DRAFT
INTRODUCTION TO FOUNDATIONAL PUBLIC HEALTH SERVICES

Background

Why is this important?

Public health in Washington State is at a crossroads. We face the dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. The Agenda for Change broadly addresses new directions for a reformed public health system. But a reformed public health system must have a strong foundation of core capabilities and programs: the minimum level of public health capabilities and programs that must actually be present everywhere throughout the state for the system to work anywhere. That foundation is the focus of this work.

In response to these challenges, the Public Health Improvement Partnership's Agenda for Change Workgroup was formed to develop and implement the Agenda for Change Action Plan, a guide to improve public health services in Washington State. One of their goals is to ensure every resident in Washington can access a foundational set of public health services, no matter where he or she lives.

What is happening in other states?

This concept of a foundational set of public health services has been taken up at both the national and state level, and featured heavily in the work undertaken by the Institute of Medicine (IOM) and their 2012 report *For the Public's Health: Investing in a Healthier Future*, as well as work that is underway via the Robert Wood Foundation.

In 1994, the Centers for Disease Control (CDC) defined "10 essential public health services" that states should expect of local public health systems. While this framework was widely adopted, there is a sense that it has not proved useful for planning and prioritization purposes, largely due to a lack of specificity. The IOM report introduced a new framework for considering a "minimum package of public health services" that should consist of foundational capabilities that are needed (and typically shared) across programs and are required to support them, and foundational programs that "no well-run public health department can be without." The IOM felt that by defining these foundational programs, health departments would have a clearer picture of expectations, and policy makers would have clearer direction to make funding decisions.

A few states are beginning to move toward IOM's recommendation, including Ohio, Colorado, and Texas. However, Washington may very well be the farthest ahead, as the other states that have (or are in the process of) spelled out alternative concepts for core public health services have not yet considered cost studies or implementation plans.

What is happening at the national level?

The IOM report mentioned above recommended convening expert panels to identify the components and costs of this "minimum package of public health services." In response to this recommendation, the Robert Wood Johnson Foundation, in collaboration with the CDC, formed the Public Health Leadership Forum, an

expert consensus panel process to identify a set of core programs and capabilities for the nation, largely building off the work that has been done in Washington State.

The Robert Wood Johnson Foundation also asked the National Coordinating Center for Public Health Services and Systems Research (based at the University of Kentucky) to convene a second expert panel workgroup, the Workgroup on Public Health Cost Estimation. This Workgroup is tasked with developing a methodology for estimating the resources required for foundational services by state and local governmental entities.

Although the Workgroup process is ongoing, the preliminary research and consideration of approaches to cost estimation have taken into account the work Washington is doing, as our cost estimation efforts are leading the timeline of the national efforts.

Foundational Public Health Services Concept

Why should we define a set of Foundational Public Health Services?

Currently, public health service levels can vary significantly depending on where you live in Washington State, partly because there is no common understanding of the types and levels of service that should be available to all residents.

Having a strong definition of foundational public health services provides a framework for governmental public health organizations to ensure they are providing a level of service that allows their community to thrive and provides a foundational on which to provide other additional public health services that are important to each community. It also lets residents and businesses know what they can expect from their public health agencies.

This work is meant to form the basis for a long-term effort to achieve a sustainable foundation for a reformed public health system in Washington State.

What are Foundational Public Health Services?

Like public safety, public utilities, and public infrastructure, there is a foundational set of public health services that must exist everywhere in order to work anywhere. The foundational public health services define the services that no community should be without, regardless of how they are provided.

This framework breaks public health services and activities into two separate categories:

- Foundational public health services, and
- Additional important public health services.

This framework does not seek to discount or otherwise undermine the importance of public health activities outside of the foundational definition. The definition of foundational public health services should provide a uniform framework for governments across the state to determine what services and activities they **should** provide for the people they serve. Each organization will have a different mix of additional important public health services determined by local needs and preferences.

