Establishing a Foundational Public Health Service Model for Missouri

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#HealthierMO

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Executive Summary

"If you have seen one health department…" the old saw goes, "…you've seen one health department." Missouri's public health system has become fragmented, and the public health services provided by any given health department differ widely by community. This condition also exists across the nation and was the impetus for the development of the foundational public health services (FPHS) model in 2013. The FPHS model establishes a core set of essential services – available in all communities – that becomes a foundation upon which an additional service platform will be built. A functional FPHS model assures that when you have seen one health department, you have seen the fundamental services common to all health departments, plus the additional services unique to that community.

This paper describes the Foundational Public Heath Services (FPHS) models developed by a set of states as they worked to transform their state's public health system. It begins with the content of a generic FPHS model, explains the history of the model development, and then crosswalks the items from each state that has implemented its own FPHS package. It does not attempt to predetermine which services are best for Missouri; rather, it illustrates the broad array of models – including accreditation models – currently in use. This document was developed to inform the decision-making of Missouri's FPHS workgroups as they create a model that will be guide the future transformation of public health around Missouri.

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Establishing a Foundational Public Health Service Model for Missouri

Public health stakeholders in Missouri have long recognized the need for transformative change within the state's public health system. Missouri's public health funding from General Revenue has seen precipitous drops (See Figure 1), resulting second-to-last-in-the-nation status for health funding ($5.88 per capita; Trust for America's Health, 2018) and commensurate drops in national health rankings (#24 in 1990 to #38 in 2018) driven by deterioration in public health indicators such as smoking, violent crime, cancer and cardiovascular death, and childhood immunization rates (United Health Foundation, 2017).

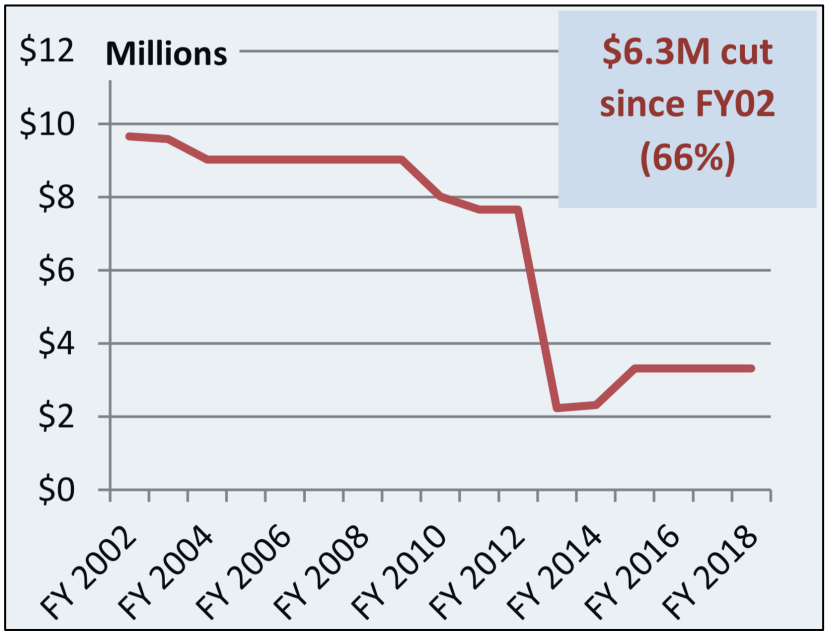

Figure 1. General revenue funding for core public health services in Missouri since 2002

Inadequate funding has exacerbated disparities in the availability of public health services as local public heath agencies have compensated through a patchwork of unilateral funding efforts necessarily focused only on the unique needs of their own community. A 2014 survey of 360 public health stakeholders described the "fragmentation" within Missouri's public health

system, and the great variability in how local public health agencies are governed, financed, and supported by their communities. Stakeholders also reported a lack of systematic, coordinated approaches to structuring, funding, and delivering public health services. Additionally, stakeholders were concerned that continued reductions in state funding threatened the quality and ability to deliver public health programs and services that directly affect the lives of Missouri citizens. Fundamentally, the survey concluded, the current public health system functions in "silos", with public health departments across the state isolated from one another, invisible to the public, and underappreciated in public policy discourse.

The observations about the conditions of the public health system that were identified in that 2014 survey are not unique to Missouri. At least nine other states have recognized the need for transformative change in their own public health systems. Each of them undertook a systematic process to establish a package of services fundamental to the function of their public health system that would be responsive to the needs of their citizens. Now, public health stakeholders in Missouri have joined together at the initiative of a project called #HealthierMO to undertake a similar process of public health transformation.

