

# AGENDA

## Public Health Modernization Improvement Workgroup

June 12, 2026, 11:05-11:55 AM

Join Teams Meeting

<https://teams.microsoft.com/meet/2660861550581?p=RDu0J0nrUifyDOqb6N>

Meeting ID: 266 086 155 058 1

Passcode: QC7R5VY9

Workgroup members: OHA participants – Sara Beaudrault, Dolly England, Andrew Epstein, Steven Fiala, Veronica Herrera, Liz Hunt, Andrea Krause, Kim Tham, Dana Selover, Julie Reeder, Drew Simpson, Kelly McDonald, Emily Wegener; LPHA participants – Kirsten Aird, Marie Boman-Davis, Carrie Brogoitti, Sara Hartstein, Heather Kaisner, Kim LaCroix, Laura Lui, Martha McInnes, Florence Pourtal, Shane Sanderson, Brian Johnson, Sarah Lochner, Allison Mora

Meeting objectives:

- Revisit Oregon’s modernization framework
- Confirm agenda for in-person work session

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<b>11:05-11:10 AM</b>	<b>Welcome and agenda review</b> <ul style="list-style-type: none"><li>• Welcome and agenda review</li></ul>	Steven Fiala, OHA staff
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<b>11:10-11:50 AM</b>	<b>Revisit Oregon’s modernization framework</b> <ul style="list-style-type: none"><li>• Continue discussion of modernization framework, including the following key considerations:<ul style="list-style-type: none"><li>○ Alignment with national FPHS framework</li><li>○ Foundational versus “above the line” public health services</li></ul></li></ul>	Steven Fiala
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<b>11:50-11:55 AM</b>	<b>Confirm agenda for in-person work session</b> <ul style="list-style-type: none"><li>• Confirm agenda for 6/17 optional in-person work session in Portland</li></ul>	Steven Fiala
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## **Parking lot**

Use the “parking lot” to add potential issues or topics for the Workgroup to address at future meetings. Parking lot topics will be periodically reviewed by the Workgroup to determine whether topics are in scope and, if so, how the topic should be incorporated into Workgroup meetings.

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- ...
- ...

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Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Sara Beaudrault: at 971-645-5766, 711 TTY, or [publichealth.policy@odhsoha.oregon.gov](mailto:publichealth.policy@odhsoha.oregon.gov) at least 48 hours before the meeting.

# Modernization Improvement Workgroup

May 22, 2026

## Attendees:

Steven Fiala, Valori Fleisher, Sara Beaudrault, Liz Hunt, Andrew Epstein, Veronica Herrera, Emily Wegener, Kim La Croix, Dana Selover, Laura Lui, Kim Tham, Drew Simpson, Florence Pourtal, Andrea Krause, Allison Mora, Marie Boman-Davis, Kirsten Aird, Sarah Lochner

## Meeting notes:

- **Modernization Framework Alignment Discussion:** Steve led a discussion with the workgroup on whether to align Oregon's modernization framework more closely with the national Foundational Public Health Services (FPHS) framework, exploring key differences, potential benefits, and implications for statutory changes.
  - **Statutory Change Implications:** Marie raised a question about whether aligning with the national framework would require changes to statutes or other documents, and Steve, supported by Sara, clarified that any recommendation for alignment would likely necessitate legislative changes to keep statutes and rules current.
  - **Framework Comparison and Key Differences:** Steve outlined the main differences between the Oregon and national frameworks, including terminology (foundational areas vs. programs), splitting out leadership and organizational competencies, separating chronic disease and injury prevention and maternal, child, and family health, and the inclusion of equity as both a foundational capability and a wrap-around principle.
  - **Opportunity for Partial Alignment:** Laura questioned whether the group could selectively adopt elements from both frameworks rather than an all-or-nothing approach. Steve confirmed the conversation was not binary, allowing for a combination of preferred components, with the note that changes will have ripple effects on communications and modernization manual updates.
  - **Terminology and Language Considerations:** Participants, including Florence and Laura, discussed the importance of terminology, such as preferring “assessment and epidemiology” over “surveillance” due to public perception, and considered the clarity of “community specific services”

versus “above the line services” versus “additional programs” emphasizing the need for precise language to avoid confusion.

- *Equity Principle Integration*: Sarah and Florence discussed the placement of equity within the framework, considering whether it should remain a standalone capability or be integrated as a wrap-around principle, noting that equity is embedded throughout the manual and may be better represented as a cross-cutting principle.
- *Health Promotion Category Reconsideration*: The group discussed the benefits and challenges of splitting the prevention and health promotion foundational program area into separate program areas for chronic disease and injury prevention and maternal, child, and family health, similar to the national FPHS framework.
  - *Health Promotion as Cross-Cutting Strategy*: Marie, Kim, Florence, and others clarified that health promotion is not synonymous with chronic disease or injury prevention, but rather a set of strategies applied across multiple foundational program areas.
  - *Maternal, Child, and Family Health Emphasis*: Kim, Andrea, Florence, Kirsten, Sarah, Laura, and others discussed the inclusion and naming of maternal, child, and family health as a new foundational program area, separate from prevention and health promotion and mirroring the national FPHS framework.
    - *Scientific and Advocacy Rationale*: Kim and Andrea highlighted the scientific basis for emphasizing maternal, child, and family health as a foundational program area, noting its impact on lifelong health and its appeal to funders, while acknowledging operational challenges in addressing older adult populations due to structural and funding limitations.
    - *Population Inclusivity Concerns*: Kirsten and Sarah raised concerns about naming a foundational program area after a specific population, cautioning that older adults may feel excluded and advocating for language that reflects public health's commitment across the lifespan.
    - *Terminology and Lifespan Approach*: Marie suggested revisiting terminology such as 'lifespan,' 'life course,' or 'life stage,' noting that each carries different theoretical perspectives, and the

group discussed the possibility of incorporating a lifespan or equity wrap-around concept to ensure inclusivity.

- *Environmental Public Health and Regulatory Role:* Dana, Kim, Florence, and others discussed the placement and scope of environmental public health and regulatory work within the framework, considering whether regulatory functions should be a standalone capability and how environmental health intersects with other foundational areas.
  - *Regulatory Work as a Capability:* Dana explained that regulatory programs, such as healthcare regulation and EMS, often operate at the state level and are not always visible within public health frameworks, suggesting that regulation be acknowledged as a foundational capability rather than a foundational program area (similar to emergency preparedness).
  - *Environmental Health Scope and Integration:* Kim and Florence discussed the broad scope of environmental public health, including regulatory, climate, toxicology, and environmental justice issues, and debated whether certain functions, like licensing and climate-related work, should be integrated under chronic disease and injury prevention or remain within environmental health.
  - *Impact of Framework Changes:* Kim emphasized that restructuring environmental health within the framework could affect the discipline's visibility and resource allocation, especially during emergencies when environmental health resources are redirected, underscoring the need to maintain its status as a foundational program area.
- **Foundational Versus Additional Programs Clarification:** Steve briefly described the need to revisit foundational versus additional (or “above-the-line”) programs, including how to define and communicate the threshold and considering the expansion of public health’s scope in recent years (e.g., vaccine provision during the COVID-19 pandemic) and new where public health programs may fit in the framework (e.g., psilocybin program).
  - *Threshold Definition and Community Context:* Kirsten and Florence discussed the importance of maintaining a clear threshold between foundational and community-specific services, emphasizing that foundational programs should be accessible to all communities, while

above-the-line services reflect local priorities, and suggesting improved language and talking points to clarify these distinctions.

- **Upcoming In-Person Work Session Planning:** Steve and Sara outlined plans for the optional in-person work session on June 17th, including continued framework discussions, review of landscape assessment materials, and logistics for travel and participation.
  - *Session Structure and Objectives:* Steve proposed using the work session to continue framework conversations, review synthesized landscape assessment findings from other states, and facilitate small group discussions to reflect on themes and make recommendations. A more detailed agenda will be provided via email.
  - *Logistics and Travel Support:* Sara informed participants that OHA would cover travel costs for those not already attending the Conference of Local Health Officials meeting in Portland, and that the session may be in-person only, with further details to be provided via email.
- **Next Steps and Proposal Development:** Steve concluded the meeting by outlining next steps, including summarizing discussion themes, drafting a proposal for framework changes, and preparing materials for the next workgroup meeting and the in-person session.

### Follow-up tasks:

- **Meeting Notes Distribution:** Send summarized meeting notes with key themes and decision points in a proposal format to all participants for review before the next meeting. (Steve)
- **In-Person Work Session Logistics:** Send follow-up email with information about the in-person work session, including draft agenda and travel details for participants not based in Portland and not already attending the CLHO meeting. (Steve, Sara, Valori)



OREGON  
**HEALTH**  
AUTHORITY

June 12, 2026

# Public Health Modernization

Improvement Workgroup

# Agenda

- Revisit modernization framework
- Discuss agenda for 6/17 optional in-person work session

# Updates

- Final scoping document in Teams channel
- Still scheduling informational meeting with Minnesota

# Group Practices

## DRAFTS → COMMUNITY AGREEMENTS — Look for...

### SELF AWARENESS & REFLECTION

- CREATE TIME FOR REFLECTION. PAUSE.
- BE WILLING TO SLOW DOWN.
- DELAY DECISION MAKING IF PROCESSING & INTEGRATION ARE NEEDED.
- CHECK IN WITH YOURSELF- ESPECIALLY WHEN YOU FEEL REACTIVE
- HONESTY IS IMPORTANT.
- ADMIT WHEN YOU ARE WRONG...

### CHALLENGING SELF/ BRAVERY

- ASK FOR WHAT WE NEED.
- NOT NEEDING PERFECTION.
- WILLING TO SAY WHEN YOU DISAGREE.
- ADMIT WHEN YOU ARE WRONG.
- ALLOW SMALLER VULNERABLE SPACES TO PRACTICE.
- INVITE ALTERNATE VIEWPOINTS.
- FAILING FORWARD.
- EMBRACE DISCOMFORT - IDENTIFY, DISCUSS, LEARN FROM MISTAKES.
- ACCEPTING YOU MAY NOT KNOW.
- NOT TAKING MYSELF TOO SERIOUSLY!

