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KANSAS FOUNDATIONAL PUBLIC HEALTH SERVICES MODEL DEVELOPMENT

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212 SW 8th Avenue | Suite 300
Topeka, Kansas | 66603-3936

785.233.5443

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Author

Sarah M. Hartsig, M.S.

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Executive Summary

Background

In September 2015, the Kansas Association of Local Health Departments (KALHD) adopted the following vision statement: "KALHD's vision is a system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services (FPHS)." Since then, the Kansas Public Health Systems Group (PHSG) has been working to support KALHD and its members in progress toward their vision to provide FPHS to all Kansans.

The FPHS are the skills, programs and activities that should be available in every community through state or local governmental public health agencies as basic components to keep the public safe and healthy. The model consists of *Foundational Capabilities* (FCs) and *Foundational Areas* (FAs). FCs are cross-cutting skills and abilities, and FAs are the substantive areas of expertise or program-specific activities. Within each FC and FA, there are components that further define the abilities or activities necessary to fully implement that capability or area.

Process

As part of the work toward KALHD's vision, the Assessment and Performance Management Subcommittee of the Kansas PHSG outlined this three-step process to develop a detailed definition of the FPHS model for Kansas and to assess the capacity of local health departments to implement it.

1. Conduct a literature review of similar models from other states.

2. Lead a stakeholder engagement process to determine which FCs, FAs and associated components would be defined as 'foundational' for Kansas.

3. Conduct a capacity assessment survey of all 100 health department administrators in the state to determine the system's capability to deliver the FPHS.

This report describes the second step in this process—development of the Kansas FPHS model by engaging stakeholders through a series of key-informant surveys, key-informant interviews and stakeholder vetting of the proposed FPHS list. The purpose of the stakeholder engagement was to determine which services key stakeholders felt were 'truly necessary' to be included in the FPHS model for Kansas.

Findings

Using the results of the key-informant surveys and interviews, a list of items to include in the Kansas FPHS model was compiled. This list was shared with KALHD board members, local health department (LHD) administrators and other Kansas PHSG partners for feedback. After all feedback was incorporated, the KALHD board voted on the proposed FPHS list for Kansas and approved the definitions within the FPHS model that includes seven FCs and five FAs, with a combined total of 109 components.

Next Steps

The adoption of a FPHS model for Kansas represents an important step in the overall process to implement the FPHS in Kansas. Now a capacity assessment will be conducted to determine the system's readiness to deliver the FPHS. The assessment also will identify where additional support and capacity-building are needed. A fiscal assessment also will be conducted to determine the level of resources necessary for full implementation of the FPHS in Kansas.

Introduction

About the Foundational Public Health Services

Over the past thirty years, there have been many significant efforts to define and revitalize the United States' public health system. This has been spurred on by both chronic underfunding and unstable budgeting for public health activities.[1] At the same time, the role of public health agencies continues to evolve, moving toward providing fewer clinical and individual client services and more health education and population health services. Many national efforts have worked toward developing standards that clearly articulate the public health services in which local, state and federal governments should invest. States across the nation are working to "modernize" their public health systems, leaning toward new models of service delivery.

In April 2012, the Institute of Medicine produced a report which outlined a concept for a new public health services framework.[2] The Public Health Leadership Forum obtained funding from the Robert Wood Johnson Foundation and contracted with RESOLVE, an independent, nonprofit organization, to explore recommendations from that report. By 2014, RESOLVE had drafted a national model, often called the Foundational Public Health Services (FPHS) model or the RESOLVE model.[3] The RESOLVE FPHS model includes cross-cutting skills and activities essential for all health departments to protect the health of their communities. Since then, several states have made efforts to adapt this model to fit local resources and needs.

The FPHS are the skills, programs and activities that should be available in every community through state or local governmental public health agencies as basic components to keep the public safe and healthy. FPHS are primarily population-based preventive health services that are best addressed by governmental public health. The model consists of *Foundational Capabilities* (FCs) and *Foundational Areas* (FAs). FCs are the cross-cutting skills that need to be present everywhere to ensure high-quality and equitable public health services. They are the essential skills and capacities needed to support the FAs. FAs are the substantive areas of expertise or program-specific activities. Within each FC and FA, there are components that further define the abilities or activities necessary to fully implement that capability or area.

There may be additional programs and activities that are critically significant to a specific health department or that are needed to meet a community's needs. These additional services are not "foundational" for all health departments and are not included in the FPHS model. However,

these additional services are still important and essential for local communities and may be delivered in addition to the FPHS.

Foundational Public Health Services in Kansas

In September 2015, the Kansas Association of Local Health Departments (KALHD) adopted the following vision statement: "KALHD's vision is a system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services." Following this, the Kansas Public Health Systems Group (PHSG) aligned its efforts to support the development and implementation of the FPHS in Kansas. KALHD, as chair of the Kansas PHSG, partnered with the Kansas Health Institute (KHI) to undertake a project to assess local capabilities and capacities to deliver the FPHS. There were two aims for this project:

1. Define the FPHS for Kansas; and
2. Assess the system's capacity for implementation of the FPHS.

The project consisted of three steps.

First, the project team completed a literature review of other states' FPHS models to identify the extent to which each state model differed from the RESOLVE model, and to compile a list of candidate components from which Kansas could build its own FPHS model.

Second, the team conducted a survey and a series of key-informant interviews with local and state health department personnel to determine which candidate components were truly "foundational" for all health departments to provide in Kansas. A proposed list of components—or the Kansas FPHS model—was compiled from the results. This list was shared with KALHD board members, local health department (LHD) administrators, and other PHSG partners for feedback. After feedback was incorporated, the KALHD board voted to approve the FPHS list for Kansas. The final FPHS list for Kansas included seven FCs and five FAs with a combined total of 109 components.

The third and final step in the process will be to develop and deploy a capacity assessment survey to examine the Kansas public health system's current capacity and capability to deliver the services that were identified in Kansas' FPHS model. This FPHS capacity assessment will be implemented alongside a separate assessment conducted by BERK Consulting, Inc., to estimate the costs of financing the full implementation of the Kansas FPHS model.

Kansas FPHS Model Definition Process

Survey and Key-Informant Interviews

A survey and a series of phone interviews were conducted with key informants in July and August 2016. The purpose of engaging these key informants was to determine which public health abilities and activities were considered truly necessary as foundational services for all public health departments in Kansas. Additional goals included:

- Identifying any suggested wording changes or confusion about FCs, FAs and components;
- Gathering suggestions about the organization of the FCs and FAs; and
- Collecting preliminary information on the current capacity to provide FPHS to their community, including perceived availability of staffing, expertise, funding and technical assistance needs.

Nineteen key informants were surveyed and interviewed—six from the Kansas Department of Health and Environment (KDHE) and 13 from LHDs. Participants from LHDs were selected based on geography and population density so that each region and density category was represented in the interview process. Fifteen counties were represented among the 13 LHD administrators interviewed. Based on population density, two counties were classified frontier, four were rural, three were densely settled rural, two were semi-urban and three were urban. Participants from KDHE were selected based on their bureau or program and their title. The selected key informants were then contacted and interviews were requested. The survey and interview responses were voluntary and confidential.

For this process, "truly necessary" services were defined as those that fit at least one of the following criteria:

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.

The survey and key-informant questionnaire were developed between April and July 2016 based on similar assessments conducted in other states with feedback from the PHSG and other partners.

The survey was organized into two main sections, one for FCs and one for FAs. Each section was then divided into subsections for the individual FCs and FAs. Survey respondents were asked to select all services that they felt were "truly necessary" from the list of 162 candidate components identified during the literature review. At the end of each FC and FA subsections, the participants were asked to include anything that they felt was left out of the list of components for that FC or FA. At the end of each section, participants were given a list of additional FCs or FAs (identified through the literature review) and asked whether they should also be included in the Kansas FPHS model, either as a distinct FC or FA or as a component within one of the existing FCs or FAs. The full survey instrument can be found in *Appendix A* (page A-1).

Following completion of the survey, key informants were invited to participate in interviews to expand upon their survey answers. Semi-structured key-informant interviews were conducted via phone between July 26 and August 8, 2016. Two team members attended each interview, one to read the interview questions and the other to take notes. Each semi-structured interview lasted approximately one hour, and participants were asked to elaborate on why they did or did not select certain components as foundational or truly necessary. A standard set of questions were asked of each participant, and questions were slightly modified as needed depending on applicability to the interviewee's role. The interviews were recorded and later transcribed. The full questionnaire can be found in *Appendix B* (page B-1).

The survey results and transcriptions were analyzed using quantitative and qualitative methods. Quantitative summary statistics (frequencies, percentages and averages) were used to summarize survey responses. Tables that display the percent of respondents that marked each component as foundational are included in *Appendix C* (page C-1). The respondents' interview transcripts were coded in NVivo to identify themes for each component. The responses were identified as either positive (in support of keeping the component) or negative (rationale for dropping the component), and the response themes were grouped to indicate commonalities between interviewees' responses.

In general, components that were marked as foundational by 80 percent or more of respondents were included in the proposed Kansas FPHS model, and components that received a rating of 40 percent or less were removed from the list (exceptions to these cutoffs are noted in the results). The components that received ratings between 40 and 80 percent were discussed among team members, who then reached consensus on whether to keep, revise or delete each component based on the information collected from the key-informant interviews. Notes on which components were kept, revised or deleted, along with any revisions made to the component are included in *Appendix C* (page C-1).

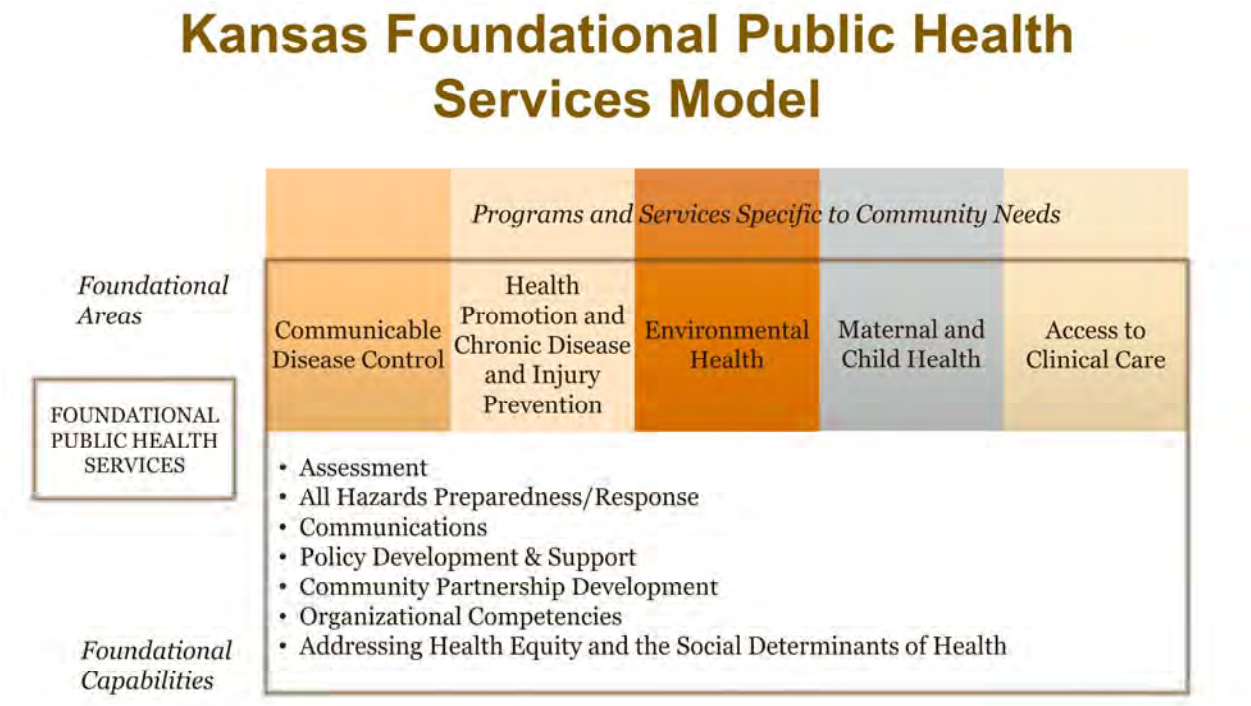
Vetting

Following the process of identifying the draft list of FPHS in Kansas based on survey and key-informant interview results, team members shared the proposed model with the KALHD board, the entire KALHD membership and other PHSG partners. These groups were given opportunities to provide feedback, suggest changes and ask questions about the components included in the draft list. Following feedback and additional changes, the final list was adopted by KALHD board members at their October 18, 2016, meeting and was voted on and approved by the entire KALHD membership at their annual meeting on November 17, 2016. This approved list, which can be found in *Appendix D* (page D-1), was used to develop the capacity assessment survey.

Results

The final FPHS list for Kansas included seven FCs and five FAs with a combined total of 109 components. See *Figure 1* (page 6) for a graphical depiction of the FCs and FAs of the Kansas FPHS model.

Figure 1. **Kansas Foundational Public Health Services Model**



Source: Kansas Public Health Systems Group, 2016.

Foundational Capabilities

The FCs are the cross-cutting skills and capacities needed to support the FAs and other programs and activities. Presence of these capabilities is key to protecting the community's health and achieving equitable health outcomes.

Assessment

The *Assessment* FC includes activities for the collection and analysis of public health data.

Of the 17 original components in the *Assessment* FC, five were deemed foundational with limited to no revisions needed. The percentage of respondents that marked these five components as foundational ranged from 67 percent to 94 percent. Six more components underwent major revisions or were combined with other components. The percentage of respondents that agreed these six components—as originally worded—were foundational ranged from 67 percent to 94 percent. Six other components were not deemed as foundational and were removed from the list. The percentage of respondents that marked these six other components as foundational ranged from 28 percent to 61 percent. This process resulted in a revised list of eight foundational components for the *Assessment* FC.

- Ability to participate in the collection of primary public health data.
- Ability to access and utilize secondary data from key sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.
- Ability to interpret, display, and communicate public health data and its analysis.
- Ability to identify patterns, causes, and effects of chronic and communicable diseases (epidemiology).
- Ability to lead or participate in a community health assessment, including health disparity analysis and identification of health priorities.
- Ability to respond to data requests with meaningful reports (valid, statistically accurate, and readable by intended audiences).
- Ability to evaluate efficiency and effectiveness of public health programs.
- Ability to access and utilize electronic health information systems.

All Hazards Preparedness and Response

The *All Hazards Preparedness and Response* FC includes activities critical to prepare for and respond to public health emergencies.

Of the 18 original components in the *All Hazards Preparedness/Response* FC, eight were deemed foundational with no revisions needed. The percentage of respondents that marked these eight components as foundational ranged from 72 percent to 100 percent. Seven more components underwent major revisions or were combined with other components. The percentage of respondents that agreed these seven components—as originally worded—were foundational ranged from 39 percent to 94 percent. Three other components were removed from the list. The percentage of respondents that agreed these three other components were foundational ranged from 39 percent to 67 percent. Based on key-informant feedback, one new component was added to the list, resulting in a revised total of 13 components for the *All Hazards Preparedness and Response* FC.

