Modernization Improvement Workgroup Meeting | Agenda

Date: Wednesday, 6/17

Time: 1:00 – 3:30 PM

Location: Portland State Office Building (PSOB), Room 1D

1:00 - 1:05 PM | Welcome and agenda review

1:05 - 1:10 PM | Transition to small group activity

- Small group workshop topics on page 2 of agenda
- We have 15-20 minutes per small group with 4-5 rotations
- We will reconvene as a larger group to report out key discussion points and provide opportunity for additional comments and questions

1:10 - 2:30 PM | Small group workshops

2:30 - 2:40 PM | Break and refreshments

2:40 - 3:20 PM | Large group shareout

3:20 - 3:30 PM | Wrap up and next steps

Small group workshop topics:

1. Separating “Prevention and Health Promotion” into “Chronic Disease and Injury Prevention” and “Maternal, Child, and Family Health”

2. Separating “Organizational and Leadership Competencies” into “Organizational Competencies” and “Accountability and Performance Management”

3. Considering a stand-alone foundational capability for “regulatory programs” similar to emergency preparedness and response (staff?)

4. Considering equity as cross-cutting principle and need for stand-alone capability

5. Foundational programs vs. community-specific services

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.		Can call out and define “surveillance” in the state and local roles when we work on updating the modernization manual. “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.

Keep “Foundational Programs” language versus			

“Foundational Areas” in FPHS framework			
What to Consider Changing			
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.	All programs serve the community, so this language could be confusing, especially in talking with elected officials.	Consider other possible terminologies from the landscape assessment in future meeting.
Separate “Prevention and Health Promotion” FP into separate “Chronic Disease and Injury Prevention” and “Maternal, Child, and Family Health” FPs (similar to FPHS)	“Material, 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. 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”.	Some staff may have difficulty with a new focus on chronic disease and injury prevention given work is around mental health promotion; i.e., health promotion is bigger than just chronic disease and injury prevention.	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? Acknowledge cross-cutting roles; for example, nurse home visiting could also be considered access to clinical preventive services. Revisit our terminology and determine whether we mean lifespan, life course, life stage (all different theories/ perspectives); review and decide what resonates most.
(Related to standalone “Maternal, Child, and Family Health” FP) explicitly reference lifespan in the	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),

framework as a lens/principle.			so we run into issue of what public health does for older adults; opportunity to discuss further and bring into update of modernization manual. Bring definitions for lifespan, lifecourse, life stage, etc. to in-person workshop, so we can agree on language and consider how to embed in framework. Look at Washington State's framework as example of how to reflect lifespan in framework and 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.	Remove from framework conversation since not recommending language change or removal of environmental foundational program; will explore further when we get to the update of the modernization manual. 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. We have historically undersold the value public health contributes to community health through regulatory roles.		Could include environmental health licensing, psylocibin program, EMS, and retailer licensing. The regulatory roles under each foundational program is a wide spectrum. How do we indicate a foundational capability related to regulation and reflect in roles of foundational programs, if relevant. Environmental Health team is hesitant to take it out of foundational program roles; can we add a capability AND reflect distinct roles across programs. Could be an opportunity for the modernization manual update.
Separate "Leadership and Organizational Competencies" FC into separate "Organizational Competencies" and "Accountability and Performance Management" FCs (similar to FPHS)	More explicitly references our organizational systems and quality improvement orientation, which feels more tangible than "leadership".		Question: Do we have a limit on number of new programs and/or capabilities? Should we consider developing criteria for proposed additions to the framework? For example, could one criterium be that the change supports making

			foundational work more visible (e.g., a stand-alone regulatory foundational capability)
Include "Equity" as a cross-cutting/wrap-around principle (similar to FPHS)			Consider removing "health equity and cultural responsiveness" as a stand-alone FC. 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. More clearly define health equity roles across each FP and FC when we update the modernization manual.

Modernization/FPHS Landscape Analysis Themes

Developed by Andrea Krause

Theme	Relevance	State	Notes
Framework Terminology	Framework Language	Minnesota	“Foundational Responsibilities” = name for the full model “Areas” = name for foundational programs “Community-specific priorities” = name for additional programs
		Washington	Access to Care foundational program is called “Access to Health Care Services” in framework visual and “Access/Linkage with Medical, Oral and Behavioral Health Care Services” in reports
		Washington	The following three foundational programs are (sometimes) collectively referred to as “Lifecourse” in materials: • Maternal/Child/Family Health • Access/Linkage with Medical, Oral and Behavioral Health Care Services • Chronic Disease, Injury and Violence Prevention
		Indiana	Uses term “Core Public Health Areas” instead of foundational areas
		California	Foundational Capabilities are called “Foundational Public Health Services”
		California	Framework is called the core foundational public health services
		Kentucky	Refer to additional programs as “Local Public Health Priorities” and the rest of the model as “Core Public Health”
		Colorado	Call the foundational programs “Foundational Public Health Services”
		Colorado	In statute, public health agencies are responsible for “core public health services” This terminology pre-dated move to FPHS. Materials note that they aligned these with the national Foundational Public Health Services framework, but it’s a little unclear how they refer to the framework as a