The initial step taken by all states that have transformed their public health system has been to establish standards for the delivery of a core set of public health services. This document is designed for members of workgroups that have been tasked with developing such as set of standards for Missouri. This document will explain the origins of the transformation initiative, the process used by other states to establish their own set of foundational public health services, and present ideas that workgroups may use to formulate a set of foundational services for Missouri. No attempt has been made to predetermine which services are best for Missouri;

rather, this document seeks to set forth as much information as possible to inform the decision-making of the Missouri workgroups.

What is an FPHS Model?

Foundational Public Health Services (FPHS) are a minimum package of services that are fundamental to providing adequate public health in a state public health system. They represent a core set of services, without which, it could not be reasonably claimed that a state has a functional public health system. Establishing a package of fundamental services enables a common understanding about which services are truly essential to be provided by local public health agencies in all communities.

FPHS standards are designed to be minimum standards. As such, all existing FPHS packages fall short of aspirational models or accreditation standards. They may be regarded as a *foundational* set of services. Just as a house with only a foundation would be inadequate to the overall needs of the homeowners, individual local public health agencies (LPHAs) are expected to build upon foundational services, layering additional services to complete the structure of their service model. And just as houses are built to the specifications of their location, LPHAs in various locations will add specificity appropriate to their community, knowing that the structures in each community rest upon the same public health foundation. The Missouri FPHS workgroups may choose to stipulate for local public health associations what additions to the core FPHS model would be required to achieve accreditation standards such as those of the Missouri Institute for Community Health (MICH) or the Public Health Accreditation Board (PHAB).

FPHS standards are meant to be foundational and achievable across the state: neither minimalist, nor aspirational. FPHS standards are not a description of what the smallest health

department can do right now; rather, the FPHS model describes the minimal set of services that a competent public health system should be able to supply for all people in the state. Understandably, some LPHAs may need additional help to deliver all of the foundational services. If a given health department cannot deliver the core FPHS services, the response will be to figure out what additional support or resources will be required so that they can. The goal of the FPHS workgroup is not to fit a model to the existing public health system; rather, it is to bring the system into alignment with a collaboratively established set of foundational standards.

Origins of the FPHS Model

The foundational public health model is a "basic set or minimum package of public health services," and a set of "foundational capabilities as an array of basic programs no health department can be without" (IOM, 2012). These descriptions come from the work of the *Institute of Medicine* (IOM), whose efforts on behalf of public health extend back to the 1980s when a survey by the IOM first described the systemic dysfunction prevalent within public health departments nationwide.

The IOM responded to the prevailing conditions with the guidance of the *Three Core Public Health Functions*: *Assessment*, *Assurance*, and *Policy Development* (IOM, 1988). Each public health function was anchored by a set of essential services that would demonstrate the delivery of a function. This set of services became the *10 Essential Public Health Services* (IOM, 1994). The three public health functions and ten essential public health services identified by the IOM are described in Table 1.

Table 1

Public Health Functions and Essential Services Identified by the IOM (1988, 1994)

Core Public Health Functions	Essential Public Health Services
Assessment	1. Monitor health status to identify community health problems 2. Diagnose and investigate health problems and health hazards in the community 3. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
Assurance	4. Link people to needed personal health services and assure the provision of health care when otherwise unavailable 5. Assure a competent public health and personal health care workforce 6. Inform, educate, and empower people about health issues 7. Mobilize community partnerships to identify and solve health problems
Policy Development	8. Develop policies and plans that support individual and community health efforts 9. Enforce laws and regulations that protect health and ensure safety 10. Research for new insights and innovative solutions to health problems

The RESOLVE Model

The framework created by the IOM model clarified the scope and function of public health in America, but was of limited use for strategic planning or allocating scarce financial resources within tightening state public health budgets. So in 2012, in conjunction with the National Academy of Sciences and the Robert Wood Johnson Foundation, the RESOLVE organization adapted the IOM framework into what has come to be called the Foundational Public Health Services (FPHS) model (originally “the RESOLVE model”). The RESOLVE

model proposed a national model for delivering public health services. The foundational public health services described by RESOLVE are depicted in Figure 2.

