

# FOUNDATIONAL PUBLIC HEALTH SERVICES

## Pre-Meeting Assignment: FPHS Definition

September 5, 2014

### ASSIGNMENT INTRODUCTION

The FPHS Technical Workgroup developed the current definition of FPHS based on a multi-year collaborative process. The attached document:

- Describes the process and criteria used to develop the current definitions; and
- Responds to the questions that the Policy Workgroup has raised regarding the current definitions.

The definitions developed by the Technical Workgroup represent that group's best thinking of how the FPHS framework should be implemented in Washington State in the near future. The Technical Workgroup acknowledges that these definitions should become a living document that is refined and improved over time to reflect future changes in best practices or state needs from the governmental public health system.

The task of the Policy Workgroup is to finalize the definitions for inclusion in the Policy Workgroup's vision for FPHS implementation. In order to move forward with developing the report and accompanying recommendations, it is necessary for the Policy Workgroup to decide what is included in the FPHS definitions. This set of definitions will be the foundation for:

- Today's vision for how the FPHS framework is implemented in Washington State
- Recommendations for how FPHS should be funded and delivered in Washington State

### ASSIGNMENT DIRECTIONS

Attached is a document for you to review and submit feedback on prior to the next Policy Workgroup meeting. This document describes the process for developing the current definitions and directly responds to the questions raised by the Policy Workgroup. **Your responses are due by 5:00pm on Thursday, September 11<sup>th</sup>.**

1. Read and review the attached Technical Workgroup response to your definition questions. The document will help you understand how the Technical Workgroup made decisions for inclusion of services in FPHS. The full text of the current definitions is included at the end for your reference, if needed.
2. Email Claire Miccio ([Claire@berkconsulting.com](mailto:Claire@berkconsulting.com)) with one of the following responses written in the body of your email:
  - "Green" – you agree with the definitions created by the Technical Workgroup
  - "Yellow" – you aren't in complete agreement with the definitions created by the Technical Workgroup, but accept they are a good enough first step and are willing to move forward with them as is.
  - "Red" – you can't support moving forward with the definitions created by the Technical Workgroup. *If you respond as Red, identify what specifically needs to be added, changed, or removed in order to garner your support.*
3. Send your reply by 5:00pm on Thursday, September 11<sup>th</sup>. If you do not respond by this date, we will assume that you support moving forward with the definitions as created by the Technical Workgroup (i.e., these definitions will constitute the vision for FPHS implementation included in the final Policy Workgroup report).

# Technical Workgroup Response to Policy Workgroup Definition Questions

## INTRODUCTION

The purpose of this document is to provide the Technical Workgroup's response to questions from Policy Workgroup members regarding the definition of foundational public health services (FPHS).

The Technical Workgroup knows that the Policy Workgroup is free to adopt any foundational definitions it sees fit. Ultimately, it is policy makers, not public health workers, who will make such decisions. At the same time, the Technical Workgroup believes its role is to offer its honest views and best advice to the Policy Workgroup. It is in that spirit that the following document was put together.

This document outlines how decisions were made around including specific services in the definition of foundational public health services (FPHS). The contents of this document are:

- Description of the foundational screening criteria used to define FPHS.
- Examples of how these screens apply to services included in FPHS.
- Examples of how these screens apply to services excluded from FPHS.

## CONTEXT

### Why is it important to have a foundational list with clear boundaries and defensible criteria?

The FPHS framework, as proposed, would represent a commitment by policy makers to fund and implement a package of public health services representing the basic functions of governmental public health entities. This commitment would extend beyond the give and take of annual appropriations to assure a foundational set of services statewide.

Having a clear, defensible set of definitions and criteria is not just a matter of being logical or consistent, but of the purposes for which this list is being developed. In the past, when public health has attempted to define its "core," the result included services of interest to the specific committee, without clear criteria for inclusion and exclusion. These lists often encompassed almost everything public health does.

While such a list is fine for some purposes and helps identify important programs, it provides little credibility for defining a reasonable foundation to fund sustainably at a uniform level statewide. To create credibility and defensibility in our process, which policy makers will be interested in seeing, we must make a good faith effort to include only those services truly foundational to a working statewide governmental public health system.