- Ability to develop and rehearse emergency response strategies and plans.

- Ability to coordinate with emergency response partners from both private and governmental sectors.
- Ability to serve as the local primary or coordinating agency for Emergency Support Function 8 – Public Health and Medical.
- Ability to operate within the National Incident Management System as well as within any local emergency response processes.
- Ability to promote community preparedness and resilience by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency.
- Ability to maintain a continuity of operations plan (COOP) that includes access to financial resources to execute emergency responses.
- Ability to conduct investigations of threats to public health.
- Ability to issue emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).
- Ability to identify, prioritize, and address the needs of vulnerable populations in advance of a public health emergency.
- Ability to be notified of public health emergencies on a 24/7 basis.
- Ability to respond to public health emergencies on a 24/7 basis.
- Ability to notify the public of a public health emergency on a 24/7 basis
- Ability to package and ship clinical specimens to the state reference laboratory (Kansas Health and Environmental Laboratory, or KHEL) for identification of threats.

Communications

The *Communications* FC includes activities that ensure a comprehensive communications strategy is developed and implemented. Of the 10 original components in the *Communications* FC, four were accepted as foundational with no revisions needed. The percentage of respondents that marked these four components as foundational ranged from 83 percent to 100 percent. Five components were revised or combined with other components. The percentage of

respondents that agreed these five components—as originally worded—were foundational ranged from with 72 percent to 89 percent. One component was removed due to only 39 percent of respondents indicating that it was foundational, resulting in a revised list of eight foundational components for the *Communications* FC.

- Ability to maintain ongoing relationships with local media outlets.
- Ability to develop and implement a strategic communications plan to articulate the agency's mission, vision, values, roles, and responsibilities to the community.
- Ability to communicate the role of public health to the public and to policymakers.
- Ability to communicate specific health or public health issues through written and verbal communication tools.
- Ability to develop a communication strategy to identify a specific public health issue and/or to communicate risk (e.g., providing information on health risks, healthy behaviors, and disease prevention).
- Ability to communicate in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with State and Federal guidelines, such as compliance with Section 508 of the Rehabilitation Act of 1973.
- Ability to facilitate two-way communications (transmit and receive) with the public via social media and other tools.
- Ability to develop and implement a proactive health education strategy to support good population health.

Policy Development and Support

The *Policy Development and Support* FC includes activities to inform, develop and implement public health policy.

Of the nine original components in the *Policy Development and Support* FC, two were accepted as foundational with no revisions needed. The percentage of respondents that marked these two components as foundational ranged from 67 percent to 89 percent. Three more components were revised. The percentage of respondents that agreed these three components—as originally worded—were foundational ranged from 67 percent to 94 percent. Four other components were

removed from the list. The percentage of respondents that agreed these four other components were foundational ranged from 22 percent to 67 percent. This process resulted in a revised list of five foundational components for the *Policy Development and Support* FC.

- Ability to identify evidence-based public health policy recommendations.
- Ability to work with partners and policymakers to develop and enact public health policies.
- Ability to work with partners and policymakers to support the development of public health administrative rules, regulations, and ordinances.
- Ability to utilize health in all policies (HiAP) approaches for all policy development.
- Ability to enforce public health mandates (e.g., policies, statutes, regulations, ordinances).

Community Partnership Development

The *Community Partnership Development* FC includes activities to improve collaboration and interdependence within the public health system.

Of the nine original components in the *Community Partnership Development* FC, four were accepted as foundational with no revisions needed. The percentage of respondents that marked these four components as foundational ranged from 83 percent to 100 percent. Three more components underwent major revisions or were combined with other components. The percentage of respondents that agreed these three components—as originally worded—were foundational ranged from 56 percent to 100 percent. Two other components were not deemed as foundational and were removed from the list. The percentage of respondents that marked these two other components as foundational ranged from 28 percent to 89 percent. The component that was selected by 89 percent of respondents was "Ability to mobilize community partners to support development of public health policies." Team members determined that this draft component was policy-focused and that there was already a similar component in the *Policy Development and Support* FC: "Ability to work with partners and policymakers to enact public health policies." That component was modified to include the word "develop" in order to preserve that element of the component. The process resulted in a list of six foundational components for the *Community Partnership Development* FC.

- Ability to create and maintain relationships with key partners, including health care and other health-related organizations, organizations representing populations experiencing health disparities, governmental agencies, and public health champions.
- Ability to strategically select and articulate governmental public health roles in programmatic and policy activities.
- Ability to coordinate with governmental public health partners to support programmatic and policy activities.
- Ability to work with community members and organizational partners to identify community assets and resources.
- Ability to engage community members (including those who experience health disparities) to develop and implement community health improvement plans to address priorities identified in health assessments.
- Ability to convene a broad, multi-sector assembly of public health and medical stakeholders to promote health, prevent disease, and protect residents within the community.

Organizational Competencies

The *Organizational Competencies* FC includes activities to support the business, management and leadership functions within the public health system.

Of the 16 original components in the *Organizational Competencies* FC, 10 were deemed foundational with no revisions needed. The percentage of respondents that marked these 10 components as foundational ranged from 72 percent to 100 percent. Five more components were revised. The percentage of respondents that agreed these five components—as originally worded—were foundational ranged from 44 percent to 72 percent. One other component was removed; 61 percent of respondents marked it as foundational. One component was added, to create an updated list of 16 components.

- Ability to serve as the public face of governmental public health in the community.
- Ability to define and communicate strategic direction for public health initiatives through agency strategic planning processes.

- Ability to uphold business practices in accordance with local, state, and federal laws, and professional standards.
- Ability to develop and maintain a performance management system to monitor achievement of organizational and programmatic objectives.
- Ability to continuously evaluate and improve organizational processes, including using planning tools such as Plan-Do-Study-Act (PDSA) cycles.
- Ability to systematically apply computer literacy skills and information technology to public health practice and learning.
- Ability to have proper systems in place to keep protected health information (PHI) and confidential organizational data restricted.
- Ability to recruit and retain a competent public health workforce with considerations for succession planning.
- Ability to develop and maintain a competent public health workforce through workforce development and training, performance review, and staff accountability.
- Ability to comply with federal, state, and local standards and policies for fiscal management, including within budgeting, auditing, billing, and charts of accounts (revenue and expense) processes.
- Ability to comply with federal, state, and local standards and policies for contracting.
- Ability to procure, maintain, and manage resources to support agency operations (e.g. funding, assets, supplies, and hardware/software).
- Ability to procure, maintain, and manage safe facilities to support agency operations.
- Ability to access appropriate governmental legal services to support agency operations.
- Ability to engage with the public health governing entity to advocate for public health funding & initiatives.
- Ability to coordinate and integrate categorically funded programs and services.

Addressing Health Equity and the Social Determinants of Health

The *Addressing Health Equity and the Social Determinants of Health* FC includes activities to identify and respond to health disparities and the needs of vulnerable populations.

Of the five original components in the FC, two components were deemed foundational with limited to no revisions needed. The percentage of respondents that marked these two components as foundational ranged from 83 percent to 100 percent. Three more components underwent revisions. The percentage of respondents that agreed these three components—as originally worded—were foundational ranged from 44 percent to 94 percent. This process resulted in a list of five components for the *Addressing Health Equity and the Social Determinants of Health* FC.

- Ability to recognize and understand the determinants of health disparities within the community.
- Ability to coordinate programming to improve health disparities within the community.
- Ability to develop and advocate for policies that will promote health for all, particularly the most vulnerable.
- Ability to provide services in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with State and Federal guidelines, such as compliance with Section 508 of the Rehabilitation Act of 1973.
- Ability to provide public health information for the community that is stratified by demographic characteristics.

Foundational Areas

The FAs are the substantive areas of expertise and program-specific activities that are provided by state or local public health agencies. Each FA has components that further define the activities within that area. The following components should be available in every community in Kansas. In some cases, the role of public health agencies is to assure that people have reasonable access to certain services.

Communicable Disease Control

The *Communicable Disease Control* FA includes programs and activities to prevent and control the spread of communicable disease.

Of the 16 original components, eight were deemed foundational with limited to no revisions needed. The percentage of respondents that marked these eight components as foundational ranged from 67 percent to 100 percent. Six more components underwent major revisions or were combined with other components. The percentage of respondents that agreed these six components—as originally worded—were foundational ranged from 78 percent to 100 percent. Two other components were not deemed as foundational and were removed from the list. The percentage of respondents that marked these two other components as foundational ranged from 44 percent to 61 percent. One component was added to address immunizations. This process resulted in a revised list of 13 foundational components for the *Communicable Disease Control* FA.

- Provide timely, accurate, and locally relevant information on communicable diseases and their control, including strategies to increase local immunization rates.
- Identify assets for communicable disease control.
- Develop and implement a communicable disease control plan prioritizing important communicable diseases.
- Advocate and seek funding for communicable disease control policies and initiatives.
- Assure availability of public health laboratory services for reference and confirmatory testing related to communicable diseases.
- Receive and promptly process laboratory and clinical reports of communicable diseases.
- Conduct disease investigations, including contact tracing and notification, in accordance with national, state, and local mandates and guidelines.
- Identify and respond to communicable disease outbreaks in accordance with national, state, and local mandates and guidelines.
- Support local screening/testing of reportable diseases, based on national and state recommendations and guidelines.

- In conjunction with appropriate partners, enforce emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).

- Assure availability of childhood, adolescent and adult immunization services, including the Vaccines for Children (VFC) program, for all vaccines recommended by the Advisory Council on Immunization Practices (ACIP).

- Assure proper diagnosis and treatment for individuals with latent or active tuberculosis in accordance with national, state, and local mandates and guidelines.

- Educate providers in national, state, and local communicable disease control mandates and guidelines.

Health Promotion and Chronic Disease and Injury Prevention

The *Health Promotion and Disease Prevention* FA includes programs and activities for health promotion and chronic disease and injury prevention.

Of the 15 original components, four were accepted as foundational with limited to no revisions needed. The percentage of respondents that marked these four components as foundational ranged from 56 percent to 89 percent. "Advocate and seek funding for chronic disease and injury prevention policies and initiatives" was the component with 56 percent agreement, and this component was not removed or revised because advocating and seeking funding is a recurring component that is used in four of the five FAs. Four more components underwent revisions. The percentage of respondents that agreed these four components—as originally worded—were foundational ranged from 61 percent to 78 percent. Seven other components were removed or covered in another component. The percentage of respondents that marked these seven other components as foundational ranged from 61 percent to 83 percent. The reason they were removed is that a new component was added to encompass all the specific diseases and conditions that were previously listed as individual components. Two additional components were added to address substance abuse and health promotion, resulting in a revised list of 10 foundational components for the *Health Promotion and Chronic Disease and Injury Prevention* FA.

- Provide timely, accurate, and locally relevant information on health promotion and chronic disease and injury prevention.

- Identify assets for health promotion and chronic disease and injury prevention.

- Develop and implement a health promotion and chronic disease and injury prevention plan.
- Advocate and seek funding for health promotion and chronic disease and injury prevention policies and initiatives.
- Work with partners to identify evidence-based, population-based interventions that utilize valid evaluation studies.
- Work to reduce rates of tobacco use through policies and programs that conform with local, state, and Federal laws and recommendations.
- Work to increase statewide and community rates of healthy eating and active living that utilize evidence-based practices that are aligned with local, state and national guidelines.
- Develop and implement comprehensive community-based health promotion strategies to address common risk factors and chronic diseases.
- Promote community mental health and well-being.
- Work to reduce rates of substance abuse in the community.

Environmental Health

The *Environmental Health* FA includes programs and activities to prevent and reduce exposure to environmental hazards.

Of the 15 original components, six were accepted as foundational with no revisions needed. The percentage of respondents that marked these six components as foundational ranged from 33 percent to 89 percent. The component with 33 percent agreement was "Advocate and seek funding for environmental public health policies and initiatives." This component was not removed or revised because advocating and seeking funding is a recurring component that is used in four of the five FAs. Seven more components underwent revisions. The percentage of respondents that agreed these seven components—as originally worded—were foundational ranged from 28 percent to 72 percent. The component with 28 percent agreement was regarding participating in broad land use planning and sustainable development. Based on the interviews, it was determined that the word "broad" should be removed and the component would be foundational. Two other components were not deemed as foundational and were

removed from the list. The percentage of respondents that marked these two other components as foundational ranged from 50 percent to 56 percent. One component was added to address assurance of laboratory services for environmental public health threats. This process resulted in a revised list of 13 components for the *Environmental Health* FA:

- Provide timely, accurate, and locally relevant information on environmental public health issues and health impacts from both common and toxic exposure sources.
- Identify assets for environmental public health.
- Advocate and seek funding for environmental public health policies and initiatives.
- Develop and implement an environmental public health plan to prevent and reduce exposures to health hazards in the environment.
- Assure availability of public health laboratory services for reference and confirmatory testing related to environmental public health threats.
- Assure implementation of environmental public health inspections (e.g., inspection of child care facilities) in accordance with federal, state, and local laws and regulations.
- Coordinate and communicate with agencies that carry out environmental public health functions at the local level (e.g., inspections of food service facilities, drinking water, and liquid and solid waste streams).
- Identify and address notifiable conditions and environmental hazards.
- Assure access to elevated blood lead screenings.
- Support adult and child blood lead case management.
- Prevent or reduce environmental public health hazards and assure abatement of nuisances.
- Participate in land use planning and sustainable development (e.g., consideration of housing, urban development, recreational facilities, and transportation).
- Provide the community with information on reducing unnecessary radiation exposure (e.g. radon in the home).

Maternal and Child Health

The *Maternal and Child Health* FA includes programs and activities for the prevention of developmental impairments and life-threatening illnesses in mothers and children.

Of the ten original components, six were deemed foundational with no revisions. The percentage of respondents that marked these six components as foundational ranged from 67 percent to 94 percent. Four other components were not deemed as foundational and were removed from the list. The percentage of respondents that marked these four other components as foundational ranged from 39 percent to 61 percent. This process resulted in a revised list of six foundational components for the *Maternal and Child Health* FA.

- Provide timely, accurate, and locally relevant information on emerging and ongoing maternal and child health trends, including the importance of Adverse Childhood Experiences (ACEs) and health disparities.
- Identify assets for maternal and child health.
- Develop and implement a prioritized maternal and child health prevention plan using life course approaches and an understanding of health priorities.
- Advocate and seek funding for maternal and child health policies and initiatives.
- Identify, disseminate, and promote evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development.
- Identify, disseminate, and promote evidence-based information about early interventions in the prenatal period to lower infant mortality and pre-term birth outcomes.

Access to Clinical Care

The *Access to Clinical Care* FA includes programs and activities for assuring access to specific preventive and primary care clinical services.