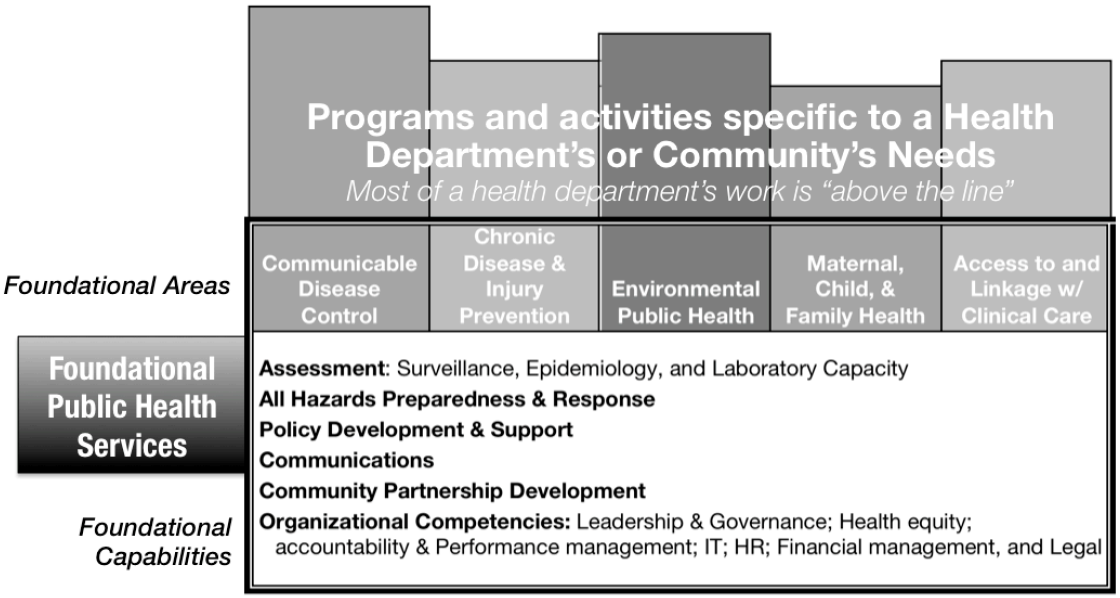

Figure 2. RESOLVE's (2014) generic fundamental public health services model

Within the heavily lined box are the five *foundational areas* and six *foundational capabilities* that collectively constitute the proper foundational public health services model. Above the box are the programs and activities specific to any particular community, about which has been noted: most of a public health department's work is "above the line." *Foundational Areas* are "substantive areas of expertise or program-specific activities" and *Foundational Capabilities* are "the cross-cutting skills and capacities needed to support the foundational areas", or to make the public health system function. "Thus the model addresses both the infrastructure and programming needed to support a responsive and sustainable agency" (Fisher, 2017).

Universal Models

As individual states subsequently referred to and revised the RESOLVE FPHS model, they created customized FPHS models. FPHS models adopted in multiple states share remarkable commonality, allowing for the possibility of a national model of FPHS for all states; however, state models differ enough that any attempt at implementing a universal model would likely result in a model that falls short of the original RESOLVE model.

Any universal model would necessarily require latitude for state-specific adaptations. Variability among the state FPHS models is typically due to the governance and funding mechanisms unique to each state. As is illustrated in Figure 3, the percentage of total state funding varies by type of service. Although many states began their FPHS process as the result of state legislative action mandating the identification and adoption of a FPHS model, Missouri has undertaken its FPHS process voluntarily through the #HealthierMO initiative.

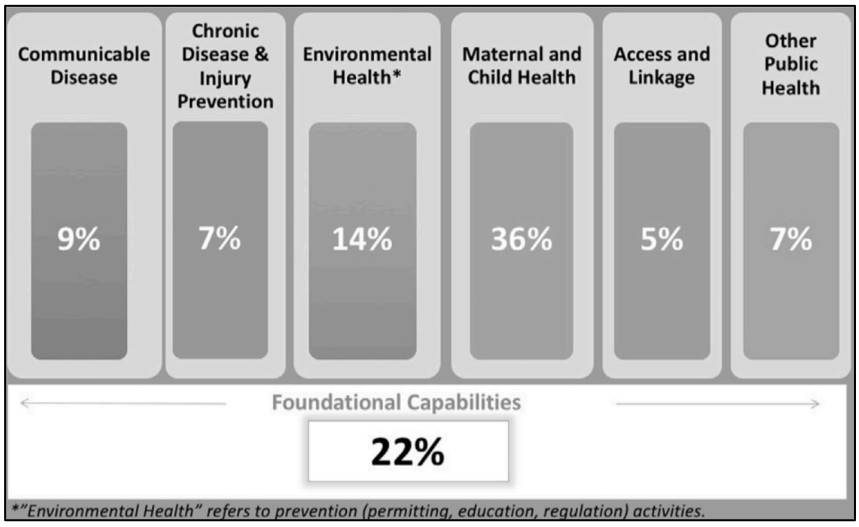

Figure 3. Percent of total state spending on Foundational Public Health Services, 2008–2013.