			whole… Webpage has a title of “Core Public Health Services and Capabilities”
Theme	**Relevance**	**State**	**Notes**
Key Framework Features	Framework	Washington	Adds Vital Records as a 6th Foundational Program
		Washington	Framework image includes the following statement “Provided by state and local public health agencies, Foundational Public Health Services are critical population-based prevention services foundational to public health”
		California	Adds Behavioral Health as a 6th Foundational Area
		California	Wrap around “foundational principle” in CA’s framework is “Performance Management: Equity, Efficiency and Effectiveness”
		Missouri	Doesn’t include Equity in the framework, but has “Social Drivers of Health” and “Removing barriers and promoting optimal health” as wraparound concepts
		Kentucky	Very different model, doesn’t really follow FPHS structure. Within “core public health” there are 5 focus areas: • Population health • Enforcement of Regulation • Emergency Preparedness & Response • Communicable disease control • Administrative and organizational infrastructure Then there are three additional programs: • WIC • HANDS (Health Access Nuturing Development Services) • Harm Reduction & SUD

Theme	Relevance	State	Notes
Foundational Definition	Framework Language Manual	Minnesota	Have a succinct definition of what "Foundational" means. Meet one or more of these criteria: 1. **Mandated by federal or state laws**. 2. **Governmental public health system is the only or primary provider statewide**. 3. **Population-based (versus individual services), focused on disease prevention, protection, and health promotion**. More detail here
		Colorado	Uses same/similar definition of foundational as Minnesota… "FPHS are a minimum package of foundational capabilities and services that represent a subset of all public health services and focus on activities that: (1) must be available to all people served by the governmental public health system; and, (2) meet one or more of the following criteria: • Services that are mandated by federal or state laws. • Services for which the governmental public health system is the only or primary provider of the service statewide. • Population-based services (versus individual services) that are focused on disease prevention and protection and promotion of health.
		Kansas	Defined "truly necessary" services (aka foundational) as: 1. Population-based preventive health services (e.g., water fluoridation, creation of walkable communities) that target specific areas defined by geography, race, ethnicity, gender, illness or other health conditions; 2. Governmental public health services (e.g., disease surveillance and epidemiology) in which the only or best

			potential provider of the service is a governmental entity; and 3. Mandated services (e.g., communicable disease reporting) provided by the public health authority.

Foundational Decision Matrix from Kansas Report (apparently adapted from Washington):

Figure A-1. Foundational Public Health Services Decision Matrix

FPHS Decision Matrix

Population-based To what extent is this a population-based service without individually identifiable beneficiaries?	Mainly provides individual benefits	Partially population based, such as an individual health care service the absence of which would pose a significant community health threat	A population-based preventive health service addressing an important health problem, using methods that are evidence-based or best-practices
Governmental public health To what extent is governmental public health the only or primary provider of this service?	*Never* – many other entities provide this service and they are the most appropriate provider	Sometimes	*Often* – it has to be addressed by governmental public health to be effectively addressed at all
Mandatory Is it mandated by law or contingent on legal powers granted only to the local health officer/ board of health?	Not mandated	Partially or sometimes	Definitely mandated

www.doh.wa.gov/fphs | 7

Source: Washington State Department of Health, 2015

State Foundational Public Health Services Model/Framework Elements: Foundational Areas/Programs

	Communicable Disease Control	Chronic Disease & Injury Prevention	Environmental Public Health	Maternal, Child, & Family Health	Access to & Linkage with Clinical Care	Additional Programs	Total #	Terminology
National FPHS	x	x	x	x	x		5	Areas
California	x	x	x	x	x	Behavioral Health	6	Areas
Colorado	x	x add “Behavioral Health Promotion”	x	x add “Adolescent”	x		5	Services
Indiana[Δ]	x	x separate “Chronic Disease Prevention and Reduction” from “Trauma and Injury Prevention and Education”		x	x	Immunizations; Childhood Lead; Emergency Preparedness; Fatality Review; Student Health; Tobacco; TB; (Trauma and Injury)	12	Areas
Kansas	x	x Add “Health Promotion”	x	x	x		5	Areas
Kentucky[Δ]	x					Population Health; Enforcement of Regulation; Emergency Preparedness; Administrative and organizational infrastructure	5	Focus Areas
Minnesota	x	x	x	x	x		5	Areas
Missouri	x	x split into two different areas	x	x	x “Linkages to Medical, Behavioral, and Community Resources”	(Injury Prevention as its own area)	6	Areas
Oregon	x	x “Prevention and health promotion”	x		x Use “clinical preventive services” instead of “Clinical Care”		4	Programs
Washington	x	x add “Violence Prevention”	x	x	x use “Health Care” instead of “Clinical Care”	Vital Records	6	Programs
Wisconsin	x	x	x	x	x		5	Areas

