

# Foundational Public Health Services: An Approach to Improving Well-being for All Missourians

A Practical Application Workbook





## ACKNOWLEDGEMENTS

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Special thanks to the following contributors:

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## ABOUT #HEALTHIERMO

#HealthierMO is committed to helping all Missouri residents reach our full potential and live our healthiest lives. We're building a stronger, more resilient public health system that will be more responsive to the needs of every Missourian.

We work actively with everyone who contributes to community health to ensure that each community has a skilled public health workforce, a strong network of partners, stable funding streams, policies, and a reliable system for service delivery.

These foundational public health capabilities support good health and well-being for all of us.



#HealthierMO and the “Foundational Public Health Services: An Approach to Well-being for All Missourians, A Practical Application Workbook” are projects of the Missouri Public Health Association, with support from Missouri State University.

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## CASE FOR USE

Everyone deserves the opportunity to live their healthiest life. Whether a visitor, immigrant, student, traveler, transplant, or lifetime resident—we collectively refer to people currently residing in Missouri as “Missourians.” We have an extraordinary opportunity right now to change the future for all Missourians—to assure health equity by understanding and providing what people need, so they have a fair and just opportunity to achieve equal health outcomes and thrive. As we move forward based on what we've experienced and how the world has changed, we must equip public health agencies to assure the foundational public health programs and services everyone depends on to live their healthiest life.

Missouri’s **Foundational Public Health Services** (FPHS) model identifies a minimum set of interconnected capabilities and areas of public health expertise that must be available in every community for the entire public health system to function effectively. The areas of expertise outlined in the colored pie pieces below include familiar programs like WIC, seat belt safety, and blood pressure checks. They rely heavily on strength in the foundational capabilities identified in the blue ring. Public health practice must also be centered on equity, as emphasized in the white ring in the model. Achieving health equity should be a guiding priority, core value, and primary goal of public health agencies. As such, it is infused throughout this workbook.

The workbook offers public health agencies a consistent framework upon which to align practice so that we can all move forward together. As Missouri’s public health agencies apply the model consistently across all programs, the system will begin to function like smoothly operating gears in a complex machine, collectively building power and momentum that will strengthen Missouri’s public health system and assure better health and well-being for everyone.



**Step 1:** Select one area of expertise and align it with one capability. Choose any area or capability and complete them in any combination and in any order.



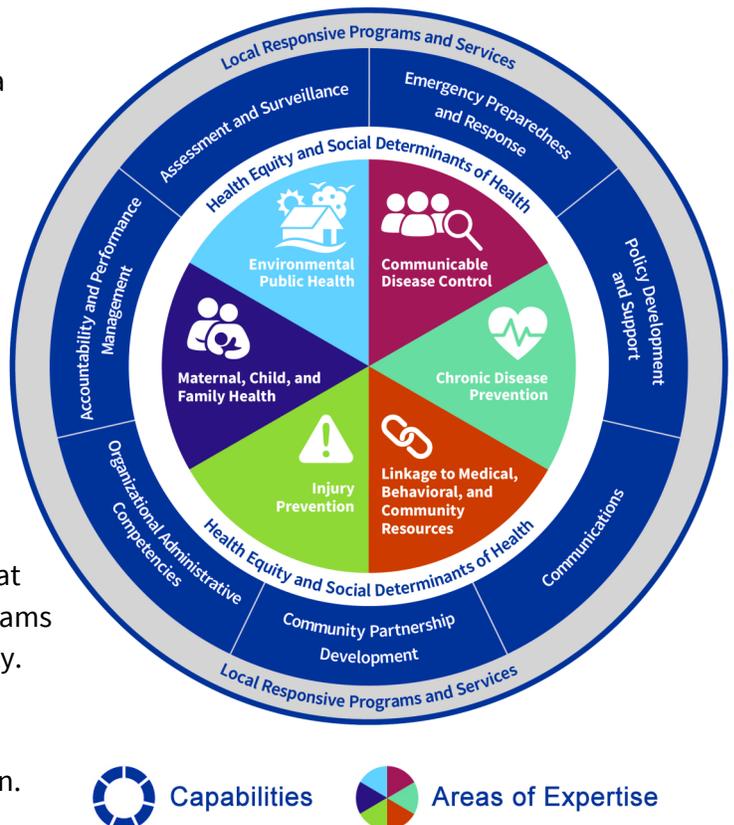
**Step 2:** Review current data from your agency’s Capacity Assessment and other sources. Work through the discussion prompts in the workbook.



**Step 3:** Develop an action plan to build capacity for each selected capability. Prioritize focus areas from the action planning table in which to build capacity that will result in stronger, more equitable programs and services for everyone in your community.



**Step 4:** Repeat the process with another area of expertise and capability combination.





## KEY TERMS

**Decision-maker:** a person with the authority and power to make key decisions that affect entire systems and people

**Health equity:** understanding and providing what people need so they have a fair and just opportunity to achieve equal outcomes and live their healthiest life

**Missourians:** all visitors, immigrants, students, travelers, transplants, and lifetime residents currently residing in Missouri, collectively referred to as “Missourians”

**Stakeholder:** any person with a vested interest or concern in something

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## DATA SOURCES

[Health Equity Dashboards](#), Missouri Hospital Association

[ExploreMOhealth](#), MHA Health Institute

[County Health Rankings and Roadmaps](#), Robert Wood Johnson Foundation

[Every Kid Counts Missouri](#), Annie E Casey Foundation

[MOPHIMS](#), DHSS

[Quick Facts](#), US Census Bureau

[Additional Data Sets and Mapping Tools](#), Build Healthy Places Network



### Kelley Vollmar, Jefferson County Health Department

“Look at each of your programs and map them out looking at the capabilities.  
How do you assess them?  
What data are you getting from them?  
How do you utilize that data?”

Start looking at the environments around them. Who are the partners in your community that can really help move that forward.

It’s a process. It’s definitely something that’s ongoing, that you have to nurture, but it’s also something that once you develop it with one program, it’s very easy to see how it can be applied to others within your agency.”

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## ADDITIONAL RESOURCES

Available at [HealthierMO.org](https://HealthierMO.org)

### Interactive FPHS Model

Explore the interactive, web-based version of the FPHS model. Drag any capacity to align with an area of expertise to open deeper layers of learning.

### Gear Box Tools

Use these quick reference pages to guide group discussion at staff meetings or during community events.

### Training Portal

Visit #HealthierMO’s online training portal, hosted by the Heartland Center at St. Louis University. Pursue a training pathway that aligns with FPHS model implementation.

### Regional Maps

Review heat maps based on Capacity Assessment findings in each FPHS capability and area of expertise.



# ACCOUNTABILITY AND PERFORMANCE MANAGEMENT



## AREA OF EXPERTISE FOCUS:



Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

**Accountability** refers to public health agencies' responsibility for their actions. A three-part framework of accountability, performance measurement, and continuous quality improvement is important to show progress toward improving community health and well-being.

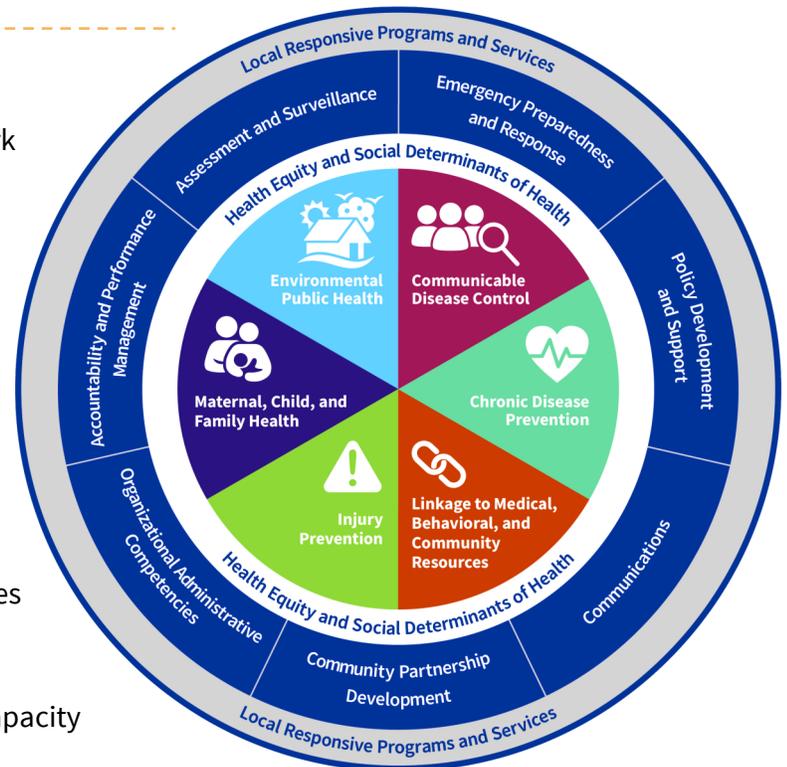
Public health agencies are accountable to funders, elected officials or boards of health, and the people they serve. They should demonstrate progress by identifying, tracking, and reporting on performance measures to assure continuous quality improvement. Accreditation is one mechanism public health agencies may use to improve performance management.

#HealthierMO recommends three steps to increase capacity in accountability and performance management.

**Self-assess:** Talk internally about the value of your current performance management system. How well are you using it to continuously improve performance? Determine the resources your agency needs to track progress and report achievements.

**Develop performance measures:** Work internally and with community partners to develop and apply performance measures that will verify achievement of performance standards.

