Defining and Constituting Foundational "Capabilities" and "Areas" Version 1 (V-1)

Executive Summary

Background and Context

In April of 2012, the Institutes of Medicine (IOM) released, "*For the Public's Health: Investing in a Healthier Future*," the third in a series of three reports focusing on key issues in public health, including measurement (December 2010), law and policy (June 2011), and funding (April 2012).[1]

Among the recommendations found in the report was one for a minimum package of public health services:

> "The committee believes that it is a critical step to develop a detailed description of a basic set of public health services that must be made available in all jurisdictions. The basic set must be specifically defined in a manner that allows cost estimation to be used as a basis for an accounting and management framework and compared among revenues, activities, and outcomes. The committee developed the concept of a *minimum package of public health services*, which includes the *foundational capabilities* and an array of *basic programs* no health department can be without." (IOM (Institute of Medicine), 2012)

An illustration of the IOM minimum package framework can be found in Appendix A.

In April of 2013, at the encouragement of a number of public health leaders, the Public Health Leadership Forum (PHLF), funded by the Robert Wood Johnson Foundation (RWJF), and organized, managed, and facilitated by RESOLVE, convened a group of stakeholders to explore several key questions surrounding this recommendation and particularly the foundational capabilities (FCs) concept. As part of these deliberations, two fundamental questions were posed:

- Is there a universal need/desire to clarify and establish foundational capabilities at state and local levels (taking into account what is already underway, including related activities at the federal level)?; and,

- If so, what is the comprehensive strategy for achieving the development, implementation and adequate funding for foundational capabilities at all levels?

[1] See http://www.iom.edu/Reports.aspx?Activity={C466A30C-76B9-4E9A-87D1-06C854B779DA} for more detail.

The conclusion of the approximately twenty participants (See Appendix B for participant list) to these questions fundamentally was "yes." Some of the principles participants identified for building on this work are highlighted below.

- Substantial work already was underway in several governmental public health departments across the country to further define the minimum package of services and determine the costs of funding them. In particular, the group heard about efforts in Oklahoma, as well as work at both the state and local levels in Washington and Ohio. These efforts, while somewhat unique based on their respective circumstances, were remarkably similar, particularly Washington and Ohio, in terms of approach and framing, and substantial progress had been made – making a national model seem more feasible and providing work on which to build.

- Clarity and consistency of an overall conceptual framework, including definitions and methodologies for estimating costs is critically important to support a case for sustained funding for foundational capabilities.

- A conceptual framework, nationally recognized, while adaptable to all communities, is needed to build a common case for sustainable funding.

Because of the interest in doing this work, two working groups were formed to conduct the recommended path forward: (1) the Definitions and Constitution Working Group (See Appendix C for member list), convened as a continued effort under the auspices of the PHLF, and (2) the Cost Estimation Working Group, convened through the RWJF-funded National Coordinating Center for Public Health Services and Systems Research at the University of Kentucky. The combined efforts of the two working groups are to support the governmental public health community in developing a cogent, compelling case for ensuring foundational capabilities and foundational areas necessary to protect the health of every community, along with securing the necessary sustainable funding to support them. It should be noted that the scope of this project did not include Tribal Health Departments – a critical component in a robust public health system – and future work will need to be conducted to address Tribal issues directly.