### SPEAK YOUR TRUTH

- DISTINGUISH FACTS FROM FEELING AND OPINIONS.
- INVITATION TO HUMILITY.
- LISTEN TO UNDERSTAND.
- USE THE MEETING - NO MEETING AFTER THE MEETINGS.
- USE "I" STATEMENTS.
- ASK YOURSELF: "IS THIS MY BURDEN TO SHARE?"
- PRACTICE SELF CONTROL.
- NAME ASSUMPTIONS.
- RECOGNIZE THAT TRUTH MAY BE SOMEONE'S TRUTH - BUT MAY NOT BE A FACT.

### CURIOSITY

- PRACTICE CURIOSITY OF OUR OWN REACTIONS AND FEELINGS.
- ADMIT WHEN YOU DON'T KNOW.
- SEEK TO UNDERSTAND.
- BE OPEN TO DIFFERENT WAYS OF DOING THINGS.
- LISTENING MORE THAN TALKING.
- CREATE SPACE TO REIMAGINE, LEARN & CREATE TOGETHER.
- ASK WHAT PEOPLE NEED.
- USE PROMPTS: "TELL ME MORE"
- CULTIVATE A LEARNING CULTURE.

### TRANSFORMATIONAL ACCOUNTABILITY

- HAVE CLEAR EXPECTATIONS.
- START WITH TRUST.
- SHARED RESPONSIBILITY & SHARED DECISION MAKING.
- FIGURE OUT HOW TO BRING IN ALL VOICES.
- ASK: DID WE HEAR FROM EVERYONE AT THE CLOSE OF THE MEETING?
- LEAN INTO OUR COLLECTIVE STRENGTHS.
- STAY IN THE CONFLICT WITH GRACE & HUMILITY.
- SHARED CELEBRATIONS.

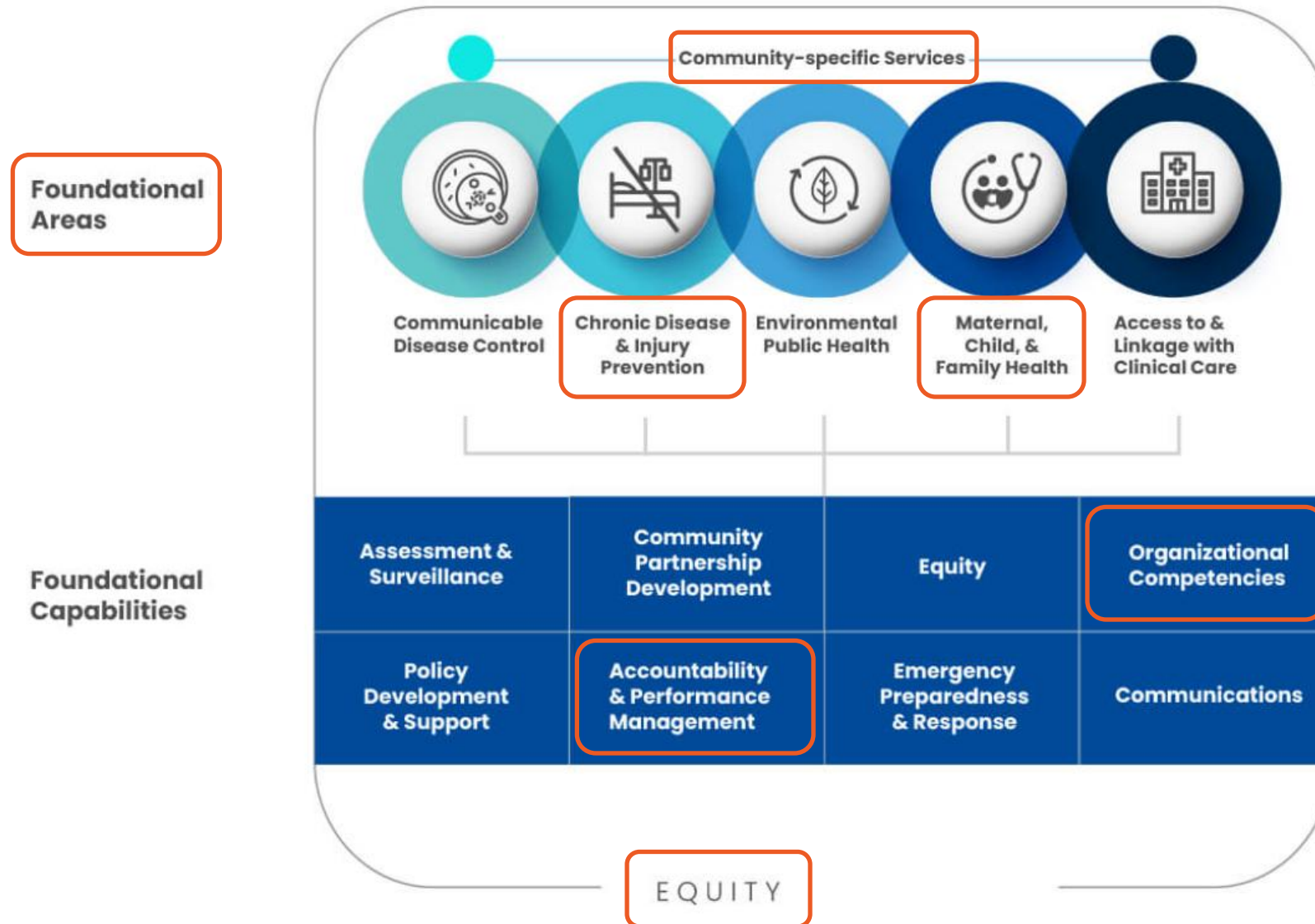
PRACTICE  
these  
PRACTICES!  
① - THE GOAL IS NOT PERFECTION,  
IT'S LEARNING.

**Alignment with the  
Foundational Public Health  
Services Framework**

# Modernized framework for governmental public health services



# Aligning with Foundational Public Health Services Framework

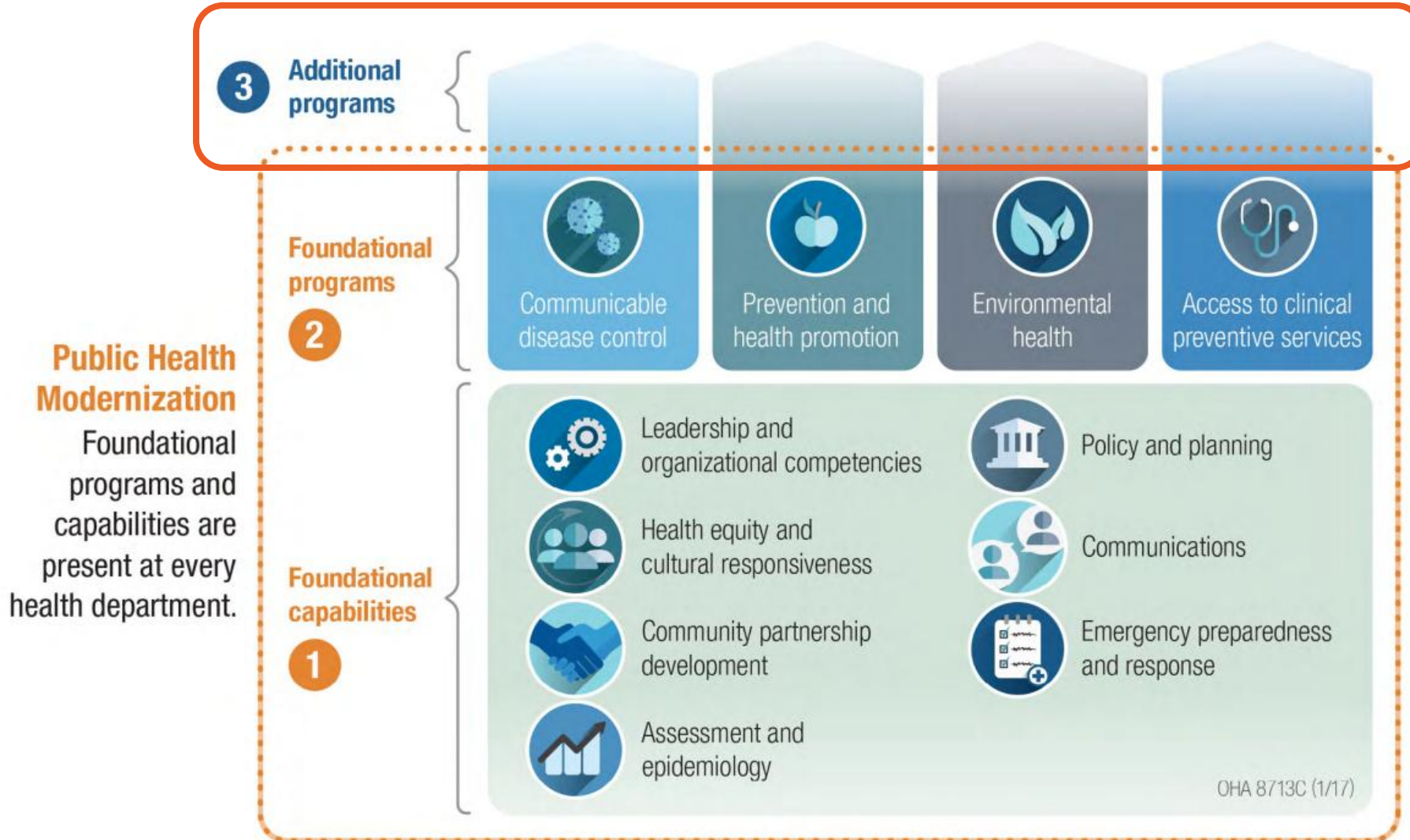


# Review of Proposed Keeps and Changes

- Refer to “Alignment with National Foundational Public Health Services Framework” table in meeting packet

# Foundational Versus Additional Programs

# Foundational vs. “above the line”



From Modernization Manual: “State and local public health authorities may have **additional programs** based on local needs and available resources, but the foundational capabilities and programs establish a common set of essential services that must be available in all areas of the state.”

