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Articulating a Set of Foundational Public Health Services

Presentation and Feedback Session

NNPHI Annual Conference

May 20, 2014

Presentation Overview

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- Presentation goals
- Background
 - RWJF and RESOLVE
 - IOM recommendation
 - Public Health Leadership Forum (PHLF) and Foundational Public Health Services (FPHS) project
- FPHS
 - Principles and Goals
 - Definitions and Framework
 - Discussion

Presentation Goals

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- Share “V1” articulation of Foundational Public Health Services (FPHS)
- Engage in discussion regarding the concept(s)
- Gather feedback for next iteration of work

Discussion Questions

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- Does the approach the working group developed seem on track conceptually?
- Does the framework resonate with you?
- Thinking about one (or more) specific capabilities or areas: What are the institutes' role in helping communities achieve these? Actually carrying them out? TA and other support?
- Role of, and interaction of FPHS with, accreditation?

Background – RESOLVE and PHLF

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- RESOLVE builds strong enduring solutions to environmental, social, and health challenges. We help community, business, government, and NGO leaders get results and build lasting relationships through collaboration.
- Public Health Leadership Forum (PHLF) funded by RWJF and is organized, managed, and facilitated by RESOLVE
 - Began Nov 2012, funded through April 2015

Background – IOM Recommendation

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- April 2012 *For the Public's Health: Investing in a Healthier Future*: recommends minimum package of PH 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.**”

Background – Project

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- Jan 2013, PH leaders approached RWJF and RESOLVE – could the PHLF help move the IOM work forward?
- April 2013, convened PH leaders to determine:
 - Is there universal need/desire to clarify/establish foundational capabilities at state/local levels?
 - If so, what is comprehensive strategy for achieving development, implementation, adequate funding?
- July to December 2013: PHLF work to articulate FPHS
- 2014: Gathering feedback; adding funding pieces; producing “V-2”

Definition/Constitution WG Members

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- Terry Allan*,
Cuyahoga County
- Kaye Bender, PHAB
- Liza Corso, CDC
- David Fleming,
Seattle-King County
- Laura Hanen,
NACCHO
- Paul Kuehnert, RWJF
- Glen Mays*,
University of KY
- Judy Monroe, CDC
- Herminia Palacio,
RWJF
- Jim Pearsol, (then at
ASTHO)
- Bobby Pestronk,
NACCHO

*Denotes member of Cost Estimation WG

Project Components and Goal

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- *Definitions and Constitution WG*, convened as part of PHLF, tasked with building on existing concepts, such as work occurring in OH, WA, and other states, to reach a **consensus based articulation of FPHS that can be costed out**
- *Cost Estimation WG*, convened with RWJF funding by UKY College of PH, tasked with developing models to **estimate resources needed to establish and sustain FPHS**
- Combined efforts of WGs are to support the governmental PH community in developing **cogent, compelling case** for ensuring provision of FPHS, including securing *necessary, sustainable funding to support them*

Definitions

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- **Foundational Capabilities (FCs)**: cross-cutting skills needed in state/local HDs *everywhere* for *health system* to work *anywhere*; essential skills/capacities to support all activities
- **Foundational Areas (FAs)**: Substantive areas of expertise or program-specific activities in all state/local HDs necessary to protect the community's health
- **Programs/Activities Specific to an HD or a Community's Needs**: Additional, *critical* significance to a specific community's health, supported by FAs/FCs; *most of an HD's work*
- **Foundational PH Services (FPHS)**: Comprised of the FCs and FAs; suite of skills, programs/activities that must be available in state/local HDs system-wide, provided by appropriate entity in the community

Principles

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- Definition, constitution, and costing should be *aspirational* and *prospective*
- Identify what cross-cutting skills/areas are needed to assure the public's health and establish adequate and sustainable funding based on **what is needed, not what is currently being spent**
 - ▣ Thus, FPHS must be detailed at level specific enough to cost out and in a manner that does not “double count”

Programs/Activities Specific to an HD and/or Community Needs
 Most of an HD's Work is "Above the Line"

Foundational Areas

Communicable
Disease
Control

Chronic
Disease &
Injury
Prevention

Environmental
Public Health

Maternal,
Child, &
Family Health

Access to and
Linkage
w/Clinical Care

- Assessment (Surveillance, Epidemiology, and Laboratory Capacity)
- All Hazards Preparedness/Response
- Policy Development/Support
- Communications
- Community Partnership Development
- Organizational Competencies (*Leadership/Governance; Health Equity, Accountability/Performance Management , QI; IT; HR; Financial Management; Legal*)

Foundational Capabilities

**Foundational
Public
Health
Services**

Initial Q/A

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- Any clarifying questions about the purpose, goals and overall effort?
- Does the approach the working group developed seem on track conceptually (i.e., building on work in progress, a prospective costing approach, categories of foundational public health services and other programs, etc.)?
- Questions on the specific categories?
- What is the potential role for PHIs both in terms of carrying out FPHS and/or providing TA or other support in making sure they are present in every community?

Preliminary Description of Relationship to Accreditation

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- An **accredited HD** has demonstrated conformity with evidence-based, nationally accepted organizational capacity standards and measures, which provide a level of detail and “stretch” opportunity for HDs to use in measuring and improving performance.
- **FCs** are cross-cutting skills so fundamental that they need to be present in HDs everywhere for the health system to work anywhere.
- FCs and accreditation standards/measures generally **align**, and efforts to make sure they continue to do so – and **positively reinforce** each other – are ongoing.

Discussion: Accreditation

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- Thoughts as to the relationship between FPHS and accreditation – do they seem to align?
- Could they be complementary?
 - If so, how?
 - If not, why not?
- What work is needed moving forward to further clarify and/or develop the relationship?
- How might PH institutes play a role in further developing this relationship or clarification?

FC: Organizational Competencies (1)

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- **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 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.

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FC: Organizational Competencies (2)

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- **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.

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FC: Organizational Competencies (3)

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- **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.

FC: Organizational Competencies (4)

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- **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.

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Discussion: Organizational Competencies

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- What do you think of this category of Foundational Capabilities?
 - ▣ Are the highlighted ones, the main ones?
 - ▣ Anything missing?
- Does highlighting health equity here make sense?
- What are the Institutes' role in helping achieve these competencies?
 - ▣ By carrying them out in communities?
 - ▣ By providing TA and other support?

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