Of the 22 original components, two were deemed foundational with no revisions. The percentage of respondents that marked these two components as foundational ranged from 72 percent to 83 percent. Six components were revised or combined with other components. The percentage of respondents that agreed these six components—as originally worded—were

foundational ranged from 50 percent to 83 percent. The remaining 14 components were not deemed as foundational and were removed from the list, often because they were too specific and had been covered by a new, more general component. Components that explicitly stated that a service would be provided were often removed, due to higher agreement on components that said to "assure access to" that service. Of the 14 components that were removed, the percentage of respondents that marked them as foundational ranged from 11 percent to 72 percent. The component that 72 percent of respondents felt was foundational was adequately covered in a new component. This process resulted in a revised list of six foundational components for the *Access to Clinical Care* FA.

- Provide timely, accurate, and locally relevant information on how to access and navigate the health care system.
- Assure access to family planning services.
- Assure access to maternal and infant services (e.g., maternity support, WIC).
- Assure access to STD and HIV testing and treatment.
- Link community members to existing clinical services (including oral health services) and health insurance resources in the community.
- Link community members to existing behavioral health services in the community.

Qualitative Interview Findings

Key informants also were asked a series of questions about how their current activities and capacity aligned with the FPHS, and what their perceptions were about the strengths and limitations of the Kansas FPHS model overall.

The first question for LHD directors concerned how the FPHS aligned with the programs and activities of their health departments. The first question for KDHE employees concerned how the FPHS aligned with the activities of health departments in the state. In general, respondents saw prevention activities as not being aligned with their current activities. Other elements that might be new to many health departments included communications, data management, environmental health, evaluation, policy development, communicable disease control and population-based services. Most respondents felt that they should provide more population-based services, and expected that they would do so in the future. Respondents indicated that

individual and clinical care currently dominate the activities of some LHDs. Respondents noted that this is because these services are needed in the community, and the health departments lack the resources to do more population-based activities. Also, individual and clinical care services tend to provide a needed funding source. Other services that are currently being delivered by LHDs, but that were not included in the FPHS list, include breastfeeding programs, elder care services and coordination, immunizations and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services. Most respondents say they will continue to provide these services, even after the FPHS are implemented.

The next question for LHD directors asked about the current capacity to implement the FPHS at their health departments. For KDHE employees, the next question was about the current capacity to implement the FPHS among health departments in the state. Over half (56 percent) of respondents felt their health departments did not have the current capacity to implement the FPHS. Opinions regarding the capacity of other LHDs to implement the FPHS were similarly pessimistic, with many recognizing that small LHDs would struggle the most. Nearly 85 percent doubted financial capacity, 91 percent doubted workforce capacity, and 75 percent doubted workforce competency. Limited staff size was most often cited as the problem with workforce capacity. Staff turnover, a shortage of available professionals, and the need for training were cited as impacting workforce competency.

Almost 95 percent of respondents felt that current public health funding structures inhibited effective and efficient delivery of public health activities or services to the public.

Most (82 percent) described their funding as categorical and coming from federal sources and grants. Flexible funds were more likely to come from state or local sources, or via revenue from services. More than half (56 percent) said they would be unable to use their current funding streams to provide the FPHS programs and activities.

Finally, key informants were asked to provide their thoughts about the strengths and limitations of the FPHS model. Some of the perceived strengths were:

- The model defines health department responsibilities and expectations;
- The model provides clarity and standardization; and
- The model may facilitate communication of public health activities.

The primary limitations that were mentioned included the specific wording used in the FPHS model components. Some respondents noted differences in interpretations of "assure" vs. "provide" and "develop" vs. "implement." Respondents also expressed concern with how the FPHS could be enforced.

Respondents also noted several barriers to the implementation of the FPHS model, including:

- Capacity variations between LHDs (i.e., small vs. large LHDs, expertise availability, data/technological capabilities);
- Resource, funding and staffing needs for implementation;
- Buy-in for regionalization/cross-jurisdictional sharing as a means to implementation;
- Local health care needs and expectations of individual services; and
- Culture change needs among staff and leadership.

Suggested strategies for FPHS implementation included providing training and education to LHDs, implementing cross-jurisdictional sharing arrangements and providing a detailed plan for implementation.

Technical assistance needs were suggested, including regular training webinars and meetings, access to consultants and expertise for assistance with implementation and daily operations, and training specific to data management issues.

Vetting Process

After the survey and key-informant interview process, team members shared the draft list of FCs, FAs and components with the KALHD board, the entire KALHD membership and other PHSG partners. These groups were given the opportunity to provide feedback, suggest changes or ask questions about the components included in the draft list. During this process, several changes were made.

The definition of "assure" underwent some revision due to questions about public health's role in assuring available funding for services. The original definition was written as follows: "*To 'assure' means that state or local public health agencies have the primary responsibility to strategically work with community partners to ensure that there is funding for the service, that those who need the*

service have access to it and that there is a plan in place to provide the service." As a result of feedback, the phrase *"to ensure that there is funding for the service,"* was removed, so that the final definition is: "*To 'assure' means that state or local public health agencies have the primary responsibility to strategically work with community partners to ensure that those who need the service have access to it and that there is a plan in place to provide the service."*

There were some questions from LHDs and PHSG partners regarding the FCs and FAs. One stakeholder suggested splitting the components of *Addressing Health Equity and the Social Determinants of Health* among the other FCs. Based on feedback during webinars, it was decided to keep this FC separate from the others. Another suggestion was to rephrase the FA *Chronic Disease and Injury Prevention* to include health promotion. The final title of this FA is *Health Promotion and Chronic Disease and Injury Prevention.*

There also were several suggestions regarding individual components. Three components within *Environmental Health* underwent changes. The first was, *"Assure mandated environmental public health laboratory testing to protect food, drinking water, recreational water use, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations."* This component was re-worded to parallel the laboratory component within *Communicable Disease Control*. The final wording of this component was *"Assure availability of public health laboratory services for reference and confirmatory testing related to environmental public health threats."* A second *Environmental Health* component was edited to clarify public health's role in activities that are carried out by entities other than local or state public health. The original component was worded as, *"Assure mandated environmental public health inspections (including within school, child care, and correctional facilities) to protect food, drinking water, recreational water use, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations."* Based on the status of inspections of food, drinking water and waste streams, which are carried out by other entities, the component was split into two components, one of which remained an "assure" functions for the inspections for which public health does have responsibility, and the second which emphasized communication between public health and the entities that have responsibility for environmental public health inspections. They are: *"Assure implementation of environmental public health inspections (e.g., inspection of child care facilities) in accordance with federal, state, and local laws and regulations,"* and, "*Coordinate and communicate with agencies that carry out environmental public health functions at the local level (e.g., inspections of food service facilities, drinking water, and liquid and solid waste streams)."*

Three components from *Communicable Disease Control* related to immunizations were combined into one component: "Assure availability of childhood immunization services, including the Vaccines for Children (VFC) program," "Assure availability of adolescent and adult immunization services, including travel vaccinations, HPV, meningitis, and Tdap," and "Assure availability of flu vaccinations," were viewed as similar enough to be incorporated into one component. The final component was stated as: "Assure availability of childhood, adolescent, and adult immunization services, including the Vaccines for Children (VFC) program, for all vaccines recommended by the Advisory Council on Immunization Practices (ACIP)." Also within *Communicable Disease Control*, one component underwent slight wording edits to include treatment for both latent and active TB. The final component's wording was (added wording is bold): "Assure proper diagnosis and treatment for individuals with latent or active tuberculosis in accordance with national, state, and local mandates and guidelines."

Following feedback and additional changes, the final list was adopted by the KALHD board members at their board meeting on October 18, 2016, and was voted on and approved by the entire KALHD membership at their annual meeting on November 17, 2016. This approved list was used to develop the capacity assessment survey. This final list can be found in *Appendix D*, page D-1.

Model Assumptions

Based on the notes that were provided on the key-informant surveys and further refinement during the vetting process, the following model assumptions and notes are included.

- The components in this model constitute what SHOULD be provided by state or local public health agencies when KALHD's vision is achieved, not what currently IS provided.
- Only services and capabilities that should be available in EVERY community in Kansas are included in this list.
- To "assure" means that state or local public health agencies have the primary responsibility to strategically work with community partners to ensure that those who need a service have access to it and that there is a plan in place to provide the service. Components that begin with "assure" should be provided by the state or local public health agency if no other organizations are willing or able to provide the service in the community. In all other cases (when the term "assure" is not present) the state or local

public health agencies should be directly responsible for providing the service listed. **This may be achieved through a contract for services, as long as the contract doesn't remove responsibility from the health department.**

- Functions are not always exclusive to an individual health department (i.e., some services may be shared between the state and local public health agency or between local agencies in multiple jurisdictions).

- Services and capabilities that are not found on this list may still be important to individual communities (and, therefore, may be provided by some public health departments) based on identified needs in those communities, but may not be available statewide.

Next Steps

Now that the Kansas FPHS model has been defined, the Public Health Systems Group partners plan to conduct an assessment of the capacity and capability of LHDs to implement it. A fiscal assessment of the costs to fully implement the Kansas FPHS model is also planned.

Appendix A: Key-Informant Input Survey

FPHS System Assessment Key-Informant Input Survey

Background

The Kansas Health Institute (KHI), in partnership with the Kansas Public Health Systems Group (PHSG) is conducting an assessment of the Foundational Public Health Services (FPHS) in Kansas. The FPHS are those that should be offered by each public health department in Kansas as basic components to keep the public safe and healthy. The aim of this assessment is to gather input on the perceptions of FPHS and how they can be defined for Kansas. *(please see the **One Page FPHS** included within your invitation e-mail for additional information about the FPHS)*

The survey should take no more than 30 minutes of your time. Please note that all responses will be summarized and reported in aggregate. We ask that you **complete the survey at least 24hrs prior to your scheduled interview** so that we may have your responses during the interview**.**

Criteria

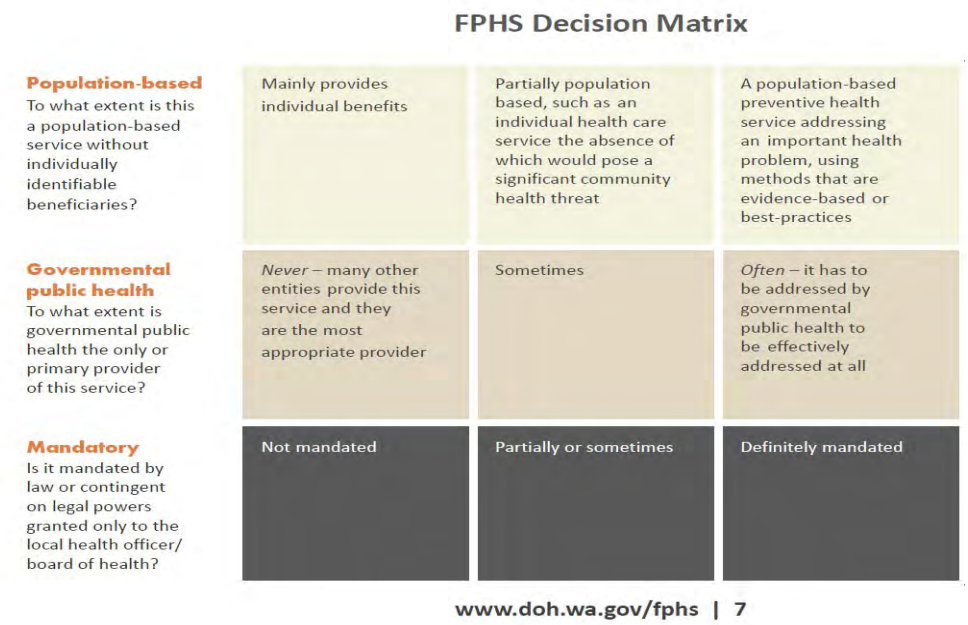
The questions in this survey are designed to determine what Kansas stakeholders view as services that are "truly necessary" to be provided by every health department in Kansas. For this purpose, we are considering "truly necessary" services to be those that fit at least one of the following criteria:

1. *Population-based* preventive health services that target specific communities defined by geography, race, ethnicity, gender, illness, or other health conditions (e.g., water fluoridation, creation of walkable communities)
2. *Governmental public health* is the only or best potential provider of service (e.g., disease surveillance and epidemiology)
3. *Mandated service* provided by the public health authority (e.g., communicating reportable disease cases to the state health department)

The criteria are adapted from a similar process conducted in Washington State (see *Figure A-1*, below). You can use this as a guide as you evaluate the services, giving priority to the services that fall in the far right column.

The services selected as "truly necessary" are those that should be provided by every health department (directly or through contractual or sharing agreements), unless the health department's stated role is to 'assure' that service. Assurance of a service within the community means strategically working with community partners to ensure that there is funding for the service, that those who need the service have access to it, and that there is a plan in place to provide the service.

Figure A-1. Foundational Public Health Services Decision Matrix



Source: Washington State Department of Health, 2015

Other Considerations

As you complete this survey, please keep in mind the following:

- This process is about what SHOULD be provided by health departments across the state, not what currently IS provided.
- Only services and capabilities that you think should be available in EVERY Kansas public health department should be marked as "truly necessary".
- Please use the criteria above in evaluating each component, individually. Please refrain from comparing components and you are not restricted in the number of components you select as "truly necessary".
- Do not screen out capabilities and services simply because health departments do not currently have the capacity or proper funding streams to provide them.
- Consider that functions are not always exclusive to an individual health department (i.e., some services may be shared between jurisdictions).
- The services and capabilities that are not selected as "truly necessary" may still be important to individual local health departments based on identified needs for their communities, but may not be available statewide.

Thank you for your participation! Please contact Jason Orr at 785-233-5443 or jorr@khi.org with any questions you may have.

Foundational Capabilities

The Foundational Capabilities are the cross-cutting skills and capacities needed to support the foundational areas and other programs and activities. Presence of these capabilities is key to protecting the community's health and achieving equitable health outcomes. Each Foundational Capability has components that further define the Capability. The questions that follow include a list

of potential components for the Kansas FPHS model. Please review and select the components that should be provided by all public health departments in Kansas.

Assessment

The Assessment capability includes activities for the collection and analysis of public health data.

1. Please click on the following Assessment components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

   - ☐ Ability to *collect* primary public health data.
   - ☐ Ability to *access data* from key data sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.
   - ☐ Ability to *analyze data* from key data sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.
   - ☐ Ability to *utilize data* from key data sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.
   - ☐ Ability to *develop and maintain* electronic health information systems, including EpiTrax, Grid 120, DAISEY, etc.
   - ☐ Ability to *access and utilize* electronic health information systems, including EpiTrax, Grid 120, DAISEY, etc.
   - ☐ Ability to *respond to data requests* with meaningful reports (valid, statistically accurate, and readable by intended audiences).
   - ☐ Ability to *conduct a community health assessment*, including health disparity analysis and identification of health priorities (LHD).
   - ☐ Ability to *conduct a statewide health assessment*, including health disparity analysis and identification of health priorities (KDHE).
   - ☐ Ability to *access 24/7 laboratory resources* capable of providing rapid detection.
   - ☐ Ability to *evaluate efficiency and effectiveness* of public health programs.
   - ☐ Ability to *interface* with one or more health information exchanges (HIEs).
   - ☐ Ability to *send and receive data* between information systems (interoperability).
   - ☐ Ability to *identify patterns, causes, and effects* of chronic and communicable diseases (epidemiology).
   - ☐ Ability to *collect and organize* public health data.
   - ☐ Ability to *manipulate and process* public health data.
   - ☐ Ability to *interpret, visualize, and communicate* public health data and its analysis.