**Track, evaluate, and report progress:** As you track performance measures, evaluate and make course corrections as necessary. Report progress in a way that explains the levels of effort and achievement necessary to reach health outcome objectives.



## INFUSING HEALTH EQUITY

Performance measures should be based on your agency's community health assessment and improvement plan and should focus on addressing health inequities. By reporting progress on performance measures with transparency, stakeholders will better understand how your agency is fulfilling its responsibilities. This should build trust and increase engagement and support from a full range of community members.



**Becky Hunt, Madison County Health Department**

“When working toward accreditation, plan ahead. Assure the Foundational Public Health Services are the framework of your pre-requisites, as this will be a vital component of your documentation throughout the seven standards sections.”



**Spotlight**

**SELF-ASSESS**

Use the assessment tools below to gauge whether your agency has the capacity to perform according to accepted business standards and in compliance with local, state and federal policies, laws and regulations. Determine whether your agency is using evidence-based or promising practices, maintaining an organization-wide culture of quality improvement, and using nationally recognized resources to monitor progress toward achieving organizational objectives. Using the same self-assessment tool consistently will allow you to view improvements over time.

[Quality Improvement Self-Assessment for Public Health Staff](#), NACCHO

[Quality Improvement Self-Assessment for Public Health Leaders](#), NACCHO

[Nine Pillars of Quality Improvement: Assessing Your Organizational Effectiveness](#), PHF

**1. What level of knowledge, skills, and abilities do our staff have in accountability, performance management, and continuous quality improvement?**

[Empty yellow response box for question 1]

**2. What accountability mechanisms and processes do we currently have in place? Do they appropriately address health inequities? How might we add to or improve them?**

[Empty yellow response box for question 2]





**3. How might our agency implement continuous quality improvement in this specific area of expertise from Missouri’s Foundational Public Health Services model?**

[Empty yellow response box]

**4. How might we strengthen existing structures to better support improving performance to achieve objectives?**

[Empty yellow response box]

**DEVELOP PERFORMANCE MEASURES**

Performance management is the continuous use of performance standards, performance measures, reporting of progress, and quality improvement to measure, monitor, and report progress toward goals and objectives. Consider setting performance measures at the system level rather than at the program level.

[Performance Management Self-Assessment](#), PHF

Use this tool in group discussion to better understand and identify the performance measures you already have in place and what is working well before building or improving the performance management system.

**5. Which national performance standards might we aim to achieve in this specific area of expertise?**

[Measuring What Matters in Public Health](#), NACCHO

Use this tool to identify performance measures that will demonstrate your agency’s contributions to improving community health and well-being.

[Empty yellow response box]

**6. Which accreditation standards apply to this area of expertise? How might working toward these standards benefit our agency and all members of our community?**

[Empty yellow response box]

**7. Which state and local performance measures might our agency work toward in order to benefit all members of our community?**

[Empty yellow response box]



## TRACK, EVALUATE, AND REPORT PROGRESS

Accountability requires demonstrating progress toward performance measures and quality improvement. Evaluation reports should also be used to make any necessary course corrections. Tools like progress reports, program reviews, and evaluations can be used to share updates with different audiences, such as funders, partners, stakeholders, and the public. Transparency and accountability increase confidence in public health agencies and efforts to improve population health.

**8. How might we set up a tracking and reporting process that demonstrates the impact of our work at the community level, showing progress toward improving the conditions for optimal health for all people?**

[Empty yellow response box]

**9. What evaluation processes might we set in place to mitigate unintended consequences and assure progress toward goals?**

[Empty yellow response box]

**10. Which tools and training would better equip individuals to improve accountability, performance management, and quality improvement processes?**

[Empty yellow response box]

## TRAINING RESOURCES

[Introduction to Performance Management](#), Heartland Center

[Introduction to Quality Improvement in Public Health](#), Kansas Dept of Health and Environment

[Quality Improvement Quick Guide](#), PHF



**Spotlight**

### **Dalen Duitsman, Missouri Institute for Community Health and Ozarks Public Health Institute at Missouri State University**

“I believe there is no single thing that an LPHA can do to improve its operation and become a higher functioning agency than to undergo accreditation. Missouri is very fortunate to have two very viable choices for accreditation, the Missouri Institute of Community Health (MICH) or the Public Health Accreditation Board (PHAB). Agencies can choose which one best meets their needs, improving the likelihood of obtaining accreditation. Accreditation requires an agency to evaluate every process with the most current standards based on the Foundational Public Health Services model. Though achieving accreditation is not at all easy, the ultimate reward—both internal and external to the agency—is immeasurable.”



## **ACCOUNTABILITY AND PERFORMANCE MANAGEMENT: OUTCOMES AND ACTION STEPS**

Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency’s most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.

| <b>Potential Outcome</b>  | <b>Action Steps</b> | <b>Timeline</b> | <b>Resources</b> | <b>Assigned To</b> |
|---|---------------------|-----------------|------------------|--------------------|
| We uphold accepted business standards and assume responsibility for public health actions in accordance with relevant local, state, and federal laws and policies |                     |                 |                  |                    |
| We assure compliance with national and Public Health Accreditation Board Standards  |                     |                 |                  |                    |
| We develop and maintain a performance management system to monitor achievement of organizational objectives   |                     |                 |                  |                    |
| We continuously evaluate and improve organizational processes, including using planning tools such as Plan-Do-Study-Act (PDSA) cycles                             |                     |                 |                  |                    |
| We maintain an organization-wide culture of quality improvement using nationally recognized framework quality improvement tools and methods                       |                     |                 |                  |                    |

### **RESOURCES**

[Fillable Logic Model template](#)

[Sustainability Tool](#), Brown School at Washington University, St Louis

Take 15 minutes to evaluate your proposed activity across eight domains in order to gauge its capacity for sustainability. Registration is required to use this free tool.

# ASSESSMENT AND SURVEILLANCE



**AREA OF EXPERTISE FOCUS:**



Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

**Assessment and Surveillance** include the public health agency’s ability to collect, access, analyze, and utilize data to guide public health planning and decision making. It includes the ability to prioritize and respond to data requests, translate data into understandable reports, identify data related to health inequities and social determinants of health, and prioritize public health work based on data.

#HealthierMO recommends three key steps in the assessment and surveillance process.

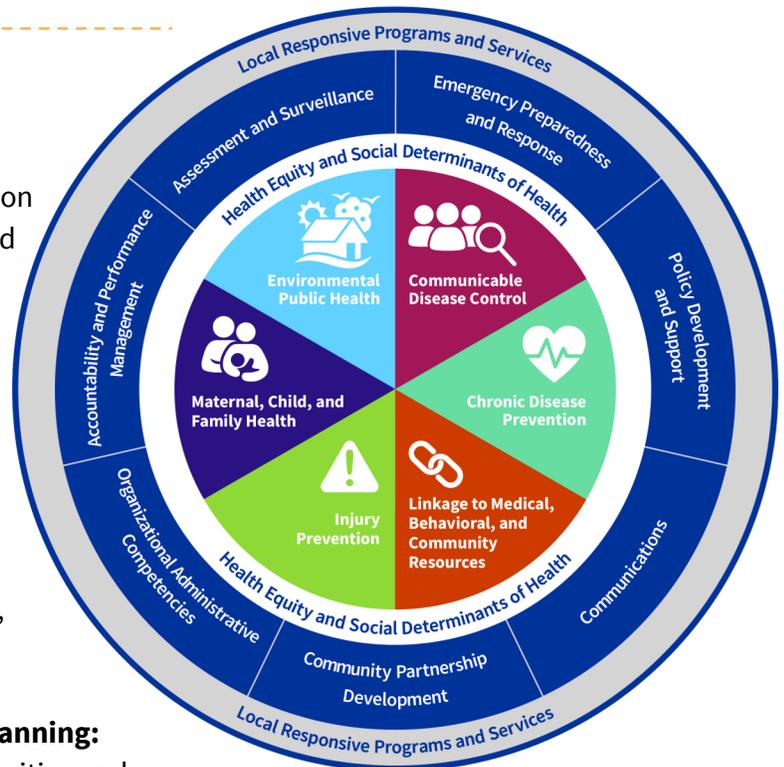
**Prepare for a community health assessment:**

Identify key partners, an equitable framework, and the data necessary to assure systematic, comprehensive data collection and analysis.

**Prepare for community health improvement planning:**

Consider how you will benchmark health disparities and priorities, identify key health indicators, and build shared power in decision-making.

**Monitor through surveillance:** Monitor population health issues and disparities in your community using surveillance for ongoing, systematic collection, analysis, and interpretation of health-related data.



## INFUSING HEALTH EQUITY

Choose a community health assessment model that fosters shared power for informing and making decisions. Include the full range of community members in the community assessment process to hear diverse perspectives and experiences. Choose health indicators that account for inequality and social conditions. Advocate for a community health improvement vision that seeks to create the conditions where everyone can thrive.

### Gary Zaborac, Clay County Public Health Center

“In 2009, the Supreme Court finally said the Affordable Care Act was here to stay. And there was a clause, an IRS 990 requirement that not-for-profit hospitals had to participate in community health assessments and they had to engage with their local health departments. Before that point, Vision North had been doing a community health assessment and hospitals had been doing their own. So we called a time-out and said, ‘It doesn’t make sense to be duplicating all of this work. Why don’t we work together and just do one?’ Once we started working together, we made some real traction. Now we create one community health improvement plan as well. It has evidence-based strategies for health equity and social determinants of health built into it.”