History of FPHS in the #HealthierMO Initiative

Transforming the Future of Public Health in Missouri (#HealthierMO) is a statewide, grassroots initiative to transform the Missouri public health system into a more robust and sustainable system that is responsive to public health needs across Missouri's culturally diverse communities, so that every Missouri resident has the opportunity for a healthier life. The initiative began in 2014.

After receiving funding through Missouri Foundation for Health and the Health Care Foundation of Greater Kansas City, #HealthierMO engaged public health stakeholders from across the state to identify which areas of the public health system are currently functioning well and prioritize where transformation is most needed. A convening session brought together stakeholders from across Missouri who helped form the *Advisory Council* from their ranks. The Advisory Council has recommended strategies to transform Missouri's public health system with the input from its public health system stakeholder members, including representatives from rural and urban local public health agencies, state government, public and private universities, and professional organizations.

The second Advisory Council meeting in June 2018 sought to answer the question: "What do we want our public health system to look like, and how do we get there?" To provide advice on answering that guiding question, the Advisory Council and the assembled stakeholders from across the state were joined by Allene Mares, from the State of Washington, and by Michelle Ponce, from the State of Kansas. The presenters and their teams discussed the lessons learned from their state transformation initiatives, their successes, challenges, and their advice for Missouri.

The Advisory Counsel reflected upon the messages from each of the states and unanimously concluded that – following their lead – Missouri should adopt a set of foundational public health services (FPHS) that should be provided throughout the state to all citizens. The process of identifying the FPHS would answer the question "What do we want our public health system to look like" and the process of assessing the capacity for the current public health system to provide those FPHS would answer "how do we get there?" The FPHS capacity assessment would go on to form the core of the Phase II #HealthierMO initiative.

In service of Missouri public health stakeholders' mandate to establish a foundational public health services for Missouri, the #HealthierMO initiative proposed to form FPHS workgroups. The newly established Executive Committee (formerly the Advisory Council) was presented with a list of proposed participants for the workgroups. The workgroups are to be tasked with understanding the FPHS development process and then proposing and agreeing upon the components of the FPHS model that best fits the public health system in Missouri. A depiction of where the FPHS workgroups fit within the organization of #HealthierMO is contained in Appendix B.

Development of an FPHS Model

Multiple states have developed a FPHS model for their state, typically at the directive of their state's legislature. Although developing a FPHS model will be time-consuming and complex, an examination of FPHS models from across the U.S. allows a state like Missouri to begin the process with the benefit of multiple models to compare and contrast. There is no universal timetable for the speed by which the process takes place, nor is there an external

measure of any particular model's validity. The best model is the one that stakeholders from across the state agree best serves and represents them.

Foundational Public Health Services Capacity Assessment

The development of an FPHS model will be followed by an assessment of the capability and capacity of providing those services among all LPHAs across the state. An FPHS capacity assessment allows stakeholders to determine which services are currently available in every region of the state and then plan for mechanisms to "fill in the gaps": to organize, fund, and deliver those services comprehensively to all citizens. Implementation of a package of FPHS allows LPHAs to prioritize service provision and better estimate the costs of services.

The Foundational Public Health Services Capacity Assessment will measure both the *capacity* (resources available to them) and *capability* (skills and infrastructure) of the Missouri public health system to deliver. First, however, the FPHS package must be defined by the FPHS workgroups and generally agreed to. The FPHS capacity assessment will then establish a baseline for service delivery capacity and capability for as many of the LPHAs as possible (there are 114 in the state). This stage will likely be conducted by phone survey.

The second part of the capacity assessment will be to analyze the data collected from the LPHAs to understand the needs of the health departments based on their characteristics (i.e. how does rural compare to urban, or what services being delivered might be shared cross-jurisdictionally to increase the efficiency of the system?) This component may also include some type of workforce survey if that information cannot be gleaned from DHSS or some other entity.

FPHS Models from Other States

Institute of Medicine (1994)

The IOM first established three core public health functions: *assessment*, *assurance*, and *policy development*, in 1988. The core functions were expanded with the inclusion of the *10 Essential Public Health Services*, in 1994. This set of services formed a framework that later evolved into the foundational public health services in the RESOLVE model.

RESOLVE (2013)

The RESOLVE organization adapted the IOM framework into what has come to be called the Foundational Public Health Services (FPHS) model (or the RESOLVE model) in 2013. Subsequently, each state that has established its own FPHS model has referenced the RESOLVE model in their development process. Each state established a FPHS model based largely upon the RESOLVE model, but no state has adopted it wholesale.