[Δ] Kentucky and Indiana models are not directly comparable to the FPHS model. Neither includes separate capabilities, only programs/areas

State Foundational Public Health Services Model/Framework Elements: Foundational Capabilities

	Assessment & Surveillance	Community Partnership Development	Organizational Competencies	Policy Development & Support	Emergency Preparedness & Response	Communications	Equity	Accountability & Performance Management	Other	Total #
National FPHS	x	x	x	x	x	x	x	x		8
California		x			x		* Included in the wrap-around foundational principle of Performance Management	* Performance management is a wrap-around foundational principle	Workforce Development, Recruitment and Training; Public Education, Engagement and Behavior Change; IT, Data Science and Informatics; Community Health Improvement	6
Colorado	x "Assessment & Planning"	x just "Partnerships"	x	x	x	x	x "Health Equity & the Social Determinants of Health"			7
Indiana[Δ]					*					0
Kansas	x just "Assessment"	x	x		x "All Hazards Preparedness/ Response"	x	x "Addressing Health Equity and the Social Determinants of Health"			7
Kentucky[Δ]			*		*					0
Minnesota	x	x	x	x	x	x	x	x		8
Missouri	x	x	x	x	x	x	* Have "Social Drivers of Health" and "Removing Barriers" as wrap-around concepts	x		7
Oregon	x "Assessment and epidemiology"	x	x "Leadership & organizational competencies"	x	x	x	x "Health equity and cultural responsiveness"			7
Washington	x "Assessment (Surveillance & Epidemiology)"	x	x "Business Competencies"	x	x	x				6
Wisconsin	x	x	x	x	x	x	x	x		8

* Not directly referenced as a capability but otherwise referenced or implied in the framework

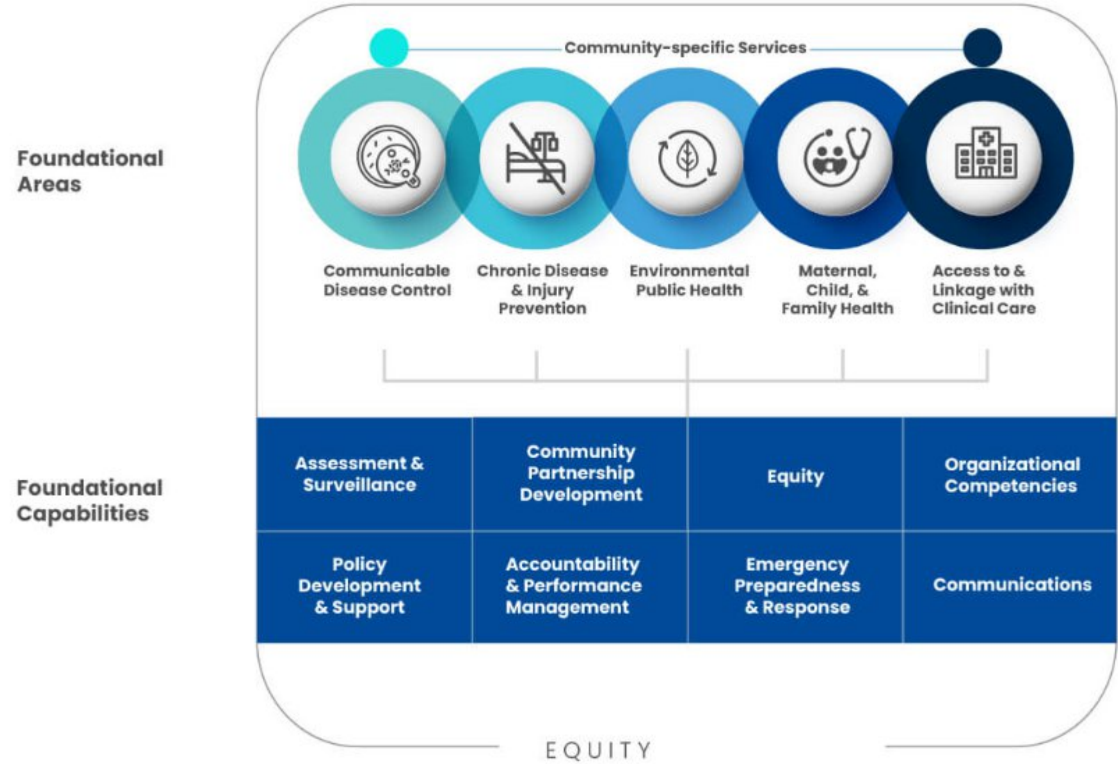
[Δ] Kentucky and Indiana models are not directly comparable to the FPHS model. Neither includes separate capabilities, only programs/areas