2. Would you include any additional components within Assessment as Foundational Capabilities to be **provided** by ALL public health departments in Kansas*?* If so, please list them below:

   (optional comment box)

All Hazards Preparedness/Response

The All Hazards Preparedness/Response capability includes activities critical to prepare for and respond to public health emergencies.

3. Please click on the following All Hazards Preparedness/Response components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

- Ability to *develop* emergency response strategies and plans.
- Ability to *rehearse* emergency response strategies and plans.
- Ability to serve as the *primary agency* for Emergency Support Function 8 – Public Health and Medical for jurisdiction.
- Ability to serve as the *coordinating agency* for Emergency Support Function 8 – Public Health and Medical for jurisdiction.
- Ability to serve as a *support agency* for Emergency Support Function 8 – Public Health and Medical for jurisdiction.
- Ability to *activate* emergency response personnel in the event of a public health emergency.
- Ability to *coordinate* with emergency response partners from both private and governmental sectors.
- Ability to *operate* within the National Incident Management System as well as within any local emergency response processes.
- Ability to *lead* emergency response utilizing the National Incident Management system as well as any local emergency response processes.
- Ability to *promote community preparedness and resilience* by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency.
- Ability to *maintain a continuity of operations (COOP) plan* that includes access to financial resources to execute emergency responses.
- Ability to *conduct investigations* of threats to public health.
- Ability to *issue emergency health orders* via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).
- Ability to *identify and prioritize* needs of vulnerable populations in advance of a public health emergency.
- Ability to *address* needs of vulnerable populations during a public health emergency.
- Ability to *be notified* of public health emergencies on a 24/7 basis.
- Ability to *respond* to public health emergencies on a 24/7 basis.
- Ability to *utilize and support* the state Laboratory Response Network (LRN) reference laboratory (Kansas Health and Environmental Laboratories (KHEL)) for identification of biological and chemical threats.

4. Would you include any additional components within All Hazards Preparedness/Response as Foundational Capabilities to be **provided** by ALL public health departments in Kansas? If so, please list them below:

   (optional comment box)

Communications

The Communications capability includes activities that ensure a comprehensive communications strategy is developed and implemented.

5. Please click on the following Communications components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

   - Ability to maintain ongoing relationships with *local* media outlets.
   - Ability to maintain ongoing relationships with *statewide* media outlets.

- Ability to *develop and implement* a strategic communications plan to articulate the agency's mission, vision, values, roles, and responsibilities to the community.
- Ability to *communicate the role of public health* to the public and to policymakers.
- Ability to communicate specific health or public health issues via *health data summaries* (condensed written communications in the form of press releases, issue briefs, regular epidemiology updates, etc.).
- Ability to communicate specific health or public health issues via *public speaking* (press conferences, interviews, reporting to board, etc.).
- Ability to *develop a communication strategy* to identify a specific public health issue and/or to communicate risk (e.g., providing information on health risks, healthy behaviors, and disease prevention).
- Ability to communicate in *culturally and linguistically appropriate formats* (i.e., 508 compliant) for various communities served, including addressing health literacy concerns of messages.
- Ability to *facilitate two-way communications* (transmit and receive) with the public via social media and other tools on a 24/7 basis.
- Ability to *develop and implement* a proactive health education or adverse health effect prevention strategy to support good population health.

6. Would you include any additional components within Communications as Foundational Capabilities to be **provided** by ALL public health departments in Kansas? If so, please list them below:

   (optional comment box)

Policy Development/Support

The Policy Development/Support capability includes activities to inform, develop, and implement public health policy.

7. Please click on the following Policy Development/Support components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

   - Ability to develop evidence-based and legally feasible *public health policy recommendations* that address the social determinants of health.
   - Ability to *develop evaluation plans* for public health policies.
   - Ability to work with partners and policymakers to *enact public health policies*.
   - Ability to *utilize cost-benefit analysis* and best practices in developing efficient and cost effective community health improvement plans.
   - Ability to *coordinate development* of public health administrative rules and regulations.
   - Ability to *develop health impact assessments* (HIAs) to communicate health impacts of public policies.
   - Ability to *utilize health in all policies (*HiAP) approaches for all policy development.
   - Ability to *serve as a primary and expert resource* to the community in understanding health reform, especially medical models that support prevention and performance-based payments (e.g., accountable care organizations (ACOs)).
   - Ability to *enforce public health mandates* (e.g., policies, statutes, regulations, ordinances).

8. Would you include any additional components within Policy Development/Support as Foundational Capabilities to be **provided** by ALL public health departments in Kansas? If so, please list them below:

   (optional comment box)

Community Partnership Development

The Community Partnership Development capability includes activities to improve collaboration and interdependence within the public health system.

9. Please click on the following Community Partnership Development components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

   - ☐ Ability to *create and maintain relationships* with key partners, including health care and other health-related organizations, organizations representing populations experiencing health disparities, governmental agencies, and public health champions.
   - ☐ Ability to *strategically select* governmental public health roles in programmatic and policy activities.
   - ☐ Ability to *articulate* governmental public health roles in programmatic and policy activities.
   - ☐ Ability to *coordinate* with governmental public health partners to support programmatic and policy activities.
   - ☐ Ability to *work with community members and organizational partners* to identify community assets and resources.
   - ☐ Ability to *engage community members* to develop and implement community health improvement plans to address priorities identified in health assessments.
   - ☐ Ability to *convene* a broad, multi-sector assembly of public health and medical stakeholders to promote health, prevent disease, and protect residents within the community.
   - ☐ Ability to *conduct community-based participatory research (CBPR)* collaboratively with individuals and organizational partners.
   - ☐ Ability to *mobilize community partners* to support development of public health policies.

10. Would you include any additional components within Community Partnership Development as Foundational Capabilities to be **provided** by ALL public health departments in Kansas? If so, please list them below:

    (optional comment box)

Organizational Competencies

The Organizational Competencies include activities to support the business, management, and leadership functions within the public health system.

11. Please click on the following Organizational Competencies that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

    - ☐ Ability to *lead internal and external stakeholders to consensus* and in action planning.
    - ☐ Ability to *serve as the public face of governmental public health* in the community.
    - ☐ Ability to *define and communicate strategic direction* for public health initiatives through agency strategic planning processes.

- Ability to *uphold business standards and assume responsibility* for public health actions in accordance with local, state, and federal laws and policies as well as Public Health Accreditation Board (PHAB) standards.
- Ability to *develop and maintain a performance management system* to monitor achievement of organizational objectives.
- Ability to continuously *evaluate and improve organizational processes*, including using planning tools such as Plan-Do-Study-Act (PDSA) cycles.
- Ability to systematically *apply information and computer science* to public health practice, research, and learning.
- Ability to *have proper systems in place* to keep protected health information (PHI) and confidential organizational data restricted.
- Ability to *recruit and retain* a competent public health workforce with considerations for succession planning.
- Ability to *develop and maintain* a competent public health workforce through workforce development and training, performance review, and staff accountability.
- Ability to comply with federal, state, and local *standards and policies for fiscal management*, including within budgeting, auditing, billing, and charts of accounts (revenue and expense) processes.
- Ability to comply with federal, state, and local *standards and policies for contracting*.
- Ability to procure, maintain, and manage *resources* to support agency operations (e.g. funding, assets, supplies, and hardware/software).
- Ability to procure, maintain, and manage *safe facilities* to support agency operations.
- Ability to *access legal services* to support agency administrative and programmatic operations and for policy development.
- Ability to *pursue public health agency accreditation* via the Public Health Accreditation Board (PHAB).

12. Would you include any additional competencies within Organizational Competencies as Foundational Capabilities to be **provided** by ALL public health departments in Kansas? If so, please list them below:

    (optional comment box)

Health Equity and the Social Determinants of Health

Health Equity and Social Determinants of Health includes activities to identify and respond to health disparities and vulnerable populations.

13. Please click on the following capabilities within Health Equity and the Social determinants of Health that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

    - Ability to *strategically coordinate programming to improve health disparities* within the community.
    - Ability to *develop and advocate for policies* that will promote health for all, particularly the most vulnerable
    - Ability to communicate in *culturally and linguistically appropriate* formats (i.e., 508 compliant) for various communities served, including addressing health literacy concerns of messages.

- Ability to *provide community access to data* that are stratified by age, race/ethnicity, gender, and socioeconomic status.
- Ability to *engage community members* (including those who experience health disparities) to develop and implement community health improvement plans to address priorities identified in health assessments.

14. Would you include any additional components within Health Equity and the Social Determinants of Health as Foundational Capabilities to be **provided** by ALL public health departments in Kansas? If so, please list them below:

    (optional comment box)

Other Foundational Capabilities

The draft lists of Foundational Capabilities in the previous questions represent an approach similar to what many other states have taken. However, some states defined additional Foundational Capabilities. We would like you to think about whether the list of Foundational Capabilities above is missing any distinct elements.

15. For the FPHS model in Kansas, would you include any of the following Capabilities identified by other states as 1) a distinct new Foundational Capability, 2) a distinct new component to be included within a Foundational Capability listed above, or 3) neither? Please utilize the comment box below the groupings to clarify your responses.

    1) New Foundational Capability

    2) New Component within an existing Foundational Capability

    3) Neither

    - Quality Management
    - Financial Analysis and Planning
    - Resource Development and Local Operations
    - Laboratory Capacity
    - Information Systems and Resources
    - Health Planning
    - Public Health Research, Evaluation, and Quality Improvement
    - Engaging the Public Health Governing Entity

    (optional comment box)

Foundational Areas

The Foundational Areas are the substantive areas of expertise and program-specific activities that are provided by all health departments. Each Foundational Area has components that further define the activities within that area. The questions that follow include a list of potential components for the Kansas FPHS model. Please review and select the components that should be provided by all public health departments in Kansas.

Communicable Disease Control

The Communicable Disease Control area includes programs and activities to prevent the spread of preventable disease. Please remember that to 'assure' means to strategically work with community partners to ensure that there is funding for the service, that those who need the service have access to it, and that there is a plan in place to provide the service, whereas the other response options indicate that the health department should be directly involved with providing the service listed.

16. Please click on the following Communicable Disease Control components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

    - Provide timely, accurate, and locally relevant information on *communicable diseases and their control*, including strategies to increase local immunization rates.
    - *Identify assets* for communicable disease control.
    - *Develop and implement* a communicable disease control plan prioritizing important communicable diseases.
    - *Advocate and seek funding* for communicable disease control policies and initiatives.
    - *Receive laboratory and clinical reports* of communicable diseases.
    - *Conduct disease investigations*, including contact tracing and notification.
    - *Support community-based prevention* of communicable disease spread.
    - *Identify and respond* to communicable disease outbreaks in accordance with national, state, and local mandates and guidelines.
    - *Support local screening/testing* of reportable diseases.
    - *Facilitate enforcement* of emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).
    - *Notify partners* of newly diagnosed cases of reportable diseases in accordance with national, state, and local mandates and guidelines.
    - *Treat individuals* with active tuberculosis, including the provision of directly observed therapy in accordance with national, state, and local mandates and guidelines.
    - *Provide* public health laboratory services for reference and confirmatory testing related to communicable diseases.
    - *Assure availability* of public health laboratory services for reference and confirmatory testing related to communicable diseases.
    - *Educate providers* in national, state, and local communicable disease control mandates and guidelines.
    - *Coordinate and integrate* other categorically funded communicable disease control programs and services.

17. Would you include any additional components within Communicable Disease Control as Foundational Areas to be **provided** by ALL public health departments in Kansas? If so, please list them below:

    (optional comment box)

Chronic Disease and Injury Prevention

The Chronic Disease and Injury Prevention area includes programs and activities for health promotion and chronic disease and injury prevention.

18. Please click on the following Chronic Disease and Injury Prevention components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

- Provide timely, accurate, and locally relevant information on *chronic disease and injury prevention*, including mental illness, chemical dependency, and injury control.
- *Identify assets* for chronic disease and injury prevention.
- *Develop and implement* a chronic disease and injury prevention plan.
- *Advocate and seek funding* for chronic disease and injury prevention policies and initiatives.
- *Work to reduce rates of tobacco use* by Kansas laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure.
- Work with partners to *identify evidence-based and population-based interventions* that utilize valid evaluation studies.
- Work with partners to *identify innovative/promising and population-based interventions* that utilize valid evaluation studies.
- *Work to increase statewide and community rates of healthy eating and active living* that utilize best and emerging practices that are aligned with national and state guidelines.
- Cancer prevention.
- Suicide prevention.
- Diabetes prevention.
- Teen pregnancy prevention.
- Prevention of sexually transmitted diseases.
- Oral health promotion.
- *Coordinate and integrate* other categorically funded chronic disease and injury prevention programs and services.

19. Would you include any additional components within Chronic Disease and Injury Prevention as Foundational Areas to be **provided** by ALL public health departments in Kansas? If so, please list them below:

    (optional comment box)

Environmental Health

The Environmental Health area includes programs and activities to prevent and reduce exposure to environmental hazards.

20. Please click on the following Environmental Health components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

    - Provide timely, accurate, and locally relevant information on *environmental public health issues* and health impacts from both common and toxic exposure sources.
    - Identify assets for *environmental public health*.
    - Advocate and seek funding for *environmental public health policies and initiatives*.
    - Develop and implement an *environmental public health plan* to prevent and reduce exposures to health hazards in the environment.
    - Conduct mandated environmental public health *laboratory testing* to protect food, drinking water, recreational water use, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations.
    - Conduct mandated environmental public health *inspections* (including within school, child care, and correctional facilities) to protect food, drinking water, recreational water use, and

liquid and solid waste streams in accordance with federal, state, and local laws and regulations.

- *Identify and address* notifiable conditions and environmental hazards.
- *Protect the population from unnecessary radiation exposure* in accordance with federal, state, and local laws and regulations.
- Support nuisance abatement.
- Promote recycling and reuse.
- Conduct elevated blood lead screenings.
- Support adult and child blood lead case management.
- Prevent, reduce, or abate environmental health hazards.
- Participate in *broad land use planning and sustainable development* (e.g., consideration of housing, urban development, recreational facilities, and transportation).
- *Coordinate and integrate* other categorically funded communicable disease control programs and services.

21. Would you include any additional components within Environmental Health as Foundational Areas to be **provided** by ALL public health departments in Kansas? If so, please list them below:

    (optional comment box)

Maternal and Child Health

The Maternal and Child Health area includes programs and activities for the prevention of developmental impairments and life-threatening illnesses in newborns. Please remember that to 'assure' means to strategically work with community partners to ensure that there is funding for the service, that those who need the service have access to it, and that there is a plan in place to provide the service, whereas the other response options indicate that the health department should be directly involved with providing the service listed.

