Guide to the Ohio Costing of Foundational Public Health Services (FPHS)
and the
Annual Financial Report (AFR) Tool

Version 2023
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Public Health
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Ohio Public Health Partnership (OPHP)
User Guide – Version 2023

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Background

In <u>April of 2012</u>, the Institutes of Medicine (IOM) released, "For the Public's Health: Investing in a Healthier Future," the third in a series of three reports focusing on key issues in public health. Among the recommendations found in the report was one for a *minimum package of public health services*.

In <u>Spring 2013</u>, the Public Health Leadership Forum, funded by the Robert Wood Johnson Foundation (RWJF) and facilitated by RESOLVE, convened a working group to explore a recommendation from the Institute of Medicine report, "For the Public's Health: Investing in a Healthier Future" – to define a minimum package of public health services. The first framework was completed in March 2014, and made the case for *foundational public health services essential to communities everywhere for the health system to work anywhere*.
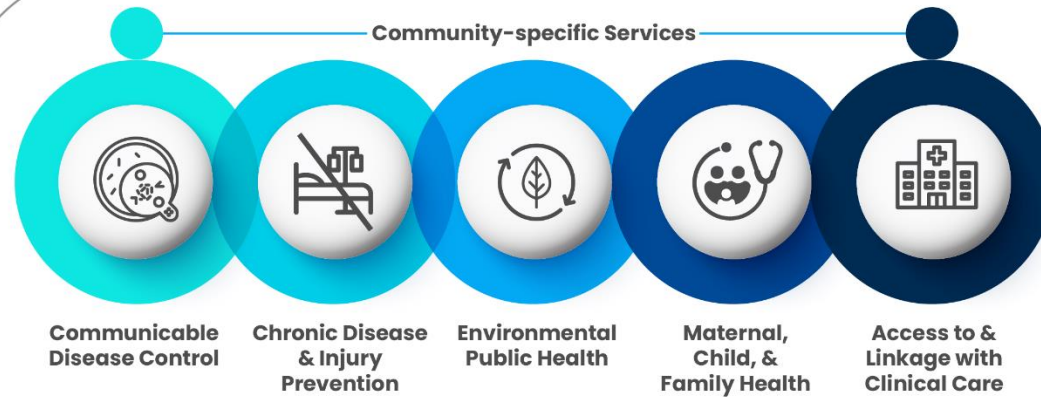
In <u>February 2016</u>, Ohio was funded by RWJF and the Public Health National Center for Innovations (PHNCI) at PHAB (Public Health Accreditation Board) to explore opportunities to improve public health in the 21st century (21C Project). One initiative was identifying what it costs to provide FPHS. Ohio adopted the national FPHS framework and developed a Costing of FPHS assessment tool to be used by all local health departments (LHDs). The tool not only provides important information about gaps in providing FPHS and what it will cost to fill those gaps, but calculates information required by LHDs to be submitted with the Annual Financial Report (AFR) as part of the state subsidy application.

In <u>November 2021</u>, PHNCI and the Funders Forum on Accountable Health released a Foundational Public Health Services and Public Health Modernization Background Report that reviewed the original FPHS concept along with lessons learned from how states have used the framework (Source: FPHS-Background-Paper-2021.pdf (phnci.org)) . The report suggested ways the framework may be adapted based on lessons learned from the COVID19 pandemic, as well as building on the nationally growing movement toward public health modernization.

In <u>February 2022</u>, the framework was refreshed to assure it continues to align with the modernization of governmental public health. Most notably, equity was added as an eighth Foundational Capability, elevating its importance as a cross-cutting skill and capacity, and reinforcing its critical role in ensuring community health and well-being. The framework was reorganized to better depict the Foundational Capabilities as the base, recognizing the importance of a strong infrastructure to support FPHS implementation. Definitions were refined for greater clarity and key topics important for today's public health practice were emphasized. The new framework graphic, Version 2022 follows next. (Source: FPHS | PHNCI)

Foundational Public Health Services

Foundational Areas

Community-specific Services

- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, & Family Health
- Access to & Linkage with Clinical Care

Foundational Capabilities

Assessment & Surveillance	Community Partnership Development	Equity	Organizational Competencies
Policy Development & Support	Accountability & Performance Management	Emergency Preparedness & Response	Communications

EQUITY

PHAB
Advancing public health performance

phnci

February 2022

The Foundational Public Health Services (FPHS) Framework – Version 2022

The **FPHS framework** outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community (Source: FPHS Factsheet FINAL (phnci.org)).The framework represents local governmental public health. It is NOT about the larger public health system, only those responsibilities of the health department.

The framework defines Foundational Capabilities and Areas that every health department should provide. However, health departments serve diverse communities and provide other services that are critical and important just for their jurisdiction. These are called community-specific services. The costing tool asks each LHD to assign their total expenses across the entire FPHS framework.

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

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

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

FPHS and the Annual Financial Report (AFR)

In 2016 a workgroup of health commissioners from different size local health departments (LHDs) and the Ohio Department of Health (ODH) developed a costing tool to collect expenditure data from LHDs using the FPHS framework. At the same time, the Annual Financial Report (AFR) was revised to mirror the FPHS and utilize the data from the costing tool. (*Ohio Administrative Code Chapter 3701-36, Local Health Departments Rule 3701-36-03, Minimum Standards (A) (4) requires the submission of a completed annual financial report to the department by March first of each year*).