# Foundational vs. “above the line”

- **Operational definitions from Capacity and Cost Assessment (2024):** Additional Programs include direct services or individual services being provided through the public health responsibility of ensure access to clinical preventive services when no other entity exists in the community to provide them.
- **FPHS Framework Definition:** Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community’s health and vary by jurisdiction.

# Foundational vs. “above the line”

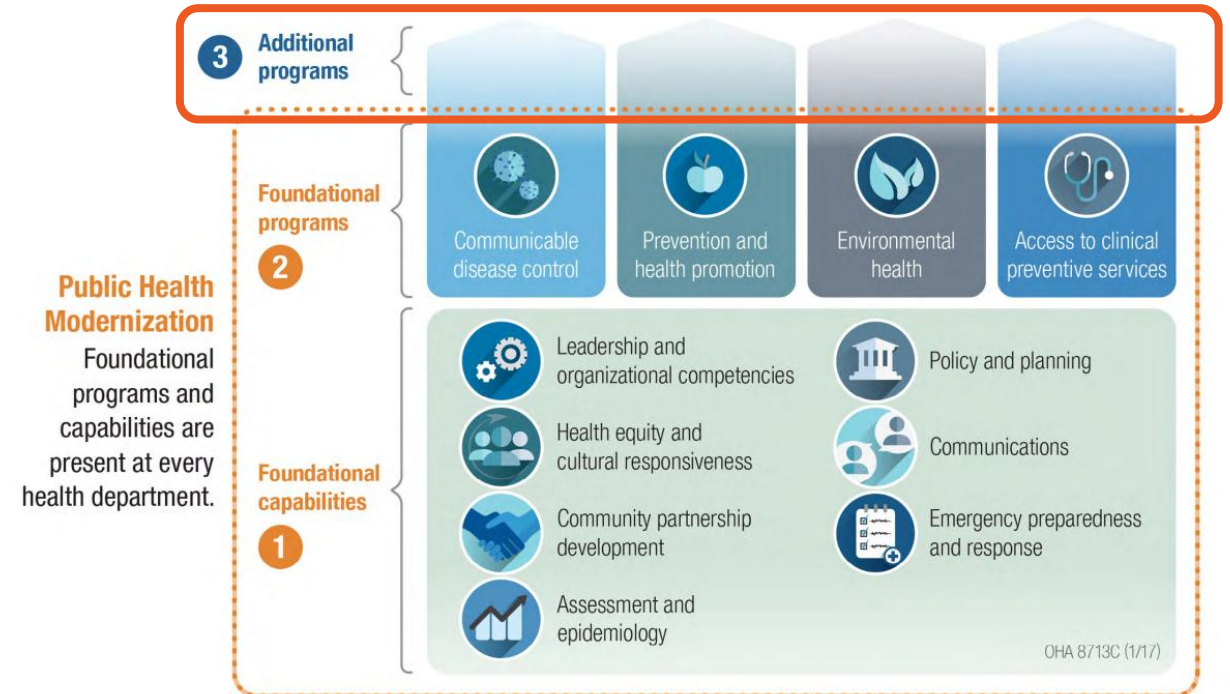
- **Considerations from Capacity and Cost Assessment:**
  - Different interpretations of what it means to “ensure access” to services
  - Expanded scope of practice during the pandemic to provide immunizations (do we continue to fill a gap?)
  - Different perceptions of whether certain programs are “foundational” or community-specific (e.g., WIC/nurse home visiting)
  - Newer public health programs (e.g., psilocybin)

# Foundational vs. “above the line”

- **Additional Programs identified in CCA:**
  - Home Visiting Programs (excluding Universal Newborn Home Visiting)
  - Universal Newborn Home Visiting / Family Connects
  - Harm reduction services
  - HIV services
  - STD services
  - Immunizations
  - Reproductive health (excluding PE 46)
  - WIC

# Foundational vs. “Above the Line”

- What are the strengths/value-add of expanding what is considered “foundational” public health?
- What are the weaknesses or potential unintended consequences of expanding what is considered “foundational” public health?
- Do we need more information before making a recommendation?
- Other thoughts?




# Re-centering Governmental Public Health

- Considerations from Vision Workshops:
  - Re-affirm focus of modernization on governmental public health system given statutory requirements to provide and/or ensure access to public health services and accountability to general fund investments
  - Determine how we want to characterize/describe the role of cross-sector and community partners, including CBOs
    - Build on CBO-LPHA PHAB Workgroup on role clarity, CBO companion document from PHAB, and roles described in Vision + Roadmap
- Question: How, if at all, do we reflect partners in framework or is this more relevant for our future revisit of the modernization manual?

# Optional In-Person Work Session on 6/17

## High-level agenda:

- |                |  |
|----------------|--|
| 1:00 - 1:05 pm | Welcome and agenda review                                  |
| 1:05 - 1:10 pm | Brief review of proposed modernization framework changes   |
| 1:10 - 2:30 pm | Small group workshops on proposed changes                  |
| 2:30 - 2:40 pm | Break  |
| 2:40 - 3:20 pm | Large group synthesis of small group conversations         |
| 3:20 - 3:30 pm | Confirm next steps for proposed changes and voting process |
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## Alignment with National Foundational Public Health Services Framework

Discussion Summary | May 22, 2026

### Acronyms:

- FC = Foundational Capability
- FP = Foundational Program
- FPHS = Foundational Public Health Services
- PHM = Public Health Modernization

What to Keep			
Recommendation	Pros	Cons	Other notes
Keep “Assessment and Epidemiology” FC versus “Assessment and Surveillance”	Recommended that we do not use the word “surveillance” with the public.		<p>Can call out and define “surveillance” in the state and local roles when we work on updating the modernization manual.</p> <p>“Assessment and Surveillance” FC in FPHS is very quantitative focused; has been the "bane" of interactions with community who don't always respond to hard data as the reason to take action; as we revisit the description of this FC in the manual, consider how to more explicitly reference the use and importance of qualitative data.</p>

Keep “Foundational Programs” language versus “Foundational Areas” in FPHS framework			
<b>What to Consider Changing</b>			
Recommendation	Pros	Cons	Other notes
Change “Additional Programs” to “Community-specific Services” (similar to FPHS)	“Community-specific services” works better as a term when talking with elected officials.		
Separate “Prevention and Health Promotion” FP into separate “Chronic Disease and Injury Prevention” and “Maternal, Child, and Family Health” FPs (similar to FPHS)	<p>“Maternal, Child, and Family Health” as distinct FP could be advantageous for advocacy, especially because we have more influence over health at this point in a person’s life.</p> <p>Speaking about “Chronic Disease and Injury Prevention” and “Maternal, Child, and Family Health” feels more tangible than the broad category of “Prevention and Health Promotion”.</p>		<p>Consider that health promotion is not synonymous with chronic disease and injury prevention, but rather a series of strategies found in the FP and across other areas of public health. How to reflect in the framework and manual?</p> <p>Revisit our terminology and determine whether we mean lifespan, life course, life stage (all different theories/ perspectives); review and decide what resonates most.</p>
(Related to standalone “Maternal, Child, and Family Health” FP) explicitly reference lifespan in the framework as a lens/principle.	Ensures we do not lose focus on older adults.		Most programming for older adults falls outside the public health structure (e.g., social services, Meals on Wheels), so we run into issue of what public health does for older adults;

			opportunity to discuss further and bring into update of modernization manual.
For Environmental Health FP, reflect built environment roles across more FPs and include climate and health work in new “Chronic Disease and Injury Prevention” FP		Environmental Health FP includes more than just climate and health (e.g., childhood exposures like lead, toxicology, environmental justice, regulation, etc.) and will continue to evolve over time. Environmental Health FP resources are also redirected to pandemic and other emergencies, so keeping as standalone FP holds the spot to be able to accommodate both acute, emerging issues and other gaps, like long-term community resilience.	Could keep Environmental Health FP as-is and still reflect cross-cutting roles with other FPs during modernization manual update.  OHA Environmental Public Health offered to share more about the discipline of environmental health to inform framework and modernization manual conversations.
Include regulatory roles as separate FC (similar to “Emergency Preparedness”)	Better distinguishes regulatory roles from policy and systems change work across FPs.  Acknowledges cross-cutting work of regulatory programs.  Staff in regulatory programs would better see themselves in modernization.		Could include environmental health licensing, psilocybin program, EMS, and retailer licensing.

<p>Separate “Leadership and Organizational Competencies” FC into separate “Organizational Competencies” and “Accountability and Performance Management” FCs (similar to FPHS)</p>	<p>More explicitly references our organizational systems and quality improvement orientation, which feels more tangible than “leadership”.</p>		
<p>Include “Equity” as a cross-cutting/wrap-around principle (similar to FPHS)</p>			<p>Consider removing “health equity and cultural responsiveness” as a stand-alone FC.</p> <p>Determine if we use term “Equity” or “Health Equity and Cultural Responsiveness” (currently in PHM framework) or something else; some concern about using the term “cultural-responsiveness” now.</p> <p>More clearly define health equity roles across each FP and FC when we update the modernization manual.</p>

# Foundational Public Health Services



Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.



**Community-specific Services** are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

## Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

## Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

# Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

## Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

## Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant

federal, Tribal, state, and local government agencies; elected and non-elected officials.

- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.
- 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 community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners 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 coordination of effort and resources across partners.

## Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity.
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

## Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the 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 for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & 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. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.

- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

## Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This 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 policies being considered by other governmental and non-governmental agencies 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.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

## Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and 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 or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

## Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability 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 private sector and non-profit partners; 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, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and 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 effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences.
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- 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 communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

# Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all 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 ability to seek and secure 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 communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and 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.
- Coordinate and integrate categorically-funded communicable disease programs and services.

## Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, 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 ability to seek and secure 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 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 promising 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, complete, and accurate information to the state, health care system, and community on environmental public health threats 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 ability to seek and secure 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 and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

## Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, 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 ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based 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 Care

- Provide timely, statewide, and locally relevant, complete, 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 healthcare, 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.