Foundational Public Health Services Framework Visuals

A Comparison of Different States

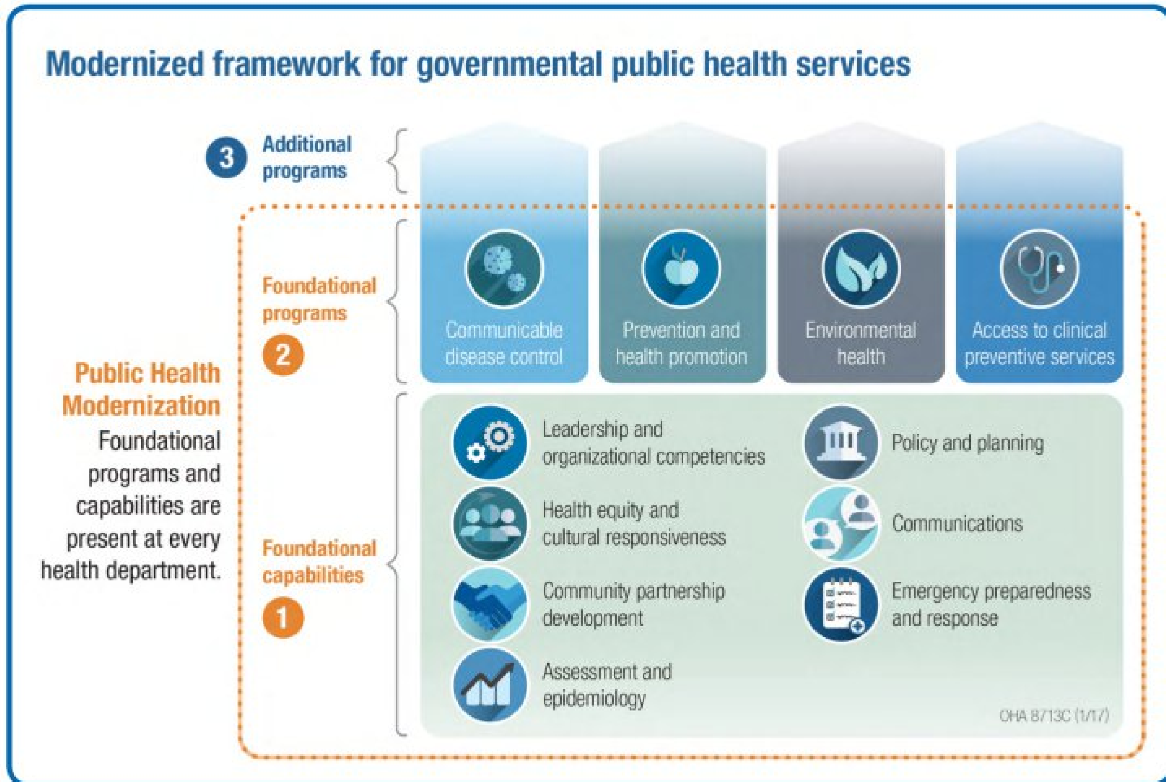
June 2026

National Foundational Public Health Services Framework

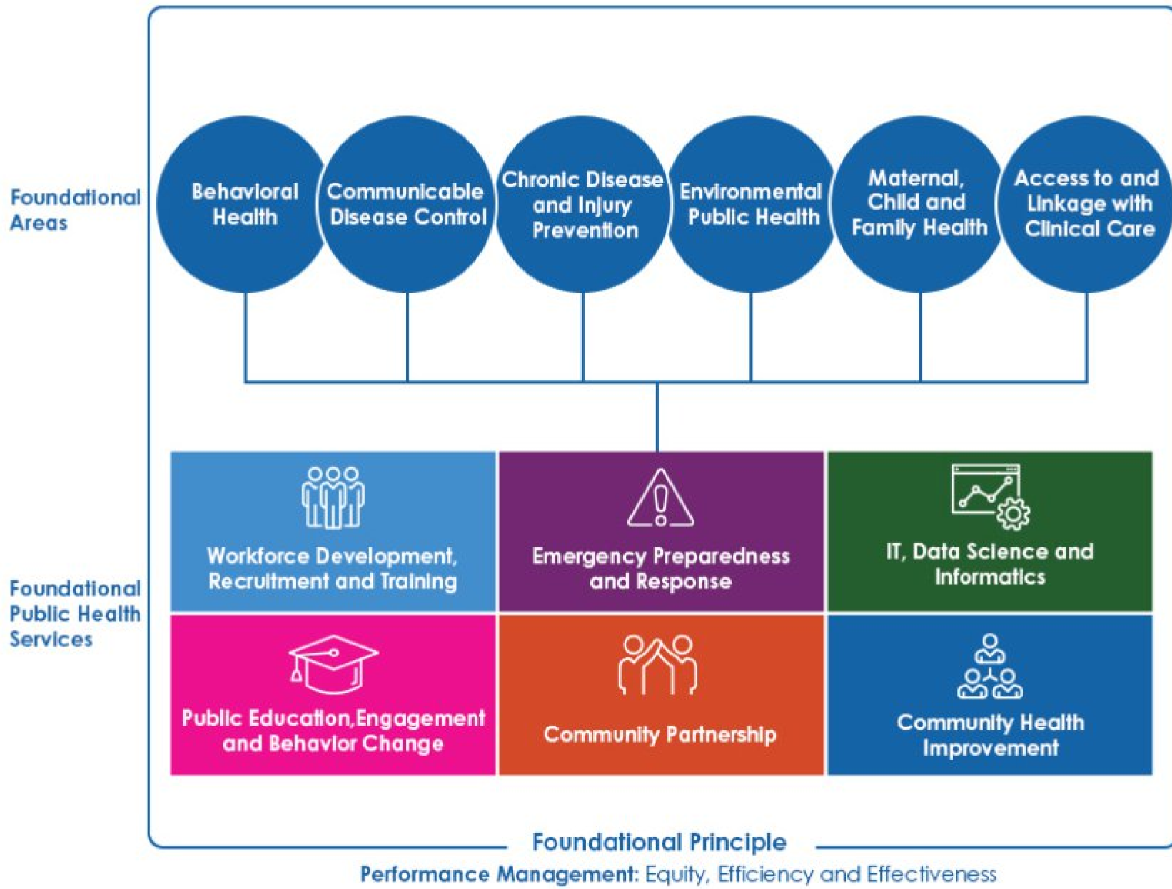


The following states appear to use the national framework without any customization: Maryland, Massachusetts, Nebraska, Nevada, Ohio.