Purpose of the Costing Tool

Ohio local health departments (LHDs) complete the costing of foundational public health services (FPHS) costing spreadsheet annually. The purpose is to:

- *identify the gap between <u>where we are</u> and <u>where we should be</u> in providing FPHS. Then, answer the question, <u>what funding is needed</u> to close that gap for LHDs in Ohio; and*
- *calculate the per capita summary data that is submitted with the Annual Financial Report (AFR), required annually by the Ohio Department of Health (ODH).*

About the Tool

The tool was originally developed by the National Coordinating Center (NCC) for Public Health Services and Systems Research and Practice-Based Research Networks (PHSSR/PBRN) at the University of Kentucky. With permission, the 21C workgroup modified the tool to make it Ohio-specific.

The tool consists of 7 tabs in an excel spreadsheet. Drop-down boxes are used throughout for ease of entering data. Formulas are locked, but visible to the user for transparency and understanding of how the data is being collected. Appendices provide specific definitions to take the "guesswork" out of where to put data.

<u>Actual Costs</u> are collected, including salary, benefits and non-labor expenses. Unlike many other financial reports, the tool also asks for <u>Estimations</u>, which are your best professional judgment about the types and amounts of personnel and non-labor resources your agency devotes to each FPHS activity, and your capacity to provide all the FPHS.

LHDs complete the excel spreadsheet and upload (or data enter) pages 6 & 7 (summary pages) from the spreadsheet into the AFR. ODH receives "total expenditure" data, organized by the FPHS.

Use of Data

The spreadsheets are collected by the Ohio Public Health Partnership (OPHP) on behalf of the Association of Ohio Health Commissioners (AOHC). Data is analyzed and a statewide summary of results is compiled into a report annually. The data is used in public health decision-making about what additional funding is needed and how resources are best allocated across the state to serve communities. LHDs benefit from this assessment to better understand gaps in their specific jurisdiction. And the data is important to support public health advocacy among policymakers and stakeholders.

Completing the FPHS Costing Tool

Financial Information

Actual expenses are reported in the costing tool, just as they are reported in the LHDs financial statements for the fiscal year. LHDs differ in how they collect and organize their financial data. However, all LHDs should be able to break down their total expenses in two categories: labor (salary, benefits, etc.) and non-labor. This is what is being requested of a LHD for this tool: actual, total expenses for the fiscal year as reported on financial statements; and a breakdown of those total expenses by labor and non-labor categories. These actual total expenses will remain consistent throughout the pages of the costing tool. Some LHDs may be collecting their financial information consistent with the FPHS definitions. This is certainly helpful and offers more accuracy to assigning expenses to the FPHS. However, it is not required for this particular assessment.

Estimations

Estimations are your LHDs' best professional judgment about the types and amounts of labor and non-labor resources your health department devotes to each FPHS activity, and your capacity to provide all the FPHS. To complete the full assessment, LHDs will need to make estimates on three dimensions of FPHS:

1. **Labor:** how individual staff spend their time working in the FPHS over the course of the fiscal year;
2. **Non-Labor**: how to allocate departmental non-labor expenses across the FPHS; and
3. **Attainment**: how well the health department <u>as a whole</u> is able to meet 100% of the FPHS.

Getting Started

Completing the tool for actual costs and revenues is similar to other financial reports prepared by LHDs. For this tool however, there are added judgment calls you will need to make based on your experience. You will need to review the description of each Foundational Public Health Service and then make informed judgments about the types and amounts of labor and non-labor resources your health department devotes to each activity. It is recommended that managers and supervisors who work directly with staff help make these estimates. On the fiscal side, you will use your agency's most recently completed financial reports.

1. Review the entire Excel spreadsheet to gain familiarity with the types of questions that will be asked on each page.

2. Review **APPENDIX A** carefully. It includes the definition for each of the Foundational Capabilities and Areas. **APPENDIX A** also provides examples of Ohio programs and services and where they fit within each Capability and Area. It also lists programs and services your health department may provide that are community-specific, and not provided by everyone.

3. Obtain copies of your health department's financial reporting statements and payroll for the most recently completed fiscal year.

4. Convene key personnel in your agency with whom you may want to consult. Have a group discussion about the definitions and about your approach for gathering employee estimates for how they spend their time. Once you collect individual estimates, think about how you will estimate attainment of the FPHS for your department as a whole.

5. How long it takes to complete this tool varies and depends on how many staff are in your health department, whether you have shared services, and how many staff in your department will be called upon to make estimates of how staff spend their time in FPHS. Plan to allow ample time to review your agency's records and work through estimating staff time spent in FPHS. The tool is modularized so you can complete components over time in multiple sessions.

Buckeye Health Department

A companion to this User Guide is a sample spreadsheet for the Buckeye Health Department (BHD). BHD serves a population of 50,000 with a budget of $1,890,750 and 16 employees. Throughout this guide BHD will be referenced as an example about how to fill out the spreadsheet.

Page 1: Payroll

LABOR – Estimations of Staff Time Spent in FPHS (Page 1)

This page refers to salary, fringe and benefits. LHDs have this information compiled for a number of financial reports at the end of the year. This tool asks you to take that information one step further and determine how much of that salary, fringe and benefits each staff person spends in each of the FPHS categories. This tab will require entering ACTUAL financial data from your payroll and then making INFORMED JUDGMENTS about how much time is spent in each FPHS category.

You will specify the total number of regular full-time employees, part-time employees, and contracted workers for each occupational category that applies to your health department. This section should include ALL personnel, regardless of funding source.