## PREPARE FOR A COMMUNITY HEALTH ASSESSMENT

The Public Health Accreditation Board (PHAB) recommends public health agencies participate in **community health improvement planning** at least every five years. This work begins with a **community health assessment**. The Affordable Care Act requires non-profit hospitals to complete a community health needs assessment and strategic implementation planning every three years to guide community benefit expenditures. Many jurisdictions have found significant benefit in collaborating on assessment and improvement planning.

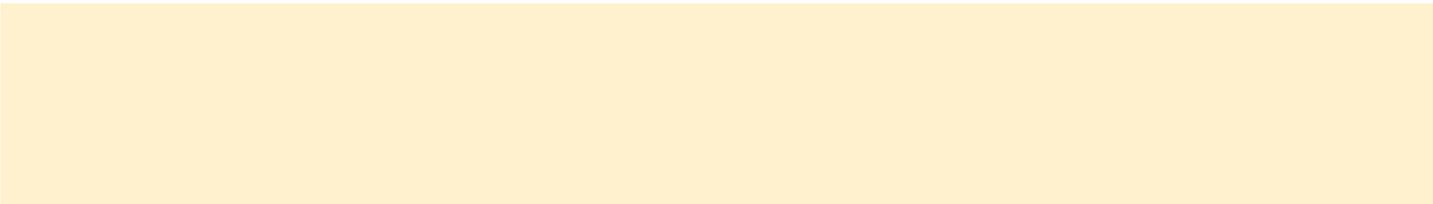
Review the toolkits below to familiarize your team with the process of conducting a community health assessment. Refer back to these tools when you are ready to complete a community health assessment.

[Mobilizing for Action through Planning and Partnerships \(MAPP\)](#), NACCHO

[Community Health Assessment Toolkit](#), Healthy Communities

### 1. Who should be engaged in the community health assessment processes to ensure diverse perspectives, inclusive representation, and lived experience?

The social determinants of health can positively or negatively influence population health. Intentionally instill an equity frame into community health assessment and improvement planning processes, beginning with assuring involvement from a diverse group of partners, stakeholders, and community members with lived experience.



## 2. What kinds of data do we need to collect and analyze in order to ensure we truly understand health inequities through our community health assessment?

Refer to the Community Partnership section of this workbook to draw ideas from a list of credible data sources.

## PREPARE FOR COMMUNITY HEALTH IMPROVEMENT PLANNING

Review the tools below to better understand the overall process of developing a community health improvement plan that focuses on **priority health issues** informed by **data** from your community health assessment. Refer back to these tools when you are ready to complete a community health improvement plan.

[Community Health Assessment and Health Improvement Planning](#), CDC

[Community Health Improvement Toolkit](#), Health Resources in Action

## 3. How can we prepare to benchmark health disparities and health priorities as we analyze community health assessment data? What might the most important indicators be for our community?

Review benchmarks from the credible sources below.

[Healthy People 2030](#), US Department of Health and Human Services (DHHS)

[County Health Rankings and Roadmaps](#), Robert Wood Johnson Foundation

[Missouri Kids Count Data Book](#), Annie E Casey Foundation

[Data and Benchmarks](#), CDC

## 4. How might we build shared power to guide and make decisions through the community health improvement planning process?

[Embracing Equity in Community Health Improvement](#), Health Resources in Action

Learn how to comprehensively integrate equity into the community health improvement planning process.

[Spectrum of Participation](#), IAP2 International Federation

Review this model to determine the level of public participation you will commit to embrace.

Refer also to the Community Partnership Development section of this workbook for additional information.



## MONITOR THROUGH SURVEILLANCE

**Surveillance** contributes to better prevention and management of diseases. Data collection and monitoring improves public health capacity by equipping agencies to set priorities and develop targeted interventions to prevent, slow, and stop disease transmission. This protects everyone, especially the most vulnerable community members.

**5. How might we more effectively collect data from multiple sources to illuminate health disparities?**

**6. How might we more effectively arrange and analyze data by age, gender, race/ethnicity, gender, and other socioeconomic and environmental factors?**

**7. How might we more effectively use surveillance to monitor health disparities in our community?**

**8. How might we more effectively use the data we have to guide planning and decision-making?**

[Data Sets and Mapping Tools](#), Build Healthy Places Network

Use these mapping resources to sort data by zip code and demographic and socioeconomic factors.

**9. How might we more effectively share and communicate data with our partners, stakeholders, and communities?**



## 10. What additional training would enhance surveillance activities around this area of expertise?

### TRAINING RESOURCES

[Introduction to Public Health Surveillance](#), CDC

[Public Health Foundation’s Modified Competency Assessment](#)

Ask each staff member to complete the Analytical/Assessment Skills section (pg 4).

### NEXT STEPS

When you are ready to complete a community health assessment and community health improvement plan, revisit the tools below.

[Mobilizing for Action through Planning and Partnerships \(MAPP\)](#), NACCHO

[Community Health Assessment Toolkit](#), Healthy Communities

[Community Health Assessment and Health Improvement Planning](#), CDC

[Community Health Improvement Toolkit](#), Health Resources in Action



#### Spotlight

#### **Kelley Vollmar, Jefferson County Health Department**

“Jefferson County does not have a lot of diversity, so our health inequities tend to fall along the lines of access to care. We have about four main highways that go throughout the county, and basically all of our medical facilities are on the eastern portion of our county. All the western portion, especially southwest, lacks access to medical care – access to a lot of services in terms of food deserts and others. What we try to do with our programs is look at how we manage to take care to those areas, whether that’s through our mobile units – dental and wellness units – but also going to do onsite visits and onsite services when we can at churches and schools to be able to better ensure that those populations have just as much access to important services of prevention and treatment as individuals living on the eastern side of our county.”

## **ASSESSMENT AND SURVEILLANCE: OUTCOMES AND ACTION STEPS**

Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency’s most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.

| Potential Outcome  | Action Steps | Timeline | Resources | Assigned To |
|--|--------------|----------|-----------|-------------|
| We collect primary public health data  |              |          |           |             |
| We access, analyze, use and interpret data from a number of credible sources   |              |          |           |             |
| We access, analyze, use and interpret data from the universal chart of accounts  |              |          |           |             |
| We conduct a community health needs assessment   |              |          |           |             |
| We contribute local health needs assessment findings to a statewide health needs assessment                                      |              |          |           |             |
| We identify health priorities arising from a community health needs assessment, including identifying health outcome disparities |              |          |           |             |
| We respond to data requests with meaningful reports  |              |          |           |             |
| We report data stratified by age, race/ethnicity, gender, and socioeconomic status   |              |          |           |             |
| We develop and maintain electronic health information systems  |              |          |           |             |
| We access and utilize electronic health information systems  |              |          |           |             |
| We access 24/7 laboratory resources capable of providing rapid detection of disease  |              |          |           |             |

### **RESOURCE**

[Fillable Logic Model template](#)

# COMMUNICATIONS



**AREA OF EXPERTISE FOCUS:**



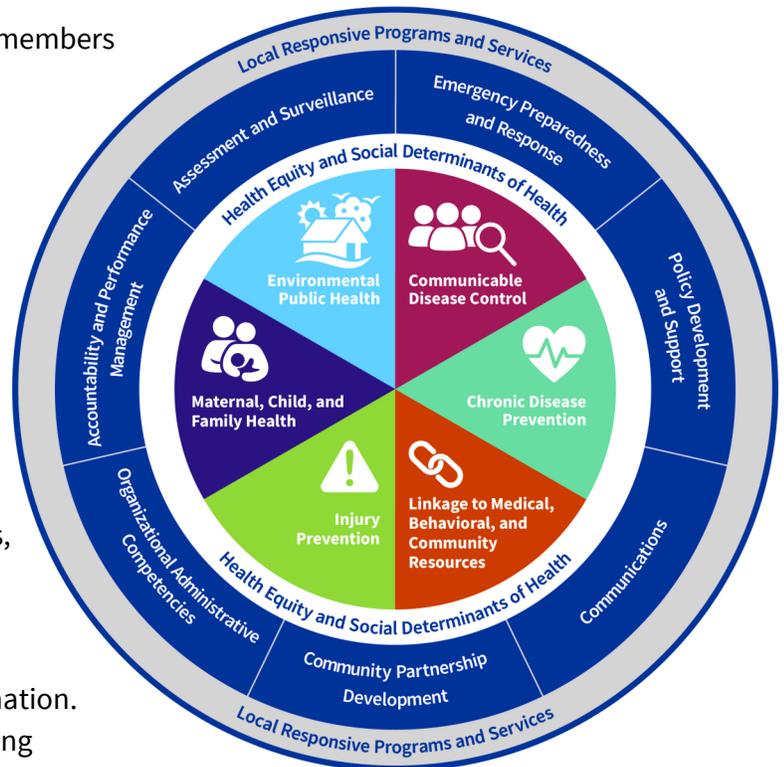
Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

**Communication** is vital to assuring all community members can access, understand, and act on important health information to protect themselves and their families.

Communication involves sharing, receiving, and interpreting messages through a number of different techniques and pathways. Messages, materials, and dissemination channels should be tailored to specific audiences in order to meet people where they are. Public health agencies must be able to write and implement an effective communication plan, execute risk communication strategies, and engage in two-way communication with all audiences, including media.