22. Please click on the following Maternal and Child Health components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

    - Provide timely, accurate, and locally relevant information on *emerging and on-going maternal and child health trends*, including the importance of Adverse Childhood Experiences (ACEs) and health disparities.
    - Identify assets for *maternal and child health*.
    - Develop and implement a prioritized *maternal and child health prevention plan* using life course expertise and an understanding of health priorities.
    - Advocate and seek funding for *maternal and child health policies and initiatives*.
    - *Provide mandated newborn screenings* in order to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders specified for Kansas.
    - *Assure mandated newborn screenings* are performed in order to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders specified for Kansas.
    - Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period *that optimize lifelong health and social-emotional development.*

- Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal period *to lower infant mortality and pre-term birth outcomes.*
- Utilize the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for *preventive screening and outreach*.
- *Coordinate and integrate* other categorically funded communicable disease control programs and services.

23. Would you include any additional components within Maternal and Child Health as Foundational Areas to be **provided** by ALL public health departments in Kansas? If so, please list them below:

    (optional comment box)

Access to Clinical Care

The Access to Clinical Care area includes programs and activities for assuring access to specific clinical services of public health importance. Please remember that to 'assure' means to strategically work with community partners to ensure that there is funding for the service, that those who need the service have access to it, and that there is a plan in place to provide the service, whereas the other response options indicate that the health department should be directly involved with providing the service listed.

24. Please click on the following Access to Clinical Care components that you feel are "truly necessary" to be **provided** by ALL public health departments in Kansas:

    - Provide timely, accurate, and locally relevant information *on the health care system.*
    - *Assure* access to health homes and quality care.
    - *Assure* family planning services.
    - *Provide* family planning services
    - *Assure* access to maternal and infant services (e.g., maternity support, WIC)
    - *Provide* maternal and infant services.
    - *Assure* access to STD and HIV testing.
    - *Provide* STD and HIV testing
    - *Assure* access to STD and HIV treatment.
    - *Provide* STD and HIV treatment
    - Conduct *inspection and licensing of health care facilities* to improve patient safety.
    - Improve patient safety through *licensing, monitoring, and discipline of health care providers*.
    - Engage in local- and state-level *health system planning*.
    - Support access to *culturally and linguistically appropriate care* (i.e., 508 compliant).
    - Utilize public health staff as facilitators of clinical and community linkages.
    - Remove barriers to care.
    - *Provide navigation services to clients* in order for them to maintain appropriate health insurance coverage.
    - *Assure access to navigation services for clients* in order for them to maintain appropriate health insurance coverage.
    - *Provide* grief counseling.
    - *Assure* access to grief counseling services.

- Procure, maintain, manage, and distribute biological and therapeutic products to health care providers.
- *Coordinate and integrate* other categorically funded clinical health care programs and services.

25. Would you include any additional components within Access to Clinical Care as Foundational Areas to be **provided** by ALL public health departments in Kansas? If so, please list them below:

    (optional comment box)

Other Foundational Areas

The draft lists of Foundational Areas in the previous questions represent an approach similar to what many other states have taken. However, some states defined additional Foundational Areas. We would like you to think about whether the list of Foundational Areas above is missing any distinct elements.

26. For the FPHS model in Kansas, would you include any of the following Areas identified by other states as 1) a distinct new Foundational Area, 2) a distinct new component to be included within a Foundational Area listed above, or 3) neither? Please utilize the comment box below the groupings to clarify your responses.

    1) New Foundational Area

    2) New Component within an existing Foundational Area

    3) Neither

    - Vital Records
    - Health Statistics
    - Behavioral Health
    - Substance Abuse Prevention
    - Clinical Services and Programs (e.g. medical clinics, dental clinics)
    - Patient Safety and Market Oversight
    - Laboratory Capacity
    - Community Health Assessment
    - Home Health Services
    - Worksite Wellness Initiatives
    - School Health Nursing Services
    - WIC

    (optional comment box)

27. Please provide your name and contact information in the space below. This information will be kept confidential with the project team and will only be used to inform the discussion in your key informant interview.

Name:
Phone:

Appendix B: Key-Informant Interview Questionnaire

FPHS System Assessment Key-Informant Interview Script

The Kansas Health Institute (KHI), in partnership with the Kansas Public Health Systems Group (PHSG) is conducting an assessment of the Foundational Public Health Services (FPHS) in Kansas. The FPHS are those that should be offered by each public health department in Kansas as basic components to keep the public safe and healthy. The specific capabilities and services included within a FPHS model may differ by state and we would like to identify the FPHS model for Kansas. The one-page document, "Assessment of Foundational Public Health Services in Kansas", provided in the calendar item for this meeting summarizes our project.

We would now like to discuss your responses to the survey and would like to further discuss any additions you may have suggested. We anticipate that this interview will take between 45 minutes and an hour.

We will be recording this interview and will also be taking notes. The recordings and notes will only be used for this project, seen only by project team members, and we will not quote anyone directly – either verbally or in any publicly released or distributed documents.

Additionally, we want to discuss your opinions, so there are no right or wrong answers. "I don't know" is a perfectly acceptable response. Again, we'll keep your responses anonymous.

Do you have any questions at this point?

Review of Foundational Capabilities (Q5 – Q21)

We would like to talk about your survey responses for components within the Foundational Capabilities. Here is a list of the items you selected as truly necessary and the items that you did not select.

We would like to briefly discuss the list that you identified as "truly necessary" components for the Kansas FPHS model.

- Were there any specific reasons why each of these were chosen?

  Click here to enter text.

- Were there any specific reasons why each of these were not chosen?

  Click here to enter text.

- Would you suggest any changes in wording for these components in order to make them more applicable to Kansas?

  Click here to enter text.

- Are there any components that you selected as 'truly necessary' that you think should be moved and included in another capability or area?

  Click here to enter text.

You were given the opportunity to include any additional components of each Foundational Capability. Please discuss your list of additional components.

- Please share with us a little about why you listed this as a 'truly necessary' component in addition to the others that you selected. What does it capture that the others do not?

  Click here to enter text.

Other Foundational Capabilities (Q18 – Q21)

First, within the Foundational Capabilities section, we included "Health Equity and the Social Determinants of Health" as its own Capability with relevant components included underneath. This Capability was not included as a part of the original FPHS model

- Please share your thoughts on this as its distinct own capability.

  Click here to enter text.

Next, you were given the opportunity to include any additional Foundational Capabilities that should be included in the Kansas FPHS model. Please discuss your list of additional Capabilities.

- Please share with us a little about why you listed this as an additional Capability. What does it capture that the others do not?

  Click here to enter text.

- Are there any existing capabilities that should be re-worded or reorganized?

  Click here to enter text.

Review of Foundational Areas (Q22 – Q34)

We would like to talk about your survey responses for components within the Foundational Areas. Here is a list of the items you selected as truly necessary and the items that you did not select.

We would like to briefly discuss the list that you identified as "truly necessary" components for the Kansas FPHS model.

- Were there any specific reasons why each of these were chosen?

  Click here to enter text.

- Were there any specific reasons why each of these were not chosen?

  Click here to enter text.

- Would you suggest any changes in wording for these components in order to make them more applicable to Kansas?

  Click here to enter text.

- Are there any components that you selected as 'truly necessary' that you think should be moved and included in another capability or area?

  Click here to enter text.

You were given the opportunity to include any additional components of each Foundational Area. Please discuss your list of additional components.

- Please share with us a little about why you listed this as a 'truly necessary' component in addition to the others that you selected. What does it capture that the others do not?

  Click here to enter text.

Other Foundational Areas (Q33 – Q34)

Next, you were given the opportunity to include any additional Foundational Areas that should be included in the Kansas FPHS model. Please discuss your list of additional Areas.

- Please share with us a little about why you listed this as an additional Area. What does it capture that the others do not?

  Click here to enter text.

- Are there any existing areas that should be re-worded or reorganized?

Click here to enter text.

- Lastly, immunization services were not explicitly included within the survey for your selection; would you consider immunization services to be "truly necessary"?

  Click here to enter text.

General Questions about FPHS Implementation

Until this point, we have been asking you to think about what all health departments in Kansas should provide. Now we are going to shift and talk a little bit about current capacity for implementation of these services.

Health Department Activities

First, we'll discuss how you feel that your current health department programs and activities align with the list we discussed above.

- From the list we discussed above, what programs or activities are **new to you or not currently provided** that you would need to start providing in order to implement the FPHS model?

  Click here to enter text.

- From the list we discussed above, what programs or activities do you currently provide that are **not included as 'foundational'**?

  Click here to enter text.

  - Are these services that you would continue to provide after the FPHS are adopted? Why or why not?

    Click here to enter text.

- What would you say is the relative amount of time and attention that your health department dedicates to population-based health activities versus providing individual client services?

  Click here to enter text.

  - Do you feel this is the right balance? (**If yes, why? If not, why not**)

    Click here to enter text.

  - How has implementation of health reform impacted this balance?

    Click here to enter text.

  - How have Accreditation activities impacted this balance?

    Click here to enter text.

  - How do you see this balance in the future?

    Click here to enter text.

Capacity for FPHS Implementation

We now would like to talk about the capacity for implementation of FPHS in Kansas.

- How would you describe the current capacity for **your** health department to implement the FPHS as we have discussed above?

  Click here to enter text.

  - Financial capacity

    Click here to enter text.

- Workforce capacity (number of FTEs)

  Click here to enter text.

- Workforce competency (appropriate expertise)

  Click here to enter text.

- How would you describe capacity of **other** Kansas health departments to implement the FPHS as we have discussed above?

  Click here to enter text.

  - Financial capacity

    Click here to enter text.

  - Workforce capacity (number of FTEs)

    Click here to enter text.

  - Workforce competency (appropriate expertise)

    Click here to enter text.

Current Financial Capacity

We would now like to discuss in further detail the financial capacity to implement the FPHS

- Do you think current public health funding structures lead to effective and efficient delivery of activities/services to the public?

  Click here to enter text.

  - Why or why not?

    Click here to enter text.

- How would you classify the majority of your health department's current funding in terms of its flexibility? Is most of your funding "categorical" or do you have a fair amount of flexibility in your funding streams?

  Click here to enter text.

  - Where do those more flexible dollars come from, and what do they allow you to do that categorical funding might not?

    Click here to enter text.

- Would you be able to use your current funding streams to provide the programs and activities that we have discussed above? Why or Why not?

  Click here to enter text.

- Has your funding been increased, reduced, or stayed about the same in the last year?

  Click here to enter text.

  - By approximately how much?

    Click here to enter text.

  - Are these cuts/increases mostly due to federal, state, or local funds?

    Click here to enter text.

    - (**If increased:**) What have you used these additional funds for?

      Click here to enter text.

- (**If cut:**) Have programs been eliminated, or have you mostly seen across the board cuts, i.e. a percentage of your budget?

  Click here to enter text.

Wrap Up

We would now like to conclude the interview with some final questions about the FPHS model.

- In general, what are some of the strengths of the FPHS model?

  Click here to enter text.

- In general, what are some of the limitations of the FPHS model?

  Click here to enter text.

- Can you think of any other barriers to providing the FPHS that we have not already discussed?

  Click here to enter text.

  - Financial

    Click here to enter text.

  - Legal

    Click here to enter text.

  - Political

    Click here to enter text.

  - Other

    Click here to enter text.

- What strategies could health departments use to begin to offer the FPHS for all Kansans?

  Click here to enter text.

- What types of technical assistance might be helpful as we move forward into implementation?

  Click here to enter text.

Thinking back over our discussion, do you have any additional thoughts regarding the foundational public health services concept, or is there anything else you'd like to share with us regarding the topics we've discussed?

Click here to enter text.

Appendix C: Foundational Capabilities and Foundational Areas Survey Results

The following tables detail the percent of survey respondents that indicated that each candidate component was 'truly necessary' to be included in the FPHS for Kansas. The tables are organized by those components that were deemed foundational and accepted without revisions or with slight revisions, those that were revised and deemed foundational, and those that were removed from the list. Additional columns in each table detail the changes that were made and the final wording of each component.

Foundational Capabilities

Assessment

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Ability to *access and utilize* electronic health information systems, including EpiTrax, Grid 120, DAISEY, etc.	94%	Wording change: Examples removed	Ability to access and utilize electronic health information systems.
	Ability to *interpret, visualize, and communicate* public health data and its analysis.	94%	Wording change: "Visualize" was simplified to "display"	Ability to interpret, display, and communicate public health data and its analysis.
	Ability to *evaluate efficiency and effectiveness* of public health programs.	83%	None	Ability to evaluate efficiency and effectiveness of public health programs.
	Ability to *respond to data requests* with meaningful reports (valid, statistically accurate, and readable by intended audiences).	67%	None	Ability to respond to data requests with meaningful reports (valid, statistically accurate, and readable by intended audiences).
	Ability to *identify patterns, causes, and effects* of chronic and communicable diseases (epidemiology).	67%	None	Ability to identify patterns, causes, and effects of chronic and communicable diseases (epidemiology).

Revised (edited or combined with other components)	Ability to *conduct a community health assessment*, including health disparity analysis and identification of health priorities (LHD).	94%	Wording change: Added "ability to lead or participate in"	Ability to lead or participate in a community health assessment, including health disparity analysis and identification of health priorities.
	Ability to *access data* from key data sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.	94%	Combined with "ability to *utilize data*" component	Ability to access and utilize secondary data from key sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.
	Ability to *utilize data* from key data sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.	89%	Combined with "ability to *access data*" component	N/A
	Ability to *collect and organize* public health data	72%	Combined/included in a revision of "ability to *collect* primary public health data" component	N/A
	Ability to *collect* primary public health data.	67%	Wording change: "Ability to *collect*" changed to "ability to participate in the collection of"	Ability to participate in the collection of primary public health data.
	Ability to *access 24/7 laboratory resources* capable of providing rapid detection.	67%	Wording change and moved. See All Hazards Preparedness/Response and Communicable Disease Control	N/A
Removed (not deemed foundational)	Ability to *send and receive data* between information systems (interoperability).	61%	Removed	N/A
	Ability to *interface* with one or more health information exchanges (HIEs).	50%	Removed	N/A

	Ability to *manipulate and process* public health data.	50%	Removed	N/A
	Ability to *analyze data* from key data sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.	39%	Removed	N/A
	Ability to *conduct a statewide health assessment*, including health disparity analysis and identification of health priorities (KDHE).	33%	Removed	N/A
	Ability to *develop and maintain* electronic health information systems, including EpiTrax, Grid 120, DAISEY, etc.	28%	Removed, covered in "access and utilize secondary data from key sources" component	N/A

All Hazards Preparedness and Response

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Ability to *coordinate* with emergency response partners from both private and governmental sectors.	100%	None	Ability to coordinate with emergency response partners from both private and governmental sectors.
	Ability to *issue emergency health orders* via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).	100%	None	Ability to issue emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).
	Ability to *operate* within the National Incident Management System as well as within any local emergency response processes.	94%	None	Ability to operate within the National Incident Management System as well as within any local emergency response processes.