As the Institute of Medicine put it in the 2012 report *For the Public's Health: Investing in a Healthier Future*:

*"[a minimum package of services] is intended to make more specific the services that every community should receive from its state and local health departments and to inform public health funding decisions... Communicating to the American public the nature of and need for a minimum package of public health services could enhance people's understanding of the critical nature of population-based approaches, and their understanding of the package as an instrument to ensure a standard level of health protection for all communities."*

### How does our work align with national efforts?

The 2013 Public Health Leadership Forum (PHLF) document titled *Defining and Constituting Foundational "Capabilities" and "Areas" Version 1* presents national work, funded by the Robert Wood Johnson Foundation, to define the minimum package in detail. Their efforts align nearly exactly with Washington's work. For more detail

on how national efforts are coalescing around a framework and definition, please visit the following link: <http://www.resolv.org/site-foundational-ph-services/>

### What does this mean for services not included in the foundational definition?

In any given community a health department may deliver non-foundational services which are, in that community, just as important as foundational activity. These services and activities may very well be critical to a specific community’s health, but given the criteria, can still fall outside the scope of the foundational capabilities and programs. In some jurisdictions, these additional important services and activities may make up the majority of the work done by that LHJ, but may not be needed by all jurisdictions throughout the state.

Within the FPHS framework, these additional important activities and services will be addressed as they are today, through collaboration with local boards of health and the state department of health. The foundational capabilities and programs will provide a stronger support system for adding on these community-specific programs, both in terms of assessing and identifying needs and funding sources and creating the strong business competencies necessary to support all public health services in a community.

These two concepts – consistent statewide basics with important local variation – are entirely compatible. However, a foundational list without clear boundaries will not help move our system forward.

## FPHS SCREENING CRITERIA

**Guiding Principles.** There is a foundational set of governmental public health services that must exist everywhere in order to work anywhere in protecting the population’s health. Foundational services should be:

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

**Screening Questions.** Individual services being considered for inclusion in FPHS were placed on spectra according to key characteristics using both empirical evidence as well as the judgment of subject matter experts. Key questions were:

1. To what extent is governmental public health the only or primary provider of this service?

Never – many other entities provide this service and/or it is not public health’s role to fill in gaps	Sometimes	Often – it has to be addressed by governmental public health to be effectively addressed at all
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2. To what extent is this a population-based service without individually identifiable beneficiaries?

Mainly provides individual benefits	Partially population based, such as an individual health care service the absence of which would pose a significant community health threat	A population-based primary prevention service addressing an important health problem
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3. Is it mandated by law or contingent on legal powers granted only to the local health officer/board of health?

Not mandated	Partially or sometimes	Definitely mandated
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Services on the far right end of the spectrum for all three characteristics were generally identified as foundational. Conversely, services consistently on the far left were easily excluded. Services that landed in the middle or varied by characteristic required discussion with subject matter experts and several rounds of review by the Technical Workgroup before they were identified as foundational or not.

## HOW DO THESE SCREENS APPLY TO SERVICES INCLUDED IN THE TECHNICAL WORKGROUP'S DEFINITION OF FPHS?

The current definition of FPHS includes some specific activities that are seen as essential to the governmental public health system's capacity to protect the health of the population. These activities are listed below, and each one is compared to the three foundational screening questions identified above to show why they were included in the definition of FPHS.

As noted above, services on the far right for all three characteristics were generally identified as foundational while services consistently on the far left were excluded. Services that landed in the middle or varied by criterion were discussed and decided upon with subject matter experts and several rounds of review by the Technical Workgroup.