Successful public health outcomes depend on an agency’s ability to clearly communicate health information. #HealthierMO recommends four key steps for increasing capacity in communication.

- Analyze:** Effective communication must be grounded in an understanding of the audience you want to communicate with.
- Create:** Messages and materials must be tailored to fit each audience, taking into consideration factors such as language, cultural nuances, and imagery.
- Disseminate:** Think creatively about pathways to reach audiences where they are.
- Evaluate and Adjust:** Measure communication efforts in order to determine if the audience is receiving the information and taking the desired action. If they are not, you may need to make adjustments.



## INFUSING HEALTH EQUITY

Messages and materials should connect with the full array of diverse audiences in our communities. Graphics, colors, wording, and other nuances should be tailored to specific communities. Work with community members and partners to develop and test communication products before sharing them with audiences.



**Spotlight**

**Kayla Klein, Taney County Health Department**

“With the COVID-19 pandemic, we recognized early on the need to get urgent public health information to these populations quickly. Unfortunately, some of these populations experience barriers to accessing various forms of media, internet being one of them, and so we’ve really had to work diligently to get information and messaging to them to keep them informed during the process.”

**ANALYZE**

People seek out and receive information from different sources. Communicators must identify a wide range of pathways to deliver information that meets people where they are. **Audience analysis** is key to understanding how to deliver messages to each audience, which messages will be more likely to resonate, and what language or message framing will motivate desired attitude and behavior changes.

[How to Do an Audience Analysis](#), Compass

Follow this step-by-step process to better understand your audience’s attitudes, beliefs, behaviors, and communication needs. Record the audience characteristics you uncover using the embedded tools or this [template](#). Use your findings to answer the discussion prompts below.

**1. Who are the different audiences we should consider in this area of expertise?**

[Empty yellow box for response]

**2. What were the findings from our audience analysis on each audience?**

[Empty yellow box for response]





## CREATE

One broad message will likely not resonate with every audience. Messages need to be tailored to each audience. Start by developing a set of **key messages** with supporting statements that answer the questions your audiences will be most likely to ask. Incorporate the key messages into a variety of communication products, such as printed flyers or posters, news releases, social media content, videos, etc. **Tailor** messages and materials to fit each audience. Use **health literacy principles** to ensure information is accessible, understandable, and actionable for every community member.

Review the following resources to gain a better understanding of how to create communication products that will be clear and easy for every community member to understand.

[Message Mapping Guide](#), from [COVID-19: Simple Answers to Top Questions](#) (March 2020), ASTHO

This tool offers principles and guidance for outlining key messages that will answer the most common questions people have about any issue.

[Simply Put](#), CDC

This guide offers universal health literacy principles and tips to help you create communication materials that are clear and easy for all audiences to understand.

[PHRASES Frame Elements](#), FrameWorks Institute

Use these tested communication devices (frames) to inform the development of communication pieces specifically for non-public health partners.

### 3. What literacy level should we use with each audience, and how will that inform product creation?

### 4. What communication products do we need to find or develop for each audience regarding this area of expertise?

### 5. Which message frames should we use to communicate with each audience about this area of expertise?



## DISSEMINATE

Today's audiences demand information when they want it and in a format they prefer. Public health agencies can no longer just depend on traditional media to help disseminate information. The audience analysis you conducted earlier will help you identify the most effective **pathways** to communicate with individual audiences. Consider **partnering** with local organizations and trusted community members to help share and amplify your messages. Effective communication is a **two-way process**, so be prepared to listen to your audiences as well as sharing information with them.

[Dissemination Strategies](#), Global Partnership for Education

Use this simple tool to strategize and track communication messages and materials disseminated to various audiences.

**6. How will we communicate with each audience we have identified? In what ways can we improve two-way communication with our audiences?**

**7. Who are trusted messengers in our community? How can we partner with them to improve communication with shared audiences, especially those who have been historically disengaged?**

**8. How can we improve our working relationship with local and regional media to reach the full range of our diverse audiences?**





## EVALUATE AND ADJUST

Communication should always have a **purpose** and **objectives** – why you are communicating and what you hope to gain from it. Evaluating communication efforts and outcomes allows you to measure whether or not your audience is receiving the messages and taking the desired actions in alignment with your objectives. Evaluation allows you to make **course corrections** in a timely manner, in order to better ensure your communication is effective. Evaluation also informs improvements in future communication efforts.

**9. How are we building two-way feedback into our communication evaluation process? How might we more effectively evaluate and adjust communication strategies?**

[Empty yellow response box]

**10. Which tools or training would lead to increased skill in communications?**

[Empty yellow response box]

## TRAINING RESOURCES

[Health Literacy for Public Health Professionals](#), CDC TRAIN

[Using the PHRASES Framing Tools](#), FrameWorks Institute



**Spotlight**

### **Kelley Vollmar, Jefferson County Health Department**

“Prior to COVID, public health really didn’t have a voice in the community. We were in the background, and somewhat invisible. As we moved through COVID we found that we had a place at the table and we were very visible to the community, but I still don’t think the public really understood what public health does and how we help in the background to keep their communities safe.

As we move out of the pandemic, I think we have a fantastic opportunity to really be able to engage our communities and help them to understand what public health does, help them become part of that process, and to really move public health forward in terms of creating healthier communities.”

**3**

**COMMUNICATIONS: OUTCOMES AND ACTION STEPS (PG 1 OF 2)**

Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency’s most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.

| Potential Outcome  | Action Steps | Timeline | Resources | Assigned To |
|--|--------------|----------|-----------|-------------|
| We communicate about specific public health issues on a 24/7 basis through condensed written communications, public speaking, and electronic communication tools                 |              |          |           |             |
| We develop and implement a strategic communications plan to articulate the agency’s mission, vision, values, roles, and responsibilities to the community                        |              |          |           |             |
| We develop and implement a communication strategy to identify a specific public health issue and communicate risk  |              |          |           |             |
| We provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the communities served                |              |          |           |             |
| We transmit timely, accurate, and credible routine communications to the public on a 24/7 basis  |              |          |           |             |
| We address health literacy concerns in culturally and linguistically appropriate formats so information is accessible, understandable, and actionable for the communities served |              |          |           |             |
| We communicate the role of public health to the public and to policymakers   |              |          |           |             |



### COMMUNICATIONS: OUTCOMES AND ACTION STEPS (PG 2 OF 2)

| Potential Outcome  | Action Steps | Timeline | Resources | Assigned To |
|--|--------------|----------|-----------|-------------|
| We maintain ongoing relationships with local and state media outlets                                     |              |          |           |             |
| We develop and implement a proactive health education strategy   |              |          |           |             |
| We receive routine communications from the public on a 24/7 basis  |              |          |           |             |
| We routinely communicate in culturally and linguistically appropriate formats for the communities served |              |          |           |             |

## RESOURCES

[Fillable Logic Model template](#)

[Sustainability Tool](#), Brown School at Washington University, St Louis

Take 15 minutes to evaluate your proposed activity across eight domains in order to gauge its capacity for sustainability. Registration is required to use this free tool.

# COMMUNITY PARTNERSHIP DEVELOPMENT



## AREA OF EXPERTISE FOCUS:



Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

**Community Partnership Development** is defined as the ability to “create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.”

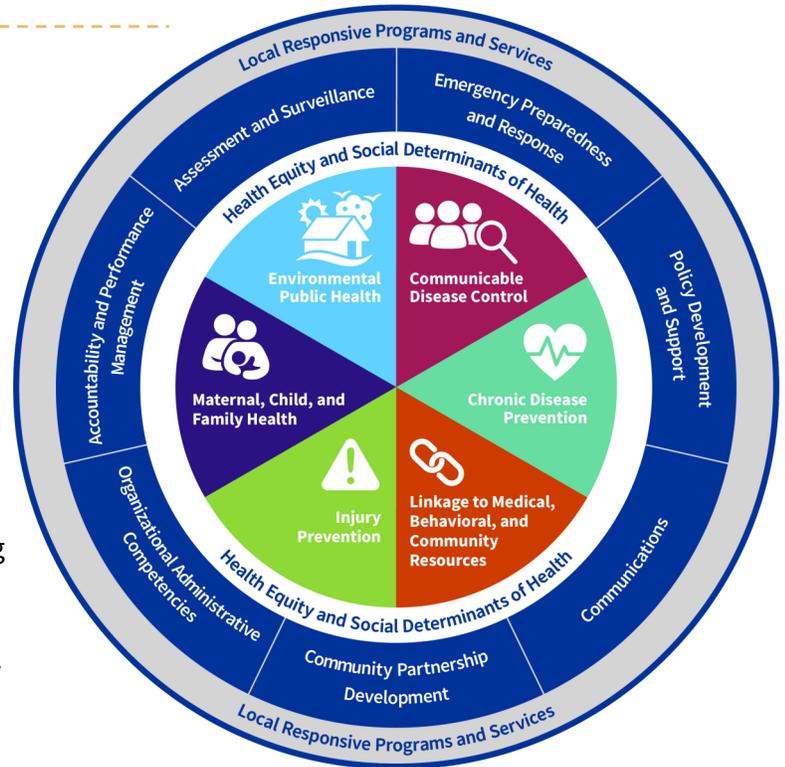
No two communities in Missouri are alike, but we all share the same goal: improving health and well-being for everyone in the community.

#HealthierMO recommends three key steps to identify and engage essential community partners vital to helping assure that foundational public health services equitably reach all Missourians.