Washington (2007)

The Washington State Association of Local Public Health Officials spent five years developing a plan for rebuilding, modernizing, and funding Washington's public health system. The plan, released in 2016, identified foundational public health services for which dedicated funding should be guaranteed. They developed service delivery options and established a funding allocation model with accountability to present to state legislators.

Colorado (2008)

The Colorado Department of Public Health and Environment established a minimum package of Core Public Health Services beginning in 2008 after legislation passed by the Colorado legislature. The Colorado State Board of Health then included the model in the *Code of*

Colorado Regulations for administrative rules in October 2011. Colorado was the first state to publish documentation of their model development process in a scientific journal.

North Carolina (2011)

In 2012, the North Carolina General Assembly voted to incorporate the IOM's 10 Essential Public Health Services into state law as services to be "available and accessible to the population in each county." Along with Texas, North Carolina did not specifically reference the RESOLVE model, although their final model overlapped the national standards. North Carolina did not include foundational public health *areas* in their model.

Ohio (2011)

Unlike other states that stated the FPHS process following legislative action, Ohio began its process because of an association of health commissioners' report. The process was also more expansive than initiatives in other states, aiming to modernize Medicaid, streamline health and human services, and support small health departments seeking national accreditation. The *Ohio Public Health Partnership* defined their state's FPHS model in June 2012 and it was adopted in Legislative Recommendations in October 2012.

Texas (2011)

The Texas Department of Health and Human Services adapted their public health system to be easier to navigate, encourage program integration, and achieve clearly defined performance metrics. The Texas FPHS model was defined with Legislative Recommendations in April 2014. Along with North Carolina, Texas did not specifically reference the RESOLVE model, although their final model overlapped the national standards.

Oregon (2013)

Oregon was functioning with a costly, fragmented public health system until the *Task Force on the Future of Public Health Services*, formed by the *Oregon Coalition of Local Health Officials, Inc.* established a FPHS model that was adopted with legislative recommendations in September, 2014. Oregon's public health system is now more coordinated and affordable, according to the Coalition.

Kentucky (2014)

Similar to Ohio, the Kentucky initiative began with an association position statement, issued by their *Kentucky Department for Public Health* in 2014. The state *Administrative Reference for Local Health Departments* incorporated the foundational package of local public health services, established by the *Foundational Capabilities and Funding Methodology Workgroup*, in its "Core Public Health Services" section in July 2016. In addition to the minimum package, Kentucky's model also included a list of "Enhanced Services": services that are not foundational for ALL counties, but vary by community.

North Dakota (FAs only) (2015)

North Dakota began its model formation process because of their *State Health Council.* In a more limited move, the North Dakota State Health Council adopted only the Foundational Areas of the RESOLVE model as its definition of *Core Services/Programs* for local health units, in August 2015.

Kansas (2017)

The Kansas Public Health Systems Group committed to a multi-year project to ensure the public health system has capacity to offer foundational public health services to every resident.

The effort includes an assessment of local public health agency capacity and development of foundational public health services performance measures.

Missouri (2014)

The #HealthierMO initiative began in 2014 as a grassroots initiative to transform the Missouri public health system to be more robust and sustainable. The Advisory Council of #HealthierMO convened stakeholders from across Missouri to consider what shape a transformed public health system would take. The consensus from the convening, following the advice of representatives from Washington and Kansas, was to create a set of foundational public health services for Missouri. Workgroups have been established to determine what elements will be included in Missouri's FPHS package.

Expansions on the Core FPHS Model

As each state mentioned previously has worked to establish a core set of services that are appropriate to their state public health systems, other agencies and accrediting bodies have built upon the FPHS model to establish standards for accreditation. Initially, the accreditation initiatives were conducted state-by-state, but there has also been an attempt to establish national accreditation standards. Additionally, individual states have added their own priorities to their state-specific package of services.

Missouri Institute for Community Health (MICH)

The Missouri Institute for Community Health (MICH) is the accrediting body for Missouri's Voluntary Accreditation Program for Local Public Health Agencies. MICH accreditation standards incorporate the generic FPHS model but exceed the core FPHS services with the inclusion of the Public Health 3.0 principles from the *U.S. Dept. of Health and the*

Human Services and the *Culture of Health Action Framework* established by the Robert Wood Johnson Foundation. Although the final Missouri FPHS model may differ from the generic FPHS model proposed by RESOLVE, any LPHA that has received accreditation through MICH will have already met most or all of the standards specified by the generic FPHS model. The MICH standards are cross-walked with state models in Appendix A.