# Foundational Public Health Services

## *OPERATIONAL DEFINITIONS*

### Background

The Foundational Public Health Services (FPHS) articulates the minimum package of public health services that governmental public health should deliver to communities, and that should be available everywhere for public health to work anywhere. The framework includes Foundational Capabilities (cross-cutting skills) and Foundational Areas (broad health topics from across the lifespan) that must be available to all people served by the governmental public health system, and that meet one or more of the following criteria:

- a. services that are mandated by federal or state laws;
- b. services for which the governmental public health system is the only or primary provider of the service, statewide; and
- c. population-based services (versus individual services) that are focused on disease prevention, protection, and health promotion.

In addition to the Foundational Capabilities (FCs) and Foundational Areas (FAs), the FPHS framework describes additional Community-specific Services (CSS) that are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by community. These definitions are included with the FPHS to ensure that all services provided by public health are incorporated.

In articulating this basic set of services, the FPHS framework directly responds to calls from the 2012 Institute of Medicine (IOM)—now the National Academy of Medicine (NAM)—report titled “For the Public’s Health: Investing in a Healthier Future” to define components and costs for the minimum package of public health services at local and state levels. Today, governmental public health systems are using this model as an approach to transform their public health system.

The FPHS operational definitions focus on defining elements that are quantifiable. The elements intend to:

- a. describe “what” FPHS provides for communities, but not “how” the system should provide them;
- b. be agnostic to which governmental public health provider should provide them;
- c. be reduced to discreet activities (define as few actions as possible per statement) and begin with a verb identifying the action to be taken; and
- d. generally align with existing statutes, rules, regulations, and guidelines (recognizing that services and policies differ across the nation).

## Summary Methods

The attached tables provide the operational definitions for the FPHS framework. Structures and language for the FPHS operational definitions arose from the FPHS framework, Uniform Chart of Accounts (UCOA), and multiple state frameworks (Minnesota, Colorado, Washington). The FPHS Operational Definitions include the following:

- “Capability/Area” (FC/FA): designations from the FPHS framework;
- “Headline Responsibilities” (HR): an intermediate level between Capabilities/Areas and activities that groups related activities into a single, easily costable definition; and
- “Activities”: action-oriented statements that are discrete and simplified (where possible).

These operational definitions include many HRs or activities that do not reflect the exact language of the FPHS framework. Care was taken to ensure that the spirit of the FPHS framework was maintained while recognizing that the national FPHS framework possesses much less depth or detail than states’ operational definitions. In many cases, multiple states’ operational definitions and definitions from the UCOA were merged to create a core definition. At the end of each FA is a *CSS Responsibility*, describing individual or clinical services for that Area. At the end of the FPHS is a *CSS Area*, describing all other local protections and unique services not included in the prior services.

Note that the Operational Definitions are a critical reference tool when completing the FPHS Capacity and Cost Assessment. The definitions should be used to help a health department or health department systems distinguish between programs and services that are foundational versus those that are considered Community-specific services. This will help to ensure that costs and capacity are not being overestimated, or gaps underestimated relative to foundational activities. The Foundational Capability and Foundational Area Fact Sheets and Foundational vs Community Specific Services Crosswalk and Guide linked in the Resource section may be of additional help.

## Resources

- Foundational Capability and Foundational Area Fact Sheets:
  - [Communicable Disease Control Fact Sheet](#)
  - [Chronic Disease and Injury Prevention Fact Sheet](#)
  - [Environmental Public Health Fact Sheet](#)
  - [Maternal, Child, & Family Health Fact Sheet](#)
  - [Access to & Linkage with Clinical Care Fact Sheet](#)
  - [Assessment and Surveillance Fact Sheet](#)
  - [Community Partnership Development Fact Sheet](#)
  - [Organizational Competencies Fact Sheet](#)
  - [Policy Development & Support Fact Sheet](#)
  - [Accountability & Performance Management Fact Sheet](#)
  - [Emergency Preparedness & Response Fact Sheet](#)
  - [Communications Fact Sheet](#)
- [Foundational vs Community Specific Services: Crosswalk and Guide](#)
- For questions or additional information, email [phabta@phaboard.org](mailto:phabta@phaboard.org)

<b>OD Tag</b>	<b>OD Level</b>	<b>Operational Definition Label</b>
<b>01.00.00</b>	<b>Capability</b>	<b>Assessment &amp; Surveillance</b>
01.01.00	Headline Responsibility	Develop and maintain an assessment and analysis infrastructure.
01.01.01	Activity	Develop, maintain, and share internal electronic information systems and access external information systems.
01.01.02	Activity	Maintain capabilities to collect, access, analyze, interpret, and use data from a variety of sources, including data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that describe the health and well-being of a community and the factors that influence health.
01.01.03	Activity	Create and maintain infrastructure to collect foundational data to guide public health planning and decision-making at the state and local levels.
01.01.04	Activity	Collaborate with community partners to collect, report, and use public health data relevant to communities experiencing health inequities.
01.01.05	Activity	Develop and maintain internal systems and processes for receiving and responding to data requests from the public, policy makers, media, and others.
01.01.06	Activity	Maintain capabilities to collect, analyze, and interpret qualitative data (e.g., feedback from interviews or focus groups)
01.02.00	Headline Responsibility	Use collaborative processes to assess community health and identify health priorities
01.02.01	Activity	Convene public health partners, communities, and individuals—especially those most impacted by disparities and inequities—to conduct a health assessment (e.g., community health assessment) to identify health priorities and root causes of health disparities and inequities.
01.02.02	Activity	Assess and analyze disparities and inequities in the distribution of disease and social determinants of health that contribute to higher health risks and poorer health outcomes.
01.03.00	Headline Responsibility	Develop and maintain a surveillance and epidemiology infrastructure.
01.03.01	Activity	Develop and maintain internal systems and processes for surveilling significant health risks in the population.
01.03.02	Activity	Participate in or support surveillance systems to detect emerging health issues and threats.
01.03.03	Activity	Develop and maintain internal practices and procedures for epidemiological investigation.
01.04.00	Headline Responsibility	Develop and maintain a vital records infrastructure.
01.04.01	Activity	Develop and maintain secure electronic information systems for registering and storing vital records, consistent with National Center for Health Statistics (NCHS) guidelines.
01.04.02	Activity	Implement internal practices and procedures for registering, storing, and validating vital records.

01.04.03	Activity	Manage and share vital records data according to internal practices and procedures.
01.05.00	Headline Responsibility	Develop and maintain a public health laboratory infrastructure.
01.05.01	Activity	Develop and maintain—or have processes for accessing—a certified public health laboratory infrastructure.
01.05.02	Activity	Develop and maintain internal practices and procedures for proper collection, preparation, packaging, and shipment of samples.
01.05.03	Activity	Provide or access chemical, biological, and radiological testing in collaboration with other partners.

OD Tag	OD Level	Operational Definition Label
<b>02.00.00</b>	<b>Capability</b>	<b>Community Partnership Development</b>
02.01.00	Headline Responsibility	Develop and maintain capabilities to cultivate relationships and convene partners.
02.01.01	Activity	Maintain capabilities (e.g., training and other supports) to develop relationships and engage with partners and communities, including Tribal Nations, as appropriate.
02.01.02	Activity	Create organizational policies and practices to advance relationship development, authentic engagement, and equity solutions.
02.01.03	Activity	Develop and maintain systems and processes for routine information sharing with community members and partners.
02.02.00	Headline Responsibility	Develop and maintain strategic partnerships with governmental and non-governmental partners.
02.02.01	Activity	Identify strategic partnerships with governmental (including Tribal Nations as appropriate) and non-governmental partners from across sectors that may have roles in delivering public health services, improving the social determinants of health, or impacting health outcomes.
02.02.02	Activity	Participate in external partnerships to represent public health interests, coordinate policy agendas, and provide resources and support to improve health outcomes.
02.02.03	Activity	Maintain partnerships with governmental and non-governmental partners and review and revisit strategic aims, partner roles and responsibilities, and service arrangements.
02.02.04	Activity	Convene governmental and non-governmental partners to promote health, prevent disease, and protect residents.
02.03.00	Headline Responsibility	Develop and maintain trusted relationships with communities.

02.03.01	Activity	Develop a broad understanding of how communities within the jurisdiction are organized and how community relationships and history may affect the public's health.
02.03.02	Activity	Establish relationships with communities located within the jurisdiction with the goal of building trust and authentically engaging through community-driven approaches, particularly in historically marginalized and underserved communities and those most impacted by health disparities and underlying inequities.
02.03.03	Activity	Convene communities at the grassroots level to engage with residents, support bi-directional information sharing, foster leadership opportunities, and facilitate participatory decision-making and action.
02.04.00	Headline Responsibility	Use collaborative processes to develop health improvement plans to address identified priorities.
02.04.01	Activity	Convene public health partners, communities, and individuals to develop or maintain a community health improvement plan to address health priorities from the community health assessment.
02.04.02	Activity	Convene public health partners, communities, and individuals to establish a system and metrics for monitoring the community health improvement plan and associated interventions.

OD Tag	OD Level	Operational Definition Label
<b>03.00.00</b>	<b>Capability</b>	<b>Equity</b>
03.01.00	Headline Responsibility	Develop and demonstrate agency commitment to equity.
03.01.01	Activity	Foster a shared understanding of equity.
03.01.02	Activity	Create, revise, and maintain organizational policies and practices to promote a culture of equity across all programs and services.
03.01.03	Activity	Support staff in developing a culture of equity.
03.02.00	Headline Responsibility	Inform and influence public and external organizational policies to advance equity.
03.02.01	Activity	Convene governmental and non-governmental partners to promote a shared understanding of populations within the community that are at greater risk for poor health and identify effective strategies to ameliorate that risk.
03.02.02	Activity	Appraise governance structures and encourage representation by persons disproportionately impacted by health inequities in governing bodies.
03.02.03	Activity	Develop and support public policy and services that prioritize interventions that will advance equity.

