The ability to reach the public effectively with timely, science-based information.
- **Community Partnership Development.** The capacity to harness and align community resources to advance the health of all community members.
- **Organizational Competencies.** The ability to lead internal and external stakeholders to consensus and action, with a particular focus on advancing health equity in communities. These include leadership and governance, health equity, information technology services including privacy and security, human resources, financial management, legal services, and analysis.
- **Accountability & Performance Management.** The ability to apply business practices that assure efficient use of resources to achieve desired outcomes and foster a continuous learning environment (e.g., quality improvement).
- **Equity.** The ability to address social and structural determinants of health through policy, programs, and services, integrated throughout the FPHS, strategic priorities and accountability metrics.

Public health **programs or Foundational Areas** are those basic public health, topic-specific programs aimed at improving the health of the community affected by certain diseases or public health threats. These include:

- Communicable disease control
- Chronic disease and injury prevention
- Environmental public health
- Maternal, child, and family health
- Access to and linkage with clinical care

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.

Since the time of original publication, the FPHS have been tested by the governmental public health systems (i.e., state, local, and Tribal health departments, usually working together) in [Kansas](#), [Ohio](#), [Oregon](#), and [Washington \(21st Century states\)](#). This guide is based on their experiences with the FPHS.

How can the FPHS transform public health and improve population health?

The FPHS are based on the idea that where a person lives should not determine the level of public health services available. There is growing interest in exploring the value of using the FPHS as a tool to transform the governmental public health system. The FPHS:

- [Communicates the minimum package of services needed everywhere](#), focusing on what services need to be delivered, while leaving room for individual communities to decide how to deliver them.
- [Provides a common language](#) that can be also be used to inform health department structure or service delivery.
- [Can be assessed](#) to identify the degree to which the FPHS is being achieved, current investments in the FPHS, and the funding needed to fill identified gaps.
- [Can be used as an organizing tool](#) for strategic planning by identifying the capabilities or programs not being fully implemented and that need additional focus and resources.
- [Connects clearly to national initiatives](#), such as [public health accreditation](#).

A health department with sufficient existing infrastructure has more capacity to provide leadership and successfully partner in efforts to protect and improve population health.

What are the key FPHS implementation planning components?

Component 1: Getting Started

Before launching a planning process, it is important to be clear about the problems that need to be addressed and to convene the governmental public health leaders needed for a successful change process.

Governmental public health leaders include:

- State Health Officer (SHO)
- Local Health Department (LHD) Commissioners, Directors, or Administrators
- State associations of county and city health officials (SACCHO)
- Board of Health members
- Tribal leaders

One of the lessons learned from implementation efforts is the importance of partnerships within and outside of the governmental public health system. SACCHOs have been cited as a critical partner for furthering the FPHS work.

These governmental public health leaders set the vision, engage others as needed, and make decisions. This group will also determine whether to make funding and policy requests of the state legislature and oversee any investments and performance measures. Here are some of the key steps leaders should take to get started:

[Identify the problem](#). Many health departments and communities face similar challenges, including:

- A chronically underfunded governmental public health system at or beyond capacity.
- Disparities in funding and capacity across the governmental public health system.
- Demographic changes in the population (e.g. increasing numbers of seniors).
- Populations with severe health challenges, such as chronic diseases and behavioral health conditions.
- Health inequities among various population groups and geographic areas.
- Governmental public health and other partners not working together as effectively as possible to address community health issues.

Inventorying the strengths and challenges of the current governmental public health system provides an opportunity to assess whether there is a common understanding of the problems. It enables an evaluation of whether systems change and investments, through the FPHS

implementation, could help address the problems and contribute to improving population health.

Questions to Consider

The answers to these questions will help determine which next steps are needed and the level of engagement necessary to move forward with full or incremental implementation of the FPHS.

- » Is a stronger governmental public health system essential to addressing the problem(s)?
- » Would strengthening an element of infrastructure, as described in the capabilities, or a program area help better address a community health problem, such as the opioid epidemic or an increase in vaccine preventable diseases?
- » Are the key governmental public health leaders engaged? These leaders will vary, but usually include state and local health officials, and SACCHO and Tribal leadership, if present.
- » Do the various entities of the governmental public health system work together as a system?
- » Is there an existing coalition of governmental public health departments and other partners with a history of collaboration and joint planning? If not, is it possible to form a group for this purpose?
- » Are the governmental public health leaders willing to invest the time and resources in FPHS planning and implementation? Can staff be provided to help coordinate the planning process?