Public Health Accreditation Board (PHAB)

The Public Health Accreditation Board (PHAB) is a national accrediting body formed in recognition of various state agencies that handled public health accreditation for their state only. Following the recommendation of the *Institute of Medicine* 2003 report that a national discussion was needed regarding national public health accreditation standards, a convening of national public health stakeholders was organized by the Robert Wood Johnson Foundation in 2004 to explore the feasibility of establishing a national accreditation program for state and local public health departments. The next year, PHAB launched the *Exploring Accreditation* project to draft standards and measures. After multiple drafts and consultation with public health stakeholders, PHAB finalized their voluntary national accreditation standards in September 2011. The PHAB standards are cross-walked with state models in Appendix A.

Crosswalk of the FPHS Model Components

In order to facilitate discussion within the Missouri FPHS workgroups, this document provides tables describing various models of service packages in Appendix A. Each table is either a foundational area or a foundational capability of the FPHS model. The first column includes services specified in the original RESOLVE model. Subsequent columns represent the

services included in the FPHS model for each state. States are listed in chronological order of their transformational initiative.

In addition to the FPHS models, the tables also include the accreditation standards for the Missouri Institute for Community Health (MICH) and the Public Health Accreditation Board (PHAB). To insure accuracy, the MICH standards were confirmed by representatives from the Missouri Institute for Community Health and the PHAB standards were confirmed by the members of the Missouri Center for Public Health Excellence (MOCPHE). The services of each model or accreditation standard are cross-walked so that FPHS workgroups can see what was included by each state or agency and how often a particular service was included or excluded across the various models.

State-Specific Additions to the Core FPHS Model

Each state created it own FPHS model, but most states added or modified the RESOLVE model to fit the specific needs of their state. Several states added either new foundational capabilities or new foundational areas to their FPHS model. A table of the expansions to the FPHS models added by various states is contained in Table 2. Any additions to the foundational capability and foundational area groups that were added by individual states are contained in their own table in Appendix A.

Table 2

New Foundational Capability and Foundational Area Groups

# States	New Foundational Capabilities	New Foundational Areas
4	**Resource Development & Local Operations** (KY, OH, OR, TX) **Laboratory Capacity** (KY, OH, TX, WA)	Vital Records (CO, KY,OH, WA)
3	**Quality Management** (KY, OH, OR) **Health Equity & Social Determinants of Health** (KY, OR, WA)	
2	**Financial Analysis & Planning** (CO, TX) **Information Systems and Resources (**incl. Surveillance and Epidemiology**)** (NC, OH)	Mental/Behavioral Health (CO, WA)
1	**Public Health Research, Evaluation, and Quality Improvement** (NC) **Health Planning** (NC) **Engage the Public Health Governing Entity** (TX)	Clinical Services and Programs (KY) Laboratory Capacity (OR) Patient Safety and Market Oversight (TX) Community Health Assessment (TX) Health Statistics (TX) Substance Abuse Prevention (WA)

* Adapted from Kansas Health Institute (2017)

Conclusion

The meeting June 2018 Advisory Council meeting concluded with near unanimous agreement that Missouri should next adopt a set of foundational public health services. It now falls to the FPHS workgroups to realize that mandate. We sincerely hope that this document will be a valuable tool for the workgroups to discuss and establish the set of foundational services that will guide the transformation of Missouri's public health system.

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Appendix A: Crosswalk of Models by State

FOUNDATIONAL CAPABILITY	RESOLVE	WA	CO	NC	OH	TX	OR	KY	KS	MICH	PHAB
Assessment	**X**	**X**	**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**
Access to lab services	X	X			X	X	X	X		X	
Data collection/analytic capabilities	X	X	X	X	X	X	X	X	X	X	X
Data response/report preparation	X	X	X	X		X	X		X	X	X
Community health assessment capability	X	X	X	X	X	X	X	X	X	X	X
Evaluation of public health programs			X	X	X		X	X	X	X	X
Interoperability (incl. interface with HIE)				X	X			X	X	X	
Epidemiology				X			X		X	X	X

Note: States are listed in chronological order according to when they began their FPHS transformational process

FOUNDATIONAL CAPABILITY	RESOLVE	WA	CO	NC	OH	TX	OR	KY	KS	MICH	PHAB
Emergency Preparedness and Response (All Hazards)	**X**	**X**	**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**
Develop and Rehearse strategies and plans	X	X	X				X	X	X	X	X
Lead Emergency Support Function 8- Public Health	X	X	X				X		X	X	
Activate, coordinate, operate incident management system	X	X	X				X		X	X	
Promote preparedness through communication	X	X	X						X	X	X
Maintain continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response	X						X		X		
Conduct investigations of threats	X		X						X	X	X
Ability to issue emergency health orders	X		X		X		X		X	X	X
Ability to be notified 24/7	X						X		X	X	X
Ability to function as a Laboratory Response Network	X								X		
Promote ongoing community readiness	X		X							X	X
Address needs of vulnerable populations in an emergency							X		X	X	