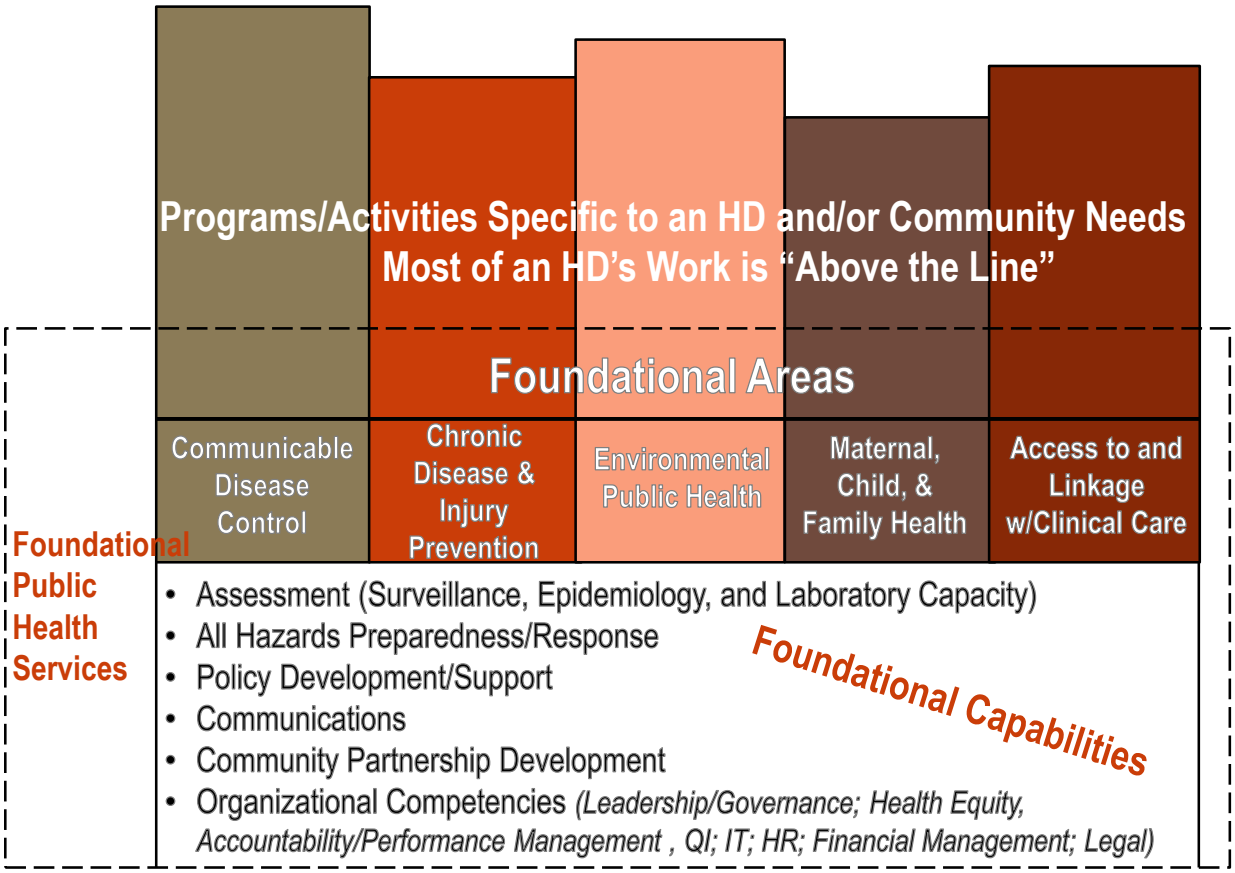
This document is a consensus-based report from the Definitions and Constitution Working Group providing a summary of the deliberations, including a framework for governmental public health services highlighting foundational capabilities and foundational areas (*see definitions on pages 3*). The group met three times in person, with additional discussions held via conference call and electronic exchanges, over the course of six months, and this report is a first version (V-1) of an articulation of this framework. It is anticipated to evolve as outreach is conducted among the broader public health community through activities of the PHLF, as well as once the Cost Estimation Working Group conducts and completes its modeling and estimation of costs to support sustained funding for foundational capabilities as defined in this paper. Outreach will extend to policy makers, as part of the PHLF, but not extensively until early 2015.

In additional to expanding discussions of the intent and conceptual framework with a broader cross section of the public health community, some critical targeted questions and issues require additional dialogue. A few of these topics and issues are highlighted in this document, including enhancing efforts to address health disparities, securing sustainable funding for robust roles for local and state health departments within the health system, and communication strategies promoting a cohesive, compelling case for foundational capabilities as different pieces of that case are being developed, refined, and integrated.