<b>OD Tag</b>	<b>OD Level</b>	<b>Operational Definition Label</b>
<b>04.00.00</b>	<b>Capability</b>	<b>Organizational Competencies</b>
04.01.00	Headline Responsibility	Maintain a governance structure and establish the strategic direction for public health.
04.01.01	Activity	Develop, implement, and maintain a governance structure in compliance with statutes, regulations, rules, ordinances, and other policies.
04.01.02	Activity	Engage with the jurisdictional governing entity(ies) to educate on public health roles, responsibilities, and authorities.
04.01.03	Activity	Develop and support the governing entity(ies) in examining, understanding, and modifying organizational policies and jurisdictional authorities related to public health governance.
04.01.04	Activity	Serve as the face of governmental public health and be a leader for public health strategy and initiatives in the community.
04.01.05	Activity	Develop and maintain an agency strategic plan.
04.01.06	Activity	Establish a system and metrics for monitoring the agency strategic plan and associated interventions.
04.01.07	Activity	Track metrics for the agency strategic plan and identify facilitating and impeding factors for plan success.
04.02.00	Headline Responsibility	Provide or access services for information technology, privacy, and security.
04.02.01	Activity	Develop, implement, and maintain systems and infrastructure for information technology and assure continuity of operations and connectivity according to informatics best practices.
04.02.02	Activity	Procure and maintain the hardware, software, and information systems needed to support the department's operations and analysis of health data.
04.02.03	Activity	Develop and maintain internal systems, controls, and policies to maintain data security, receive consent for data use, and ensure confidentiality and privacy for protected information.
04.02.04	Activity	Support and maintain technologies and systems for external communications and interactions with the public.
04.02.05	Activity	Build organizational and individual staff competency around information systems to promote use of those systems and to improve population health outcomes.
04.03.00	Headline Responsibility	Provide or access human resources services and develop and maintain a competent workforce.

04.03.01	Activity	Develop and maintain a workforce development infrastructure, plan, and associated training materials for priority topics.
04.03.02	Activity	Provide trainings to staff on priority topics that relate to capabilities or cut across program areas.
04.03.03	Activity	Develop and maintain a human resource management infrastructure.
04.03.04	Activity	Develop and implement infrastructure and processes for equitable personnel recruitment and hiring.
04.03.05	Activity	Develop and implement infrastructure and processes for employee satisfaction, well-being, and retention.
04.03.06	Activity	Develop and implement a workforce succession plan.
04.03.07	Activity	Develop and implement internal processes for routine employee performance review and accountability.
04.04.00	Headline Responsibility	Provide or access financial management services and facilitate contracting, procurement, and maintenance of facilities and operations.
04.04.01	Activity	Develop, implement, and maintain systems and infrastructure for financial management that complies with applicable rules and standards and performs necessary administrative functions.
04.04.02	Activity	Develop and manage an agency budget in compliance with applicable rules and standards.
04.04.03	Activity	Develop, implement, and maintain systems and infrastructure for contractual compliance, financial oversight, and auditing of financial operations in compliance with applicable rules and standards.
04.04.04	Activity	Develop and maintain processes for procuring necessary financial resources for organizational operations.
04.04.05	Activity	Procure, maintain, and manage necessary goods and services.
04.04.06	Activity	Procure, maintain, and replace long-term or capital assets for clean, safe, and accessible organizational operations.
04.04.07	Activity	Manage and operate facilities as safe and physically secure workplaces.
04.04.08	Activity	Maintain processes or systems for ensuring resources are allocated to address equity and social determinants of health.
04.05.00	Headline Responsibility	Access public health legal services and analysis.
04.05.01	Activity	Develop processes to access and use legal services and analysis.
04.05.02	Activity	Build organizational and individual staff competency in understanding and interpreting statutes, regulations, rules, ordinances, and other policies that are relevant to the organization and the public's health.
04.05.03	Activity	Develop, implement, and maintain written organizational policies supported by statutes, regulations, rules, ordinances, and other policies for issuing and enforcing state and local emergency health orders.

<b>OD Tag</b>	<b>OD Level</b>	<b>Operational Definition Label</b>
<b>05.00.00</b>	<b>Capability</b>	<b>Policy Development &amp; Support</b>
05.01.00	Headline Responsibility	Develop, amend, and enact public health policies in collaboration with partners, policymakers, and community members.
05.01.01	Activity	Analyze existing policies and assess the need for new or revised public health policies in the jurisdiction.
05.01.02	Activity	Collaborate with partners, policymakers, and community members to develop or update public health policies that are evidence-based and consider the perspectives of individuals with lived experiences.
05.01.03	Activity	Organize support for public health policies and place them before the governing entity(ies) with the legal authority to enact them.
05.01.04	Activity	Evaluate policies and impacts of those policies.
05.02.00	Headline Responsibility	Participate in policy development initiatives being considered by partners that affect the public's health.
05.02.01	Activity	Inform and influence policies being considered by other governmental and non-governmental organizations within the jurisdiction beyond the immediate scope or authority of the agency but that impact health and equity.
05.02.02	Activity	Convene cross-sector partners to identify strategies or initiatives for governmental and non-governmental partners to implement to address Health in All Policies for the population.
05.03.00	Headline Responsibility	Implement and support enacted public health policies.
05.03.01	Activity	Provide education and technical assistance to key partners, regulated entities, and the public to support understanding and compliance with public health policies.
05.03.02	Activity	Develop and maintain written training materials and provide trainings to relevant staff on public health policies to assure consistent implementation of policy.
05.03.03	Activity	Conduct public health enforcement activities, including in response to public health complaints.
05.03.04	Activity	Monitor and report public health violations and enforcement responses and notify the public, as necessary.

<b>OD Tag</b>	<b>OD Level</b>	<b>Operational Definition Label</b>
<b>06.00.00</b>	<b>Capability</b>	<b>Accountability &amp; Performance Management</b>
06.01.00	Headline Responsibility	Maintain accountability according to accepted business practices, applicable policies, and public health accreditation.
06.01.01	Activity	Develop and maintain infrastructure and systems to manage and track accountability for governmental public health.
06.01.02	Activity	Monitor actions taken by governmental public health and partners in implementing public health activities.
06.01.03	Activity	Deliver public health services according to accepted business standards, applicable policies, and public health accreditation standards and measures.
06.02.00	Headline Responsibility	Maintain a performance management structure and establish appropriate quality improvement initiatives.
06.02.01	Activity	Develop and maintain infrastructure and systems, manage performance, and monitor achievement of agency objectives through established metrics.
06.02.02	Activity	Build organizational and staff competency in evaluation both to inform process improvement and to understand impact of public health interventions.
06.02.03	Activity	Develop, implement, and maintain a written plan for organizational quality improvement and cultivate a culture of quality improvement.

<b>OD Tag</b>	<b>OD Level</b>	<b>Operational Definition Label</b>
<b>07.00.00</b>	<b>Capability</b>	<b>Emergency Preparedness &amp; Response</b>
07.01.00	Headline Responsibility	Establish governmental public health's role in preparedness and response to incidents.
07.01.01	Activity	Develop, implement, and maintain a bi-directional information-sharing infrastructure with partners and the public with unified, accurate, and geographically relevant information available on a 24/7 basis.
07.01.02	Activity	Assure leadership of governmental emergency health and medical operations, including serving as the primary or coordinating agency for public health responses (i.e., Emergency Support Function 8).
07.01.03	Activity	Collaboratively define the scope and responsibility of response by community-based organizations and governmental partners and establish trust to enable necessary action before, during, or after public health emergencies.

07.01.04	Activity	Ensure staff and volunteers are trained on emergency preparedness and response competencies.
07.01.05	Activity	Establish authority to issue and enforce emergency health orders, as necessary and appropriate.
07.02.00	Headline Responsibility	Develop, exercise, and maintain preparedness and response plans.
07.02.01	Activity	Develop, exercise, and maintain preparedness and response strategies and plans in accordance with established guidelines and to address a range of events, including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events which may be short- or long-term.
07.02.02	Activity	Develop, implement, and maintain written policies and procedures (e.g., Emergency Support Function 8) to activate and alert public health personnel and response partners during an emergency.
07.03.00	Headline Responsibility	Assure public health continuity of operations.
07.03.01	Activity	Identify priority or essential public health functions and the people, facilities, and financial and other resources needed to provide these services during an emergency.
07.03.02	Activity	Ensure staff who have roles or responsibilities in priority or essential public health functions are trained on necessary sections of the continuity of operations plan and have the necessary supports and resources to fulfill response roles.
07.04.00	Headline Responsibility	Respond to incidents.
07.04.01	Activity	Convene public health partners in response to incidents to identify strategies or initiatives for governmental public health response.
07.04.02	Activity	Assess the need for incident response efforts in the jurisdiction and the legal and statutory process for issuing and enforcing state and local emergency health orders.
07.04.03	Activity	Activate and alert emergency response personnel and communications systems in the event of a public health crisis on a 24/7 basis.
07.04.04	Activity	Operate within the established incident command system according to the role of public health, as outlined in emergency preparedness and response plans, during a public health incident and incidents not led by public health.
07.04.05	Activity	Assure availability of biological and chemical laboratory testing, including bioterrorism agent testing.
07.05.00	Headline Responsibility	Recover from incidents.
07.05.01	Activity	Convene public health partners following incidents to identify strategies or initiatives for governmental public health to implement to address incident recovery for the population.
07.05.02	Activity	Assess the need for incident recovery efforts in the jurisdiction and the legal and statutory process for issuing and enforcing state and local emergency health orders.

07.05.03	Activity	Activate and alert public health recovery personnel and emergency communication systems.
07.05.04	Activity	Implement prioritized strategies or initiatives to support recovery from incidents for the population.
07.05.05	Activity	Evaluate the response of the governmental public health system and the health department to incidents.