FOUNDATIONAL CAPABILITY	RESOLVE	WA	CO	NC	OH	TX	OR	KY	KS	MICH	PHAB
Communications	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Interface with media via press release and press conference	X	X					X		X	X	X
Communication strategy on risks, behaviors, and prevention culturally/linguistically appropriate	X	X	X	X		X	X		X	X	X
Transmit and receive routine communication from the public	X			X	X		X		X	X	X
Health education/promotion/interventions	X		X		X	X	X		X	X	X
Health literacy				X		X			X	X	X
Marketing, branding, social media					X	X	X	X	X	X	X

FOUNDATIONAL CAPABILITY	RESOLVE	WA	CO	NC	OH	TX	OR	KY	KS	MICH	PHAB
Policy Development and Support	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Develop evidence-based policy recommendations	X	X	X	X	X	X	X	X	X	X	X
Work with partners/policy makers to enact policies	X	X	X		X		X	X	X	X	X
Utilizing cost/benefit information to develop action plans	X	X		X						X	X
Coordinate development of public health administrative rules and regulations							X		X	X	X
Analyze and disseminate findings on the impact of policies				X	X	X	X	X		X	X
HIAP included within planning								X	X	X	X
Policy/Statute/Regulation/Ordinance enforcement Activities					X	X	X		X	X	X

FOUNDATIONAL CAPABILITY	RESOLVE	WA	CO	NC	OH	TX	OR	KY	KS	MICH	PHAB
Community Partnership Development	**X**	**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Create and maintain relationships with partners	X	X	X	X	X		X	X	X	X	X
Select/articulate/coordinate roles and activities with partners	X	X	X			X	X		X	X	X
Engage community members in health improvement process/CHIP	X		X	X	X	X	X	X	X	X	X
Identify community assets and resources				X					X	X	X
Community-based participatory research				X						X	X

FOUNDATIONAL CAPABILITY	RESOLVE	WA	CO	NC	OH	TX	OR	KY	KS	MICH	PHAB
Organizational Competencies	**X**	**X**	**X**			**X**	**X**	**X**	**X**	**X**	**X**
Leadership	X	X	X			X	X		X	X	X
Accountability/quality assurance	X	X	X	X	X	X	X		X	X	X
Quality improvement	X	X		X	X	X	X	X	X	X	X
Information technology	X	X	X	X	X	X	X	X	X	X	X
Human resources	X	X	X		X	X	X	X		X	X
Fiscal management, contract and procurement	X	X	X		X	X	X	X	X	X	X
Facilities and operations	X	X				X			X	X	X
Legal services	X	X	X		X	X	X		X		X
Health equality	X	X	X	X	X			X		X	X
Evidence-based practices/research				X	X	X	X	X		X	X
Accreditation					X			X		X	X
Strategic planning					X	X	X	X	X	X	X
Workforce development		X				X	X	X	X	X	X

FOUNDATIONAL CAPABILITY	RESOLVE	WA	CO	NC	OH	TX	OR	KY	KS	MICH	PHAB
New Foundational Capabilities		**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Quality Management (Program)					X		X	X		X	X
Health Equity and Social Determinants of Health		X					X	X	X	X	X
Supporting policies to promote health equality							X		X	X	X
Transparent and inclusive communication							X			X	X
Community access to data							X			X	X
Community participation in CHIP							X			X	X
Financial Analysis and Planning						X		X		X	X
Resource Development and Local Operations					X	X	X	X			
Laboratory Capacity		X			X	X		X		X	X
Information Systems and Resources (incl. Surveillance and Epidemiology)				X	X					X	X
Public Health Research, Evaluation, and Quality Improvement				X						X	X
Health Planning				X						X	X
Engage the Public Health Governing Entity						X			X	X	X

FOUNDATIONAL AREA	RESOLVE	WA	CO	NC	OH	TX	OR	KY	ND	KS	MICH	PHAB
Communicable Disease Control	**X**	**X**	**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Provide timely, relevant, accurate information	X	X	X		X		X			X	X	X
Identify assets. Develop plans, advocate for initiatives	X	X	X							X	X	X
Receive Lab reports, conduct investigations, respond to outbreaks	X	X	X		X	X	X	X		X	X	X
Assure availability of notification services	X	X	X				X			X	X	X
Assure treatment of active tuberculosis	X	X						X		X	X	X
Coordinate/integrate other programs or services	X	X	X								X	X
Contact tracing	X		X		X	X	X	X		X	X	X
Community-based prevention of communicable diseases							X				X	X
Vaccination/immunization capacity		X	X		X			X		X	X	
Quarantine authority			X		X	X				X	X	X
Disease reporting			X		X	X	X	X			X	X
Provider education						X				X	X	
Reportable diseases, VPD, STD, Hepatitis/HIV/AIDS, TB			X		X		X	X		X	X	X