Oregon

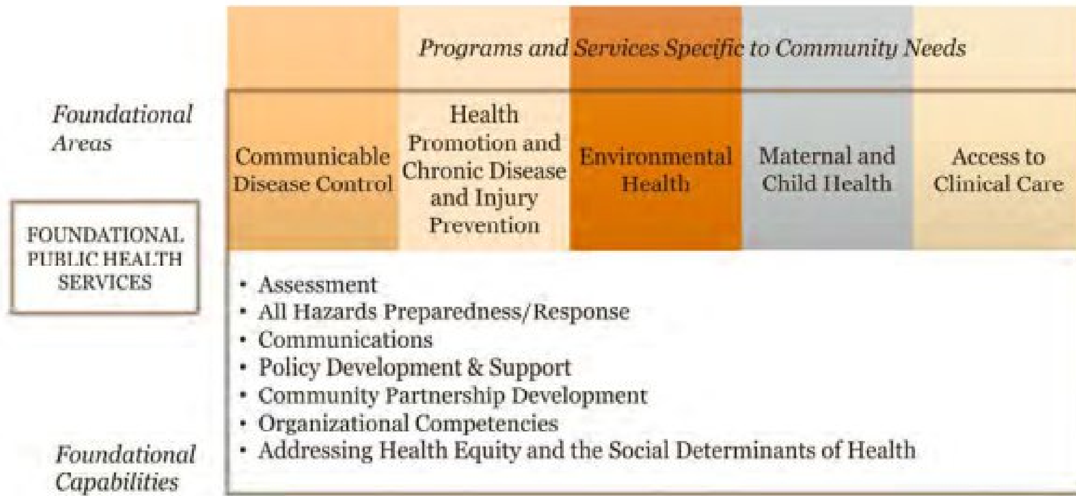


California

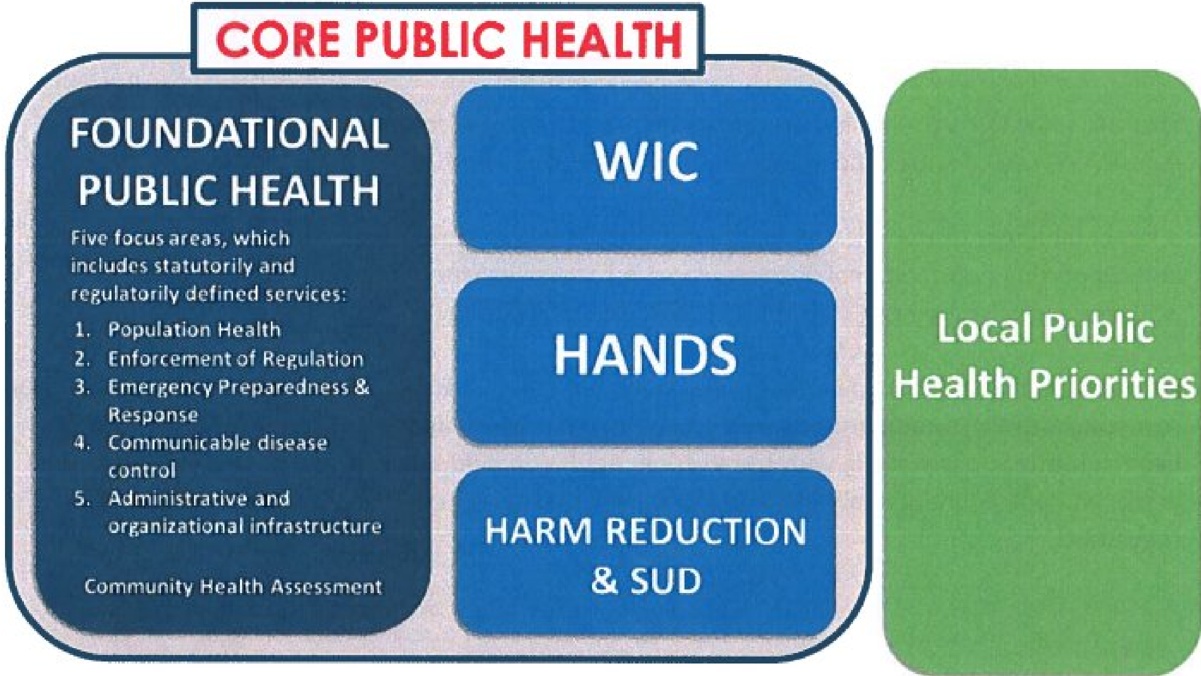


Colorado

Kansas