How are the Foundational Public Health Services defined?

Development. Developing the definition of foundational public health services has been an iterative process. Draft definitions were developed by the FPHS Workgroup. Draft versions of the definitions were widely vetted and discussed with local public health leaders via the Washington State Association of Local Public Health Officials (WSALPHO) and its forums in 2012. Input was received and considered, and revisions were made. This documents presents the results of the FPHS Workgroup efforts to define foundational public health services.

Approach. When creating the foundational definitions, the Workgroup kept the following guiding principles in mind. Foundational public health services should be:

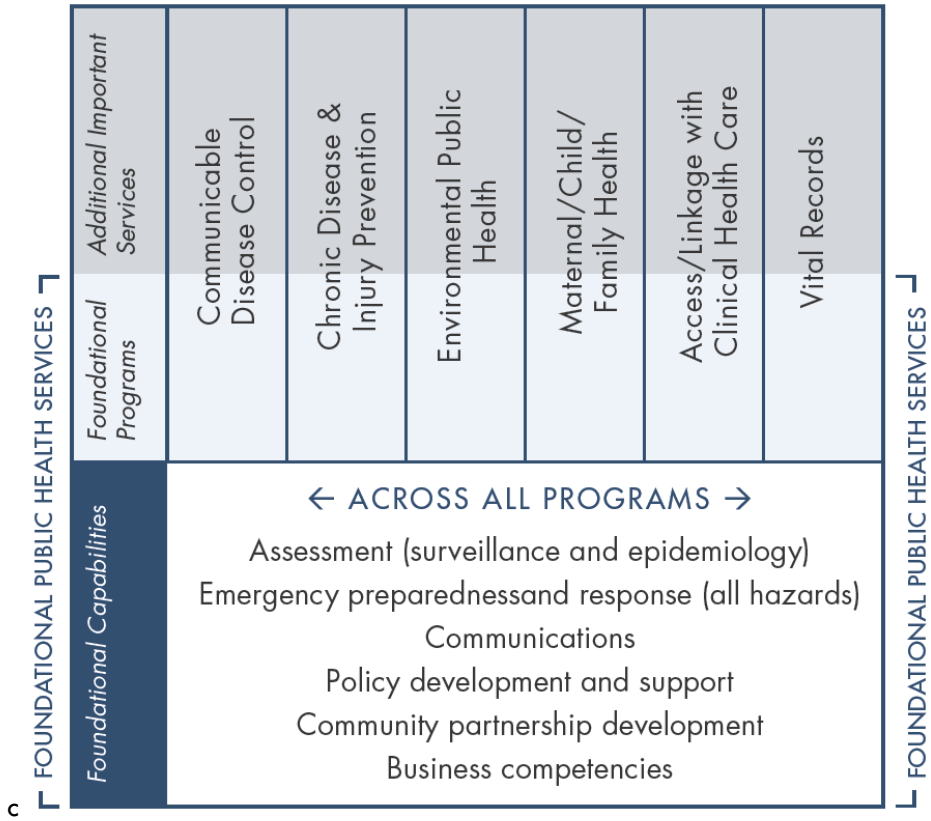
- Services that should be available to everyone, everywhere
- Services that should be provided by the public sector using public funds
- A solid foundation on which additional important services can be added community by community

Framework. The definition of foundational services is based on the framework of cross-cutting *capabilities* and *programs*:

- **Foundational Capabilities** are skills or capacities that an organization must possess in order to support its provision of the foundational programs. These capabilities are cross-cutting and range from basic organizational functions such as accounting and financial analysis to backend capacity such as database development and emergency planning . There are six foundational capabilities.
- **Foundational Programs**. In defining the foundational programs, the goal was to identify the basic components necessary to keep the public safe and allow for additional programs to build on a strong foundation. Programs are areas of DOH and LHJ responsibility that provide service directly to residents and communities. These include activities such as responding to disease outbreaks, monitoring the safety of food and water, and providing birth and death certificates. There are six foundational programs.