Key Terms, Considerations, Principles, and Decisions of the Definitions and Constitution Working Group

Conceptual Framework and Definitions

While the Definitions and Constitution Working Group began with a particular focus on "foundational capabilities," it became clear fairly early on that the broader frameworks under development by Washington, Ohio, and other states, building on the simple framework in the IOM report, included a number of program-specific skills and activities beyond those that are cross-cutting and also need to be considered "foundational" to governmental public health departments. The framework and definitions agreed to by the Definitions and Constitution Working Group are below.



Foundational Capabilities are cross-cutting skills that need to be present in state and local health departments everywhere for the health system to work anywhere. They are the essential skills and capacities needed to support the foundational areas, and other programs and activities, key to protecting the community's health and achieving equitable health outcomes. Examples of these skills include organizational competencies such as leadership, governance, quality management, and health equity; all hazards preparedness and emergency response; assessment; and others (*see pages 8 - 11*).

Foundational Areas are those substantive areas of expertise or program-specific activities in all state and local health departments also essential to protect the community's health. Examples of foundational areas include communicable disease control; chronic disease and injury prevention; and environmental public health inspections and monitoring, among others (*see pages 11-13*).

Programs and Activities Specific to a Health Department or a Community's Needs are those determined to be of additional critical significance to a specific community's health and also are supported by the foundational capabilities and areas. For example, in some jurisdictions and for some populations, it might be important for the local health department to provide testing and/or treatment for a certain sexually transmitted disease. In other jurisdictions, this need may not be the case, depending upon the role of other organizations, and their commitment and level of resources to conduct this service effectively.

It is also important to note that state and local health department-generated activities, and most resources, are used for the other important programs specific to their jurisdictional needs, described as "above the dotted line," or outside the scope of the foundational capabilities and areas. This work is essential to a given jurisdiction, but is outside the scope of foundational capabilities and areas.

Foundational Public Health Services are the suite of skills, programs, and activities that must be available in state and local health departments system-wide, and includes the foundational capabilities and areas.

Principles and Considerations for Constituting Foundational Capabilities and Areas

Early on in the Definitions and Constitution Working Group's efforts, key principles were identified, and important considerations made, critical to shaping and reaching agreement on foundational capabilities and areas, including those outlined below.

- The overall framework for defining, constituting, and estimating costs for foundational capabilities should be ***aspiration*al** and ***prospective***. In other words, the comprehensive goal and purpose of articulating these foundational capabilities is to identify what cross-cutting skills and core areas are needed to assure the public's health, and then establish ***adequate and sustainable funding*** for those capacities and activities.

- Cost estimations, therefore, should not be determined by evaluation of current budget expenditures, but by levels of funding necessary to effectively implement the foundational capability and area as described.

- Foundational capabilities and areas must be ***explained at a level of detail specific enough for initial cost estimations***. This detail is critical for achieving the goal of an integrated case for adequate and sustained funding for foundational capabilities and areas.
  - In order to determine more accurate estimations of costs, articulation of these capabilities and areas must avoid listing the same tasks within different categories of foundational capabilities or areas, potentially resulting in "double counting." As a consequence, even activities considered very high priority, such as laboratory services or health equity, must be described in terms of cross-cutting skills and areas and only discussed in one place.

- Accreditation and foundational capabilities should be aligned and, ultimately, mutually reinforcing. Both focus on and describe what local and state governmental public health departments should be doing in order to exercise their ability to protect and promote the health and well-being of their communities.
  - ***Accreditation*** seeks to recognize that an accredited public health department has demonstrated conformity with evidence-based, nationally accepted organizational capacity standards and measures. Accreditation standards and measures also provide a level of detail and "stretch" opportunity for state and local health departments to use in measuring and improving performance.

  - ***Foundational capabilities*** are those cross-cutting skills so fundamental that they need to be present in state and local health departments everywhere for the health system to work anywhere. They are the essential skills and capacities needed to support the foundational areas, and other programs and activities, key to protecting the community's health and equitable health outcomes. The definitions outlined in this document are intended to be sufficiently focused and tangible so as to provide a basis for cost estimation.