Please use the occupational categories provided in the drop-down box for COLUMN D. If you have an employee or group of employees that you cannot fit into one of the provided categories, you may use one of the 'Other' categories for these instances. If an 'Other' occupational category is used, please use the text entry box underneath to input how you would define this category.

Definitions for all 'Occupational Categories' are in **APPENDIX B.**

 COLUMNS A - D

There are 3 ways to enter your payroll data: Option A, Option B, or a combination of both.

Option A: Excel Columns B, C and D. Enter the name of each employee in Columns B and C, then use the drop-down box in Column D to assign their occupation. (The individual name column is ONLY for your use in keeping track of entering your data – it will NOT be used in the data analysis).

> *Option A works best for health departments who have a manageable number of employees to enter individually.*

Option B: Excel Column D. Use the drop-down box in Column D to assign the occupation. This option allows you to save time by grouping employees Instead of listing each one individually. However, it is very important when grouping employees that they are not only in the same occupation, but they spend the same percentage of their time in the FPHS categories.

> ***Option B works best for health departments who have groups of employees who all work in the same occupation with the same percentage of time working in the FPHS categories.***

Combination of Option A & B: You can always use both methods to enter your payroll data into the system: grouping employees when you can and listing individual employees when they are the only person in that occupation, or they don't fit into a group that adequately reflects their time spent. Remember, the goal is to assign your payroll expenses as accurately and completely as possible to reflect your health department's expenditure in FPHS.

If you need more lines for personnel, add rows between the first (A1) and the last row (A203) to assure formulas are included.

> **Important Reminder!** *Columns B, C & D are for your use only in organizing and assigning employees for this section. No individual names or costs to individuals will be submitted to the ODH. Only the aggregate data on pages 6 & 7 will be submitted.*

Buckeye Health Department

In the sample spreadsheet, note that Buckeye Health Department (BHD) uses a combination of Options A&B. The first 14 employees are listed individually, because they each have different percentages of time spent in the FPHS. However, BHD has 3 Registered Environmental Health Specialists (REHS) who work in the food inspection program, with 100% of their time assigned to the Foundational Area, environmental public health. They can be grouped together because their time is spent exactly the same. A 4th REHS (Kelly Dow) is listed individually because she spends 10% of her time on programs that are "Community-specific", which are different from the 3 food REHSs. There are also 2 administrative assistants in the environmental health program who spend their time exactly the same. They can be grouped together too.

However, you may have employees with the same title who spend their time differently. BHD has 2 public health nurses, one who spends 80% of her time in the Foundational Area communicable disease (Janet Case), and the other (Betty Connor) who spends 84% of her time in Chronic Disease & Injury Prevention, in community-specific services. They need to be listed individually, even though they have the same job title of public health nurse.

BHD defines an FTE as 40 hours per week. The Medical Director only works 4 hours per week therefore his time would calculate to .1 FTE.

COLUMNS F – K

In Cell H-1, titled Total Annual Compensation, enter the total of your department's salary, fringe and benefits for the most recent year. Cell H-3 titled Remaining Balance to Attribute, is a running balance of how much you have entered into the spreadsheet. Once that reaches zero, you have successfully assigned all your salary, fringe and benefits to an occupation.

Column F records the Full-Time Equivalent (FTE) for that individual or group of individuals. Use your health department definition for full-time equivalent, whether it be 35, 37, 40 hours per week, or some other definition. A staff person who works full-time the entire year would be 1 FTE. If a staff person leaves employment 3 months prior to the end of the fiscal year, the FTE for that person would be 10/12 or .75 FTE. If a staff person is part-time and works 20 hours per week in a 40-hour work week, they would be .5 FTE.

Column G is the total annual wages or salary for that employee or group of employees.

Column H asks for fringe, which includes PERS, workers compensation and Medicare.

Column I asks for benefits which could include health, dental, vision, etc. (For health/dental/vision insurance, this is the Health Department paid portion of the premiums only). This would also include Medicare advantage or supplement plans paid by the department on behalf of an individual employee as well.

Column J is the total hours paid including paid time off.

COLUMNS L - AY

These columns ask you to indicate how the people who work in your department spend their time in an average week as a percentage. If you click the tab on the heading for each FPHS, the definition pops up as an easy reminder. This section is where you rely on managers, supervisors or even individual staff to provide this information, since they are able to make a more informed judgment of how staff spend their time.

No matter who fills out the information for estimating time spent by employees, please be sure to consult the FPHS definitions in **APPENDIX A** for guidance. You will also need to know how the programs that staff work in are categorized as either a Capability, or an Area that is Community-specific. **APPENDIX A** lists Ohio public health programs and how they are categorized. Please use **APPENDIX A** as a reference to assure all LHDs are categorizing staff work consistently across the state.   The formulas are set so you cannot exceed 100% for any occupation row.

> **NOTE:** *There is an **OPTIONAL WORKSHEET** fiscal officers can give to managers and supervisors to list each staff person in their unit and estimate their time spent in FPHS. It does NOT include the pop-up definitions so you will need to share Appendix A for definitions. After the optional worksheet is completed, the fiscal officer can enter that information into the costing tool. This helps the fiscal officer who may not have first-hand knowledge of how staff spend their time, and it keeps non-fiscal staff from entering data directly into the tool.*

<u>COLUMNS BD - BI</u>

No data entry required at this step. These columns auto-calculate the summary of your health department's time spent in FPHS.

NOTE: Row 208 is a CORRECTION row. Since excel spreadsheets may result in rounding errors, use this column to reconcile with your total expenses. This is for rounding errors only. Major discrepancies between the final total and actual expenses means there is an error in recording data on the spreadsheet.