	Ability to *be notified* of public health emergencies on a 24/7 basis.	94%	None	Ability to be notified of public health emergencies on a 24/7 basis.
	Ability to *promote community preparedness and resilience* by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency.	89%	None	Ability to promote community preparedness and resilience by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency.
	Ability to *maintain a continuity of operations (COOP) plan* that includes access to financial resources to execute emergency responses.	89%	None	Ability to maintain a continuity of operations plan (COOP) that includes access to financial resources to execute emergency responses.
	Ability to *respond* to public health emergencies on a 24/7 basis.	78%	None	Ability to respond to public health emergencies on a 24/7 basis.
	Ability to *conduct investigations* of threats to public health.	72%	None	Ability to conduct investigations of threats to public health.
Revised (edited or combined with other components)	Ability to *develop* emergency response strategies and plans.	94%	Combined with "ability to *rehearse* emergency response" component	Ability to develop and rehearse emergency response strategies and plans.
	Ability to *rehearse* emergency response strategies and plans.	94%	Combined with "ability to *develop* emergency response" component	N/A
	Ability to *identify and prioritize* needs of vulnerable populations in advance of a public health emergency.	83%	Combined with "ability to *address* the needs of vulnerable populations" component	Ability to identify, prioritize, and address the needs of vulnerable populations in advance of a public health emergency.

	Ability to *address* needs of vulnerable populations during a public health emergency.	78%	Combined with "ability to *identify and prioritize* the needs of vulnerable populations" component	N/A
	Ability to *utilize and support* the state Laboratory Response Network (LRN) reference laboratory (Kansas Health and Environmental Laboratories (KHEL)) for identification of biological and chemical threats.	78%	Wording change for clarity	Ability to package and ship clinical specimens to the state reference laboratory (Kansas Health and Environmental Laboratory, or KHEL) for identification of threats.
	Ability to serve as the *primary agency* for Emergency Support Function 8 – Public Health and Medical for jurisdiction.	39%	Combined with "ability to serve as the *coordinating agency*" component, to include option of serving as primary or coordinating agency	Ability to serve as the local primary or coordinating agency for Emergency Support Function 8 – Public Health and Medical.
	Ability to serve as the *coordinating agency* for Emergency Support Function 8 – Public Health and Medical for jurisdiction.	39%	Combined with "ability to serve as the *primary agency*" component	N/A
Removed (not deemed foundational)	Ability to serve as a *support agency* for Emergency Support Function 8 – Public Health and Medical for jurisdiction.	67%	Removed: Covered in "ability to serve as local primary or coordinating	N/A

			agency" final component	
	Ability to *activate* emergency response personnel in the event of a public health emergency.	56%	Removed	N/A
	Ability to *lead* emergency response utilizing the National Incident Management system as well as any local emergency response processes.	39%	Removed	N/A
Added as a new component			Added a component to include notifying the public of a public health emergency	Ability to notify the public of a public health emergency on a 24/7 basis

Communications

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Ability to *communicate the role of public health* to the public and to policymakers.	100%	None	Ability to communicate the role of public health to the public and to policymakers.
	Ability to maintain ongoing relationships with *local* media outlets.	94%	None	Ability to maintain ongoing relationships with local media outlets.
	Ability to *develop and implement* a strategic communications plan to articulate the agency's mission, vision, values, roles, and responsibilities to the community.	89%	None	Ability to develop and implement a strategic communications plan to articulate the agency's mission, vision, values, roles, and responsibilities to the community.

	Ability to *develop a communication strategy* to identify a specific public health issue and/or to communicate risk (e.g., providing information on health risks, healthy behaviors, and disease prevention).	83%	None	Ability to develop a communication strategy to identify a specific public health issue and/or to communicate risk (e.g., providing information on health risks, healthy behaviors, and disease prevention).
Revised (edited or combined with other components)	Ability to communicate specific health or public health issues via *health data summaries* (condensed written communications in the form of press releases, issue briefs, regular epidemiology updates, etc.).	89%	Wording change and combined with "communicate specific health or public health issues via *public speaking*" component	Ability to communicate specific health or public health issues through written and verbal communication tools.
	Ability to communicate specific health or public health issues via *public speaking* (press conferences, interviews, reporting to board, etc.).	83%	Combined with "communicate specific health or public health issues via *health data summaries*" component	N/A
	Ability to communicate in *culturally and linguistically appropriate formats* (i.e., 508 compliant) for various communities served, including addressing health literacy concerns of messages.	78%	Wording change: Clarified 508 compliant	Ability to communicate in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with State and Federal guidelines, such as compliance with Section 508 of the Rehabilitation Act of 1973.

	Ability to *develop and implement* a proactive health education or adverse health effect prevention strategy to support good population health.	78%	Wording change for clarity: Removed "or adverse health effect prevention strategy"	Ability to develop and implement a proactive health education strategy to support good population health.
	Ability to *facilitate two-way communications* (transmit and receive) with the public via social media and other tools on a 24/7 basis.	72%	Wording change: Removed "on a 24/7 basis"	Ability to facilitate two-way communications (transmit and receive) with the public via social media and other tools.
Removed (not deemed foundational)	Ability to maintain ongoing relationships with *statewide* media outlets.	39%	Removed	N/A

Policy Development & Support

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Ability to *enforce public health mandates* (e.g., policies, statutes, regulations, ordinances).	89%	None	Ability to enforce public health mandates (e.g., policies, statutes, regulations, ordinances).
	Ability to *utilize health in all policies (*HiAP) approaches for all policy development.	67%	None	Ability to utilize health in all policies (HiAP) approaches for all policy development.
Revised (edited or combined with other components)	Ability to work with partners and policymakers to *enact public health policies*.	94%	Wording change: Added "to develop"	Ability to work with partners and policymakers to develop and enact public health policies.
	Ability to *coordinate development* of public health administrative rules and regulations.	83%	Wording change: Defined "*coordinate development*"	Ability to work with partners and policymakers to support the development of public health administrative rules, regulations, and ordinances.

	Ability to develop evidence-based and legally feasible *public health policy recommendations* that address the social determinants of health.	67%	Wording change: Simplified, removed "and legally feasible" and "that address the social determinants of health"	Ability to identify evidence-based public health policy recommendations.
Removed (not deemed foundational)	Ability to *utilize cost-benefit analysis* and best practices in developing efficient and cost effective community health improvement plans.	67%	Removed	N/A
	Ability to *develop evaluation plans* for public health policies.	61%	Removed	N/A
	Ability to *develop health impact assessments* (HIAs) to communicate health impacts of public policies.	33%	Removed	N/A
	Ability to *serve as a primary and expert resource* to the community in understanding health reform, especially medical models that support prevention and performance-based payments (e.g., accountable care organizations (ACOs)).	22%	Removed	N/A

Community Partnership Development

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Ability to *work with community members and organizational partners* to identify community assets and resources.	100%	None	Ability to work with community members and organizational partners to identify community assets and resources.

	Ability to *create and maintain relationships* with key partners, including health care and other health-related organizations, organizations representing populations experiencing health disparities, governmental agencies, and public health champions.	89%	None	Ability to create and maintain relationships with key partners, including health care and other health-related organizations, organizations representing populations experiencing health disparities, governmental agencies, and public health champions.
	Ability to *convene* a broad, multi-sector assembly of public health and medical stakeholders to promote health, prevent disease, and protect residents within the community.	89%	None	Ability to convene a broad, multi-sector assembly of public health and medical stakeholders to promote health, prevent disease, and protect residents within the community.
	Ability to *coordinate* with governmental public health partners to support programmatic and policy activities.	83%	None	Ability to coordinate with governmental public health partners to support programmatic and policy activities.
Revised (edited or combined with other components)	Ability to *engage community members* to develop and implement community health improvement plans to address priorities identified in health assessments.	100%	Wording change: Added those who experience health disparities	Ability to engage community members (including those who experience health disparities) to develop and implement community health improvement plans to address priorities identified in health assessments.
	Ability to *articulate* governmental public health roles in programmatic and policy activities.	67%	Combined with "ability to *strategically select* governmental public health roles" component	Ability to strategically select and articulate governmental public health roles in programmatic and policy activities.

	Ability to *strategically select* governmental public health roles in programmatic and policy activities.	56%	Combined with "ability to *articulate* governmental public health roles" component	N/A
Removed (not deemed foundational)	Ability to *mobilize community partners* to support development of public health policies.	89%	Removed: Addressed in the Policy Development and Support Capability	N/A
	Ability to *conduct community-based participatory research (CBPR)* collaboratively with individuals and organizational partners.	28%	Removed	N/A

Organizational Competencies

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Ability to *have proper systems in place* to keep protected health information (PHI) and confidential organizational data restricted.	100%	None	Ability to have proper systems in place to keep protected health information (PHI) and confidential organizational data restricted.
	Ability to *serve as the public face of governmental public health* in the community.	94%	None	Ability to serve as the public face of governmental public health in the community.

	Ability to *develop and maintain* a competent public health workforce through workforce development and training, performance review, and staff accountability.	94%	None	Ability to develop and maintain a competent public health workforce through workforce development and training, performance review, and staff accountability.
	Ability to comply with federal, state, and local *standards and policies for fiscal management*, including within budgeting, auditing, billing, and charts of accounts (revenue and expense) processes.	94%	None	Ability to comply with federal, state, and local standards and policies for fiscal management, including within budgeting, auditing, billing, and charts of accounts (revenue and expense) processes.
	Ability to continuously *evaluate and improve organizational processes*, including using planning tools such as Plan-Do-Study-Act (PDSA) cycles.	89%	None	Ability to continuously evaluate and improve organizational processes, including using planning tools such as Plan-Do-Study-Act (PDSA) cycles.
	Ability to *recruit and retain* a competent public health workforce with considerations for succession planning.	89%	None	Ability to recruit and retain a competent public health workforce with considerations for succession planning.
	Ability to procure, maintain, and manage *resources* to support agency operations (e.g. funding, assets, supplies, and hardware/software).	89%	None	Ability to procure, maintain, and manage resources to support agency operations (e.g. funding, assets, supplies, and hardware/software).
	Ability to procure, maintain, and manage *safe facilities* to support agency operations.	89%	None	Ability to procure, maintain, and manage safe facilities to support agency operations.
	Ability to comply with federal, state, and local *standards and policies for contracting*.	78%	None	Ability to comply with federal, state, and local standards and policies for contracting.

	Ability to *define and communicate strategic direction* for public health initiatives through agency strategic planning processes.	72%	None	Ability to define and communicate strategic direction for public health initiatives through agency strategic planning processes.
Revised (edited or combined with other components)	Ability to *access legal services* to support agency administrative and programmatic operations and for policy development.	72%	Wording change: Clarified "governmental legal services" and simplified to "support agency operations"	Ability to access appropriate governmental legal services to support agency operations.
	Ability to *uphold business standards and assume responsibility* for public health actions in accordance with local, state, and federal laws and policies as well as Public Health Accreditation Board (PHAB) standards.	67%	Wording change: "Assume responsibility" and PHAB removed	Ability to uphold business practices in accordance with local, state, and federal laws, and professional standards.
	Ability to *develop and maintain a performance management system* to monitor achievement of organizational objectives.	67%	Wording change: Added "programmatic objectives"	Ability to develop and maintain a performance management system to monitor achievement of organizational and programmatic objectives.
	Ability to systematically *apply information and computer science* to public health practice, research, and learning.	67%	Wording change: Simplified to "computer literacy skills and information technology"	Ability to systematically apply computer literacy skills and information technology to public health practice and learning.

	Ability to *lead internal and external stakeholders to consensus* and in action planning.	44%	Wording change: Removed "ablility to lead to consensus" and changed to a more general idea of "engage with the public health governing entity"	Ability to engage with the public health governing entity to advocate for public health funding & initiatives.
Removed (not deemed foundational)	Ability to *pursue public health agency accreditation* via the Public Health Accreditation Board (PHAB).	61%	Removed	N/A
Added as a new component			Added to address funding (moved from Foundational Areas)	Ability to coordinate and integrate categorically funded programs and services.

Addressing Health Equity and the Social Determinants of Health

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Ability to *strategically coordinate programming to improve health disparities* within the community.	100%	Wording change, removed "strategically"	Ability to coordinate programming to improve health disparities within the community.
	Ability to *develop and advocate for policies* that will promote health for all, particularly the most vulnerable	83%	None	Ability to develop and advocate for policies that will promote health for all, particularly the most vulnerable

Revised (edited or combined with other components)	Ability to *engage community members* (including those who experience health disparities) to develop and implement community health improvement plans to address priorities identified in health assessments.	94%	Edited for clarity: Removed "to develop and implement community health improvement plans" and changed to "recognize and understand the determinants of health disparities"	Ability to recognize and understand the determinants of health disparities within the community.
	Ability to communicate in *culturally and linguistically appropriate* formats (i.e., 508 compliant) for various communities served, including addressing health literacy concerns of messages.	78%	Wording change: Clarified "508 compliant" and changed "communicate in" to "provide services in"	Ability to provide services in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with State and Federal guidelines, such as compliance with Section 508 of the Rehabilitation Act of 1973.
	Ability to *provide community access to data* that are stratified by age, race/ethnicity, gender, and socioeconomic status.	44%	Wording change: Simplified "race/ethnicity, gender, and socioeconomic status" to "demographic characteristics"	Ability to provide public health information for the community that is stratified by demographic characteristics.

Foundational Areas

Communicable Disease Control

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	*Facilitate enforcement* of emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).	100%	Wording change: Clarified that this should be done in conjunction with appropriate partners	In conjunction with appropriate partners, enforce emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).
	Provide timely, accurate, and locally relevant information on *communicable diseases and their control*, including strategies to increase local immunization rates.	94%	None	Provide timely, accurate, and locally relevant information on communicable diseases and their control, including strategies to increase local immunization rates.
	Identify and respond to communicable disease outbreaks in accordance with national, state, and local mandates and guidelines.	94%	None	Identify and respond to communicable disease outbreaks in accordance with national, state, and local mandates and guidelines.
	Identify assets for communicable disease control.	83%	None	Identify assets for communicable disease control.
	Educate providers in national, state, and local communicable disease control mandates and guidelines.	83%	None	Educate providers in national, state, and local communicable disease control mandates and guidelines.
	Develop and implement a communicable disease control plan prioritizing important communicable diseases.	78%	None	Develop and implement a communicable disease control plan prioritizing important communicable diseases.

	Assure availability of public health laboratory services for reference and confirmatory testing related to communicable diseases.	72%	None	Assure availability of public health laboratory services for reference and confirmatory testing related to communicable diseases.
	Advocate and seek funding for communicable disease control policies and initiatives.	67%	None: This component was kept for each Foundational Area	Advocate and seek funding for communicable disease control policies and initiatives.
Revised (edited or combined with other components)	*Support community-based prevention* of communicable disease spread.	100%	Removed: Covered in other components	N/A
	Notify partners of newly diagnosed cases of reportable diseases in accordance with national, state, and local mandates and guidelines.	94%	Removed: Covered in new component "conduct disease investigations, including contact tracing"	N/A
	Receive laboratory and clinical reports of communicable diseases.	89%	Wording change: Added "and promptly process"	Receive and promptly process laboratory and clinical reports of communicable diseases.
	Support local screening/testing of reportable diseases.	89%	Wording change: Added "based on national and state recommendations and guidelines"	Support local screening/testing of reportable diseases, based on national and state recommendations and guidelines.
	Conduct disease investigations, including contact tracing and notification.	83%	Wording change: Added "in accordance with national, state, and local mandates and guidelines"	Conduct disease investigations, including contact tracing and notification, in accordance with national, state, and local mandates and guidelines.