  - There are many areas where foundational capabilities and accreditation standards and measures are in ***alignment***. Efforts to make sure they continue to align, and positively reinforce one another, are ongoing, and additional clarification may be needed moving forward.[2]

[2] Note that in addition to outreach the Public Health Leadership Forum will be doing regarding this work, the Public Health Accreditation Board (PHAB) intends to engage its partners and stakeholders in providing health departments with additional clarification on foundational capabilities/areas and accreditation standards and measures.

Decisions and Other Details of Note

The Definitions and Constitution Working Group members were challenged by a number of decisions in fulfilling their charge to reach agreement on a conceptual framework. Some of these challenges were the result of developing enough detail for the cost estimation work, while also being mindful to create a document for further deliberation and development among the broader public health community. The use of this document or, more likely a future iteration, as an overall case to be presented to, and hopefully embraced by, policy makers also was never far from the group's consideration, particularly with the benefit of periodic updates regarding ongoing efforts at the local and state levels in Washington and Ohio.

Key decisions were made over the course of the deliberations, including how best to articulate all that is included in Organizational Competencies – a category of skills not previously highlighted as part of a primary skill set of governmental public health departments, but one that all organizations need to succeed. Another challenge for the group was where to place within the framework those tasks exemplifying the skills and activities critical to pursuing health equity. Ultimately, the Working Group members decided to account for this foundational capability as an organizational competency because attention to this important aspect of community health should cross-cut all activities. Another example was decision-making regarding laboratory services and capacity. The Working Group members decided to place those tasks as part of the Assessment foundational capability.

Another key issue requiring consideration revolved around mandated activities or programs. While certain programs are mandated in some jurisdictions, lead testing for example, and are part of a particular health department's activities, Working Group members did not want to conflate "foundational" with "mandated." Thus, in most cases such mandates were left out, unless the activities were, in fact, foundational in all jurisdictions. Some of these mandates would be captured "above the dotted line" as in the "Other Important Programs and Activities" in the conceptual framework.

These decisions were made thoughtfully and carefully by the Working Group in the allotted time of the project, and are reflected in the conceptual framework, as well as the detailed discussion of the foundational capabilities and foundational areas below. The conceptual framework and this report are viewed as a strong step forward, building on the IOM report and ongoing work of many initiatives at the local, state, and federal levels to develop the case for the foundational capabilities and areas, and other services essential for protecting community health and requiring sustainable funding.

This document (considered "Version-1" or "V-1") is intended to be used as a discussion piece within the broader public health community in an expanded effort to continue the development of, support for, and coalescence around ***the case for foundational capabilities and areas essential in local and state health departments everywhere for the health system to work anywhere***.

Future versions, with more essential pieces of the case, such as the Cost Estimation Working Group's conclusions, will continue to be developed, and it is hoped that this document will serve as a critical benchmark in moving the overall effort forward.

The following overview of foundational capabilities and foundational areas (along with the graphic above) builds primarily on Washington State's work to date (Agenda for Change, Foundational Public Health Services Subgroup, September 2013). Of high interest is the prospective approach to cost estimation Washington State used, and this same framing was adopted by the Definition and Constitution Working Group, as well as further promoted and developed as part of the Cost Estimation Working Group's ongoing efforts (Mays 2014).

The Definitions and Constitution Working Group used Appendices A and C, in particular, from this report during their discussions over the course of deliberations (Agenda for Change, Foundational Public Health Services Subgroup, September 2013). The Working Group developed additional thinking and ideas, including considerations for a national conceptual model rather than a state- or community-specific model, as captured below.

Foundational Capabilities – Cross Cutting Skills and Capacities

Assessment (Surveillance, Epidemiology, Laboratory Capacity, and Vital Records)

- Ability to collect sufficient foundational data to develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. Foundational data include Behavioral Risk Factor Surveillance Survey (BRFSS), a youth survey (such as YRBS), and vital records, including the personnel and software and hardware development that enable the collection of foundational data.
- Ability to access, analyze, and use data from (at least) seven specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable conditions data, (4) certain health care clinical and administrative data sets including available hospital discharge, insurance claims data, and Electronic Health Records (EHRs), (5) BRFSS, (6) nontraditional community and environmental health indicators, such as housing, transportation, walkability/green space, agriculture, labor, and education, and (7) local and state chart of accounts.
- Ability to prioritize and respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.