**Explore:** Take time to learn about each specific community.

**Connect:** Identify community leaders and partner organizations in the community you are seeking to engage. Introduce yourself and purposefully develop relationships and build trust.

**Engage:** Explore how your agencies might work together to achieve shared goals.



## INFUSING HEALTH EQUITY

Each community has unique conditions and needs. Engaging people within the community is vital to improving health outcomes and advancing equity. They will offer unique perspectives and diverse ideas. Look for partners and community members who represent all the people in your community, especially those who don't have a voice, or may not have been engaged previously. Including them in planning and decision-making will empower them to lead community change, increasing trust and a sense of belonging that will build stronger, healthier communities.



## EXPLORE

**Community** can be described as a group of people connected by place, shared interest, similar situation, or identity. Geographic boundaries define the coverage area for a public health agency, but within that boundary many different “communities” may exist.

Take time to **explore** who lives in your community. Learn more about their perceptions, experiences, preferred communication styles, and current health issues. What challenges do they face to living their healthiest lives? Where do they seek information? Who do they trust?

### 1. Which unique “communities” does our agency need to learn more about in order to address health disparities, assure foundational public health services, and improve health outcomes?

### 2. What do we know about each of these communities? How can we learn more? To what degree is our agency trusted by these communities?

Refer to the audience analysis tools and discussion prompts in the Communications section of this guide.

### 3. What do available data reveal about each of these communities? Who isn’t adequately represented?

Explore the following data sets to learn more about each community:

[Health Equity Dashboards](#), Missouri Hospital Association

[ExploreMOhealth](#), MHA Health Institute

[County Health Rankings and Roadmaps](#), Robert Wood Johnson Foundation

[Every Kid Counts Missouri](#), Annie E Casey Foundation

[MOPHIMS](#), DHSS

[Quick Facts](#), US Census Bureau

[Additional Data Sets and Mapping Tools](#), Build Healthy Places Network



**Kristol France, Elevate Branson**

“It’s amazing the partnership that we have with the health department. A lot of our neighbors that stay in the extended stay hotels do not have access to transportation, so they cannot make it to the health department. So by WIC coming here, the neighbors can get the information they need from WIC, get the formula, and get those amazing foods they offer.”

**Kathryn Metzger, Taney County Health Department**

“We look for ways to bring services to the facilities that people are already going to, whether it be our partners at Elevate Branson, or Christian Action Ministry, which is a food bank. So we definitely work with our community partners in order to extend services .”



**CONNECT**

Identify formal and informal community **leaders** and **partners** in the community you are seeking to engage. They can provide important nuanced insight and feedback. Introduce yourself and begin to **build trust**. Ideally, relationship building will take place early, in a neutral setting, before you begin to meet and make your first ask.

[Guide to Actor Mapping](#), FSG

Conduct an in-depth “actor” mapping process to identify key organizations and individuals who are affected by and who influence community health.

[Kumu](#)

Use a relationship mapping tool like this one to visually display potential partners and their influence on community health and well-being.

**4. Which organizations are already providing programs and services within this community?**

[List information](#) on the programs and services already being provided by potential partners.

[Yellow response box]

**5. Where are gaps and opportunities for us to partner with other agencies in this FPHS area of expertise?**

[Yellow response box]

**6. Who are the leaders and trusted voices in each community? How can we engage them as partners?**

[Yellow response box]



## ENGAGE

To achieve healthier communities, organizations and individuals must work together **collaboratively**. Businesses, faith-based organizations, and community members all play a key role in assuring community health and well-being. Ask partners to make connections to **bridge** the community to your agency’s programs.

Be prepared to act as a **Community Lead Health Strategist**, “an engaged change leader who builds community coalitions that investigate and take action to make meaningful progress on a community health issue.” ([Public Health 3.0](#), CDC). Also, be prepared to engage in **two-way conversation**, keeping in mind that you have as much to learn from partners as you have to offer.

### 7. How can we engage non-traditional partners like businesses, faith-based organizations, non-profit organizations, civic clubs, and others to ensure diverse voices are at the table?

[Tips for Engaging Businesses as Public Health Partners](#), from deBeaumont Foundation

This guide offers tips to equip public health professionals to present partners with a “value proposition” for partnering with public health.

### 8. How can we more effectively use tools and resources to clearly articulate to our new partners the role of public health agencies in assuring community health and well-being for everyone in our community?

[PHRASES Toolkit](#), FrameWorks Institute

Use these tools to help build bridges to other sectors by articulating shared goals, obstacles in the way, and the solutions that come from partnering with public health professionals. Break down silos and help other sectors better understand what public health professionals do and the benefits of partnering.



#### **Shawnee Douglas, Washington County Health Department**

“One positive thing from COVID was how our community came together in a huge way when it came to emergency preparedness and response. The hospital, the Ambulance District, local government, partners, schools, FQHCs, the health department, all united to attack COVID as a team . . . Every partner brings something to the table.”

**Spotlight**



9. How should we involve community members as partners in planning and decision-making?

[Empty yellow response box]

10. Which tools and training would better prepare individuals to lead partnership development?

[Empty yellow response box]

TRAINING RESOURCES

[Collaboration: The Key to Public Health System Improvement](#), Heartland Center

[Community Dimensions of Public Health Practice—Module 1](#) and [Module 2](#), Heartland Center

[Community Lead Health Strategist: Competencies Overview](#), NACCHO

[Community Lead Health Strategist: Competency Assessment](#), NACCHO

[Mobilizing Community Partnerships in Rural Communities](#), NACCHO



Spotlight

Linda Schroeder, Peace Pantry

“Last month the Health Department’s mobile unit was here at the food pantry, and we had a client – an older gentleman – and he wasn’t feeling well. So he went to the van, and the ladies there talked to him and assessed him and took his blood pressure and told him what he should do. I didn’t know it, but they had told him, ‘If you get worse you need to go straight to the emergency room.’

Well that evening he was not feeling better. He went to the emergency room, and he was actually having a stroke. So they actually saved his life. About two weeks later when he came back, he said, ‘I want you to get ahold of the Health Department and tell them that they saved my life.’ ”



## **3 COMMUNITY PARTNERSHIP DEVELOPMENT: OUTCOMES AND ACTION STEPS**

Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency’s most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.

| Potential Outcome   | Action Steps | Timeline | Resources | Assigned To |
|---|--------------|----------|-----------|-------------|
| We create and maintain strategic, non-program-specific relationships with key community partners  |              |          |           |             |
| We provide leadership in coordinating governmental public health efforts at the local level through dialogue, periodic meetings, and leadership         |              |          |           |             |
| We mobilize key community partners to support development of public health policies   |              |          |           |             |
| We maintain trust with and engage community residents at the grassroots level   |              |          |           |             |
| We clearly articulate governmental public health roles in programmatic and policy activities to key community partners                                  |              |          |           |             |
| We convene a broad, multi-sector assembly of public health and medical stakeholders to promote health, prevent disease, and protect community residents |              |          |           |             |
| We engage community members to develop and implement community health improvement plans to address priorities identified in health assessments          |              |          |           |             |
| We strategically select governmental public health roles in programmatic and policy activities  |              |          |           |             |

### **RESOURCE**

[Fillable Logic Model template](#)

# EMERGENCY PREPAREDNESS AND RESPONSE



## AREA OF EXPERTISE FOCUS:



Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

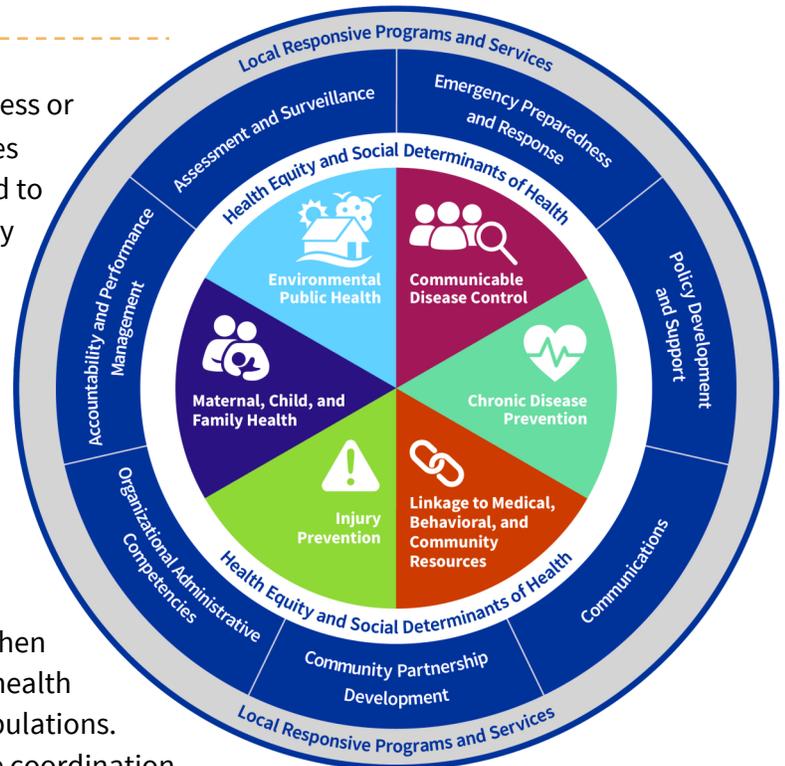
**Emergencies** may occur on a scale from a single illness or death to a multi-year pandemic. Public health agencies must maintain a high level of preparedness to respond to any risk by issuing and enforcing protective emergency health orders, sharing key information with partners and the public, and promoting ongoing community resilience and preparedness. They are responsible to lead the health and medical response, assuring communication and coordination.