*Please note that there are other pieces of the definition that are not included in the comparison below. These services are not included here because they are very general: working with data (collection, analysis, and sharing), working with community partners to identify assets, planning, advocating for high-priority initiatives, and coordination. To see these definitions, please refer to the attached definition list.*

### Communicable Disease

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.	<table border="0"> <tr><td>Only gov. PH provides</td><td style="background-color: #FFF2CC;"></td><td style="background-color: #FFCC00;"></td><td style="background-color: #FF9900;">X</td></tr> <tr><td>Population-based</td><td style="background-color: #D9E1F2;"></td><td style="background-color: #A6C9EC;"></td><td style="background-color: #729FCF;">X</td></tr> <tr><td>Legal gov. PH responsibility</td><td style="background-color: #E6B8A6;"></td><td style="background-color: #C99494;">X</td><td style="background-color: #993366;"></td></tr> </table>	Only gov. PH provides			X	Population-based			X	Legal gov. PH responsibility		X	
Only gov. PH provides			X										
Population-based			X										
Legal gov. PH responsibility		X											
d) Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.	<table border="0"> <tr><td>Only gov. PH provides</td><td style="background-color: #FFF2CC;"></td><td style="background-color: #FFCC00;"></td><td style="background-color: #FF9900;">X</td></tr> <tr><td>Population-based</td><td style="background-color: #D9E1F2;"></td><td style="background-color: #A6C9EC;"></td><td style="background-color: #729FCF;">X</td></tr> <tr><td>Legal gov. PH responsibility</td><td style="background-color: #E6B8A6;"></td><td style="background-color: #C99494;">X</td><td style="background-color: #993366;"></td></tr> </table>	Only gov. PH provides			X	Population-based			X	Legal gov. PH responsibility		X	
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Population-based			X										
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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.	<table border="0"> <tr><td>Only gov. PH provides</td><td style="background-color: #FFF2CC;"></td><td style="background-color: #FFCC00;"></td><td style="background-color: #FF9900;">X</td></tr> <tr><td>Population-based</td><td style="background-color: #D9E1F2;"></td><td style="background-color: #A6C9EC;"></td><td style="background-color: #729FCF;">X</td></tr> <tr><td>Legal gov. PH responsibility</td><td style="background-color: #E6B8A6;"></td><td style="background-color: #C99494;"></td><td style="background-color: #993366;">X</td></tr> </table>	Only gov. PH provides			X	Population-based			X	Legal gov. PH responsibility			X
Only gov. PH provides			X										
Population-based			X										
Legal gov. PH responsibility			X										
f) Assure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases.	<table border="0"> <tr><td>Only gov. PH provides</td><td style="background-color: #FFF2CC;"></td><td style="background-color: #FFCC00;"></td><td style="background-color: #FF9900;">X</td></tr> <tr><td>Population-based</td><td style="background-color: #D9E1F2;"></td><td style="background-color: #A6C9EC;"></td><td style="background-color: #729FCF;">X</td></tr> <tr><td>Legal gov. PH responsibility</td><td style="background-color: #E6B8A6;"></td><td style="background-color: #C99494;">X</td><td style="background-color: #993366;"></td></tr> </table>	Only gov. PH provides			X	Population-based			X	Legal gov. PH responsibility		X	
Only gov. PH provides			X										
Population-based			X										
Legal gov. PH responsibility		X											

### Chronic Disease and Injury Prevention

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. <sup>1</sup>	<table border="0"> <tr><td>Only gov. PH provides</td><td style="background-color: #FFF2CC;"></td><td style="background-color: #FFCC00;">X</td><td style="background-color: #FF9900;"></td></tr> <tr><td>Population-based</td><td style="background-color: #D9E1F2;"></td><td style="background-color: #A6C9EC;"></td><td style="background-color: #729FCF;">X</td></tr> <tr><td>Legal gov. PH responsibility</td><td style="background-color: #E6B8A6;"></td><td style="background-color: #C99494;">X</td><td style="background-color: #993366;"></td></tr> </table>	Only gov. PH provides		X		Population-based			X	Legal gov. PH responsibility		X	
Only gov. PH provides		X											
Population-based			X										
Legal gov. PH responsibility		X											
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.	<table border="0"> <tr><td>Only gov. PH provides</td><td style="background-color: #FFF2CC;"></td><td style="background-color: #FFCC00;">X</td><td style="background-color: #FF9900;"></td></tr> <tr><td>Population-based</td><td style="background-color: #D9E1F2;"></td><td style="background-color: #A6C9EC;"></td><td style="background-color: #729FCF;">X</td></tr> <tr><td>Legal gov. PH responsibility</td><td style="background-color: #E6B8A6;"></td><td style="background-color: #C99494;">X</td><td style="background-color: #993366;"></td></tr> </table>	Only gov. PH provides		X		Population-based			X	Legal gov. PH responsibility		X	
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**Environmental Public Health**