Page 2: Non-Labor

NON-LABOR – Estimations (Page 2)

There are nine (9) categories of non-labor costs for this tool. **APPENDIX C** provides a description of non-labor expenses.

STEP 1

In Cell C - 4, enter your department's total non-payroll expenses for the most recent fiscal year. (NOTE: Cell C-4 on Page 2 and Cell H1 on Page 1 should sum to the total of all your expenses for the year)

In Cells C-6 through C11, titled 'Itemized Remittances', enter remittances according to category. The remittances total will be subtracted from the 'Balance to Appropriate' since these are not expenses for specific use to your health department.

Cell C–13 titled 'Balance to Appropriate' is a running balance of how much you have entered into the spreadsheet, just like the payroll sheet. Once that reaches zero, you have successfully assigned all your non-labor costs into a category.

STEP 2 – Non-labor expenses by Foundational Capabilities and Areas

Most health departments do not organize their finances around the FPHS. However, you may have non-labor expenses that you know are obviously tied to one of the Capabilities and Areas.   Step 2 asks you to list as many of those non-labor expenses of a program or service as you can where they fit into each of the Capabilities and Areas. These would be expenses that should not be apportioned across all programs in your department. For example, Electronic Medical Record (EMR) expenses for clinical services or vehicles for environmental health staff to conduct inspections are expenses specific to that program or service. They should be added at this step. **Vaccines should be entered at this step under Communicable Disease Control, Community-specific Services.** Enter all non-labor expenses that you can directly into the appropriate FPHS category. If applicable, an expense can be divided among more than one FPHS category. For example, vehicle expenses for public health nurses and vehicle expenses for environmental health would be in different categories, even though they are both vehicle expenses.

Column I is a place to keep notes about what expenses you included in that category. This is a very helpful reference which you are encouraged to use.

 Step 3

The more you can categorize non-labor expenses in Step 2, the more accurate your calculation of spending in FPHS will be, which also tells where you have gaps in funding. However, you may have expenses that cannot be categorized easily, or that span across the entire department, such as copier, office supplies, facility costs, etc. You can enter the remaining balance of the non-labor expenses not listed in Step 2 in Cell B-46 in Step 3.

Once you enter the remainder of your expenses in Cell B-46, the spreadsheet is set up to apportion this remainder across the FPHS according to the percentages of personnel that you entered in Page 1: Payroll. The result will be that this amount of your non-labor costs is apportioned according to time employees spend in FPHS.

Cell B-47 is a placeholder to categorize special expenses if needed in the future.

Step 4

No data entry required at this step. All expenses entered in Step 2 and Step 3 above will automatically calculate your total FPHS non-labor expenses in Step 4.

Buckeye Health Department

The Buckeye Health Department was able to categorize $126,000 of non-labor expenses in Step 2. Column I was used to keep notes about which expenses were included. The remaining balance of $274,265 was entered in Cell B-46.

As a check, the total in Cell M-81 should be a sum of the expenses listed in Step 2 (Cell G-43), and the expenses in Step 3 (Cell B-48). The Buckeye Health Department total in Cell M-81 is $400,265.00, which is the sum of G-43 and B-48.

Page 3: Shared Services

Some local health departments (LHDs) accept funds to provide services or conduct activities on behalf of, or within another jurisdiction. This section is about grant funds or other kinds of shared services with <u>no formal agreement or contract</u> that would unintentionally be counted in an LHD jurisdiction per capita when it was not really a resource in their jurisdiction. The purpose is to make sure those funds are not counted in the per capita estimate of the providing LHD.

> **Important!** *If you do **NOT** accept grant funds to provide services to another LHD on their behalf, you do not fill out this page.*
> **Also Important!** *This section is **NOT** about contracts for services. If an LHD provides services to another LHD jurisdiction, and there is a contract to be reimbursed for those services, that will be entered on Page 2, non-labor expenses in Step 3.*

<u>Column B</u>
Enter the program or grant for funds that benefit another jurisdiction.

<u>Columns C</u>
Use the drop-down boxes to select the activity that your Health Department is providing.

<u>Column F</u>
Use the drop-down boxes to select the jurisdiction(s) with whom you are sharing the services. If it is more than 2, select the last drop-down box, multiple counties. You do not have to list all jurisdictions.

<u>Column H</u>
Enter the expense spent on behalf of the other jurisdiction. **Important: Be sure to back out the portion of funds that are expended or designated for your jurisdiction.**

The remainder of this page asks to apportion those expenses by the FPHS, as was done in the previous pages.

Buckeye Health Department

There are <u>10 local health departments in the region</u>. Buckeye Health Department receives $100,000 to implement the Regional Public Health Emergency Preparedness grant, which conducts activities and services on behalf of all 10 health departments.

When Buckeye Health Department fills out their spreadsheet, they would enter the $100,000 as grant funds they accepted, which would then be counted toward their per capita expenditure. However, this would <u>OVERESTIMATE</u> the funds available to Buckeye Health Department. They are not using all $100,000 just for their own jurisdiction, it is for activities across all 10 jurisdictions.

A more accurate representation for Buckeye Health Department is to allocate those resources equally across the 10 LHDs. $10,000 would be assigned to each Health Department in the region. Buckeye Health Department would count 1/10th or $10,000 toward their per capita.   The other 9 LHDs would be assigned a total of $90,000. This is a more accurate representation of the resources available to Buckeye Health Department specifically in their jurisdiction when calculating the per capita.