	Treat individuals with active tuberculosis, including the provision of directly observed therapy in accordance with national, state, and local mandates and guidelines.	78%	Wording change: Changed to "assure proper diagnosis and treatment" and to include latent or active tuberculosis	Assure proper diagnosis and treatment for individuals with latent or active tuberculosis in accordance with national, state, and local mandates and guidelines.
Removed (not deemed foundational)	*Coordinate and integrate* other categorically funded communicable disease control programs and services.	61%	Removed:This component was removed from each Foundational Area	N/A
	Provide public health laboratory services for reference and confirmatory testing related to communicable diseases.	44%	Removed: Covered in the "assure availability of public health laboratory services" component	N/A
Added as a new component			Added: Immunizations was identified as an important topic that had not been covered by another component	Assure availability of childhood, adolescent and adult immunization services, including the Vaccines for Children (VFC) program, for all vaccines recommended by the Advisory Council on Immunization Practices (ACIP).

Health Promotion and Chronic Disease & Injury Prevention

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Work with partners to *identify evidence-based and population-based interventions* that utilize valid evaluation studies.	89%	None	Work with partners to identify evidence-based, population-based interventions that utilize valid evaluation studies.

	Provide timely, accurate, and locally relevant information on *chronic disease and injury prevention*, including mental illness, chemical dependency, and injury control.	83%	Wording change: Specific examples removed	Provide timely, accurate, and locally relevant information on health promotion and chronic disease and injury prevention
	Identify assets for chronic disease and injury prevention.	83%	None	Identify assets for health promotion and chronic disease and injury prevention.
	Advocate and seek funding for chronic disease and injury prevention policies and initiatives.	56%	None: This component was kept for each Foundational Area	Advocate and seek funding for health promotion and chronic disease and injury prevention policies and initiatives.
Revised (edited or combined with other components)	*Work to reduce rates of tobacco use* by Kansas laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure.	78%	Wording change: Simplified, specific examples removed	Work to reduce rates of tobacco use through policies and programs that conform with local, state, and Federal laws and recommendations.
	Work to increase statewide and community rates of healthy eating and active living that utilize best and emerging practices that are aligned with national and state guidelines.	78%	Wording change: "best and emerging practices" changed to "evidence-based practices"	Work to increase statewide and community rates of healthy eating and active living that utilize evidence-based practices that are aligned with local, state and national guidelines.
	Develop and implement a chronic disease and injury prevention plan.	67%	Wording change: Added "health promotion"	Develop and implement a health promotion and chronic disease and injury prevention plan.
	Suicide prevention.	61%	Wording change: Changed to emphasize community mental health and well-being	Promote community mental health and well-being.

Removed (not deemed foundational)	Prevention of sexually transmitted diseases.	83%	Removed: Covered in new component "develop and implement comprehensive community-based health promotion strategies", STD/HIV testing and treatment also covered in Access to Clinical Care	N/A
	Diabetes prevention.	72%	Removed: Covered in new component "develop and implement comprehensive community-based health promotion strategies"	N/A
	Oral health promotion.	72%	Removed: Covered in new component "develop and implement comprehensive community-based health promotion strategies"	N/A
	Work with partners to *identify innovative/promising and population-based interventions* that utilize valid evaluation studies.	61%	Removed: This was covered in component "identify evidence-based and population-based interventions"	N/A

	Cancer prevention.	61%	Removed: Covered in new component "develop and implement comprehensive community-based health promotion strategies"	N/A
	Teen pregnancy prevention.	61%	Removed: Covered in new component "develop and implement comprehensive community-based health promotion strategies"	N/A
	Coordinate and integrate other categorically funded chronic disease and injury prevention programs and services.	61%	Removed: This component was removed from each Foundational Area	N/A
Added as a new component			Added: Based on interviews, this general component was added instead of several components that addressed specific issues (e.g. teen pregnancy, cancer, diabetes, etc.)	Develop and implement comprehensive community-based health promotion strategies to address common risk factors and chronic diseases.
			Added: Based on interviews, to emphasize importance of addressing substance abuse	Work to reduce rates of substance abuse in the community.

Environmental Health

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Support adult and child blood lead case management.	89%	None	Support adult and child blood lead case management.
	Provide timely, accurate, and locally relevant information on *environmental public health issues* and health impacts from both common and toxic exposure sources.	78%	None	Provide timely, accurate, and locally relevant information on environmental public health issues and health impacts from both common and toxic exposure sources.
	Identify assets for *environmental public health*.	78%	None	Identify assets for environmental public health.
	Identify and address notifiable conditions and environmental hazards.	72%	None	Identify and address notifiable conditions and environmental hazards.
	Develop and implement an *environmental public health plan* to prevent and reduce exposures to health hazards in the environment.	61%	None	Develop and implement an environmental public health plan to prevent and reduce exposures to health hazards in the environment.
	Advocate and seek funding for *environmental public health policies and initiatives*.	33%	None: This component was kept in each Foundational Area	Advocate and seek funding for environmental public health policies and initiatives.
Revised (edited or combined with other components)	Conduct elevated blood lead screenings.	72%	Wording change: Changed to "assure access"	Assure access to elevated blood lead screenings.

	Conduct mandated environmental public health *inspections* (including within school, child care, and correctional facilities) to protect food, drinking water, recreational water use, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations.	61%	Wording change: Changed to "assure implementation"	Assure implementation of environmental public health inspections (e.g., inspection of child care facilities) in accordance with federal, state, and local laws and regulations. AND Coordinate and communicate with agencies that carry out environmental public health functions at the local level (e.g., inspections of food service facilities, drinking water, and liquid and solid waste streams).
	Protect the population from unnecessary radiation exposure in accordance with federal, state, and local laws and regulations.	61%	Wording change: Changed to "provide the community with information"	Provide the community with information on reducing unnecessary radiation exposure (e.g. radon in the home).
	Conduct mandated environmental public health *laboratory testing* to protect food, drinking water, recreational water use, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations.	50%	Wording change: Changed to "assure"	Assure availability of public health laboratory services for reference and confirmatory testing related to environmental public health threats.
	Prevent, reduce, or abate environmental health hazards.	50%	Wording change, and combined with "support nuisance abatement" component	Prevent or reduce environmental public health hazards and assure abatement of nuisances.

	Support nuisance abatement.	50%	Combined with "Prevent, reduce, or abate environmental health hazards"	N/A
	Participate in *broad land use planning and sustainable development* (e.g., consideration of housing, urban development, recreational facilities, and transportation).	28%	Wording change: Removed "broad" for clarity	Participate in land use planning and sustainable development (e.g., consideration of housing, urban development, recreational facilities, and transportation).
Removed (not deemed foundational)	Promote recycling and reuse.	56%	Removed: Too specific	N/A
	Coordinate and integrate other categorically funded communicable disease control programs and services.	50%	Removed: This component was removed from each Foundational Area	N/A

Maternal and Child Health

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period *that optimize lifelong health and social-emotional development.*	94%	Wording change: Removed "emerging"	Identify, disseminate, and promote evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development.
	Identify assets for *maternal and child health*.	83%	None	Identify assets for maternal and child health.

	Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal period *to lower infant mortality and pre-term birth outcomes.*	83%	Wording change: Removed "emerging"	Identify, disseminate, and promote evidence-based information about early interventions in the prenatal period to lower infant mortality and pre-term birth outcomes.
	Provide timely, accurate, and locally relevant information on *emerging and on-going maternal and child health trends*, including the importance of Adverse Childhood Experiences (ACEs) and health disparities.	78%	None	Provide timely, accurate, and locally relevant information on emerging and ongoing maternal and child health trends, including the importance of Adverse Childhood Experiences (ACEs) and health disparities.
	Develop and implement a prioritized *maternal and child health prevention plan* using life course expertise and an understanding of health priorities.	72%	None	Develop and implement a prioritized maternal and child health prevention plan using life course approaches and an understanding of health priorities.
	Advocate and seek funding for *maternal and child health policies and initiatives*.	67%	None: This component was kept for each Foundational Area	Advocate and seek funding for maternal and child health policies and initiatives.
Removed (not deemed foundational)	*Assure mandated newborn screenings* are performed in order to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders specified for Kansas.	61%	Removed	N/A
	Coordinate and integrate other categorically funded communicable disease control programs and services.	61%	Removed: This component was removed from each Foundational Area	N/A

	Utilize the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for *preventive screening and outreach*.	56%	Removed	N/A
	Provide mandated newborn screenings in order to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders specified for Kansas.	39%	Removed	N/A

Access to Clinical Care

Outcome	Original component	Percent marked as foundational	Changes made	Final component
Deemed foundational (no revisions or slight revisions)	*Assure* access to maternal and infant services (e.g., maternity support, WIC)	83%	None	Assure access to maternal and infant services (e.g., maternity support, WIC)
	Assure family planning services.	72%	None	Assure access to family planning services.
Revised (edited or combined with other components)	*Assure* access to STD and HIV testing.	83%	Combined with "assure access to STD and HIV treatment"	Assure access to STD and HIV testing and treatment.
	Assure access to STD and HIV treatment.	72%	Combined with "assure access to STD and HIV treatment"	N/A
	Utilize public health staff as facilitators of clinical and community linkages.	67%	Wording change and combined with components that list specific services	Link community members to existing clinical services (including oral health services) and health insurance resources in the community.

	Provide timely, accurate, and locally relevant information *on the health care system.*	61%	Wording change: Specified "how to access and navigate the health care system"	Provide timely, accurate, and locally relevant information on how to access and navigate the health care system.
	Assure access to navigation services for clients in order for them to maintain appropriate health insurance coverage.	56%	Combined with "provide timely, accurate, and locally relevant information on the health care system"	N/A
	Assure access to grief counseling services.	50%	Wording change: Changed to include general behavioral health services	Link community members to existing behavioral health services in the community.
Removed (not deemed foundational)	Remove barriers to care.	72%	Removed: Adequately covered in new component "link community members to existing clinical services (including oral health services) and health insurance resources in the community"	N/A
	Engage in local- and state-level *health system planning*.	67%	Removed	N/A
	Assure access to health homes and quality care.	61%	Removed: Adequately covered in new component "link community members to existing clinical services (including oral health services) and health insurance resources in the community"	N/A

	Provide STD and HIV testing	61%	Removed: Covered in "assure access to STD and HIV testing and treatment?	N/A
	Provide STD and HIV treatment	61%	Removed: Covered in "assure access to STD and HIV testing and treatment?	N/A
	Provide family planning services	56%	Removed: Adequately covered in new component "link community members to existing clinical services (including oral health services) and health insurance resources in the community"	N/A
	Provide maternal and infant services.	56%	Removed: Adequately covered in new component "link community members to existing clinical services (including oral health services) and health insurance resources in the community"	N/A
	Support access to *culturally and linguistically appropriate care* (i.e., 508 compliant).	56%	Removed: Covered in Addressing Health Equity and the Social Determinents of Health	N/A

	Coordinate and integrate other categorically funded clinical health care programs and services.	50%	Removed: This component was removed from each Foundational Area	N/A
	Provide navigation services to clients in order for them to maintain appropriate health insurance coverage.	33%	Removed: Covered in new component "provide timely, accurate, and locally relevant information on how to access and navigate the health care system"	N/A
	Improve patient safety through *licensing, monitoring, and discipline of health care providers*.	28%	Removed	N/A
	Conduct *inspection and licensing of health care facilities* to improve patient safety.	22%	Removed	N/A
	Provide grief counseling.	11%	Removed: Covered in new component "link community members to existing behavioral health services in the community"	N/A
	Procure, maintain, manage, and distribute biological and therapeutic products to health care providers.	11%	Removed	N/A

Appendix D: Kansas Foundational Public Health Services List

Background

In September 2015, a group of KALHD members met to set a vision for local public health in the state. Their vision was defined as:

"KALHD's vision is a system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services (FPHS)."

This vision statement was adopted by the KALHD board, and a list of next steps was identified. Shortly after the adoption of this vision statement by KALHD, the Public Health Systems Group (PHSG) organized its work to support the exploration and implementation of the FPHS. As part of these efforts, the Kansas Health Institute (KHI), in partnership with KALHD and the PHSG is conducting an assessment of the FPHS in Kansas. The aim of this assessment is to: 1) Define the FPHS for Kansas and 2) Assess the system's capacity for implementation of the FPHS. The assessment began with a literature review of other states' FPHS models and compared them to the RESOLVE model[1]. The literature review also examined how other states went about defining the FPHS for their state. Based on the results of that literature review, KHI compiled a list of possible FPHS components, and that list was distributed as a survey to 19 key informants (14 LHD, and 5 KDHE personnel). Interviews were held to discuss the survey responses, and based on the information gathered in the survey and interviews, the list was revised. This list was shared with stakeholders for feedback, and further edits were made.

About the FPHS

The FPHS are the suite of skills, programs, and activities that should be available in every community in Kansas through state or local governmental public health agencies as basic components to keep the public safe and healthy. The FPHS are primarily population-based preventive health services that are best addressed by governmental public health and may be mandated by state or Federal law. The model consists of Foundational Capabilities and Foundational Areas. The **Foundational Capabilities** are the cross-cutting skills that need to be present everywhere for the system to work anywhere. They are the essential skills and capacities tended to support the Foundational Areas. **Foundational Areas** are the substantive areas of expertise or program-specific activities. Within each Foundational Capability and Foundational Area, there is a list of components that further define what it means to fully implement that capability or area.

There may be additional programs and activities that are of critical significance to meet a specific community's needs. These services are not included in the FPHS model because they are not present in all communities. However, they are still important services.

Criteria

When identifying what should be provided by state or local public health agencies in the FPHS for Kansas model, the components were evaluated against the following criteria:

4. *Population-based* preventive health services that target specific communities defined by geography, race, ethnicity, gender, illness, or other health conditions (e.g., water fluoridation, creation of walkable communities)
5. *Governmental public health* is the only or best potential provider of service (e.g., disease surveillance and epidemiology)

[1] Public Health Leadership Forum, 2014. *V-1 Foundational Capabilities and Areas with Addendum.* Available at: http://www.resolv.org/site-foundational-ph-services/files/2014/04/V-1-Foundational-Capabilities-and-Areas-and-Addendum.pdf

6. *Mandated service* provided by the public health authority (e.g., communicating reportable disease cases to the state health department)

The criteria are adapted from a similar process conducted in Washington State (see **Figure 1**, below). Priority is given to the services that fall in the far right column.

