

Core Public Health Services – Discussion Paper

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Columns are numbers just to make discussion easier. Eventually these will be removed.

	1	2	3	4	5	6
A 4 C	Services (not intended to be an exhaustive list)	Pop Based Score	Solely / Primarily Gov't PH Score	Mandated Score	Tier	Funding TBD
CD	Communicable Disease and Other Health Threats (sequenced from primary prevention through response)					
CD	Public Health Emergency Preparedness/Response	A	A	A	1	
CD	Retail Food Safety Regulation	A	A	A	1	
CD	On-Site Septic System Regulation	A	A	A	1	
CD	Drinking Water Safety Regulation	A	A	A	1	
CD	Shellfish safety – oversight and regulation					
CD	Public health laboratory services					
CD	Immunization promotion (not including direct administration of vaccine to patients)	A	B	B	1	
CD	Investigation/Response re outbreaks and other significant risk factors (e.g. pesticide poisoning; bat bite; chemical fire; etc)	A	A	A	1	
CD	Treatment/Management of dangerously infectious (e.g. TB) patients having no other access to care	B	C	B	2	
HC	Health Communities and Environments					
HC	Health-In-All Policies Development and Advocacy	A	A	2	1	
HC	Policy and system efforts to foster communities and environments that promote health starts and ongoing wellness, prevent illness and injury, and better provide all of us the opportunity for long, health lives. Current examples of focus areas: <ul style="list-style-type: none"> • Tobacco-free living • Health eating • Healthy and safe physical environments • Healthy starts 					
HC	Community Health Education/Behavioral Risk Reduction (Includes tobacco prevention, obesity, injury prevention, etc.)	A	C	C	1	
HC	WIC	C	C	C	3	
HC	Maternal and child health programs; including home visiting to new moms and babies					
HC	Home Visit Nursing	C	C	C	3	
HC	Radiation protection – licensing, inspection, and surveillance	A	A	A	1	
PH	Public Health Partnering with the Health Care System					
PH	Morbidity, Mortality and Risk Factor Surveillance (Includes Reporting Notifiable Conditions) - seems to fit better with “Communicable disease”	A	A	A	1	

PH	Community Health Assessment – list only once under “Other/Cross-Cutting”	A	A	B	1	
PH	Health System Quality Assurance – Licensing and Inspection	A	A	A	1	
PH	Smoking cessation services (e.g. individual cessation services as distinct from public education/policy re tobacco prevention)	C	C	C	3	
PH	Case management (for HIV, CSHCN, general health care, etc.)	B	C	C	3	
PH	Immunization clinics (e.g. direct administration of vaccine to patients)	B	C	C	2	
PH	Travel immunizations					
PH	Oral health	C	C	C	3	
PH	Pediatric screenings / preventive health services					
PH	Family planning – clinical services to provide contraception and pregnancy testing	C	C	C	3	
PH	Treatment/management of dangerous infectious (e.g. TB) patients having no other access to care	B	C	B	2	
PH	Home Visit Nursing	C	C	C	3	
PH	Primary care, when not otherwise sufficiently available locally	C	C	C	4	
PH	Other health related services, often delivered under contract with various organizations (i.e. provision of jail health services, school nurse services)	C	C	C	4	
CC	Cross-Cutting / Other					
CC	Health data collection, analysis, and dissemination (includes vital statistics, hospital discharge data, and other sources or health data) – does this include issuance of birth / death certificates? I think “yes” and is included under the notion of “vital statistics”.					
CC	Morbidity, Mortality and Risk Factor Surveillance (Includes Reporting Notifiable Conditions) Delete and include just once under “communicable disease”.	A	A	A	1	
CC	Community Health Assessment	A	A	2	1	

KEY

A4C Topics Codes [I added this as a column, so that the table can be sorted without losing this categorization]

CD – Communicable Disease and Other Health Threats

HC – Healthy Communities and Environments

PH – Public Health Partnering with the Healthcare System

CC – Cross-Cutting / Other

Pop Based Score - To what extent is this a population-based service without individually identifiable beneficiaries?

A – The service is highly population-based, since there are no individually identifiable beneficiaries. Drinking water safety is a good example.

B – The service is partially population-based. For example, an individual TB patient is treated to protect the population.

C – The service is not substantially population-based, since those receiving the service are targeted primarily for individual benefit.

Solely / Primarily Government al Public Health Score – Do other organizations (private, for-profit or not-for-profit, or other governmental agencies) do this work? To what extent is governmental public health the only or primary provider of this service?

A – Never

B – Sometimes but less than half the time [should this score specifically include / address when other governmental agencies provide the service?]

C – Often, more than half the time

Premise: This question does not speak directly to whether a service is population based, but deals with the fact that a given population-based service may not be the exclusive territory of public health in practice. For example, private charities may play a significant role, or some other government agency may be involved.

Mandated Score – Is this service specifically mandated by state law for local public health, or does the ability to perform this function depend directly on legal powers provided by state law only to the local health officer or board of health?

A – Yes

B – Partially, or Sometimes

C – No

Premise: To the extent a function is mandated by law, or depends on public health’s legal powers, it realistically belongs to governmental public health, regardless of how population-based it may be.

Tier (called “Level I - IV” in Barry’s paper)

1 – Base Functions – Population-Based

2 – Base-Driven Functions: With Substantial Population-Based Features

3 – Base-Driven Functions: Traditional Public Health Services, Not Population-Based

4 – Related Health Functions: Within the Competencies of PH When Needed Locally