Exhibit 1 summarizes the framework for the definition of foundational public health services, which is comprised of six foundational programs that should be available to all residents and six foundational capabilities that all organizations need in order to support service provision.

Exhibit 1
Foundational Capabilities and Programs



Source: Washington State Public Health Improvement Partnership Agenda for Change, 2013.

The responsibilities of the State DOH and the LHJs vary across each of the services. Even within specific programs, the collaborative structure of Washington's public health system is evident. For some programs, the State has the primary responsibility, sometimes the LHJs have primary responsibility, and sometimes the responsibility is shared. In all cases, state and local efforts are not duplicative – each provides complementary components of the program.

Foundational Public Health Services Definition

This section presents the full definitions developed for foundational public health services. The definitions are broken up between Foundational Capabilities and Foundational Programs, as described above. The definition of each program generally follows a pattern:

- Provide information
- Identify assets and partners
- Develop and implement a plan
- Specific governmental public health priorities
- Coordinate and integrate categorically-funded and other programs

It's important to remember that the foundational services are only a subset of everything that public health is and that public health organizations in Washington State need to do to support the State's residents. In some cases, additional services are needed to address important local health risks or community priorities. The end of the section presents some examples of Additional Important Public Health Services that are not included in the definition.

Definition of Foundational Public Health Services

Definition of Foundational Capabilities

A. Assessment (Surveillance and Epidemiology)

a. Ability to collect sufficient statewide data to develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. Foundational data includes Behavioral Risk Factor Surveillance Survey (BRFSS), Healthy Youth Survey (HYS), and vital statistics and foundational information systems include PHIMS, PHRED, CHARS, and CHAT.

b. Ability to access, analyze, and use data from eight specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable condition data, (4) certain clinical administrative data sets including hospital discharge, (5) BRFSS, (6) HYS, (7) basic community and environmental health indicators, and (8) local and state chart of accounts.

c. Ability to prioritize and respond to data requests and to translate data into information and reports that are valid, statistically accurate, and readable to the intended audiences.

d. Ability to conduct a basic community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.

B. Emergency Preparedness (All Hazards)

a. Ability to develop and rehearse response strategies and plans, in accordance with national and state guidelines, to address natural or manmade disasters and emergencies, including special protection of vulnerable populations.

b. Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.

c. Ability to activate the emergency response personnel in the event of a public health crisis; coordinate with federal, state, and county emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.

d. Promote community preparedness by communicating with the public in advance of an emergency, steps that can be taken before, during, or after a disaster.

C. Communication

a. Ability to maintain ongoing relations with local and statewide media including ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.

b. Ability to develop and implement a 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, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served, including use of electronic communication tools.

D. Policy Development and Support

a. Ability to develop basic public health policy recommendations that are evidence-based and legally feasible.

b. Ability to work with partners and policy makers to enact policies that are evidence-based.

c. Ability to utilize cost benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and statewide health assessment, including identification of best and emerging practices, and those that respond to health inequities.

E. Community Partnership Development

a. Ability to create and maintain relations with important partners, including health-related national, statewide, and community-based organizations; community groups or organizations representing populations experiencing health disparities; key private businesses and health care organizations; and key federal, tribal, state, and local government agencies and leaders.

b. Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

F. Business Competencies

a. Leadership. Ability to lead internal and external stakeholders to consensus and action planning (adaptive leadership) and to serve as the public face of governmental public health in the community.

b. Accountability and Quality Assurance Services. Ability to uphold business standards and accountability in accordance with federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards.

c. Quality Improvement. Ability to continuously improve processes, including plan-do-study-act cycles.

d. Information Technology Services. Ability to maintain and access electronic health information to support the public health agency operations and analyze health data. Ability to support, maintain, and use communication technology.

e. Human Resources Services. Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning functions; training; and performance review and accountability.

f. Fiscal Management, Contract, and Procurement Services. Ability to comply with federal, state, and local standards and policies.

g. Facilities and Operations. Ability to procure, maintain, and manage safe facilities and efficient operations.

h. Legal Services and Analysis. Ability to access and appropriately use legal services in planning and implementing public health initiatives.