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.	Only gov. PH provides			X
	Population-based			X
	Legal gov. PH responsibility			X
d) Identify and address priority notifiable zoonotic (e.g. birds, insects, rodents) conditions, air-borne, and other public health threats related to environmental hazards.	Only gov. PH provides			X
	Population-based			X
	Legal gov. PH responsibility		X	
e) Protect workers and the public from unnecessary radiation exposure in accordance with federal, state, and local laws and regulations	Only gov. PH provides			X
	Population-based			X
	Legal gov. PH responsibility			X
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)	Only gov. PH provides		X	
	Population-based			X
	Legal gov. PH responsibility		X	

**Maternal/Child/Family Health**

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	Only gov. PH provides			X
	Population-based	X		
	Legal gov. PH responsibility			X
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.	Only gov. PH provides		X	
	Population-based			X
	Legal gov. PH responsibility	X		

**Access/Linkage to Clinical Health Care**

b) Improve patient safety through inspection and licensing of healthcare facilities and licensing, monitoring, and discipline of healthcare providers. <sup>2</sup>	Only gov. PH provides			X
	Population-based			X
	Legal gov. PH responsibility			X
d) Provide state-level health system planning	Only gov. PH provides			X
	Population-based			X
	Legal gov. PH responsibility			X

**Additional detail on some elements where Policy Workgroup Members have asked why the service was included in the definition of foundational:**

<sup>1</sup> Are the elements included in Chronic Disease and Prevention related to tobacco cessation consistent with the criteria?

- Regarding Chronic Disease and Injury Prevention, one question that has come up has to do with the item on tobacco, which reads: “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.”
- The question is whether the inclusion of cessation services, an individual service, is consistent with the criteria. The intent of the Technical Workgroup was that the foundational cessation effort is to work for the availability of smoking cessation services, as a component of an overall prevention effort, for example by encouraging Medicaid to cover the service. But the point was not that public health should necessarily offer individual cessation services directly, although that would likely be an important service in many local communities.

## <sup>2</sup> Why is licensing of healthcare professionals included in FPHS?

- Licensing for health professionals and health facilities is a means for providing a basic level of safe, quality health care for the population. These licensing functions are appropriately mandated as a function of state governmental public health. These licensing functions include monitoring and enforcement to ensure continued safe practice and care. While it isn't intuitive that issuing individual licenses is population based, the outcome of the licensing functions is clearly population based prevention. Safe, quality health care should be available to everyone, everywhere. As for other population-based services, it isn't possible to know which specific patients avoid harm by this quality assurance function, but licensing means safe, quality health care is available to everyone, everywhere. National efforts around FPHS acknowledge this by inclusion of this activity in their detailed definitions.

## HOW DO THESE SCREENS APPLY TO THE SERVICES THE POLICY WORKGROUP HAS ASKED ABOUT INCLUDING IN FPHS?

Part of the Policy Workgroup's final product will be to describe a vision for what is included in FPHS. Since their starting point for this vision is based on the Technical Workgroup's definition, specific questions have been raised about why some services are in the definition of FPHS and some services are out.

This section addresses many of the questions we've heard from Policy Workgroup members in two ways. First, it identifies the ways in which these services have a presence in the current definition of FPHS. Second, the three foundational screening questions are applied to each of these services.

### Family Planning, WIC, and Home Visiting

**Current Definition:** Where are family planning, WIC, and home visiting addressed in the current definition of FPHS?

- **Assessment (Surveillance and Epidemiology)** (family planning, WIC, and home visiting have presence in the following areas of this definition)
  - d) Ability to conduct a basic community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.
- **Maternal/Child/Family Health** (family planning, WIC, and home visiting have presence in the following areas of this definition)
  - 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.
  - 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.
  - a) These activities have presence in the following MCH components:
- We could add these activities as examples where they fit into the above areas

**Screening Criteria:** How do the FPHS screening criteria apply to family planning, WIC, and home visiting?

The Technical Workgroup feels that none of the three services Policy Workgroup members have asked about fit into the definition of foundational services. The following chart summarizes how the FPHS screening criteria apply to these services. For additional detail on these services and how the criteria apply, please see the section beginning on page 9.