(NOTE: the $100,000 should still be counted in Buckeye Health Department's total expenditures on page 1 & 2 since it is an ACTUAL expense. The reduction of $90,000 for work toward the other jurisdictions will be taken on the Per Capita page 6. That amount will not be counted toward the Buckeye Health Department's final Per Capita cost.

The Shared Services Section is limited to only those grants or funds originating with the providing agency. This includes the following:

- **Regional Public Health Emergency Preparedness (PHEP) Grant:** The LHD receiving the Regional PHEP grant hires a coordinator that does work for the region. The grant funds for the regional coordinator should be allocated among all the jurisdictions in that region by population.
- **WIC:** For example, a WIC grant covers 3 counties with 1 county as the grantee. The grantee (County A) receives $583,000 to provide WIC services in all 3 counties. The grantee spends $202,000 in County B and $181,000 in County C for WIC. That leaves $200,000 spent on WIC in the grantee County (A). In this tab, County A would use the drop-down box in and find County B and County C. Then in Column F, put in the amount spent for each of those 2 counties. It should total $383,000.

- **BCCP Grant:** For example, County A receives BCCP grant funding on behalf of 5 counties, including their own for a total of 6 counties. County A hires 3 public health nurses to implement the program and provide services. The cost of the 3 public health nurses should be divided 6 ways, accounting for County A and the 5 counties. Then, the cost for the 5 counties, or 5/6th of the total, should be entered in Column F. This means that County A does not count all those resources in their per capita rate, but they rightfully count 1/6th in their per capita.

- **Other:** Please use this same process if you are a grantee for another grant or receive funds like the examples above.

Page 4: Survey Anchoring Vignettes

While the tool collects actual financial or quantitative data, it also asks for your informed judgment, or qualitative data about time spent in FPHS. This section is a way for researchers to understand how you make those judgments compared to how other local health departments make those judgments. It puts the estimates in perspective, providing another mechanism to assure, as much as possible, that we are comparing apples to apples!

Why do we do this? For research, it is helpful to understand the frame of reference for a person who is giving estimates in a survey. By understanding the reference point, a researcher can assure that conclusions drawn from the survey incorporate the differences among estimators.

A great way to explain this is to think of two individuals who are asked to estimate the population size of Chicago. One of them is from Milwaukee, and in making his guess he uses the size of his own town in relation to Chicago to come up with the estimate. He believes that Chicago is three times the size of his town, so he guesses 1.6 million is the population of the Windy City. The other individual is from Fort Wayne, and he thinks that Chicago is ten times the size of his town, so he guesses 2.6 million is the size of the Windy City. Both had a sound basis upon which they made an educated guess at the population, they just had a different frame of reference. By knowing this, researchers will be better able to make conclusions about the estimations LHDs are making.

There are no right or wrong answers on this page of the spreadsheet.

Important Note! *The data submitted in this section is NOT submitted with your AFR to ODH. It is for the purpose of understanding a little bit about how LHDs make estimations.*

Survey Anchoring Vignette - QUESTION 1: SCENARIO

Below you are asked to carry out a thought experiment for three (3) scenario cases involving different community settings. For each case, you are asked to estimate what you believe would be the total labor and non-labor costs of completing a community health assessment (CHA). Please consider the details carefully and factor each of them into your estimates. It is important to note that your estimates assume all costs have been considered. We know this is a tough assignment but do the best you can!

You are the Health Commissioner of three different sized Local Health Departments and are tasked with completing a community health assessment for each jurisdiction separately. Assume that you will have no
available assistance from other health care organizations within your community. Also assume that in all three case scenarios, your agency LEADS and CONDUCTS the assessment process. Finally, your agency follows the
PHAB standard for community health assessment of using an established assessment model. In each case, that model would be the
NACCHO Mobilizing for Action through Planning and Partnerships (MAPP) process.

Survey Anchoring Vignette - QUESTION 2: SCENARIO

Think about what you know about all local health departments in Ohio. What percentage of FPHS do you estimate is met by an average county or suburban health department of 100,000 population for each of the
foundational capabilities and areas? Then answer that same question for a rural health department of 30,000 population and a city/urban health department of 300,000 or more population. Again, use your best judgment based on what you know about local public health in Ohio.

Page 5: Attainment

This page assesses your current ability to deliver the FPHS (Ability = Capacity and Expertise):
- **Capacity**: *staff or staff time, materials, supplies, equipment needed for a particular Capability or Area*
- **Expertise**: *Knowledge, skills, education and experience related to a particular Capability or Area*

Attainment is not meant to measure performance or quality of a health department or to be evaluative. It is a tool to make the case for sustainable funding through a focused and national model as a basis for cost estimation. It helps understand what is being achieved with current resources, and describes the essential skills and capacities needed to achieve full FPHS, protect the community's health and achieve equitable health outcomes.

This page draws on your informed judgment, your experience and your expertise about how well your health department is able to provide FPHS in your community. Based on your understanding of how each public health Foundational Capability and Foundational Area is defined, please provide your overall assessment (expressed as a percentage) on the following question:

For each Foundational Capability and Area,
What is the estimated percentage <u>currently being met</u> by your health department?

This includes services or programs you provide directly, or through another entity that provides a service or program <u>on your behalf</u> to meet your governmental public health responsibilities. Try to be realistic, accurate and complete in your estimation as you can. Remember, the goal is to quantify funding and resource needs based on the gaps we identify. At this time, it is not feasible that any local health department (LHD) could meet 100% for many, if not all the FPHS.