Assess the level of understanding about governmental public health's essential role and the need for change among key governmental public health leaders and other partners. Given the requirement of time and resources, it is important to understand whether leaders and partners are coming to the table with similar motivations. At a minimum, a quick assessment of the attitudes of the groups below should be conducted. It is unlikely that all partners will be completely aligned, and many will need to balance other priorities. However, this helps to gauge the level of support and determine the type and level of engagement and communication needed.

Groups to consider:

- Governmental public health leaders: state, local, and Tribal
- Legislators and other elected officials
- Healthcare delivery partners
- Business leaders and other state or local policy influencers
- Stakeholders, including the general public

Coordinate with other transformation efforts underway where possible. Identify existing efforts that could be aligned with the FPHS implementation planning, engage the appropriate leaders, and determine if coordination is feasible and desirable. This can decrease the risk of stretching existing leaders and partnerships and prevent 'transformation fatigue'.

Possible existing transformation efforts include:

- A community health assessment (CHA) or state health assessment (SHA)
- A community health improvement plan (CHIP) or state health improvement plan (SHIP)
- [Public health accreditation](#)
- Health system mergers and consolidations
- Medicaid reform
- Other reform efforts

Find a thought leader who can spark the conversation and engage the governmental public health leaders and other partners critical for success. A successful FPHS process requires at least one visible and credible governmental public health leader to start the process, engage others, build and maintain trust, and as time goes on, motivate and inspire others to continue the work.

Every governmental public health system is different, but possible thought leaders include one of the following:

- State health official
- LHD commissioner, director, or administrator
- SACCHO director
- Tribal chairperson
- Elected official, such as a commissioner or legislator
- University leader or researcher
- Public health institute leader

Recruit public health leaders and partners to serve on a leadership council. Identify governmental public health leaders and other partners who must be engaged and included throughout the entire planning process. These partners can be the formal leadership council and serve as the core planning group. The core membership will vary by state, depending on the composition of the governmental public health system and current partnerships. It can help to include elected officials and other interested parties, such as researchers or foundation leaders, who share the vision for transformation and can provide an objective perspective.

Possible council members could include any or all of the following:

- SHO or designated SHD executive leadership staff
- LHD commissioners, directors, or administrators
- SACCHO director
- Local or state policy makers
- Tribal leaders

- Others, such as university leaders or foundation directors

This leadership council should be chartered with a clear charge and decision-making authority.

Leadership Council Examples

In Oregon, council membership is specified in [state statute](#).

In Kansas and Washington, the leadership councils are less formal and evolved from long-standing collaborations.

In Ohio, the effort is led by the [Ohio Public Health Partnership](#), a partnership of five public health member organizations.

If there are federally recognized Tribal governments in the planning area, formally engage with leaders early on and invite them to participate. Tribal leaders will decide if they want to engage in the planning process and, if so, should be invited to join the leadership council.

An important role for the leadership council is to set the vision for the work, incorporate it into the process, and include it in all key messages. The vision will drive the process and is a critical tool to keep the work moving forward.

The leadership council needs to identify the desired outcomes and the performance metrics for implementing the FPHS. Securing additional funding to support public health infrastructure is likely a goal, but it is important to think about what else is needed. This could include standardizing and improving processes, identifying new service delivery models, updating public health statutes, or addressing equity issues.

The performance metrics for the FPHS implementation need to be realistic and serve as a measurement tool for progress. These are also an important accountability tool for policy makers, particularly if funding is allocated to the governmental public health system.

Outline any policy changes needed to implement the FPHS, such as changes in state statutes or definitions of public health services. If changes are needed, identify legislative champions early and engage them throughout the process. These champions can serve on the policy advisory committee (see below) or be engaged with individually. It is important to provide them with clear, consistent key messages and ongoing updates.

Decide when and how to engage other key cross-sector partners or organizations as a policy advisory group. These partners usually do not serve on the formal leadership council but serve as advisors. If a desired outcome of the FPHS work is additional funding and/or policy change, these additional champions can provide helpful guidance on key messages and prioritization. They may also be needed to help make the case for public health with elected officials, with their members/constituents, and as part of the public conversation.