<ul style="list-style-type: none"> <li>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)</li> </ul>	Only gov. PH provides	X		
	Population-based	X		
	Legal gov. PH responsibility	X		
<ul style="list-style-type: none"> <li>Assure presence of family planning services (including current state and federal categorical funding)</li> </ul>	Only gov. PH provides	X		
	Population-based	X		
	Legal gov. PH responsibility	X		
<ul style="list-style-type: none"> <li>Assure access and/or coordination of maternity support and nurse family partnership services (including services currently funded by third party payers including Medicaid)</li> </ul>	Only gov. PH provides	X		
	Population-based	X		
	Legal gov. PH responsibility	X		

## Behavioral Health (Mental Health and Substance Abuse)

**Current Definition:** Where is behavioral health addressed in the current definition of FPHS?

- Assessment (Surveillance and Epidemiology)** (behavioral health has presence in the following areas of this definition)
  - e) Ability to conduct a basic community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.
- Communication** (behavioral health has presence in the following areas of this definition)
  - 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.
- Access/Linkage to Clinical Health Care** (behavioral health has presence in the following areas of this definition)
  - a) Provide timely, statewide, and locally relevant and accurate information to the state and community on the clinical healthcare system.
  - 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.
- We can add examples about where behavioral health is present in the above items.

**Screening Criteria:** How do the FPHS screening criteria apply to behavioral health services?

The Technical Workgroup feels that the below aspects of behavioral health that Policy Workgroup members have asked about do not fit into the definition of foundational services. The following chart summarizes how the FPHS screening criteria apply to these services.

• Assure treatment of mental health issues	Only gov. PH provides	X		
	Population-based	X		
	Legal gov. PH responsibility	X		
• Public education about mental health issues	Only gov. PH provides	X		
	Population-based			X
	Legal gov. PH responsibility	X		
• Assure treatment of substance abuse	Only gov. PH provides	X		
	Population-based	X		
	Legal gov. PH responsibility	X		
• Public education around substance abuse	Only gov. PH provides	X		
	Population-based			X
	Legal gov. PH responsibility	X		

Behavioral health services related to substance abuse are not included in these regards because grant money generally flows through DSHS and CHS, and whether or not services are provided by LHJs varies greatly across communities. In contrast, tobacco is truly a separately program that is primarily done by DOH and LHJs, and tobacco funding flows to those organizations for this purpose.

### Trauma-Informed Services

***Is there a place in FPHS to address trauma-informed services?***

Trauma-informed service is not a distinct program, but rather is an important principle in the way programs are developed and delivered. This is not specifically called out as a program because the FPHS definitions describe what public health should do, but do not describe how it should be done. For this reason, the definitions omit the mention of trauma-informed services as well as other important principles such as culturally appropriate communications, social determinants of health, population aging, and scientific principles behind communicable disease control.

It's not that these topics are unimportant, but the foundational definition is not designed to address such specific service delivery considerations.

## ADDITIONAL DETAIL ON MATERNAL/CHILD/FAMILY HEALTH QUESTIONS

### Summary of the Questions

Some Policy Workgroup members have expressed interest in adding the following services/activities to the definition of FPHS:

- 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)
- Assure access and/or coordination of maternity support and nurse family partnership services (including services currently funded by third party payers including Medicaid)
- Family planning services (including current state and federal categorical funding)

These services were listed as examples of additional important public health services in the Technical Workgroup's final report, and were therefore not included in FPHS. The Technical Workgroup felt that they did not meet the criteria to be considered FPHS.

The Technical Workgroup was asked to comment further on these services. This document summarizes the feedback from the Technical Workgroup to the Policy Workgroup regarding the implications of considering the above services/activities within the definition of FPHS.

### Technical Workgroup Comments

The Technical Workgroup wanted to be very clear that the criteria for determining if a program should be FPHS were specific, and are different from simply considering the importance of a program. These programs being asked about have significant societal benefit and are important for the government to provide. However, as the screens that follow will show, they are not the specific purview of governmental *public health* entities in all communities statewide.