Definition of Foundational Programs

A. Communicable Disease Control

a. Provide timely, statewide, and locally relevant and accurate information to the state and community on communicable diseases and their control, including strategies to increase local immunication rates.

b. Identify statewide and local communicable disease control community assets, develop and implement a prioritized communicable disease control plan, and advocate and seek funding for high priority policy initiatives.

c. Ability to receive laboratory reports and other identifiable data, conduct disease investigations, including contact notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with national and state mandates and guidelines.

d. Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.

e. Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy according to Centers for Disease Control and Prevention (CDC) guidelines.

f. Assure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases.

g. Coordinate and integrate other categorically-funded communicable disease programs and services.

B. Chronic Disease and Injury Prevention

a. Provide timely, statewide, and locally relevant and accurate information to the state and community on chronic disease prevention and injury control

b. Identify statewide and local chronic disease and injury prevention community assets, develop and implement a prioritized prevention plan, and advocate and seek funding for high priority policy initiatives.

c. Reduce statewide and community rates of tobacco use through a program that conform to standards set by Washington laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure.

d. Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized program of best and emerging practices aligned with national and state guidelines for health eating and active living.

e. Coordinate and integrate other categorically-funded chronic disease and injury prevention programs and services

C. Environmental Public Health

a. Provide timely, statewide, and locally relevant and accurate information to the state and community on environmental public health issues and health impacts from common environmental or toxic exposures.

b. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment.

c. Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations.

d. Identify and address priority notifiiable zoonotic (e.g. birds, insects, rodents) conditions, air-borne, and other public health threats related to environmental hazards.

e. Protect workers and the public from unnecessary radiation exposure in accordance with federal, state, and local laws and regulations

f. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities, and transport).

g. Coordinate and integrate other categorically-funded environmental public health programs and services.

D. Maternal/Child/Family Health

a. Provide timely, statewide, and locally relevant and accurate information to the state and community on emerging and on-going maternal child health trends taking into account the important of Adverse Childhood Experiences (ACEs) and health disparities.

b. Assure mandated newborn screening done by the state public health lab to test every infant born in Washington to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders that are specified by the State Board of Health

c. Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development.

d. Identify local maternal and child health community assets; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and advocate and seek funding for high priority policy initiatives.

e. Coordinate and integrate other categorically funded maternal, child, and family health programs and services.

E. Access/Linkage with Clinical Health Care

a. Provide timely, statewide, and locally relevant and accurate information to the state and community on the clinical healthcare system.

b. Improve patient safety through inspection and licensing of healthcare facilities and licensing, monitoring, and discipline of healthcare providers.

c. In concert with national and statewide groups and local providers of health care, identify healthcare assets, develop prioritized plans for increasing access to health homes and quality health care, and advocate and seek funding for high priority policy initiatives.

d. Provide state-level health system planning

e. Coordinate and integrate other categorically-funded clinical health care programs and services.

F. Vital Records

a. In compliance with state law and in concert with national, state, and local groups, assure a system of vital records

b. Provide certified birth and death certificates in compliance with state law and rule.

Examples of Additional Important Public Health Services

The foundational services are only a subset of everything that public health is, and that public health organizations in Washington State need to do to support the State's residents. In some cases, additional important public health services are needed to address important local health risks or community priorities, in other cases they are supported by fees or other funding sources outside of core state and local public health funding.

The list is intended to add description and detail to another level of important public health services that many, if not all, jurisdictions will be able to offer. The list is not intended to be all-inclusive. The list of 'augmented foundational capabilities' that follows next illustrates capacities that some health departments may develop in response to staff interests and partnerships with educational institutions, organizations in other sectors, and external funders.