Policy advisors could include:

- Policy makers, such as legislators or other elected officials, not already serving on the leadership council
- Health care leaders
- Community-based organizations
- Business leaders
- School superintendents
- Public safety officers

Component 2: Planning Resources and the FPHS Assessment

Fully implementing the FPHS will require an intensive multi-year planning and implementation process. Successful planning requires coordination, frequent meetings, access to program and population data, investment tracking, and ongoing communication and engagement with partners. As noted above, the leadership council needs to set the vision for the work and identify the desired outcomes that answer the question what will success look like? Full implementation of the FPHS does not need to be the initial objective.

The FPHS can be implemented incrementally based on resource availability and other public health priorities.

What planning resources are needed – what is it going to take? Before moving ahead with the planning process, identify and allocate the resources needed for successful planning and ongoing coordination.

Successful planning includes human, technological, and financial resources, including:

- Dedicated staff time for planning and coordination with clear roles and responsibilities (described in Appendix A)
- Meeting planning, including materials preparation, and logistics
- Facilitation of the leadership council, policy advisory committee, and other ad hoc groups
- Staff time for meetings, including travel and assignments
- Communications and partner engagement
- Financial modeling to determine the impact of future FPHS investments
- A financial system to track current and future FPHS investments
- Capacity to develop funding requests and required documentation if awarded
- Population or program data
- FPHS assessment process (see below)

Assessment

A key component of the planning process is to assess the current capacity and coverage of the governmental public health system to deliver the FPHS using data from each health department. The assessment estimates the gap between current investments and capacity and what would be needed for full implementation providing a current snapshot of the system.

States that have undertaken an assessment process have found the information valuable not only to measure system capacity and cost, but for legislatures that have requested that funding proposals include more details on “what the money would buy.” That said, completing the assessment requires significant effort from departments that are already feeling under-resourced. Extensive planning and discussion with state and local health departments about the time required to complete the assessment and the benefits it will provide is needed well in advance of the launch.

The assessment can be designed and completed by a third party, such as a contractor or a university center, or it can be led by one or more of the governmental public health system partners.

Resources needed to complete the assessment will vary depending on the scope of the effort, number of staff and agencies engaged, staffing and financial data availability, reporting requirements, legislative engagement, frequency of meetings, and other considerations.

What does the assessment process include?

Before implementing the FPHS, a process needs to be designed and conducted to assess the current capacity of the system. Key steps in the assessment process are to:

- Identify and engage all parts of the governmental public health system (e.g., SHD, LHDs, Tribal nations, governing entities).
- Establish methods, which might include a work group, to:
 - » Review and adopt or modify the [national FPHS definitions](#)

- » Develop planning assumptions and other criteria needed to help guide the process
- Identify the resources necessary to conduct the assessment, which includes:
 - » Engaging a contractor or partner to develop and implement the assessment
 - » Designing the assessment tool
 - » Developing the assessment process
 - » Implementing the assessment tool process, including providing training and technical assistance throughout the process
 - » Reviewing and analyzing the results, including following up on any outliers and anomalies
 - » Preparing reports and other materials
- Complete the staffing capacity and financial assessment tool to determine the level of the FPHS implementation and the current investments by capability and program.
- Estimate the staffing and funding needed for full implementation. This is typically assessed for the current system with the acknowledgement that future changes to the system could have an impact on the needs.
- Based on the results of the assessment, develop recommendations for funding and possible service delivery changes, including statutory changes, needed to support the FPHS for review by the leadership council.

Assessment Examples

Recent assessments by [Oregon](#) and [Washington](#) looked at the current level of implementation provided by the state and local health departments and the resources currently allocated for the FPHS. This does not represent the full cost of department services and programs. Washington State also assessed the current level of shared services along with willingness to share certain services and the degree of local knowledge or expertise required to successfully provide the FPHS.

Component 3: Preparing for System, Policy, and Investment Changes

Once the assessment and recommendations are complete, engage the leadership council to make decisions about next steps. Assuming there are gaps in the system and funding is needed, what should be done and on what timeline?