#HealthierMO recommends using the three phases of emergency planning, response, and recovery to build capacity in each area of expertise in the FPHS model.

**Planning:** Conduct a risk assessment. Strengthen your internal continuity plan to assure public health services continue, especially to vulnerable populations. Include a diverse group in planning to improve coordination.

**Response:** Communication and collaboration will be key steps during any emergency response. Verify processes to communicate with your staff, partners, and the public. Bolster your ability to lead the response to a public health emergency and coordinate with all health and medical organizations.

**Recovery:** Finish strong by evaluating your response and updating your emergency operations plan. Coordinate with partners to ensure all long term recovery needs are met. Maximize the opportunity to build community resilience by providing health education while audiences are still receptive.



## INFUSING HEALTH EQUITY

Emergency preparedness and response activities should be designed to respect the equal liberty, autonomy, and dignity of everyone in a community. Public health agencies should consider the disproportionate burden that may be experienced by some people and ensure equitable access to mitigation, response, and recovery resources. Agencies will benefit from including a diverse group of partners and community members in emergency planning and risk mitigation activities. People with lived experience will have unique perspectives on the emergency response and recovery needs that exist within disproportionately at risk and historically disengaged populations.



## PLANNING

Emergencies often come on suddenly, but in many cases, scenarios can be anticipated and harm mitigated. Emergency plans should anticipate potential threats and identify measures to protect public health and minimize death, injury, disease, disability, and suffering during and after an emergency. Public health agencies should engage in collaborative planning with partners and members of the public. Planning and preparedness activities that incorporate inclusive, transparent, and accountable decision-making processes will build public trust.

[Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#), CDC (2019)

Review 15 capabilities identified by CDC that serve as national standards for public health emergency planning. These capabilities provide a framework for planning, operationalizing, and evaluating a public health agency's ability to prepare for, respond to, and recover from a public health emergency.

### **1. What emergencies could occur in our community, and what would be our role in each of these situations? What planning, response, and recovery challenges might our organization face in these situations?**

#### [Hazard and Vulnerability Assessment](#)

Work with your local office of emergency management, hospital, clinics, first responders, and other organizations to complete a community hazard and vulnerability assessment.

### **2. Who are the vulnerable and diverse populations who would be most impacted by these emergencies? What challenges, barriers, or burdens might they face? How might we mitigate these issues?**

[Ensuring Equity in COVID-19 Planning, Response and Recovery Decision Making: An Equity Lens Tool for Health Departments](#), Human Impact Partners

Review this document to consider how applying a health equity lens to decision-making can lead to improvements in the conditions of communities historically bearing the brunt of inequities.

[Cultural and Linguistic Competency in Disaster Preparedness and Response](#), US DHHS

Review this fact sheet for tips on an inclusive and integrated approach to disaster preparedness, response, and recovery activities with culturally and linguistically diverse populations.



### **3. How might we expand our emergency planning process to include more community partners and members of the public, especially those from highly vulnerable or historically disengaged populations?**

[Public Health Preparedness and Response Capabilities](#), CDC

Choose from multiple resources offered by CDC to learn more about how to include partners and community members in emergency planning, especially those people representing highly vulnerable or historically disengaged populations.

### **4. What should we consider including in a five-year training and exercise plan to best prepare for the highest priority public health risks and addresses the needs of vulnerable and diverse populations in our community?**

[Multi-Year Training and Exercise Plan](#) (template)

Use this template to develop a multi-year training and exercise plan for your agency.

[Guide for Incorporating Administrative Preparedness into Exercises](#), NACCHO

Use this tool to facilitate including important administrative preparedness functions like procurement, contract management, and human resources in emergency response exercises. See the Organizational Administrative Competencies section of this workbook for additional information.

### **5. How can we strengthen our continuity of operations plan to ensure our agency remains functional during an emergency, including our ability to access financial resources to execute emergency responses and our ability to utilize the Missouri Laboratory Response Network for identification of biological and chemical threats?**

[Administrative Preparedness Legal Guidebook](#), NACCHO

This planning tool offers tips and legal considerations around issues like emergency declarations, procurement, expedited staffing, and mutual aid agreements.



## RESPONSE

An effective public health emergency response will likely require multiple partners at the local, regional, and state level. Public health agencies should utilize the framework and standard language of the National Incident Management System (NIMS) to ensure coordination and must be prepared to lead the health and medical response using the Incident Command Structure (ICS).

### **6. How might we better engage our community to work collectively to prevent the spread of communicable disease, regardless of the level of public health authority?**

### **7. How might our agency build relationships, increase trust, and improve information sharing processes with our ESF-8 partners in order to facilitate stronger collaboration during an emergency?**

[ESF-8: The Big Picture](#), South Central Kansas

Watch this video to better understand all the partners who make up Emergency Support Function 8 – Health and Medical.

See the Community Partnership Development section of this workbook for additional information and resources on developing partnerships.

### **8. How might our agency improve our capacity to effectively communicate with the full range of our community audiences during an emergency?**

[Crisis and Emergency Risk Communication Guide](#), CDC

Review this guide for tips on how to better communicate with audiences during an emergency.

See the Communications section of this workbook for additional information and resources on public information. Also see the link to crisis emergency risk communication training at the end of this section.



## RECOVERY

The recovery period after an emergency may last weeks, months, or even years. Public health agencies should participate in local long-term recovery committees (LTRC) to support efforts to meet community needs. Agencies should also conduct an evaluation of their response and develop an after action plan to improve community engagement and partnerships, increase mitigation efforts, and build emergency response capacity.

### 9. How can we evaluate our agency’s and our community’s response to the emergency and integrate lessons learned and areas for improvement into strengthening future responses?



### 10. Which training and tools would increase our skills in emergency preparedness planning, response, and recovery capabilities?



## TRAINING RESOURCES

[Incident Command Structure \(ICS\) and National Incident Management System \(NIMS\) Training](#), FEMA

[Crisis and Emergency Risk Communication](#), CDC

[Crisis Leadership—Leadership at the Speed of Light](#), Heartland Center

[Exercise Design and Evaluation Process Overview](#) (video series), FEMA



### Rachel Warden, Washington County Health Department

“Prior to COVID, our health department attended a lot of trainings. I did an emergency preparedness training in Jefferson County where we practiced a mock emergency. We had to learn how to be dispensers and how to get a lot of people medicated in a very precise and safe amount of time. We also had trainings that we went to frequently about assessment and surveillance.”

**Spotlight**

## NEXT STEPS

When you are ready, use the tools in this section to conduct in-depth emergency planning.

[Public Health Preparedness](#), NACCHO

Work with your local office of emergency management, hospital, clinics, first responders, and other organizations to complete a community hazard and vulnerability assessment.

[Hazard and Vulnerability Assessment](#)

Consider how you will mitigate or address any undue burden an emergency would place on vulnerable and historically disengaged populations within your community.

[Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency](#), CDC

[Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups](#), CDC (2015)

Develop or review your agency's emergency operations plan, crisis risk communication plan, and training and exercise plan.

[Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#), CDC (2019)

[Multi-Year Training and Exercise Plan](#) (template)

Consider applying for NACCHO's [Public Health Ready](#) program, which assesses public health agencies' capacity to plan for, respond to, and recover from public health emergencies. It equips public health agencies with sustainable tools to plan, train, and exercise using a continuous quality improvement model. New cohorts are formed annually, with pre-applications due by September 1.



**3**

**EMERGENCY PREPAREDNESS AND RESPONSE: OUTCOMES AND ACTION STEPS**  
(PG 1 OF 2)

Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency’s most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.

| Potential Outcome  | Action Steps | Timeline | Resources | Assigned To |
|--|--------------|----------|-----------|-------------|
| We promote community preparedness through communication with the public before, during, and after a disaster |              |          |           |             |
| We develop and rehearse public health emergency response strategies and plans                                |              |          |           |             |
| We issue and enforce emergency health orders via statutory authority   |              |          |           |             |
| We have access to financial resources to execute emergency responses   |              |          |           |             |
| We address needs of vulnerable populations during a public health emergency                                  |              |          |           |             |
| We have capacity to be notified of and respond to public health emergencies on a 24/7 basis                  |              |          |           |             |
| We activate emergency response personnel in a public health emergency  |              |          |           |             |
| We maintain a continuity of operations plan (COOP)   |              |          |           |             |
| We coordinate with private and governmental emergency response partners                                      |              |          |           |             |
| We lead Emergency Support Function 8: Public Health and Medical for the jurisdiction                         |              |          |           |             |



### EMERGENCY PREPAREDNESS AND RESPONSE: OUTCOMES AND ACTION STEPS (PG 2 OF 2)

| Potential Outcome  | Action Steps | Timeline | Resources | Assigned To |
|--|--------------|----------|-----------|-------------|
| We lead the emergency response utilizing the National Incident Management system, as well as any local emergency response processes during a public health emergency |              |          |           |             |
| We utilize and support the Missouri Laboratory Response Network for identification of biological and chemical threats  |              |          |           |             |

## RESOURCES

[Fillable Logic Model template](#)

[Sustainability Tool](#), Brown School at Washington University, St Louis

Take 15 minutes to evaluate your proposed activity across eight domains in order to gauge its capacity for sustainability. Registration is required to use this free tool.