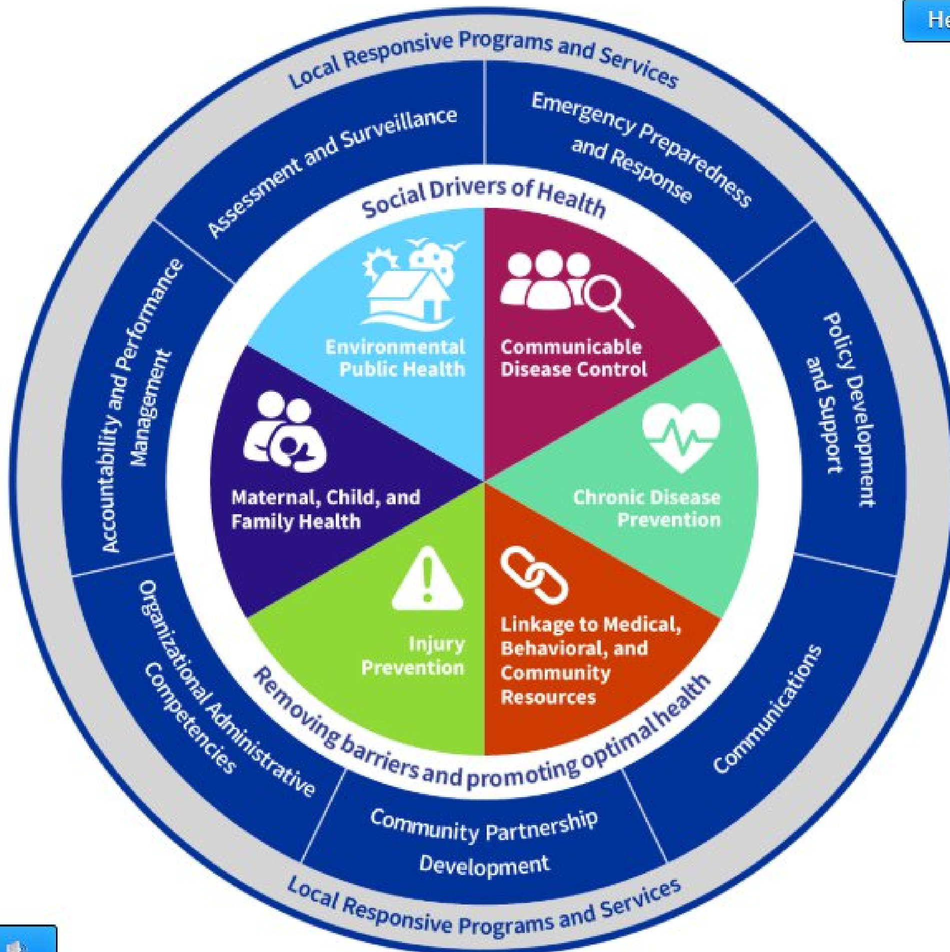


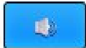
Kentucky



Minnesota

Missouri