All Hazards Preparedness/Response

- Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.

- Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to write and implement a routine communication plan that articulates the health department's mission, value, role, and responsibilities in its community, and support department and community leadership in communicating these messages.
- Ability to develop and implement a risk communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks and associated behaviors.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health prevention strategy (distinct from other risk communications) that disseminates timely and accurate information to the public in culturally and linguistically appropriate (i.e., 508 compliant) formats for the various communities served, including through the use of electronic communication tools.

Policy Development/Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based, grounded in law, and legally defendable. This ability includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.

- Ability to effectively inform and influence polices being considered by other governmental and non-governmental agencies within your jurisdiction that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.

Community Partnership Development

- 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.
- Ability to create, convene, and support strategic partnerships.
- Ability to maintain trust with and engage community residents at the grassroots level.
- Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect residents of the health department's geopolitical jurisdiction.
- Ability to engage members of the community in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for partnership development and coordination of effort and resources.

Organizational Competencies (those competencies that any efficient and effective organization possesses)[3]

- **Leadership and Governance**. Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the public face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction of public health initiatives. Ability to engage with the appropriate governing entity about the department's public health legal authorities and what new laws and policies might be needed.
- **Health Equity.** Ability to strategically coordinate health equity programming through a high level, strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.
- **Accountability, Performance Management, and Quality Improvement**. Ability to perform according to accepted business standards and to be accountable in accordance with applicable relevant federal, state, and local laws and policies and to assure

[3] These organizational competencies were identified for costing what traditionally have been "overhead" categories. These particular aspects are for modeling purposes, i.e. what could be costed out, and are not comprehensive.

compliance with national and Public Health Accreditation Board Standards. Ability to maintain a performance management system to monitor achievement of organizational objectives. Ability to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level. Ability to maintain an organization-wide culture of quality improvement using nationally recognized framework quality improvement tools and methods.

- **Information Technology Services, including Privacy and Security**. Ability to maintain and procure the hardware and software needed to access electronic health information and to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies needed to interact with community residents. Ability to have the proper systems in place to keep health and human resources data confidential.
- **Human Resources Services**. Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, and Procurement Services, including Facilities and Operations**. Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations.
- **Legal Services and Analysis**. Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Foundational Areas – Programmatic Expertise and Activities

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop and implement a prioritized communicable disease control plan, and seek funding for high priority initiatives.
- Receive laboratory reports and other relevant data, conduct disease investigations, including contact tracing and notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.
- Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy in accordance with local and state laws and Centers for Disease Control and Prevention (CDC) guidelines.

- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual, at the appropriate level.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease and Injury Prevention

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure, as well as exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and emerging practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant and accurate information to the state, health care system, and community on environmental public health issues and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop and implement a prioritized plan, and seek action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and, identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. housing and urban development, recreational facilities, and transportation systems) and resilient communities.
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal/Child/Family Health

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and seek funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to/Linkage with Clinical Health Care

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of health care, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.
- Coordinate and integrate categorically-funded clinical health care.