Self-assessing your agency's expertise and capacity to deliver the FPHS is best accomplished by convening leadership and staff within your health department. Having input from various programs to help complete the attainment page is preferable to one person making a judgment on behalf of the entire health department. This may seem overwhelming at first, but you are the best subject matter expert about what you are able and not able to do given your current funding and resources.

How to Estimate Attainment

This section is NOT about the larger public health system, only those governmental responsibilities of the health department.

1. Assess each Foundational Capability and Area individually.
2. Begin by reviewing each bullet point in the definition in **APPENDIX A**.
3. Use the guide below to find the quartile that best matches your percentage level of attainment based on the definition.
4. Next, estimate a percentage within that quartile.
   a. Whether you score it more toward the top or bottom of the range will depend on your assessment for each of the bullet points in the definition.
   b. Consider how you attain, maintain and implement each of the bullet points.
   c. Be sure to thoughtfully consider the PHAB Core Measures: *CHA, CHIP, Strategic Plan, Performance Management System, QI Plan, Workforce Development Plan, and Emergency Response Plan.* These are resource intensive activities required for accreditation and reaccreditation. They require ongoing investment, year after year.

Quartiles - Percent Completion	
0 - 25%	Staff time and other resources are not present or largely unavailable to conduct activities in the definition. May have some expertise available, but limited ability to apply it.
26 – 50%	Some staff time and resources are available to conduct some of the activities in the definition. Expertise is available at a basic level.
51 – 75%	Most staff time and other resources are available to conduct many of the activities. Expertise is available most of the time and can usually be applied.
76% - 100%	Sufficient staff time and resources are available to conduct most or all the activities in the definition. Expertise is readily available and is routinely or almost always applied.

Page 6: Per Capita

In <u>Cell A–3</u>, enter the population served by your jurisdiction according to the most recent census population estimates. No other data entry is required on this page. The system automatically populates all fields by drawing from Pages 1, 2 and 3.

Page 7: Revenue

A. Local Source Funds

Locally generated funds, including but not limited to local taxes, unspent and unobligated funds from the previous year, fees for services rendered, license fees, permit fees, contributions, revenues from contracting health districts and revenues from other contractual services.

1. **Carryover** - the total of unobligated and unspent funds from the previous year.

2. **Local Government Funds** - All funds received from local governmental sources including:
   a. **Inside Millage**: Property taxes are monies negotiated within the 10-mill limitation specifically for your local health department
   b. **Public health levy(s)**: These are all the dollars received from a voter approved tax (not inside millage) to support the health department (ORC 5705).
      i. There may be more than one levy (Name, Type):
         1. <u>New</u>: a first-time levy that exists on its own.
         2. <u>Renewal:</u> an extension of an already existing levy which remains the same as does the valuation of the property
         3. <u>Replacement</u>: a replacement of the existing levy in its entirety at the rate at which it is authorized to be levied; may propose to replace a portion of the existing levy at a lesser rate; or may propose to replace the existing levy in its entirety and increase the rate at which it is levied.
      ii. <u>Levy start/end dates</u>

        iii. <u>Millage</u> (percent): records the millage tax rate of the levy as a decimal. (A mill is one tenth of a cent, $0.001; 2.5 mills is .0025)

        iv. <u>Levy Amount</u>: total dollars from this specified levy for the reporting year.

c. **Local General Revenue** (other than inside millage): Funds received from the general fund of the city or county for city health districts or general health districts <u>other than</u> inside millage.

d. **Contracts with other Cities and/or Counties:** Public Health Services Contracts with other Cities or Counties: Only contracts for public health services provided from one health district to another or union of local health districts under the specified ORC Sections 3709.07 or 3709.08. The amount of funds is prescribed in the continuation contract or the contract for services for each of the districts participating.

e. **Tuberculosis Contract with county commissioners:** Funds received by the local health department by contracting with the county commissioner to provide care for tuberculosis patients including special levy for tuberculosis treatment or clinics as specified ORC Section 5705.20.

f. **Pass-through funds**: Sub grants received from another local health department or other activities – do not include these pass-through funds in any other category as the funds will be included by the original department receiving the funds. These funds may originate from sources other than ODH.

g. **Other local governmental**: All funds from entities, contracts, or funded for specific services from other local governmental entities such as cities or townships, solid waste funds. h. Family and Children First Council: All funds from whatever source that are received through the Council.

3. **Personal Health Services:** All revenue fees and donations for personal health services other than home health services. j. Health Promotion Fees: include funds from programs such as health promotion courses, child car seats, bicycle helmets, health screenings, smoke detectors, and tobacco cessation.

4. **Home Health Services:** If you have a Home Health program, record all revenue fees and donations from your program.

5. **Environmental Health:** Place all environmental revenues in the specific Environmental Health category. Include contracts and fees collected for the state. Fees for the environmental health educational programs should be placed in this section under 'other' such as tattoo, storm water, mosquito spraying.

6. **Vital Statistics Fees:** Include fees collected for the sale of vital records as well as funds received pursuant to 3705.24(I)(1).

7. **Laboratory:** If you have a laboratory, specify the revenue for your laboratory as requested for each category.

8. **Locally Funded Projects/Special Contracts (non-governmental entities):**
   a. Health promotion
   b. School based health centers
   c. School Nursing
   d. Other: include revenues from local entities or foundations such as special contracts, grants or other contracts.

9. **Donations:** Includes private and corporate donations to the health department.

10. **Miscellaneous Income:** Describe each miscellaneous revenue item and enter the amount (e.g., jury reimbursements, refunds, cell phone reimbursements, rental income, NACCHO grants, etc.)