# ORGANIZATIONAL ADMINISTRATIVE COMPETENCIES

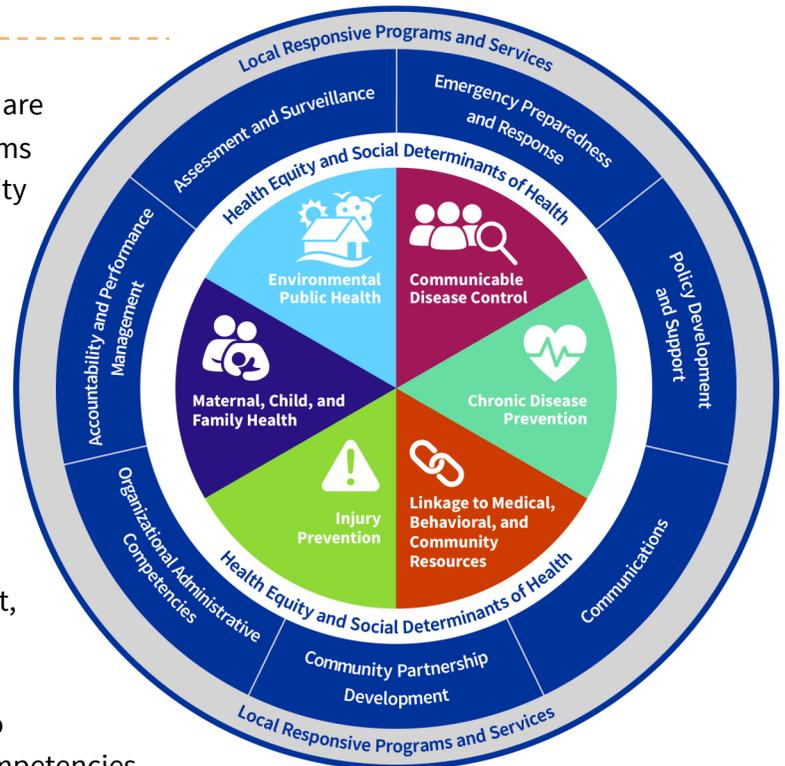


**AREA OF EXPERTISE FOCUS:**



Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

**Organizational administrative competencies** are essential to deliver foundational public health programs and services. Public health agencies must have capacity in cross-cutting skills like leadership and governance, information technology, human resources services, legal services, financial management, contract and procurement services, and facilities and operations management. Agencies should have the ability to advocate for the role of governmental public health, leverage funding, defend budgets, incorporate ethical standards, assure continuous quality improvement, use performance management systems, develop employees, adjust to shifts in culture and environment, and manage change.



#HealthierMO recommends three steps in a process to increase capacity in organizational administrative competencies.

**Assess:** Identify your organization’s current capacities and gaps in three main areas: people, processes, and technology.

**Develop:** Use tools, resources, and training to develop knowledge, skills, and abilities that build capacity in these three categories and create resilience for the future.

**Monitor and evaluate:** Identify performance measures through which to monitor progress. Evaluate outcomes often in a continuous quality improvement approach and make adjustments as warranted.



## INFUSING HEALTH EQUITY

Public health practice is equity work. Health equity should be central to every aspect of public health practice, as depicted by its place in Missouri’s Foundational Public Health Services model. Public health agencies should infuse health equity into its recruiting practices, its processes, and its program and policy development efforts.



## ASSESS

Start by assessing our agency's ability to lead, infuse health equity into our work, support operations with data, develop and maintain a competent workforce, and manage finances.

Review the Core Competencies for Public Health Professionals and ask staff to complete a self-assessment using the tool below. The competencies are organized into eight skill areas and will help public health professionals identify their own level of competence within these eight domains. Results may be useful in professional development goal setting. Results may also help public health agencies develop training and retention plans.

[Competency Assessment for the Modified Version of the Core Competencies for Public Health Professionals \(Tier 2\)](#), Public Health Foundation (2017)

### **1. Who is in our organization? What role does each person play? What are each person's strengths? How well do their knowledge, skills, and abilities align with national public health competencies?**

[Core Competencies for Public Health Professionals](#), Council on Linkages Between Academia and Public Health Practice (2021)

Review this consensus list of foundational and crosscutting skills and knowledge for public health professionals in the broad practice of public health.

[Competency-Based Job Descriptions](#), Public Health Foundation

Review these job descriptions to better understand how to integrate core competencies into job definitions, performance management, and employee evaluations.

### **2. How well does our agency currently align with state or national accreditation standards? What specific steps might we take to become a higher functioning public health department?**

[Aligning Accreditation and the Foundational Public Health Capabilities](#), PHNCI (2018)

Review this crosswalk to better understand how the national Foundational Public Health Services model aligns with PHAB accreditation standards. Missouri's FPHS model differs slightly from the national model, but still supports this crosswalk.



## DEVELOP

Plan how you will utilize tools, resources, and training to develop knowledge, skills, and abilities that build capacity in your employees, your processes, and your use of technology. Think forward in an effort to create resilience for the future.

**3. How might we improve our ability to recruit, train, and retain high quality employees? How might we expand our internship program? How might we improve our employee training processes? How might we improve our succession planning?**

**4. What organizational administrative staffing challenges might be alleviated by outsourcing? What barriers might arise? What unintended consequences might we face? What would be needed to conduct a cost/benefit analysis?**

**5. How might we build capacity in rapid access to high quality and reliable legal services?**

**6. How might we build capacity in accounting and financial management in order to more efficiently manage grants, maximize limited revenue, and improve compliance with fiscal standards?**





**7. How might we increase access to current, local data to support resource allocations and decision-making?**

**8. How might we increase efficiency and compliance with privacy regulations by shifting to electronic health information? What logistical and legal challenges might this change create?**

## MONITOR AND EVALUATE

Ongoing monitoring enables a public health agency to use data to determine if they are meeting goals and performance measures. Evaluation assesses how well the program, process, or policy is performing. It helps catch problems early, and facilitates course corrections. Agencies can share information from the monitoring and evaluation processes to demonstrate transparency and accountability.

**9. What administrative policies do we need in place in order to consistently use continuous quality improvement processes and performance measures to track progress?**

**10. Which training and tools would increase our skills in organizational administrative competencies related to people, processes, and technology?**

## TRAINING RESOURCES

[Building Excellence in Administration and Management \(BEAM\)](#), deBeaumont and University of Miami

[Decision Making: A Systematic and Organized Approach](#), Heartland Center

[Public Health Financial Management](#), Heartland Center





## ORGANIZATIONAL ADMINISTRATIVE COMPETENCIES: OUTCOMES AND ACTION STEPS

Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency’s most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.

| Potential Outcome   | Action Steps | Timeline | Resources | Assigned To |
|---|--------------|----------|-----------|-------------|
| We maintain and access electronic health information to support the public health agency’s operations and analyze health data   |              |          |           |             |
| We have proper systems in place to keep protected health information (PHI) and confidential organizational data restricted  |              |          |           |             |
| We recruit, train, and retain a competent public health workforce   |              |          |           |             |
| We engage in and document workforce performance review and succession planning  |              |          |           |             |
| We comply with federal, state, and local fiscal standards and policies  |              |          |           |             |
| We support, maintain, and use electronic communication technology   |              |          |           |             |
| We manage all grants/contracts bringing money into the agency, including monitoring compliance with state, federal, and sponsor requirements for the use of the dollars |              |          |           |             |
| We procure, maintain, and manage safe facilities to support agency operations   |              |          |           |             |
| We access and appropriately use legal services in planning and implementing initiatives   |              |          |           |             |



### ORGANIZATIONAL ADMINISTRATIVE COMPETENCIES: OUTCOMES AND ACTION STEPS (PG 2 OF 2)

| Potential Outcome  | Action Steps | Timeline | Resources | Assigned To |
|--|--------------|----------|-----------|-------------|
| We lead internal and external stakeholders to consensus in action planning   |              |          |           |             |
| We serve as the public face of governmental public health in the community   |              |          |           |             |
| We strategically coordinate health equity programs for the communities served  |              |          |           |             |
| We act as a resource to support health equity work across the department   |              |          |           |             |
| We voluntarily pursue public health accreditation via the Public Health Accreditation Board or Missouri Institute for Community Health |              |          |           |             |
| We manage all contracts providing services for the agency  |              |          |           |             |
| We perform accounting activities   |              |          |           |             |

## RESOURCES

[Fillable Logic Model template](#)

[Sustainability Tool](#), Brown School at Washington University, St Louis

Take 15 minutes to evaluate your proposed activity across eight domains in order to gauge its capacity for sustainability. Registration is required to use this free tool.

# POLICY DEVELOPMENT AND SUPPORT



## AREA OF EXPERTISE FOCUS:



Review health disparities data (sources on pg 4) among different demographic groups, related to this area of expertise. Then use the discussion prompts and resources below to identify action steps to increase capacity in the intersect between this capability and area of expertise.