Based on the assessment results, the leadership council needs to decide if implementation of the recommendations is desirable and feasible and will result in full achievement of the FPHS. If so, a process is needed to engage other governmental public health leaders and to prioritize any policy changes and funding requests required to implement the FPHS.

The FPHS policy changes and funding requests could include one or more of the following:

- Increased funding for the governmental public health system overall.
- Funding and/or service delivery changes to strengthen the FPHS capabilities and programs.
- Funding and/or service delivery changes to increase capacity to address current high priority health issues.
- Funding and/or service delivery changes to better address health inequities.
- Funding and/or service delivery changes to address program areas or capabilities that could use resources immediately and get results in 12-24 months (to fall within the length of a legislative session).

The leadership council also needs to identify the next steps in the process. These steps could include:

- Finalizing funding requests for the legislature or other potential funders, such as foundations.
- Finalizing policy changes needed in state public health statutes to support or enhance FPHS.
- Preparing for governmental public health system restructuring, if needed, to support FPHS and to meet desired outcomes.

- Designing and implementing quality improvement measures and accountability metrics for the planning and implementation process.
- Identifying interim steps to keep the planning process moving forward toward full FPHS implementation.

How can partners and policy makers stay engaged and informed?

A successful planning process requires an ongoing, robust communication and engagement plan. Many health departments lack the resources to do strategic communication planning, which is an important component during planning and implementation of the FPHS.

For accredited health departments, [PHAB Domain 3](#) serves as a building block for the communication and engagement plan. This domain assesses the health department's processes for continuing two-way communication with the public as standard operating procedure. It is important to start with messages about the importance of public health and use that for building the FPHS messaging. These messages need to be tailored for the general public and policy makers.

Elements of a strategic FPHS communication and engagement plan include:

- **Framing** – What is the problem, the solution, and how will the FPHS benefit both the governmental public health system and the community overall?
- **Identifying target audiences**, including:
 - » Policy makers
 - » Tribal leaders
 - » Key partners, such as health care or human services leaders
 - » Governmental public health leaders and staff
 - » State policy influencers, whether business leaders, community leaders, researchers, or others
 - » Stakeholders, including the public

- **Message development** – What is most meaningful to each target audience? Tailored messages can include [stories](#) that describe the real time challenges facing the governmental public health system.
- **Message outlets** – What is the best way to reach your target audiences (i.e. meetings, newsletters, social media, print or radio, email, etc.)?
- **Messengers** – Who is seen as the most credible spokesperson within the specific audience? Credible messengers could include the SHO, LHD leaders, elected officials, or community leaders, such as a school superintendents or fire chiefs.
- **Call to Action** – What should the recipient do with the information? For example, call their legislator, make a presentation to local leaders, share with staff, participate in a process, etc.
- **Timeframe** – When should messages be delivered to the target audiences and how frequently? The FPHS information needs to be shared with the governmental public health system early on and throughout the planning process. In contrast, information for policy makers may be better suited to specific times, such as shortly before the legislative session.
- **Feedback from the target audience** – Are the messages clear and actionable? Feedback should be solicited throughout the process. The experience from the states engaged in FPHS planning have noted that confusion, even among close partners, is common.
- **Approval** – Has the leadership council approved the plan?

Once the plan is developed, it needs to be implemented on a consistent basis. Provide regular updates to the leadership council and keep them appropriately engaged in plan implementation.

Prepare governmental public health leaders and staff for the changes ahead. FPHS is a new approach to governmental public health. With its implementation, health departments could experience changes in numerous areas, such as service delivery, accountability, and performance measurement systems. For most people, change is difficult because it means moving into the unknown and often challenges the status quo. For some it can invite fear about job loss and loss of status, and may result in resistance.

New collaborations among the governmental public health system and partners are required to do this work. Attending to the multiple impacts of the changes for those involved is critical to the success of the effort. Furthermore, as the governmental public health system transforms through the FPHS, this process will have an impact on service delivery by other partners in the community, requiring engagement, discussion, and collaboration.

Along with communication and engagement, successful implementation of the FPHS requires a rigorous change management process. This can help ease tensions, create a smoother process, and help keep governmental public health leaders engaged and informed. There are several different models for managing change, including [Kotter](#) and [ADKAR](#).