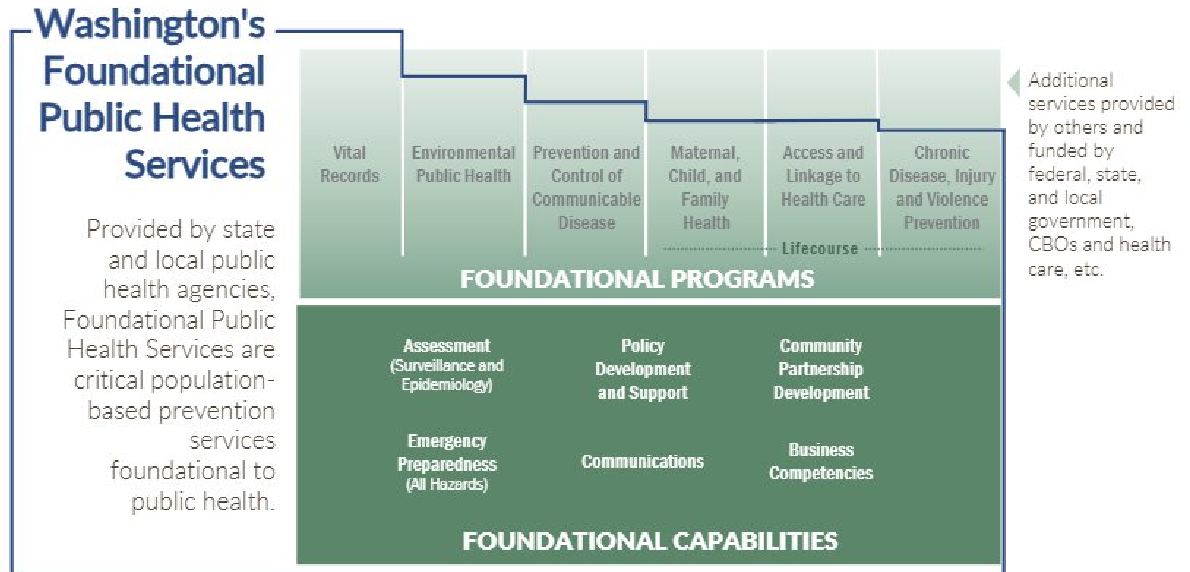




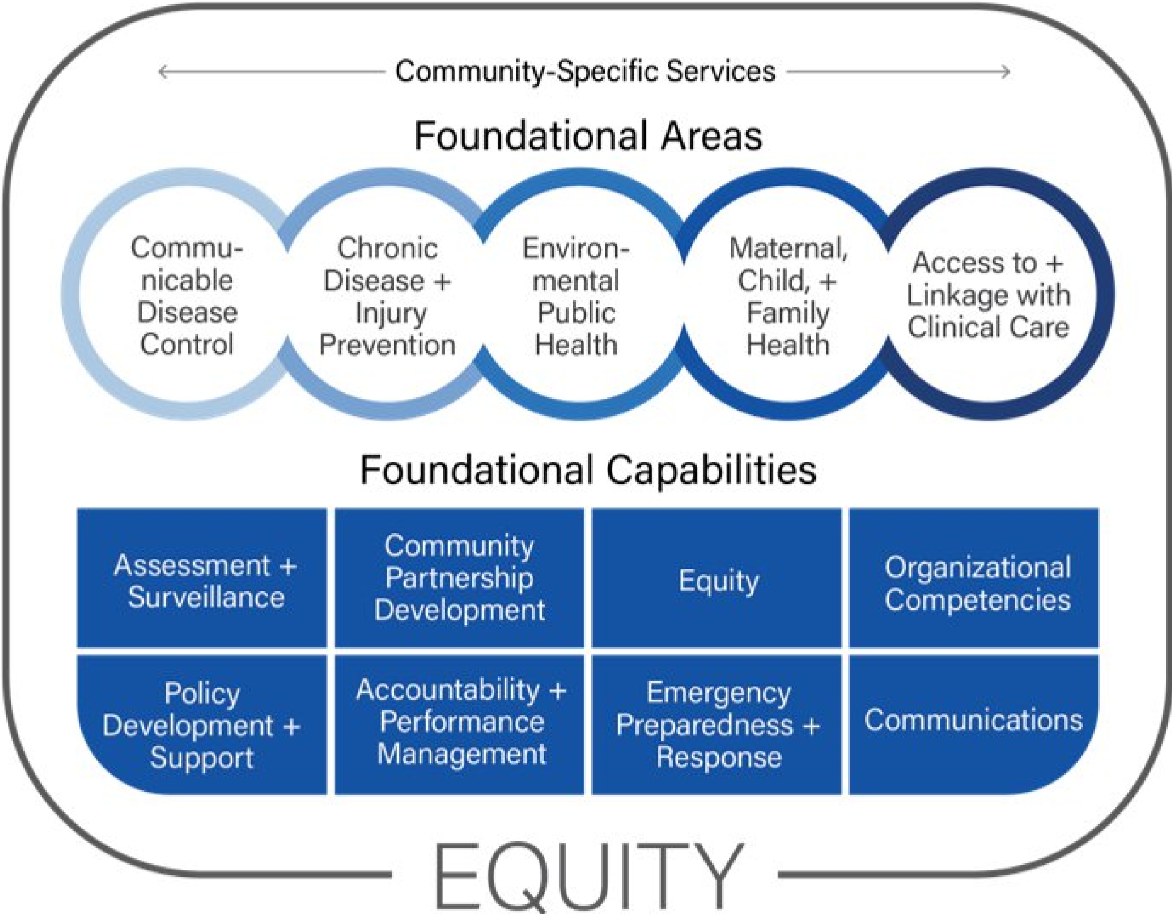
Foundational Capabilities Foundational Areas