As a reminder, the FPHS screening criteria included the following questions:

1. To what extent is governmental public health the only or primary provider of this service?
2. To what extent is this a population-based service without individually identifiable beneficiaries?
3. Is it mandated by law or contingent on legal powers granted only to the local health officer/board of health?

One implication of this approach is that the governmental public health system does not assume responsibility for filling individual service gaps in the health care system. Although it is sometimes very appropriate for a local jurisdiction to do this on a selective basis, such services are not population based and were not considered something for which every jurisdiction must take responsibility for the public system to work statewide – in short, they are not foundational.

### Home Visiting/Nurse Family Partnership

How does home visiting and/or the Nurse Family Partnership (NFP) fit the criteria for FPHS?

- **Individual service delivery won't change population outcomes.** Home visiting impacts the women and children specifically being served, but experience shows it does not result in overall population health improvement. These programs do not reduce population level indicators such as the percent of children who experience trauma or smoke. Broader initiatives addressing the social determinants of health, ACEs, and the other contributors to preventable chronic disease are needed to move the population health needle, and those approaches are included in the foundational services.

- **Doesn't need to be provided at the same level everywhere** for the governmental public health system to work well in protecting the population's health. The availability of this service from non-public health sources varies around the state.
- **NFP is not well adapted to delivery in rural areas.** There are national requirements for a minimum size of program (100 direct contacts, 4 nurses) that make it too big for many jurisdictions. Given the one-on-one aspect of the service, it's difficult to achieve economies of scale.
- Home visiting is a very valuable and effective service – just like many other individual services we don't consider to be a foundational responsibility of the governmental public health system. Anyone who knows community health would favor home visiting services – just as we would favor effective pediatric care and for that matter good geriatric care. But we do not consider those other individual clinical services to be FPHS. To say that we have “always done” a service is not an adequate reason to include it in the foundational list.

What is at stake here is not just a matter of consistency but of the potential for this foundational approach to establish a sustainable funding system for governmental public health. If the foundational list loses its defensible limits, it will lose credibility as the basis for a consistent funding approach statewide.

Additional Questions:

- The Technical Workgroup discussed the possibility of estimating the cost of home visiting as a foundational service, but some basic questions would have to be answered to do that. Home visiting is an expensive service, and NFP is a very expensive form of home visiting.
  - Is the suggestion that NFP be available to all eligible mothers, with Medicaid-funded home visiting provided to others?
  - Or is the suggestion that these services be offered only to high risk groups, as opposed to being available to all mothers?

The answers to these questions would make a major difference in the cost estimate.

## Family Planning

How does family planning fit the criteria for FPHS?

While the Technical Workgroup agreed this is an important medical service that should be available in every community, it's not aligned with some of the FPHS criteria:

- **It is an individual medical service and entities other than government should/can provide it.** The same kind of reasoning discussed above regarding home visiting applies here.
- While it could have impacts on some measures of population activity, such as unwanted pregnancies, **the service itself isn't population-based;** it serves individuals.
- **Workgroup members agreed that in a given community it could be just as important to provide family planning services as to provide foundational services.** It was acknowledged that a jurisdiction must sometimes choose between them. But to acknowledge this is different from saying family planning is foundational statewide.
- **To say public health should “assure” a service doesn't address if the service meets the foundational criteria.** Some have suggested that it's OK to include non-foundational items in the definition if we say we must “assure” their availability. But this is what all the foundational items mean. If some other organization does a foundational service public health need not duplicate it. If it isn't being done, assuring a service still means we have to pay for it. The concept of assurance does not meaningfully change the significance of including a service in the foundational list.

## Women, Infants, and Children Supplemental Nutrition (WIC)

How does WIC fit the criteria for FPHS?

- **This service is not population-based** - it serves individuals.
- **This service does not need to be provided by governmental public health.** While public health does this in some jurisdictions, not all do it. Entities such as community centers, federal primary care clinics, and others provide WIC in many communities.
- It is also worth noting that this is a long-standing federal program with an unusually reliable funding history. For the foreseeable future, it is not something that is likely to become the responsibility of state or local funders.