B.   State Source Funds

State funds means state generated funds, and includes but is not limited to state subsidy, ODH funded projects, and other funds which either originate or pass-through the state.

11. **Carryover**: The total of unobligated and unspent state funds from the previous year.

12. **State Subsidy and Vital Statistics:** State health district subsidy dollars received in compliance with OAC 3701-36-03 and ORC 3705.24 (I)(1)

13. **ODH Funded Projects/Grants:** Refer to your grant notices of award to determine the original source of funds received from ODH.
    a. For State Funded Dollars, use only those funds that originate from State GRF.

b. For Federal Dollars (pass-through), use only those funds that originate from federal sources. Note that source funds may be a combination of state and federal funds and should be reported as such.

c. State Funded Dollars – only those funds that originate from ODH General Revenue Fund (GRF), e.g., CFHS (in part), CMH, HMG (in part), immunizations, women's health services, Ryan White, and Ohio Early Start.

d. Federal Funded Dollars – only those funds that originate from Federal sources, e.g., PHEP, WIC, MCH, CFHS, Immunization Grant, Ryan White, Preventive Block Grant, STD, TB, Lead, Breast & Cervical, Sexual Assault Prevention, and Creating Healthy Communities.

14. **Other State Funded Projects/Grants:** All grants or contracts received DIRECTLY from state agencies other than ODH, including federal pass-through funds such as EPA, Passport, Public Safety, ODJFS, etc.

C. Federal Source Funds

Federal funds means grants/contracts received by the local health department DIRECTLY from the federal government.

15. **Carryover:** the total of unobligated and unspent Federal funds from the previous year.

List only those grants/contracts received DIRECTLY from the federal government. These dollars do not include federal pass-through funds received from other local or state agencies. Include a description of each federal revenue amount that is entered (e.g., HUD Lead grant).

Submission: AFR and Costing Tool

Annual Financial Report (AFR)

The AFR is submitted with the State Subsidy application required by the Ohio Department of Health (ODH). You will need selected data from Pages 6 & 7 of the Costing Tool to complete the AFR in the ODH Gateway. You may also use data entered on the Payroll Page, Column D, Occupation and Column E, # of FTEs to complete the staffing page of the Subsidy application. The occupational categories in the costing tool are the same categories in the Subsidy application.

Access to the State Subsidy Application, the AFR and the ODH Gateway is through the Local Health Department Health Commissioner or Administrator. Refer to ODH for submission deadlines.

Costing Tool Spreadsheet

The Costing Tool Spreadsheet is submitted to the Association of Ohio Health Commissioners (AOHC) through the Ohio Public Health Partnership (OPHP). The spreadsheet is not submitted to ODH.

Send to: ophp@ohiopublichealth.org

When you rename your spreadsheet for submission, put the name of your CITY or COUNTY first in the name and include the fiscal year at the end:

             LHD NAME FPHS Spreadsheet FISCAL YEAR. *Example*: **BUCKEYE COUNTY FPHS Spreadsheet FY2022**

APPENDIX A: FPHS - Ohio Definitions – Programs/Activities/Services

FOUNDATIONAL CAPABILITIES

Assessment/Surveillance	
Definitions	**Programs/Activities/Services**
Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection. **Ability to** collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health. **Ability to** assess and analyze disparities and inequities in the distribution of disease and social determinants of health, which contribute to higher health risks and poorer health outcomes. **Ability to** prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.	- Conduct or contract for data collection and analysis - Conduct or contract for a Community Health Assessment (CHA) *(PHAB Core Measure)* - Perform <u>population-based</u> epidemiology functions such epi center alerts, flu reports, and monitoring disease trends. (NOTE: f*or specific or individual case investigation, place in Foundational Area (FA)1, Communicable Disease*) - Work in the Ohio Disease Reporting System (ODRS) - Work with a certified public health Laboratory - Cancer cluster investigation - Vital Statistics

- **Ability to** conduct a collaborative community health assessment (CHA) and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.

- **Ability to** access 24/7 laboratory resources capable of providing rapid detection.

- **Ability to** participate in or support surveillance systems to rapidly detect emerging health issues and threats.

- **Ability to** work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

- **Ability to** assure a system of vital records and provide certified birth and death certificates in compliance with state law and rule.

Emergency Preparedness & Response

Definitions	Programs/Activities/Services
• **Ability to** develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable	• Participate in Cities Readiness Initiative (CRI) • Crisis Communication activities

disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.

- **Ability to** integrate determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations into all plans, programs, and services.

- **Ability to** lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.

- **Ability to** activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and nonprofit partners; and operate within, and as necessary lead, the incident management system.

- **Ability to** maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.

- **Ability to** establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.

- Emergency Volunteer Coordination

- Emergency Preparedness All Hazards Plan *(**PHAB Core Measure**)

- PHEP activities – All-hazards planning

- Conduct or participate in Training / Exercise

- Participate in LEPC – local emergency planning committee

- Activities to protect from chemical, biological, radiological, nuclear, and explosive hazards (CBRNE)

- Climate Resilience activities

- **Ability to** issue and enforce emergency health orders.

- **Ability to** be notified of and respond to events on a 24/7 basis.

- **Ability to** access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Policy Development & Support

Definitions	Programs/Activities/Services
- **Ability to** serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to advocate for these policies and rules. - **Ability to** effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.	- Conduct or contract for a Health Impact Assessment including Regional Planning - Health in All Policies (HiAP) activities - Public health policy development and adoption - Review of policies; participation in Public Health Association committees such as Public Affairs or other advocacy activities - Education of policy makers

• **Ability to** effectively advocate for policies that address determinants of health, health disparities and equity. Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.	