Works Cited

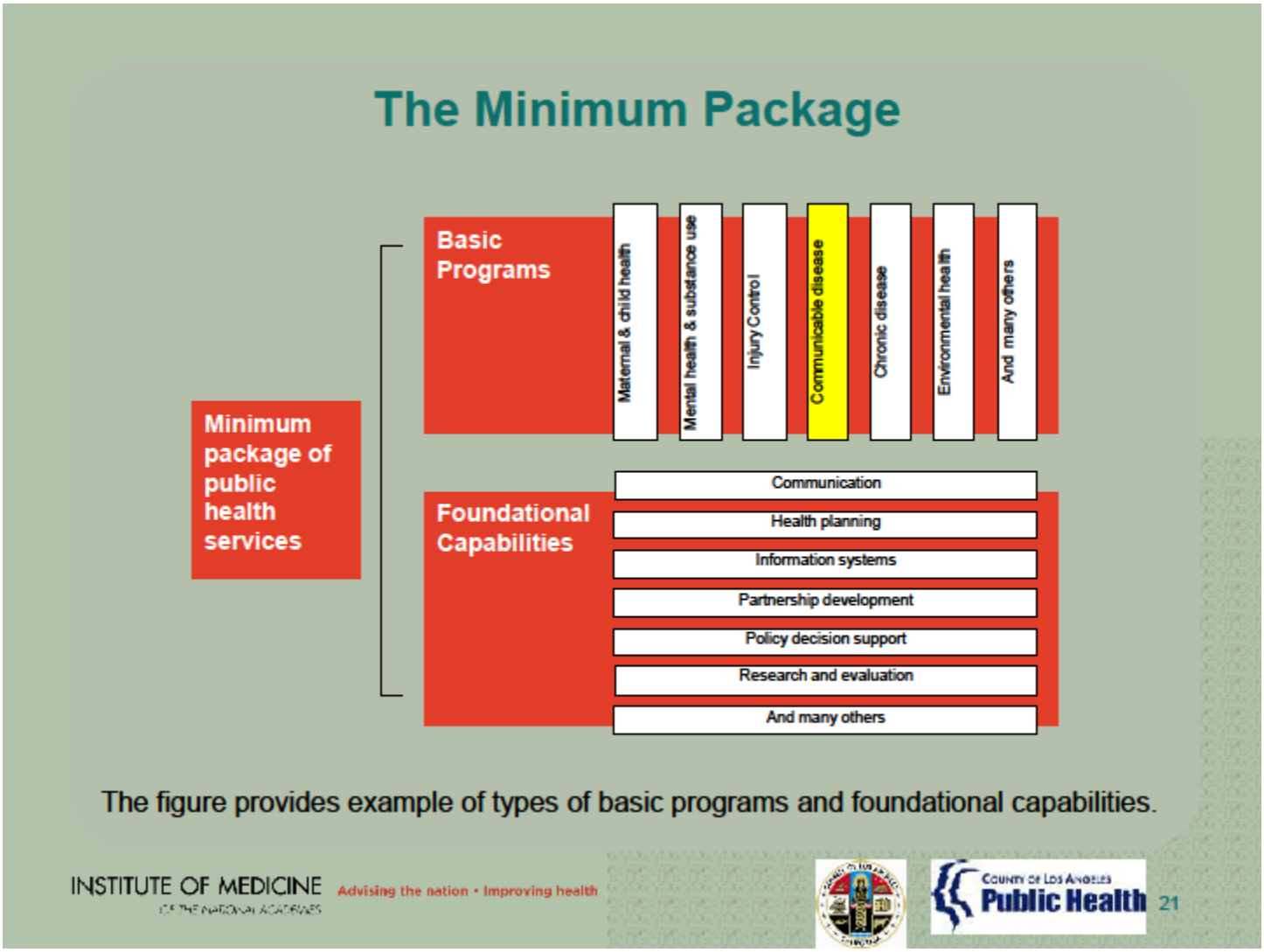
Agenda for Change, Foundational Public Health Services Subgroup. (September 2013). *Foundational Public Health Services Preliminary Cost Estimation Model Final Report.* Washington State.

IOM (Institute of Medicine). (2012). *For the Public's Health: Investing in a Healthier Future. .* Washington, D.C.: The National Academies Press.

Mays, G. (2014). *Estimating the Costs of Foundational Public Health Capabilities: A Recommended Methodology. .* Lexington.

Steven Teutsch, M. M. (2012, September). Vice Chair, IOM Committee on Public Health Strategies to Improve Health. *IOM Overview (slides) of Foundational Capabilities*.

Appendix A



(Steven Teutsch, 2012)

Appendix B

Foundational Capabilities Convening
April 12, 2013

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