Regardless of the model chosen, those engaged need to include:

- Governmental public health leaders
- Governmental public health staff
- State, local, and Tribal policy makers
- Other key partners and stakeholders

Other Considerations

The FPHS planning process will almost certainly be a multi-year effort. It is important that the governmental public health partners recognize that and commit to stay the course even when other issues arise that require attention and action. An engaged leader or champion is essential to keep partners engaged, motivated, and focused.

Turnover in leadership and staff is inevitable during the process. It is important to engage and orient new leaders and staff as quickly as possible to maintain momentum and benefit from fresh thinking. It is also important to create a process based on roles rather than individuals.

Fully implementing the FPHS can appear daunting given the multi-year commitment. While the overall goal for engaging in this work is to fully implement the FPHS during a particular timeframe or with specific funding, an incremental approach to implementation may be more feasible. This approach can feel more manageable and allow application of lessons learned along the way.

21st Century states that have completed the initial planning process and are currently implementing FPHS are doing so in a step-by-step manner. They are focusing on a specific element of infrastructure within the FPHS, such as assessment, or on the foundational elements of a program area, such as communicable disease control. They are also using new funding or redirecting resources to strengthen existing multi-county service delivery models and test new models and new ways to share services.

Examples from 21st Century States

Kansas - an informatics workgroup has developed a proposal for regional informaticians. It has not yet been funded but has been identified as an overarching need to access real time data.

Ohio – a [Local Public Health Services Collaborative](#) has been formed to provide billing, electronic medical record infrastructure and other services for the now 20 + LHD members.

Oregon - three LHDs in central Oregon have used [public health modernization funds](#) to create a new

central Oregon Regional Communicable Disease Prevention, Surveillance and Response Team. This team focuses on regional surveillance to identify emerging issues quickly and moves from county to county where surge capacity is needed.

Washington – shared epidemiology and [community health assessment expertise](#) is being provided by the Spokane Regional Health District to multiple LHDs in Eastern Washington.

Through PHNCI, these states participated in a learning community that provided opportunities to learn from each other, share resources, and sustain engagement. Here is what leaders in the 21st Century states have to say about the FPHS planning process:

What 21st Century State Leaders & Staff Say About the FPHS Planning Process

“Investing in public health is critical for the safety and well-being of people and communities across the country. The FPHS are those services that every community should have.”

John Wiesman, Secretary of Health
Washington State Department of Health

“FPHS planning is a long process. It doesn’t happen overnight.”

Michelle Ponce, Executive Director
Kansas Association of Local Health Departments

“This (planning and implementation process) allows us to coalesce around FPHS and tell our story.”

Susan Tilgner, Executive Director
Ohio Public Health Partnership

“Public Health needed some structure (like FPHS) to build confidence in investments, accountability and outcomes.”

Morgan Cowling, Executive Director
Oregon Coalition of Local Health Officials

Appendix A: Planning and Coordination Roles and Responsibilities

General Overview

Designated staff must be responsible for the direction, coordination, implementation, and completion of the FPHS planning and implementation project, while remaining aligned with strategy, commitments, and goals of the FPHS leadership council.

If these duties are shared among staff, clear roles, and responsibilities for each person are essential.

Responsibilities can be shared among staff:

- With guidance from the leadership council, help define project scope, goals, deliverables, and timelines
- Develop and implement FPHS workplan
- Define planning tasks and identify resources needed

Provide staff support to the leadership council, such as:

- Agenda development
- Meeting scheduling, including conference calls and webinars
- Meeting logistics
- Preparing presentations
- Research
- Follow-up on meeting assignments
- Progress reports, including problems and proposed solutions
- Coordinate activities of all individuals and organizations participating in the planning process
- Track deliverables
- Implement the FPHS communication and engagement plan

May also include:

- Manage the planning budget
- Allocate resources to various aspects of the project
- Design and implement quality improvement methods throughout the planning process

Staff competencies needed for success:

- Critical thinking and problem solving
- Relationship-building skills
- Good communication skills
- Excellent decision-making
- Adaptability
- Ability to tolerate stress

Additional Resources

[Kansas FPHS Capacity Assessment](#)

[Ohio Public Health Futures Report](#)

[Oregon Health Authority Public Health Modernization](#)

[Washington Public Health Transformation Resources](#)