<b>OD Tag</b>	<b>OD Level</b>	<b>Operational Definition Label</b>
<b>08.00.00</b>	<b>Capability</b>	<b>Communications</b>
08.01.00	Headline Responsibility	Develop and maintain a public communications infrastructure.
08.01.01	Activity	Develop, implement, and maintain systems and infrastructure for bi-directional, 24/7, public-facing communications.
08.01.02	Activity	Develop, implement, and maintain a written routine communications plan.
08.01.03	Activity	Develop, implement, and maintain written organizational policies and templates for public health messaging across various audiences that consider accessibility and cultural humility.
08.01.04	Activity	Build and maintain relationships with broadcast and other media organizations to establish trust with governmental public health in delivering health information, especially in the coverage of public health issues.
08.01.05	Activity	Collaborate with partners, communities, and individuals to co-create communications strategies and coordinate routine and emergency communications.
08.01.06	Activity	Use social media to communicate bi-directionally with partners and community members.
08.01.07	Activity	Ensure information and messages of public health importance are conveyed to the public in a timely and transparent manner and that misinformation is addressed.
08.01.08	Activity	Establish metrics and monitor the quality of public health communications within the jurisdiction and adjust communications and strategies accordingly.
08.02.00	Headline Responsibility	Develop and maintain public health education and risk communication capabilities.
08.02.01	Activity	Develop, implement, and maintain a health education plan that provides for the dissemination of timely and accurate information to the public, with intentional focus on planning for accessibility and cultural humility.

08.02.02	Activity	Develop, implement, and maintain a public health risk communication plan.
08.02.03	Activity	In the event of a public health crisis or event, lead and coordinate messaging using risk communications principles to assure consistency in messaging around critical public information, with intentional focus on communicating with accessible language and cultural humility.

<b>OD Tag</b>	<b>OD Level</b>	<b>Operational Definition Label</b>
<b>09.00.00</b>	<b>Area</b>	<b>Communicable Disease Control</b>
09.01.00	Headline Responsibility	Develop a communicable disease prevention plan, as well as plans for the prevention and control of specific communicable diseases.
09.01.01	Activity	Assess the need for communicable disease prevention and control interventions in the jurisdiction, including the specific needs of those disproportionately impacted by specific communicable diseases.
09.01.02	Activity	Assess the factors and conditions that affect the prevention and control of communicable diseases.
09.01.03	Activity	Convene public health partners to identify strategies or initiatives for governmental public health to address communicable diseases in the jurisdiction.
09.01.04	Activity	Develop, implement, and maintain collaborative plans for the prevention and control of communicable diseases.
09.02.00	Headline Responsibility	Provide timely, scientifically accurate, and locally relevant information on communicable diseases and their control.
09.02.01	Activity	Participate in and access external information systems for the reporting and surveillance of communicable diseases and their control.
09.02.02	Activity	Collect data related to communicable diseases and their control to guide public health planning and decision-making within the jurisdiction.
09.02.03	Activity	Analyze data related to communicable diseases and their control in collaboration with partners, communities, and individuals with lived experience.
09.02.04	Activity	Validate information, data, analysis, and findings related to communicable diseases and their control with those impacted by the results.
09.02.05	Activity	Conduct epidemiologic surveillance of the population with respect to communicable diseases.
09.02.06	Activity	Use metrics to monitor the quality of communicable disease prevention and control within the jurisdiction.

09.02.07	Activity	Collaborate with partners, communities, and individuals, including those disproportionately affected by communicable diseases, to understand the prevention and control of communicable disease from the perspective of lived experience.
09.02.08	Activity	Educate partners, communities, and individuals on communicable diseases and their control.
09.03.00	Headline Responsibility	Implement population-based communicable disease prevention and control programs and strategies.
09.03.01	Activity	Implement systems and structures for communicable disease prevention and control.
09.03.02	Activity	Develop and maintain written training materials on communicable disease prevention and control and provide training to relevant staff.
09.03.03	Activity	Implement prioritized strategies or initiatives identified to address communicable disease risks, as well as the social conditions that influence communicable disease risks in the jurisdiction.
09.03.04	Activity	Track actions taken by governmental public health and partners and identify factors that make it easier or more challenging to implement communicable disease prevention and control programs and strategies.
09.03.05	Activity	Assure provision of environmental, biological, and chemical laboratory testing, including for identification and characterization of communicable agents and development of antibody tests.
09.03.06	Activity	Contribute to an effective system that enables equitable access to screening, referrals, and treatment of communicable disease
09.04.00	Headline Responsibility	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes for communicable disease prevention and control.
09.04.01	Activity	Engage with the appropriate governing entity about the public health agency's role and legal authority relating to communicable disease prevention and control policy.
09.04.02	Activity	Build and maintain relationships with appropriate audiences to establish trust with governmental public health in the performance of communicable disease prevention and control.
09.04.03	Activity	Develop public health policy related to communicable disease prevention and control that is evidence-based, mindful of equity, and conscious of populations that might be disproportionately impacted by communicable disease prevention and control policies.
09.04.04	Activity	Inform and influence policies being considered by other governmental and non-governmental organizations within the jurisdiction that might impact the prevention or control of communicable diseases but are beyond the immediate scope or authority of the governmental public health department.

09.04.05	Activity	Develop, implement, and maintain written organizational policies on communicable disease prevention and control.
09.04.06	Activity	Organize support for public health statutes, regulations, rules, ordinances, and other policies related to communicable disease prevention and control and place them before an entity with the legal authority to enact them.
09.04.07	Activity	Provide education and technical assistance to organizations involved in preventing and controlling communicable diseases to support their compliance with statutes, regulations, rules, ordinances, and other policies.
09.04.08	Activity	Coordinate and integrate categorically funded communicable disease programs and services.
09.05.00	Headline Responsibility	Conduct disease investigations and respond to communicable disease outbreaks.
09.05.01	Activity	Monitor and report public health violations and enforcement responses related to communicable disease prevention and control and notify the public as necessary.
09.05.02	Activity	Conduct timely investigations for reportable communicable diseases, disease-related complaints, and suspected outbreaks according to standard protocols and guidance.
09.05.03	Activity	Identify and respond to emerging issues related to communicable diseases or their prevention and control.
09.06.00	Headline Responsibility	Enforce public health laws to prevent and control communicable diseases.
09.06.01	Activity	Enforce laws, rules, policies, and procedures related to the prevention and control of communicable diseases per local, state, and federal mandates and guidelines.
09.06.02	Activity	Report presumed and diagnosed cases of reportable communicable diseases identified by the governmental public health agency.
09.06.03	Activity	Issue and enforce emergency health orders related to the prevention or control of communicable diseases, such as orders for isolation, quarantine, examination, treatment, or other preventive measures per federal, state, and local laws.
09.07.00	Headline Responsibility	Maintain or participate in a statewide immunization program and assure the availability of immunizations to the public.
09.07.01	Activity	Develop, implement, and enforce laws, rules, policies, and procedures related to immunizations per federal, state, and local standards, policies, and laws.
09.07.02	Activity	Ensure that health care providers, pharmacists, school officials, and the public are educated about the statewide immunization information system and how to enter and access data, as appropriate.

09.07.03	Activity	Ensure that health care providers, pharmacists, infection control specialists, school officials, the public, and others are educated about vaccine-preventable diseases and immunizations, vaccination recommendations and requirements, and safe and effective immunization practices.
09.07.04	Activity	Develop, maintain, or participate in an immunization information system for tracking vaccination administrations and monitoring immunization statuses.
09.07.05	Activity	Promote immunization through strategic and culturally sensitive communication strategies and in collaboration with schools, health care providers, and other trusted community partners to increase vaccination rates.
09.07.06	Activity	Assure the safe and effective administration of necessary vaccinations for the public.
09.99.00	CSS Responsibility	Communicable Disease Control - Community-Specific Activities
09.99.01	CSS Activity	<u>Direct Care for Communicable Diseases</u> : services and activities related to the provision and delivery of communicable disease primary care, including physical examinations and treatment (excluding direct observation therapy for tuberculosis).
09.99.02	CSS Activity	<u>Delivery of Immunizations to Individuals</u> : services and activities related to the provision and delivery of common or travel-associated immunizations to individuals.

OD Tag	OD Level	Operational Definition Label
10.00.00	Area	Chronic Disease & Injury Prevention
10.01.00	Headline Responsibility	Develop a chronic disease and injury prevention plan, as well as plans for the prevention and control of specific chronic diseases or sources of injury.
10.01.01	Activity	Assess the need for prevention and control of chronic disease and injury in the jurisdiction, including the specific needs of those disproportionately impacted by the lack of such services.
10.01.02	Activity	Assess the factors and conditions that affect chronic disease and injury, including the social determinants of health and their impact on chronic disease and injuries.
10.01.03	Activity	Convene public health partners to identify strategies or initiatives for governmental public health to address chronic disease and injury in the jurisdiction.
10.01.04	Activity	Develop and maintain collaborative plans for the prevention and control of chronic disease and injury.
10.02.00	Headline Responsibility	Provide timely, scientifically accurate, and locally relevant information on chronic diseases and injury prevention.

10.02.01	Activity	Participate in and access external information systems for chronic diseases and injuries.
10.02.02	Activity	Collect or access data related to chronic diseases and injuries to guide public health planning and decision-making within the jurisdiction.
10.02.03	Activity	Analyze data related to chronic diseases and injuries in collaboration with partners, communities, and individuals with lived experience.
10.02.04	Activity	Validate information, data, analysis, and findings related to chronic diseases and injuries.
10.02.05	Activity	Conduct epidemiologic surveillance of the population with respect to chronic diseases and injuries.
10.02.06	Activity	Use metrics to monitor the quality of chronic disease and injury prevention activities within the jurisdiction.
10.02.07	Activity	Collaborate with partners, communities, and individuals, including those disproportionately affected by chronic disease and injury risks, to understand the prevention and control of those risks from the perspective of lived experience.
10.02.08	Activity	Educate the partners, communities, and individuals on chronic diseases and injuries.
10.03.00	Headline Responsibility	Implement population-based strategies to address issues related to chronic disease and injury.
10.03.01	Activity	Implement systems and structures for chronic disease and injury prevention strategies.
10.03.02	Activity	Develop and maintain written training materials on prevention and control of chronic disease and injury risks and provide training to relevant staff.
10.03.03	Activity	Implement prioritized strategies or initiatives identified to address chronic disease or injury issues, as well as the social conditions that influence such issues for the population, specifically in the jurisdiction.
10.03.04	Activity	Track actions taken by governmental public health and partners and identify facilitating and impeding factors in implementing chronic disease and injury prevention programs and strategies.
10.03.05	Activity	Assure provision of environmental, biological, and chemical laboratory testing, including for chronic disease issues.
10.03.06	Activity	Contribute to an effective system that enables equitable access to screening, referrals, and treatment of chronic diseases and injuries.
10.04.00	Headline Responsibility	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve health related to chronic disease and injury.
10.04.01	Activity	Engage with the appropriate governing entity about the public health agency's role and legal authority around chronic disease and injury prevention strategies.