FOUNDATIONAL AREA	RESOLVE	WA	CO	NC	OH	TX	OR	KY	ND	KS	MICH	PHAB
Chronic Injury and Disease Prevention	**X**	**X**	**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Provide timely, relevant, accurate information	X	X	X				X			X	X	X
Identify assets. Develop plans, advocate for initiatives	X	X	X							X	X	X
Reduce tobacco use	X	X	X		X		X	X		X	X	X
Increase healthy eating and active living	X	X	X		X		X	X		X	X	X
Coordinate/integrate other programs or services	X	X	X				X				X	X
Cancer prevention							X	X				
Suicide prevention							X					
Oral health promotion			X				X					
Injury prevention					X		X	X			X	
Diabetes prevention							X	X				
Teen pregnancy prevention			X		X							
STI prevention			X		X						X	X

FOUNDATIONAL AREA	RESOLVE	WA	CO	NC	OH	TX	OR	KY	ND	KS	MICH	PHAB
Environmental Public Health	**X**	**X**	**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Provide timely, relevant, accurate information	X	X	X				X			X	X	X
Identify assets. Develop plans, advocate for initiatives	X	X	X							X	X	X
Testing, inspections, and oversight of food, water recreation, drinking water, and liquid and solid waste streams	X	X	X		X		X	X		X	X	X
Identify/address priority notifiable public health threats	X	X	X			X	X			X	X	X
Protect workers and public from unnecessary radiation exposure	X	X			X		X			X		
Participate in land use planning and sustainable development	X	X	X				X			X		
Coordinate/integrate other programs or services	X	X	X				X				X	
Public health laboratory testing						X	X	X		X	X	X
School/child care/correctional facilities inspections			X		X			X		X	X	
Nuisance abatement			X		X		X	X		X	X	
Promote recycling and reuse			X									
Childhood lead case management								X		X	X	
Environmental health hazard prevention activities		X	X			X	X			X	X	X

FOUNDATIONAL AREA	RESOLVE	WA	CO	NC	OH	TX	OR	KY	ND	KS	MICH	PHAB
Maternal/Child/Family Health	**X**	**X**	**X**		**X**			**X**	**X**	**X**	**X**	**X**
Provide timely, relevant, accurate information	X	X	X							X	X	
Mandated newborn screening	X	X						X			X	X
Identify, disseminate, promote information that optimizes development	X	X	X							X	X	X
Identify assets. Develop plans, advocate for initiatives	X	X	X							X	X	
Coordinate/integrate other programs or services	X	X	X							X	X	X
Protect critical stages of development			X					X		X	X	X
Infant mortality/pre-term birth prevention					X		X	X		X	X	
EPSDT outreach								X				

FOUNDATIONAL AREA	RESOLVE	WA	CO	NC	OH	TX	OR	KY	ND	KS	MICH	PHAB
Access/Linkage with Clinical Care	**X**	**X**	**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Provide timely, relevant, accurate information	X	X	X							X	X	X
Assure safety through inspection, licensing, monitoring, discipline of health care facilities/providers	X	X										
Identify assets. Develop plans, advocate for initiatives	X	X									X	X
Coordinate/integrate other programs or services	X	X	X					X			X	
Provide state-level health system planning		*X*										
Assess and support access to care, with an emphasis on health disparities		*X*	*X*				*X*				X	X
Support access to culturally and linguistically appropriate care			X								X	X
Interventions for barriers to care							X	X			X	X
Link to coverage					X			X		X	X	
Grief counseling								X				

FOUNDATIONAL AREA	RESOLVE	WA	CO	NC	OH	TX	OR	KY	ND	KS	MICH	PHAB
New Foundational Areas		**X**	**X**		**X**	**X**	**X**	**X**			**X**	**X**
Vital Records		X	X		X			X				X
Assure a system of vital records		X	X				X	X				X
Provide certified birth/death certificates		X	X				X	X				
Mental/Behavioral Health		X	X								X	
Substance Abuse Prevention		X									X	
Clinical Services and Programs								X				
Patient Safety and Market Oversight						X						
Laboratory Capacity							X				X	X
Community Health Assessment						X					X	X
Health Statistics						X					X	X

Appendix B: Organizational Chart

The Phase II organizational chart shows how the FPHS workgroups are an outgrowth of the Advisory Council.