ADDITIONAL IMPORTANT PUBLIC HEALTH SERVICES AND PROGRAMS

A. Communicable Disease Control

a. Management of vaccine distribution for childhood vaccine providers in accordance with national Guidelines for Quality Standards for Immunization (including current federal categorical funding)

b. HIV services, including Ryan White HIV clinical services and federal and state HIV prevention services in accordance with state and federal regulations for these programs (including current federal and state categorical funding)

c. Assurance of access to HIV/STD testing and treatment

d. Assurance of treatment of latent tuberculosis infection

e. Assurance of provision of partner notification services for chlamydia infections

f. Development of appropriate response strategies for new and emerging diseases through surveillance, program evaluation, and applied research

B. Chronic Disease and Injury Prevention

a. Provision of specific clinical preventive services and screening (breast and cervical cancer, colon cancer) in accordance with the USPHTF for Clinical Preventive Services (including current federal and state funding)

b. Other categorically-funded chronic disease prevention programs (including current federal funding for chronic disease and community transformation)

c. Development of appropriate strategies for prevention and control of chronic diseases and injury through surveillance, program evaluation, and applied research

C. Environmental Public Health

a. Development of appropriate response strategies for newly-recognized toxic hazards and other adverse environmental health conditions through surveillance, program evaluation, and applied research

b. Assessment, policy development, and implementation of evidence-based health promotion elements in land use, built environment, and transportation

D. Maternal/Child/Family Health

a. Assure access and/or coordination of Women, Infants and Children Supplemental Nutrition Services (WIC) that adhere to the USDA Nutrition Services Standards (including current categorical federal funding)

b. Assure access and/or coordination of maternity support and nurse family partnership services (including services currently funded by third party payers including Medicaid)

c. Family planning services (including current state and federal categorical funding)

d. Child Death Review

e. Outreach, linkage and system development for children with special needs

E. Access/Linkage with Clinical Health Care

Facilitate the availability of…

a. Clinical services to vulnerable populations that follow established clinical practice guidelines and are delivered in a timely manner, including integrated medical and behavioral care, sexual health, oral health, adolescent health services, immunizations, and travel health services (including services funded by third party payers, including Medicaid)

b. Quality, accessible, and timely jail health services in accordance with standards set by the National Commission on Correctional Health Care that include medical, mental health, chemical dependency, dental, nursing, pharmacy, and release planning services

c. Emergency medical services including basic life support (BLS) and advanced life support (ALS) response by certified EMTs and paramedics to residents in need of emergency medical services (including current locally funded levy services)

d. Public health laboratory testing that meet certification standards of Washington Department of Health's Office of Laboratory Quality Assurance and the federal Clinical Laboratory Improvement Amendments to assure accurate, reliable, and prompt reporting of test results (including services funded by third party payers including Medicaid)

e. Refugee health screening that follows CDC's Refugee Health Guidelines and is delivered within 90 days of arrival in the US, in accordance with the Office for Refugee Resettlement (including current categorical federal funding)

f. Monitoring and reporting of indices of measures of quality and cost of healthcare

g. Death investigations and authorization to dispose of human remains that meet National Association of Medical Examination accreditation standards

Augmented Foundational Capabilities

A. Ability to conduct public health practice applied research and evaluation, including data collection, data analysis, policy research, and evaluation services that meet standards for peer-reviewed publications

B. Ability to identify and promote policy change opportunities in non-health sectors including the use of analytic tools to assess the health impact of these policies

C. Ability to develop and implement social marketing campaigns, including social media communication platforms

D. Ability to collaborate in training and service with community education programs and schools of public health

E. Ability to develop effective interventions, in partnership with community members, to reduce and eliminate health disparities

F. Ability to compete for grant funding from government organizations, philanthropic organizations, health system partners, and corporate foundations