10.04.02	Activity	Build and maintain relationships with appropriate audiences to establish trust in governmental public health regarding the performance of chronic disease and injury prevention strategies.
10.04.03	Activity	Develop public health policy related to preventing or controlling chronic disease or injury risks that is evidence-based, mindful of equity, and conscious of populations that might be disproportionately impacted by chronic disease and injury prevention policies.
10.04.04	Activity	Inform and influence policies being considered by other governmental and non-governmental organizations within the jurisdiction that might impact chronic disease and injury beyond the immediate scope or authority of the governmental public health department.
10.04.05	Activity	Develop, implement, and maintain written organizational policies on chronic disease and injury prevention strategies.
10.04.06	Activity	Organize support for public health statutes, regulations, rules, ordinances, and other policies related to chronic disease and injury issues and place them before an entity with the legal authority to enact them.
10.04.07	Activity	Provide education and technical assistance to organizations involved in chronic disease and injury prevention initiatives to support their compliance with statutes, regulations, rules, ordinances, and other policies.
10.04.08	Activity	Coordinate and integrate categorically funded chronic disease and injury prevention programs and services.
10.99.00	<b>CSS Responsibility</b>	<b>Chronic Disease &amp; Injury Prevention - Community-Specific Activities</b>
10.99.01	<b>CSS Activity</b>	<b><u>Direct Care for Aging-related Services</u>: services and activities related to the provision and delivery of aging-related primary care, including physical examinations and treatment.</b>
10.99.02	<b>CSS Activity</b>	<b><u>Direct Care for Disability-related Services</u>: services and activities related to the provision and delivery of disability-related primary care, including physical examinations and treatment.</b>
10.99.03	<b>CSS Activity</b>	<b><u>Direct Care for Other Chronic Diseases or Injuries</u>: services and activities related to the provision and delivery of care for other chronic diseases or injuries, including physical examinations and treatment.</b>

<b>OD Tag</b>	<b>OD Level</b>	<b>Operational Definition Label</b>
<b>11.00.00</b>	<b>Area</b>	<b>Environmental Public Health</b>
11.01.00	Headline Responsibility	Develop a plan to promote environmental health.
11.01.02	Activity	Assess the need for prevention or abatement of environmental health threats in the jurisdiction.
11.01.02	Activity	Assess the factors and conditions that affect the prevention or abatement of environmental health threats.
11.01.03	Activity	Convene public health partners to identify strategies or initiatives for governmental public health to address environmental hazards in the jurisdiction.

11.01.04	Activity	Develop and maintain collaborative plan(s) for environmental health protection.
11.02.00	Headline Responsibility	Provide timely, scientifically accurate, and locally relevant information on the environment and environmental threats and their control.
11.02.01	Activity	Participate in and access external information systems for environmental health.
11.02.02	Activity	Collect or access data related to environmental health to guide public health planning and decision-making within the jurisdiction.
11.02.03	Activity	Analyze and interpret environmental health information in collaboration with partners, communities, and individuals with lived experience.
11.02.04	Activity	Validate information, data, analysis, and findings related to environmental health with those impacted by the results.
11.02.05	Activity	Conduct epidemiologic surveillance of the jurisdiction with respect to environmental health.
11.02.06	Activity	Use metrics to monitor the quality of environmental health for the population and within the jurisdiction.
11.02.07	Activity	Collaborate with partners, communities, and individuals, including those disproportionately affected by environmental health risks, to understand environmental health from the perspective of lived experience.
11.02.08	Activity	Educate partners, communities, and individuals on environmental health issues.
11.03.00	Headline Responsibility	Implement population-based environmental health programs and strategies.
11.03.01	Activity	Implement systems and structures for environmental health programs and strategies.
11.03.02	Activity	Develop and maintain written training materials on prevention and abatement of environmental health risks and provide training to relevant staff.
11.03.03	Activity	Implement prioritized strategies or initiatives identified to address environmental health issues, as well as the social conditions that influence environmental health issues for the population, specifically in the jurisdiction.
11.03.04	Activity	Track actions taken by governmental public health and partners and identify facilitating and impeding factors in implementing environmental health programs and strategies.
11.03.05	Activity	Assure provision of environmental, biological, and chemical laboratory testing, including for environmental health risks.
11.04.00	Headline Responsibility	Inform, communicate, work cooperatively with, and influence others whose work impacts environmental health.
11.04.01	Activity	Engage with the appropriate governing entity about the public health agency's role and legal authority around environmental health policy.
11.04.02	Activity	Build and maintain relationships with appropriate audiences to establish trust with governmental public health in the performance of preventing or abating environmental health risks.

11.04.03	Activity	Develop public health policy related to preventing or abating environmental health risks that are evidence-based, mindful of equity, and conscious of populations that might be disproportionately impacted by environmental health policies.
11.04.04	Activity	Inform and influence policies being considered by other governmental and non-governmental organizations within the jurisdiction that might impact the environmental health risks but are beyond the immediate scope or authority of the governmental public health department.
11.04.05	Activity	Develop, implement, and maintain written organizational policies on the prevention and abatement of environmental health risks.
11.04.06	Activity	Organize support for public health statutes, regulations, rules, ordinances, and other policies related to environmental health issues and place them before an entity with the legal authority to enact them.
11.04.07	Activity	Provide education and technical assistance to organizations involved in the prevention and abatement of environmental health risks to support their compliance with statutes, regulations, rules, ordinances, and other policies.
11.04.08	Activity	Coordinate and integrate categorically funded environmental public health programs and services.
11.04.09	Activity	Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities.
11.05.00	Headline Responsibility	Diagnose, investigate, and respond to environmental threats to the public's health.
11.05.01	Activity	Monitor and report public health violations and enforcement responses related to prevention and abatement of environmental health risks and notify the public, as necessary.
11.05.02	Activity	Conduct timely investigations in response to environmental health risks according to standard protocols and guidance.
11.05.03	Activity	Identify and respond to emerging issues related to environmental health risks.
11.05.04	Activity	Collaborate with partners, communities, and individuals to collect complaints and reports regarding environmental health risks.
11.05.05	Activity	Analyze patterns and trends related to complaints, enforcement, and compliance activities related to environmental health risks.
11.06.00	Headline Responsibility	Conduct mandated environmental public health inspections and oversight to protect the public from hazards in accordance with federal, state, and local laws and regulations.
11.06.01	Activity	License, certify, or permit regulated parties or entities within the jurisdiction.
11.06.02	Activity	Inspect regulated parties or entities within the jurisdiction for environmental health hazards and code violations.

11.06.03	Activity	Investigate and document environmental health complaints for regulated parties or entities within the jurisdiction.
11.06.04	Activity	Issue, enforce, and document corrective actions with respect to code violations for regulated parties or entities within the jurisdiction.
11.05.05	Activity	Issue and enforce emergency health orders related to environmental health risks.
11.06.06	Activity	Perform and document follow-up activities for remediation for regulated parties or entities within the jurisdiction.
11.99.00	<b>CSS Responsibility</b>	<b>Environmental Public Health - Community-Specific Activities</b>
11.99.01	CSS Activity	<u>Environmental Protection and Preservation</u> : services and activities directed toward protecting the environment.
11.99.02	CSS Activity	<u>Environmental Conservation</u> : services and activities directed toward using natural resources responsibly to safeguard ecosystems.
11.99.03	CSS Activity	<u>Other Environmental Services</u> : services and activities for other environmental planning or protection (excluding population-based services directed toward preventing human health issues caused by environmental conditions).

OD Tag	OD Level	Operational Definition Label
12.00.00	<b>Area</b>	<b>Maternal, Child, &amp; Family Health</b>
12.01.00	Headline Responsibility	Develop a maternal and child health plan, as well as plans for addressing specific maternal, child, and family health issues.
12.01.01	Activity	Assess the need for maternal, child, and family health services in the jurisdiction, including the specific needs of those disproportionately impacted by inequitable access to such services.
12.01.02	Activity	Assess the factors and conditions that affect maternal, child, and family health, including the social determinants of health and their impact on maternal, child, and family health status.
12.01.03	Activity	Convene public health partners to identify strategies or initiatives for governmental public health to address maternal, child, and family health in the jurisdiction.
12.01.04	Activity	Develop and maintain a collaborative plan for maternal, child, and family health.
12.02.00	Headline Responsibility	Provide timely, scientifically accurate, and locally relevant information on maternal, child, and family health.
12.02.01	Activity	Participate in and access external information systems for maternal, child, and family health.
12.02.02	Activity	Collect or access data related to maternal, child, and family health to guide public health planning and decision-making within the jurisdiction.

12.02.03	Activity	Analyze data related to maternal, child, and family health and injuries in collaboration with partners, communities, and individuals with lived experience.
12.02.04	Activity	Validate information, data, analysis, and findings related to maternal, child, and family health.
12.02.05	Activity	Conduct epidemiologic surveillance of the population with respect to maternal, child, and family health indicators.
12.02.06	Activity	Use metrics to monitor the quality of maternal, child, and family health activities within the jurisdiction.
12.02.07	Activity	Collaborate with partners, communities, and individuals, including those disproportionately affected by maternal, child, and family health risks, to understand the prevention and control of those risks from the perspective of lived experience.
12.02.08	Activity	Educate the partners, communities, and individuals on maternal, child and family health risks and prevention and control of those risks.
12.03.00	Headline Responsibility	Implement population-based strategies to address issues related to maternal, child, and family health.
12.03.01	Activity	Implement systems and structures to support maternal, child, and family health, with specific attention paid to systemic solutions supporting populations experiencing maternal, child, and family health disparities.
12.03.02	Activity	Develop and maintain written training materials on prevention and control of maternal, child, and family health risks and provide training to relevant staff.
12.03.03	Activity	Implement prioritized strategies or initiatives identified to address maternal, child, and family health issues, as well as the social conditions that influence maternal, child, and family health issues for the population, specifically in the jurisdiction.
12.03.04	Activity	Track actions taken by governmental public health and partners and identify facilitating and impeding factors in implementing maternal, child, and family health programs and strategies.
12.03.05	Activity	Assure availability of environmental, biological, and chemical laboratory testing, including for maternal and child health issues.
12.04.00	Headline Responsibility	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve maternal, child, and family health.
12.04.01	Activity	Engage with the appropriate governing entity about the public health agency's role and legal authority around maternal, child, and family health policy.
12.04.02	Activity	Build and maintain relationships with appropriate audiences to establish trust with governmental public health in the performance of maternal, child, and family health strategies.

