

Understanding Missouri’s Foundational Public Health Services Model

Answer the following questions about Missouri’s Foundational Public Health Services model based on the overview video at: <https://www.youtube.com/watch?v=rxKjI9gHdMQ&t=49s>.

Question	Points Deduction Clarification Comments	Points
<p>1. From the FPHS video, prove or disprove that public health system transformation is unique to Missouri. (video 1:14)</p> <ul style="list-style-type: none"> • It is not unique to Missouri. There are eight other states currently involved in their own public health system transformation work. 		
<p>2. Missouri’s FPHS model defines a minimum set of fundamental capabilities and services that must be available in every urban or metropolitan community in order to have a functional statewide public health system. Is this statement true or false? If false, what is incorrect? (video 1:16)</p> <ul style="list-style-type: none"> • False. Foundational capabilities and services must be available in every Missouri community. 		
<p>3. On which public health framework (or related frameworks) was the first FPHS model based? (video 2:12)</p> <ul style="list-style-type: none"> • 10 Essential Services and Core Public Health Functions 		
<p>4. Name at least three groups or committees who were instrumental in the development and design of Missouri’s FPHS model? (video 3:07 – 3:36)</p> <ul style="list-style-type: none"> • FPHS Workgroup • State and local public health agency representatives • Academia • Local public health administrators • #HealthierMO Executive Committee 		
<p>5. When was Missouri’s FPHS model finally approved by its Executive Committee? (video 3:38)</p> <ul style="list-style-type: none"> • December 2019 		
<p>6. Missouri’s FPHS model offers a simplified operational framework that identifies the unique responsibilities of governmental public health. Is this statement true or false? If false, what is incorrect? (video 4:08)</p> <ul style="list-style-type: none"> • True. 		
<p>7. Describe three ways Missouri’s FPHS model differs from the national model. (video 3:41 – 4:07)</p> <ul style="list-style-type: none"> • Injury prevention as its own area of expertise • Added behavioral health and community resources to linkage to care • Calls out health equity and social determinants of health • Added outer ring for local responsive programs and services 		

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<p>8. Name three actions the FPHS model supports in an effort to close the gap between what LPHAs need to provide and are able to provide. (video 4:26 – 4:36)</p> <ul style="list-style-type: none"> • Determine cost for delivering FPHS • Identify capacity gaps • Justify funding requests 		
<p>9. List the seven cross-cutting skills the model defines as foundational public health capabilities. (video 4:45 – 5:13)</p> <ul style="list-style-type: none"> • Policy Development and Support • Communications • Community Partnership and Development • Organizational Administrative Competencies • Accountability and Performance Management • Assessment and Surveillance • Emergency Preparedness and Response 		
<p>10. List the six interconnected areas of public health expertise identified in the model. (video 5:15 – 5:36)</p> <ul style="list-style-type: none"> • Communicable Disease Control • Chronic Disease Prevention • Linkage to Medical, Behavioral, and Community Resources • Injury Prevention • Maternal, Child, and Family Health • Environmental Public Health 		
<p>11. The model components are not interrelated, so each of the capabilities cannot be aligned or integrated with each of the foundational areas. Is this statement true or false? If false, what is incorrect? (video 5:38)</p> <ul style="list-style-type: none"> • False. They are interrelated. Each capability can align and be integrated with each foundational area. 		
<p>12. Name three ways in which Missouri’s local public health agencies are already working to assure foundational public health capabilities. (video 6:15)</p> <ul style="list-style-type: none"> • Resource sharing • Collaborative partnerships • Innovative solutions 		