Washington

Exhibit 1. Washington's Foundational Public Health Services



Wisconsin



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

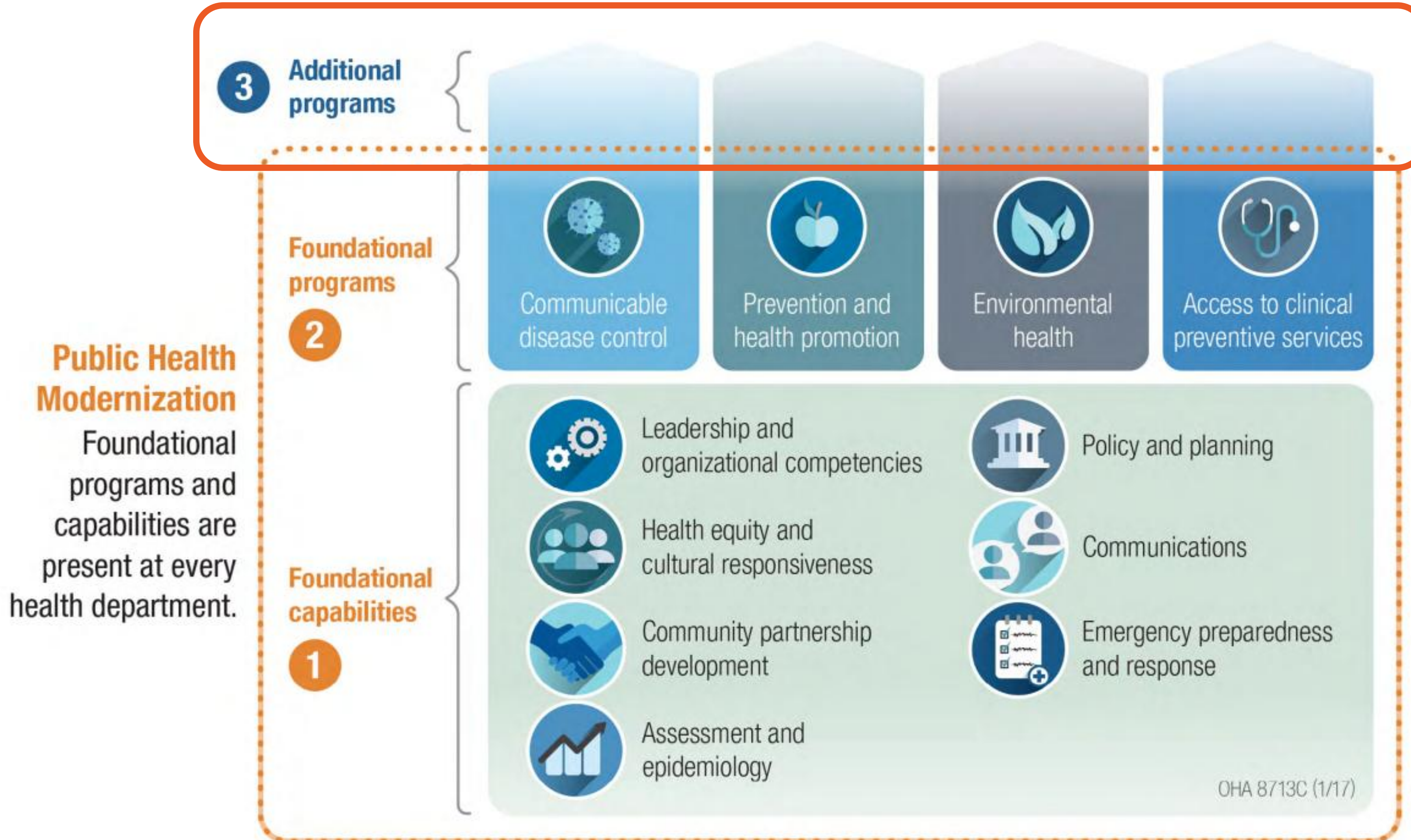
- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding 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 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.”

Oregon (Additional Programs)

- **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.

Washington State (Additional Important Services)

- FPHS provide a strong foundation from which the state and local communities can deliver Additional Important Services (AIS).
- These are services that are critical locally and do not necessarily need to be provided by the governmental public health system statewide because AIS are a shared responsibility of local, state and federal public health and other partners.
- AIS often respond to or are local community priorities. They can also be driven by state initiatives to address disparities across the state.
- The differentiation between FPHS and AIS is not a value judgement, nor is one set of services more important than the other. FPHS and AIS are both essential to support healthy and economically vital communities across Washington
- When additional important services are delivered regarding [foundational program area], ensure that they are well coordinated with foundational services.

Minnesota (Community-Specific Priorities)

- "Foundational" means meeting one or more of these criteria:
  - Mandated by federal or state laws.
  - Governmental public health system is the only or primary provider statewide.
  - Population-based (versus individual services), focused on disease prevention, protection, and health promotion.
- Community-specific priorities are the programs and services that governmental public health agencies provide beyond the foundational capabilities and areas noted above, according to local need, desire, and opportunity…health departments will provide additional services and may require more capacity in different areas to best serve their communities.

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”

- Are we talking about expanding the parameters for “foundational” or clarifying our language on the relative importance of foundational versus community-specific services? (or both?)
- 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?