12.04.03	Activity	Develop public health policy related to preventing or controlling maternal, child, and family health risks that are evidence-based, mindful of equity, and conscious of populations that might be disproportionately impacted by policies that prevent or control risks to maternal, child, and family health.
12.04.04	Activity	Inform and influence policies being considered by other governmental and non-governmental organizations within the jurisdiction that might impact maternal, child, and family health, but which are beyond the immediate scope or authority of the governmental public health department.
12.04.05	Activity	Develop, implement, and maintain written organizational policies on maternal, child, and family health prevention strategies.
12.04.06	Activity	Organize support for public health statutes, regulations, rules, ordinances, and other policies related to maternal and child health and place them before an entity with the legal authority to enact them.
12.04.07	Activity	Provide education and technical assistance to organizations involved in maternal and child health initiatives to support their compliance with statutes, regulations, rules, ordinances, and other policies.
12.04.08	Activity	Coordinate and integrate categorically funded maternal and child health programs and services.
12.05.00	Headline Responsibility	Assure provision of mandated newborn screenings and follow-ups according to state or federal mandates.
12.05.01	Activity	Inform and influence state policy related to newborn screenings according to evidence-based practices and standards.
12.05.02	Activity	Establish and maintain or participate in systems, infrastructure, and/or community partnerships related to newborn screenings, early intervention, and follow-up.
12.05.03	Activity	Assess the availability, capacity, and distribution of clinical care services for newborn screening, with a focus on identifying any barriers to access.
12.05.04	Activity	Assure that infants receive newborn screenings as soon as possible after birth to increase early identification of disorders that can be detected at or after birth.
12.05.05	Activity	Develop and maintain systems for identifying infants with abnormal screening results, referring them for diagnostic assessments, and connecting them with treatment and support services as needed.
12.05.06	Activity	Monitor the effectiveness of the newborn screening program.
12.99.00	CSS Responsibility	<b>Maternal, Child, &amp; Family Health - Community-Specific Activities</b>
12.99.01	CSS Activity	<b>Family Planning &amp; Reproductive Health:</b> services and activities related to provision and delivery of programs directed toward family planning, reproductive well-being, and perinatal care.
12.99.02	CSS Activity	<b>Social Services Entitlement Programs:</b> services and activities related to provision and delivery of maternal or child entitlement programs (excluding eligibility determination, supplemental nutrition, and Medicaid/public insurance programs).

12.99.03	CSS Activity	<b>Other Social Services for Individuals:</b> services and activities related to provision and delivery of other social services, including supplemental nutrition such as Women, Infants, and Children (WIC) to individuals (excluding eligibility determination, Medicaid/public insurance programs, and other entitlement programs).
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OD Tag	OD Level	Operational Definition Label
<b>13.00.00</b>	<b>Area</b>	<b>Access to &amp; Linkage with Clinical Care</b>
13.01.00	Headline Responsibility	Develop a plan to address gaps and barriers and assure access to clinical care services.
13.01.01	Activity	Assess the need for improved access to clinical care services in the jurisdiction.
13.01.02	Activity	Assess the factors and conditions that affect access to clinical care services in the jurisdiction.
13.01.03	Activity	Convene partners to identify strategies or initiatives to address barriers to accessing clinical care in the jurisdiction.
13.01.04	Activity	Develop and maintain collaborative plans for improving access to clinical care services.
13.02.00	Headline Responsibility	Provide timely, scientifically accurate, and locally relevant information on the importance, impact, and accessibility of the healthcare system, including barriers to care.
13.02.01	Activity	Participate in and access external information systems for monitoring access to clinical care services.
13.02.02	Activity	Collect or access data on the healthcare systems, including the accessibility of these systems, to guide public health planning and decision-making within the jurisdiction.
13.02.03	Activity	Analyze data related to the impact and accessibility of the healthcare system in collaboration with partners, communities, and individuals with lived experience.
13.02.04	Activity	Validate information, data, analysis, and findings related to barriers to accessing clinical care.
13.02.05	Activity	Conduct surveillance of the population with respect to barriers to accessing clinical care.
13.02.06	Activity	Use metrics to monitor the quality of access to clinical care services within the jurisdiction.
13.02.07	Activity	Collaborate with partners, communities, and individuals, including those disproportionately affected by barriers in accessing clinical care, to understand the best mechanisms to reduce barriers from the perspective of lived experience.
13.02.08	Activity	Educate community partners, leaders, and members on barriers to accessing clinical care.
13.03.00	Headline Responsibility	Implement population-based strategies to improve barriers to accessing clinical care.

13.03.01	Activity	Implement systems and structures to reduce barriers to accessing clinical care.
13.03.02	Activity	Develop and maintain written training materials on reducing barriers to accessing clinical care and provide training to relevant staff.
13.03.03	Activity	Implement prioritized strategies or initiatives identified to address barriers to care, as well as the social conditions that influence such barriers, with particular attention paid to socially and economically marginalized populations residing in the jurisdiction.
13.03.04	Activity	Track actions taken by governmental public health and partners and identify facilitating and impeding factors in implementing programs and strategies to reduce barriers to care.
13.04.00	Headline Responsibility	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes to facilitate access to health services.
13.04.01	Activity	Engage with the appropriate governing entity about the public health agency's role and legal authority around access to and linkage with clinical care policy.
13.04.02	Activity	Build and maintain relationships with appropriate audiences to establish trust with governmental public health in the performance of strategies to improve access to and linkage with clinical care.
13.04.03	Activity	Develop public health policy related to barriers to accessing clinical care that is evidence-based, mindful of equity, and conscious of populations that might be disproportionately impacted by policies that address barriers to accessing clinical care.
13.04.04	Activity	Inform and influence policies being considered by other governmental and non-governmental organizations within the jurisdiction that might impact the barriers to accessing clinical care but are beyond the immediate scope or authority of the governmental public health department.
13.04.05	Activity	Develop, implement, and maintain written organizational policies on addressing barriers to accessing clinical care.
13.04.06	Activity	Organize support for public health statutes, regulations, rules, ordinances, and other policies related to barriers to accessing clinical care and place them before an entity with the legal authority to enact them.
13.04.07	Activity	Partner with healthcare agencies and community partners to provide education and technical assistance related to understanding statutes, regulations, rules, ordinances, and other policies relating to accessing clinical care.
13.04.08	Activity	Coordinate and integrate categorically funded services that support access to and linkage with clinical care.
13.05.00	Headline Responsibility	Examine and monitor the quality, effectiveness, and cost-efficiency of clinical care.
13.05.01	Activity	Partner with healthcare and community partners to assess the availability, access, timeliness, quality, and cost of clinical care services among populations.

13.05.02	Activity	Partner with healthcare agencies to understand metrics related to the accessibility of clinical care and co-create plans to monitor these indicators locally.
13.05.03	Activity	Inform and influence policies, statutes, ordinances, rules, and regulations related to the quality, effectiveness, and cost-efficiency of clinical care services.
13.06.00	Headline Responsibility	Ensure licensed health care facilities and providers comply with laws and rules as appropriate
13.06.01	Activity	Monitor clinical care facilities and providers based on state statutes and federal laws.
13.06.02	Activity	Provide technical assistance to clinical care facilities and providers as needed.
13.06.03	Activity	Convene public health partners, communities, and individuals, to improve a clinical care facility or providers' quality of service and achieve compliance, especially before enforcement action is needed.
13.06.04	Activity	Review clinical care providers' qualifications and issue credentials, including licenses.
13.06.05	Activity	Conduct regulatory reviews of clinical care facilities to support compliance with municipal, state, and federal standards.
13.06.06	Activity	Investigate complaints against clinical care facilities and providers and take enforcement actions. (Enforcement actions include practice restrictions, etc.)
13.99.00	CSS Responsibility	Access to & Linkage with Clinical Care - Community-Specific Activities
13.99.01	CSS Activity	<u>Medicaid, Medicare, and Other Public Insurance Services</u> : services and activities related to provision and delivery of Medicaid or Medicare and other public insurance programs.
13.99.02	CSS Activity	<u>Oral Health Care Services</u> : services and activities related to provision and delivery of oral healthcare programs, including those related to the prevention of periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.
13.99.03	CSS Activity	<u>Emergency Medical or Trauma Services</u> : services and activities related to the provision and delivery of emergency medical care or trauma support
13.99.04	CSS Activity	<u>Other Clinical Care</u> : services and activities related to provision and delivery of other clinical services, including clinics such as free care, migrant health, jail health, and minority health; mental and behavioral health and substance abuse treatment; federally qualified health centers (FQHCs) or community health centers, medical transportation, and managed care.

OD Tag	OD Level	Operational Definition Label
<b>14.00.00</b>	<b>CSS Area</b>	<b>Other Community-Specific Services</b>
14.01.00	CSS Responsibility	Community-Specific Activities for Foundational Capabilities
14.01.01	CSS Activity	Additional or Enhanced Foundational Capabilities: services and activities that exceed a minimum foundational infrastructure or related ancillary programs.
14.02.00	CSS Responsibility	Other Community-Specific Activities
14.02.01	CSS Activity	Other Community-Specific Activities: other services and activities not previously described that either a) exceed a minimum package of foundational services or b) focus on delivery of services to individuals or with limited community impact.