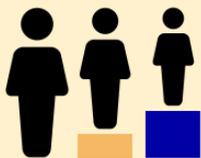
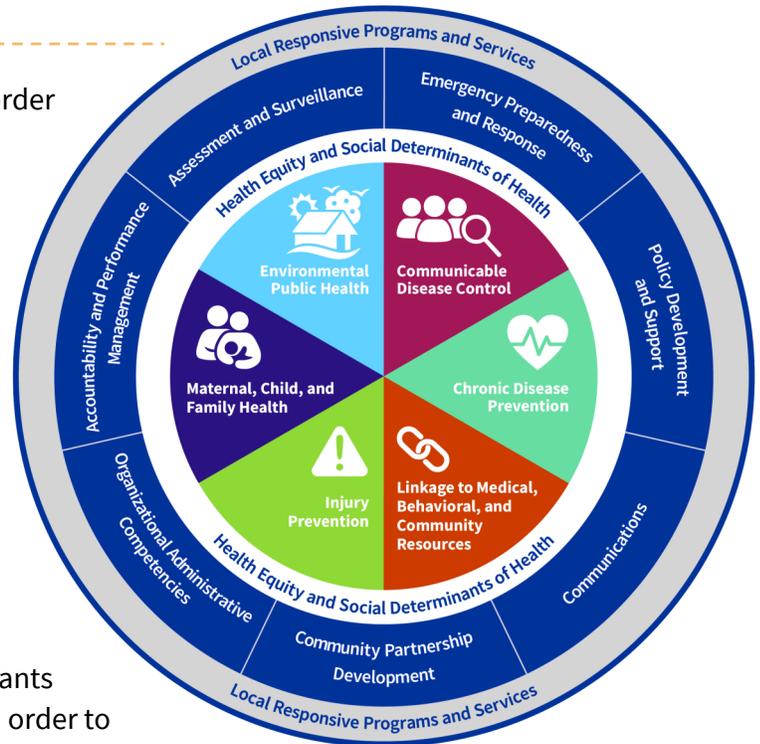
**Policy development and support** are critical in order to improve the physical, environmental, and social conditions that affect health. Public health agencies should have the capacity to effectively inform and influence policies under consideration by other Organizations, serving as an expert resource for establishing and maintaining policies that are evidence-based, legally defensible, and effective at improving well-being for everyone.

#HealthierMO recommends three steps in a process to increase public health professionals’ capacity to incorporate health equity into policy development.

**Research:** Review data to identify areas where policies are needed to address social determinants of health, health disparities, and root causes in order to improve health Identify and engage stakeholders in the process early.

**Analysis:** Identify potential policies and consider their plausibility, feasibility, and acceptability within the community. Consider ethical issues and potential unintended consequences. Determine who has the power to make policy change and identify any limitations.

**Communication:** Listen to input from stakeholders—anyone who has a “stake” in the issue. Engaging a diverse array of stakeholders and gathering their input will ensure equity in policy-making. Share public health expertise with other organizations on policy implications, potential unintended consequences, and public health impact. Work with trusted partners on advocacy, outreach, and education.



## INFUSING HEALTH EQUITY

Achieving health equity should be a guiding priority, core value, and primary goal, central to every aspect of public health practice, as depicted in Missouri’s FPHS model. Public health agencies should use data to identify health disparities, determine root causes, and implement targeted interventions to advance health equity. They should engage the community to learn about challenges to healthy living and consider policies that will decrease health disparities and achieve a measurable impact for people at highest risk of poor health outcomes and for historically disengaged or disenfranchised populations.



## RESEARCH

A policy is a written statement that is binding and enforceable, and is broadly applicable to a group of people or a space or location. Policy change starts by simply asking:

“Is change needed?”

“What change is needed?”

“Why is it needed?” and

“Who has the power and authority to make this change?”

At a foundational level, policy change will focus on improving health outcomes, especially among at-risk, vulnerable, or historically disengaged or disenfranchised populations. Health policy will have a more significant impact as it moves upstream to address social determinants of health, and even more impact as it addresses root causes and dismantles systems such as structural racism and institutional poverty.

Consider health and well-being gaps in your community, using data from your Community Health Assessment. Refer to the Assessment and Surveillance section of this workbook for more information and additional data sources. Then use the discussion prompts below to engage in conversation about how policies could address these gaps to improve community health and well-being.

[What is Policy?](#), ChangeLab Solutions

Read this fact sheet for a basic understanding of what policies are, why they are needed, and how they can improve community health and well-being.

**1. What are the disparities our data disclose under this specific area of expertise? Who is affected and to what degree? Is there a disproportionate impact on one or more populations in our community?**

**2. Which social determinants of health may be contributing to this disparity? What are potential root causes? Which systems or institutions may be reinforcing this disparity?**

## ANALYSIS

Even though health and well-being are shared values, health inequities are often caused by policies developed outside of public health. Addressing health inequities and the social and environmental determinants of health are a shared responsibility among many sectors, yet not everyone has the power to implement policy change. Public health agencies should partner with community members and organizations to consider which policies would be effective, feasible, and acceptable in their community. Policies that improve daily living conditions and environmental factors for all community members should be a shared priority.

[Health in All Policies](#), ASTHO

This guide offers a framework for communicating with partners and integrating health considerations into policymaking across sectors.

[Community Health Rankings and Roadmaps](#), University of Wisconsin

Review the data to better understand factors in your community that impact how long and how well people live.

### **3. What are proposed policy solutions to address the gap(s) identified? Which of these policies are plausible and likely to be effective at addressing the identified gaps?**

### **4. Are the proposed policies feasible? How well will they work in a real-world setting? What resources would be necessary to implement these policies? To what degree are resources available within the community? Where might additional resources be found?**

Refer to the Community Partnership Development section of this workbook for guidance on how to build partnerships to achieve collective impact.

### **5. Who has the power to make policy change? What limitations might hinder policy implementation? What is the current climate in regards to policy change?**



**6. What are the health benefits of these policies? What are the costs? What unintended consequences might be created, especially for historically disengaged audiences or people at highest risk of poor health outcomes?**

**COMMUNICATION**

Successful policies focus on a clear, compelling, and achievable goal, but must be informed by data and input from stakeholders and people who will be affected by the policy. Public health agencies are positioned to contribute to a “health in all policies” approach by providing data and insight on potential unintended consequences, ethical considerations, and public health impacts for any policy under consideration. Partnerships with trusted community members will also be vital to successful advocacy, outreach, and education on the policy.

**7. Will these policies be acceptable to decision-makers, stakeholders, and the community members they will impact? How well do they align with the community’s priorities, values, and culture? How might we communicate policy value to these audiences?**

Refer to the Communications section of this workbook for additional guidance on communication strategies and message development.

**8. How might we foster a more inclusive process to seek input from the full range of community members who will be affected by policies?**



**Ashley Wegner, Clay County Public Health Center**

“The future of public health is equity work. That means working on policies so there aren’t unintended consequences or negative impacts on populations already experiencing disparities. It also requires resources and a different way of doing business. Policy analysts are new positions within the public health field, which help us understand long-term impacts of local and state policies and then create a strategic plan to see how we can make more of an influence.”



**9. What data, insight, and expertise might our agency contribute to cross-sector policy discussions in order to support a “health in all policies” approach?**

[Empty yellow response box]

**10. Which tools and training would increase our skills in policy development and support?**

[Empty yellow response box]



**TRAINING RESOURCES**

[Public Health Policy and Advocacy](#), Heartland Center for Population Health and Community Systems Development

[Policy, Politics, and Collective Action](#), R Brownson, J Chriqui, K Stamatakis, 2009

**NEXT STEPS**

Utilize the tools below for more detailed guidance on how to improve a “health in all policies” approach and develop public-health specific policies.

[Getting Started with Policy Change](#), County Health Rankings and Roadmaps ([companion worksheet](#))

Use this learning guide to better understand the policy development process. Journal your thoughts using the companion worksheet online and linked above.

[Health in All Policies](#), ASTHO

This guide offers a framework for communicating with partners and integrating health considerations into policymaking across sectors.

[Choose Effective Policies and Programs](#), County Health Rankings and Roadmaps

Use this online tool to select proven policies that will fit your community.

**Michelle Shikles, Columbia/Boone County Health Department**

“We looked at communicable disease rates and leading causes of death rates by race and found a significant disparity. We developed a fitness and nutrition program based on models that had been specifically developed for the African-American community and had been tested and proven effective. The idea was that we take these health education programs and pair them with policy changes and environmental changes in our churches to have a true health promotion program that addressed policy, environmental changes, and education among participants.”



**Spotlight**

### POLICY DEVELOPMENT AND SUPPORT: OUTCOMES AND ACTION STEPS

Included in the Potential Outcomes column below are the capacities required to fully assure this foundational capability. Refer to your Capacity Assessment Snapshot or Toolkit reports to review your agency’s most recent self-assessment findings. Then use the table below to identify action steps you will take to close gaps and achieve full capacity to assure the FPHS model in your community. Edit the table or use your own planning tool to prioritize next steps. Refer back to tools provided in this workbook to support action steps.

| Potential Outcome   | Action Steps | Timeline | Resources | Assigned To |
|---|--------------|----------|-----------|-------------|
| We develop evidence-based and legally feasible public health policy recommendations for legislative decision-makers                 |              |          |           |             |
| We include the needs of vulnerable populations within recommendations for public health policies                                    |              |          |           |             |
| We research, analyze, cost out, and articulate the impact of public health policy recommendations                                   |              |          |           |             |
| We organize support for public health policy recommendations and place them before an entity with the legal authority to adopt them |              |          |           |             |
| We work with partners and policymakers to enact policies that are evidence-based and that address the social determinants of health |              |          |           |             |

### RESOURCES

[Fillable Logic Model template](#)

[Sustainability Tool](#), Brown School at Washington University, St Louis

Take 15 minutes to evaluate your proposed activity across eight domains in order to gauge its capacity for sustainability. Registration is required to use this free tool.