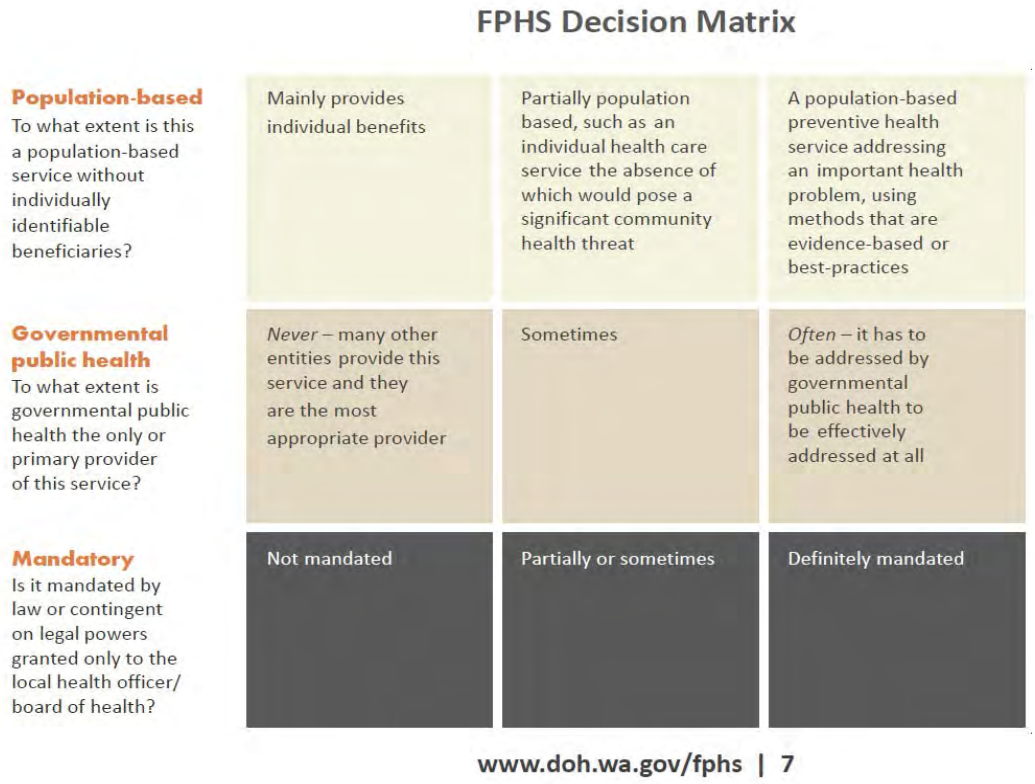


Figure 1. Washington State FPHS Decision Matrix

Please Note

As you become familiar with this list, please keep in mind the following:

- The components in this model constitute what SHOULD be provided by state or local public health agencies when KALHD's vision is achieved, not what currently IS provided.
- Only services and capabilities that should be available in EVERY community in Kansas are included in this list.
- To 'assure' means that state or local public health agencies have the primary responsibility to strategically work with community partners to ensure that those who need the service have access to it and that there is a plan in place to provide the service. Components that begin with 'assure' should be provided by the state or local public health agencies if no other organizations are willing or able to provide the service in the community. In all other cases (when the term "assure" is not present) the state or local health agencies should be directly responsible for providing the service listed. **This may be achieved through a contract for services, as long as the contract doesn't remove responsibility from the health department.**

- Functions are not always exclusive to an individual health department (i.e., some services may be shared between the state and local public health agencies or between local agencies in multiple jurisdictions).
- Services and capabilities that are not found on this list may still be important to individual communities (and therefore be provided by some public health departments) based on identified needs for their communities, but may not be available statewide.

Please contact Charlie Hunt at 785-233-5443 or chunt@khi.org with any questions.

Foundational Capabilities

The Foundational Capabilities are the cross-cutting skills and capacities needed to support the foundational areas and other programs and activities. Presence of these capabilities is key to protecting the community's health and achieving equitable health outcomes. Each Foundational Capability has components that further define the Capability. The following components should be present in state or local public health agencies in Kansas.

Assessment

The Assessment capability includes activities for the collection and analysis of public health data.

- Ability to participate in the collection of primary public health data.
- Ability to access and utilize secondary data from key sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.
- Ability to interpret, display, and communicate public health data and its analysis.
- Ability to identify patterns, causes, and effects of chronic and communicable diseases (epidemiology).
- Ability to lead or participate in a community health assessment, including health disparity analysis and identification of health priorities.
- Ability to respond to data requests with meaningful reports (valid, statistically accurate, and readable by intended audiences).
- Ability to evaluate efficiency and effectiveness of public health programs.
- Ability to access and utilize electronic health information systems.

All Hazards Preparedness/Response

The All Hazards Preparedness/Response capability includes activities critical to prepare for and respond to public health emergencies.

- Ability to develop and rehearse emergency response strategies and plans.
- Ability to coordinate with emergency response partners from both private and governmental sectors.
- Ability to serve as the local primary or coordinating agency for Emergency Support Function 8 – Public Health and Medical.
- Ability to operate within the National Incident Management System as well as within any local emergency response processes.
- Ability to promote community preparedness and resilience by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency.
- Ability to maintain a continuity of operations plan (COOP) that includes access to financial resources to execute emergency responses.
- Ability to conduct investigations of threats to public health.
- Ability to issue emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).
- Ability to identify, prioritize, and address the needs of vulnerable populations in advance of a public health emergency.
- Ability to be notified of public health emergencies on a 24/7 basis.

- Ability to respond to public health emergencies on a 24/7 basis.
- Ability to notify the public of a public health emergency on a 24/7 basis
- Ability to package and ship clinical specimens to the state reference laboratory (Kansas Health and Environmental Laboratory, or KHEL) for identification of threats.

Communications

The Communications capability includes activities that ensure a comprehensive communications strategy is developed and implemented.

- Ability to maintain ongoing relationships with local media outlets.
- Ability to develop and implement a strategic communications plan to articulate the agency's mission, vision, values, roles, and responsibilities to the community.
- Ability to communicate the role of public health to the public and to policymakers.
- Ability to communicate specific health or public health issues through written and verbal communication tools.
- Ability to develop a communication strategy to identify a specific public health issue and/or to communicate risk (e.g., providing information on health risks, healthy behaviors, and disease prevention).
- Ability to communicate in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with State and Federal guidelines, such as compliance with Section 508 of the Rehabilitation Act of 1973.
- Ability to facilitate two-way communications (transmit and receive) with the public via social media and other tools.
- Ability to develop and implement a proactive health education strategy to support good population health.

Policy Development & Support

The Policy Development/Support capability includes activities to inform, develop, and implement public health policy.

- Ability to identify evidence-based public health policy recommendations.
- Ability to work with partners and policymakers to develop and enact public health policies.
- Ability to work with partners and policymakers to support the development of public health administrative rules, regulations, and ordinances.
- Ability to utilize health in all policies (HiAP) approaches for all policy development.
- Ability to enforce public health mandates (e.g., policies, statutes, regulations, ordinances).

Community Partnership Development

The Community Partnership Development capability includes activities to improve collaboration and interdependence within the public health system.

- Ability to create and maintain relationships with key partners, including health care and other health-related organizations, organizations representing populations experiencing health disparities, governmental agencies, and public health champions.

- Ability to strategically select and articulate governmental public health roles in programmatic and policy activities.
- Ability to coordinate with governmental public health partners to support programmatic and policy activities.
- Ability to work with community members and organizational partners to identify community assets and resources.
- Ability to engage community members (including those who experience health disparities) to develop and implement community health improvement plans to address priorities identified in health assessments.
- Ability to convene a broad, multi-sector assembly of public health and medical stakeholders to promote health, prevent disease, and protect residents within the community.

Organizational Competencies

The Organizational Competencies include activities to support the business, management, and leadership functions within the public health system.

- Ability to serve as the public face of governmental public health in the community.
- Ability to define and communicate strategic direction for public health initiatives through agency strategic planning processes.
- Ability to uphold business practices in accordance with local, state, and federal laws, and professional standards.
- Ability to develop and maintain a performance management system to monitor achievement of organizational and programmatic objectives.
- Ability to continuously evaluate and improve organizational processes, including using planning tools such as Plan-Do-Study-Act (PDSA) cycles.
- Ability to systematically apply computer literacy skills and information technology to public health practice and learning.
- Ability to have proper systems in place to keep protected health information (PHI) and confidential organizational data restricted.
- Ability to recruit and retain a competent public health workforce with considerations for succession planning.
- Ability to develop and maintain a competent public health workforce through workforce development and training, performance review, and staff accountability.
- Ability to comply with federal, state, and local standards and policies for fiscal management, including within budgeting, auditing, billing, and charts of accounts (revenue and expense) processes.
- Ability to comply with federal, state, and local standards and policies for contracting.
- Ability to procure, maintain, and manage resources to support agency operations (e.g. funding, assets, supplies, and hardware/software).
- Ability to procure, maintain, and manage safe facilities to support agency operations.
- Ability to access appropriate governmental legal services to support agency operations.
- Ability to engage with the public health governing entity to advocate for public health funding & initiatives.
- Ability to coordinate and integrate categorically funded programs and services.

Addressing Health Equity and the Social Determinants of Health

Health Equity and Social Determinants of Health includes activities to identify and respond to health disparities and the needs of vulnerable populations.

- Ability to recognize and understand the determinants of health disparities within the community.
- Ability to coordinate programming to improve health disparities within the community.
- Ability to develop and advocate for policies that will promote health for all, particularly the most vulnerable
- Ability to provide services in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with State and Federal guidelines, such as compliance with Section 508 of the Rehabilitation Act of 1973.
- Ability to provide public health information for the community that is stratified by demographic characteristics.

Foundational Areas

The Foundational Areas are the substantive areas of expertise and program-specific activities that are provided by state or local public health agencies. Each Foundational Area has components that further define the activities within that area. The following components should be available in every community in Kansas. In some cases, the role of the public health agencies is to assure that people have reasonable access to certain services.

To 'assure' means that state or local public health agencies have the primary responsibility to strategically work with community partners to ensure that those who need the service have access to it and that there is a plan in place to provide the service. Components that begin with 'assure' should be provided by the state or local public health agencies if no other organizations are willing or able to provide the service in the community. In all other cases (when the term "assure" is not present) the state or local health agencies should be directly responsible for providing the service listed.

Communicable Disease Control

The Communicable Disease Control area includes programs and activities to prevent and control the spread of communicable disease.

- Provide timely, accurate, and locally relevant information on communicable diseases and their control, including strategies to increase local immunization rates.
- Identify assets for communicable disease control.
- Develop and implement a communicable disease control plan prioritizing important communicable diseases.
- Advocate and seek funding for communicable disease control policies and initiatives.
- Assure availability of public health laboratory services for reference and confirmatory testing related to communicable diseases.
- Receive and promptly process laboratory and clinical reports of communicable diseases.
- Conduct disease investigations, including contact tracing and notification, in accordance with national, state, and local mandates and guidelines.
- Identify and respond to communicable disease outbreaks in accordance with national, state, and local mandates and guidelines.
- Support local screening/testing of reportable diseases, based on national and state recommendations and guidelines.
- In conjunction with appropriate partners, enforce emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).
- Assure availability of childhood, adolescent and adult immunization services, including the Vaccines for Children (VFC) program, for all vaccines recommended by the Advisory Council on Immunization Practices (ACIP).
- Assure proper diagnosis and treatment for individuals with latent or active tuberculosis in accordance with national, state, and local mandates and guidelines.
- Educate providers in national, state, and local communicable disease control mandates and guidelines.

Health Promotion and Chronic Disease and Injury Prevention

The Health Promotion and Disease Prevention area includes programs and activities for health promotion and chronic disease and injury prevention. Special attention should be paid to the leading causes of death in Kansas. (Current Vital Statistics Report from KDHE: http://www.kdheks.gov/hci/annsumm.html)

- Provide timely, accurate, and locally relevant information on health promotion and chronic disease and injury prevention.
- Identify assets for health promotion and chronic disease and injury prevention.
- Develop and implement a health promotion and chronic disease and injury prevention plan.
- Advocate and seek funding for health promotion and chronic disease and injury prevention policies and initiatives.
- Work with partners to identify evidence-based, population-based interventions that utilize valid evaluation studies.
- Work to reduce rates of tobacco use through policies and programs that conform with local, state, and Federal laws and recommendations.
- Work to increase statewide and community rates of healthy eating and active living that utilize evidence-based practices that are aligned with local, state and national guidelines.
- Develop and implement comprehensive community-based health promotion strategies to address common risk factors and chronic diseases.
- Promote community mental health and well-being.
- Work to reduce rates of substance abuse in the community.

Environmental Health

The Environmental Health area includes programs and activities to prevent and reduce exposure to environmental hazards.

- Provide timely, accurate, and locally relevant information on environmental public health issues and health impacts from both common and toxic exposure sources.
- Identify assets for environmental public health.
- Advocate and seek funding for environmental public health policies and initiatives.
- Develop and implement an environmental public health plan to prevent and reduce exposures to health hazards in the environment.
- Assure availability of public health laboratory services for reference and confirmatory testing related to environmental public health threats.
- Assure implementation of environmental public health inspections (e.g., inspection of child care facilities) in accordance with federal, state, and local laws and regulations.
- Coordinate and communicate with agencies that carry out environmental public health functions at the local level (e.g., inspections of food service facilities, drinking water, and liquid and solid waste streams).
- Identify and address notifiable conditions and environmental hazards.
- Assure access to elevated blood lead screenings.
- Support adult and child blood lead case management.

- Prevent or reduce environmental public health hazards and assure abatement of nuisances.
- Participate in land use planning and sustainable development (e.g., consideration of housing, urban development, recreational facilities, and transportation).
- Provide the community with information on reducing unnecessary radiation exposure (e.g. radon in the home).

Maternal and Child Health

The Maternal and Child Health area includes programs and activities for the prevention of developmental impairments and life-threatening illnesses in mothers and children.

- Provide timely, accurate, and locally relevant information on emerging and ongoing maternal and child health trends, including the importance of Adverse Childhood Experiences (ACEs) and health disparities.
- Identify assets for maternal and child health.
- Develop and implement a prioritized maternal and child health prevention plan using life course approaches and an understanding of health priorities.
- Advocate and seek funding for maternal and child health policies and initiatives.
- Identify, disseminate, and promote evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development.
- Identify, disseminate, and promote evidence-based information about early interventions in the prenatal period to lower infant mortality and pre-term birth outcomes.

Access to Clinical Care

The Access to Clinical Care area includes programs and activities for assuring access to specific preventive and primary care clinical services.

- Provide timely, accurate, and locally relevant information on how to access and navigate the health care system.
- Assure access to family planning services.
- Assure access to maternal and infant services (e.g., maternity support, WIC)
- Assure access to STD and HIV testing and treatment.
- Link community members to existing clinical services (including oral health services) and health insurance resources in the community.
- Link community members to existing behavioral health services in the community.

Appendix E: Endnotes

1. Institute of Medicine. (2012). *For the Public's Health: Investing in a healthier future.* Washington, DC: The National Academies Press.

2. Ibid.

3. RESOLVE. (2014). *Defining and Constituting Foundational Capabilities and Areas — Version 1*. Washington, DC: RESOLVE.

KANSAS HEALTH INSTITUTE

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