Communications

Definitions	**Programs/Activities/Services**
• **Ability to** maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use digital communication tools to interact with the media and community members • **Ability to** appropriately tailor communications and the mode of delivery for various audiences. • **Ability to** write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels. • **Ability to** develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to	• Public Information staff, training, and other related activities • Annual Report Development • Social Media and General Communications

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assure information is accessible to and appropriate for all audiences.

- **Ability to** designate a Public Information Officer (PIO).

- **Ability to** develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats.

- **Ability to** transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.

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Community Partnership Development

Definitions	Programs/Activities/Services
- **Ability to** create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant federal, Tribal, state, and local government agencies; and elected and appointed officials.	- Working with partners on topics related to general public health, not specific to a foundational area (such as township meetings and service organizations such as Rotary Club and Kiwanis) - Community engagement activities

- **Ability to** leverage and engage partnerships and community in equity solutions.

- **Ability to** establish and maintain trust with and engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.

- **Ability to** convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.

- **Ability to** engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment (CHA) data and establishes a plan for addressing priorities. The community health improvement plan (CHIP) can serve as the basis for coordination of effort and resources across partners.

- Community Health Improvement activities including developing, implementing and monitoring a Community Health Improvement Plan (CHIP) *(PHAB Core Measure)*

- Partnerships with academic partners (such as participation on advisory boards)

Organizational Competencies

Definitions	Programs/Activities/Services
Leadership & Governance	**Leadership & Governance**

- **Ability to** lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction.

- **Ability to** directly engage with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity.

- **Ability to** prioritize and implement diversity, equity, and inclusion within the organization.

- **Ability to** engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed.

- **Ability to** ensure diverse representation on public health boards and coalitions.

Information Technology Services, including Privacy & Security

- **Ability to** maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data.

- **Ability to** support, use, and maintain communication technologies and systems needed to interact with community members.

- Activities or other engagement with the governing entity (Board of Health)

- Leadership and administration of the health district, public health laws, regulations, related to local, state, or national governance structure

- Health Commissioner/Administrator leadership activities or other engagement with stakeholders, policymakers and the community

- Activities or other engagement with stakeholders, policymakers, and the community

Information Technology

- All activities working with technology such as computer troubleshooting, Helpdesk, technology infrastructure, etc.

• **Ability to** have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.	
Workforce Development & Human Resources	**Workforce Development & Human Resources**
• **Ability to** develop and maintain a diverse and inclusive workforce with the cross-cutting knowledge, skills, abilities, and qualifications needed.	• All human resources activities
	• Workforce Development activities
	• Attain and Maintain a Workforce Development Plan
• **Ability to** manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.	• General workforce training applicable to all employees and implemented by Human Resources (tornado drills, customer service, etc.). Program or position-specific training goes into the respective Foundational Area.
Financial Management, Contract, & Procurement Services, including Facilities and Operations	**Financial Management, Contract & Procurement Services, including Facilities and Operations**
• **Ability to** establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies.	• All fiscal activities including contracts and procurement
	• LHD Facility operations including Capital Improvements

- **Ability to** conduct sound financial analyses to inform decisions about policies, programs and services.

- **Ability to** secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized.

- **Ability to** procure, maintain, and manage safe facilities and efficient operations.

- **Ability to** leverage funding and ensure resources are allocated to address equity and determinants of health.

Legal Services & Analysis:

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

Legal Services & Analysis

- Working with legal counsel

Accountability & Performance Management

Definitions	Programs/Activities/Services
• **Ability to** perform according to applicable public health and other appropriate standards in accordance federal, state, and local laws and policies. • **Ability to** maintain a performance management system to monitor achievement of organizational objectives. • **Ability to** identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions. • **Ability to** maintain an organization-wide culture of quality improvement and to use quality improvement tools and methods. • **Ability to** create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.	• Accountability / Performance Management activities • Attain and Maintain a Performance Management System *(PHAB Core Measure)* • Quality Improvement Activities • Attain and Maintain a Quality Improvement (QI) Plan *(PHAB Core Measure)* • PHAB Accreditation Coordinator / PHAB Fees • Maintaining PHAB Accreditation • Strategic planning and implementation • Attain and maintain a department Strategic Plan *(PHAB Core Measure)* • Research activities (publishing, sharing research results at conferences, participating in research projects, use of research findings}

Equity

Definitions	Programs/Activities/Services
Ability to strategically address determinants of health through policy, programs, and services as a necessary pathway to achieve equity. **Ability to** systematically integrate equity into each aspect of the FPHS and strategic priorities and include equity-related accountability metrics into all programs and services. **Ability to** work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being. **Ability to** develop and support staff to address equity. **Ability to** create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.	- Activities or work on policies and practices to promote a culture of equity across all department programs and services. - Work on partnerships and community engagement to identify and implement strategies to address equity. - Participation in the Ohio Equity Institute.

FOUNDATIONAL AREAS

Communicable Disease Control	
Definitions	**Programs/Activities/Services**
- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control. - Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives. - Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines. - Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines. - Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.	- Communicable Disease Investigation - Population-based education, outreach for Immunizations – Child - Population-based education, outreach for Immunizations – Adult - Population-based education, outreach for Immunizations – Influenza & Pneumonia - Tuberculosis testing & control, including directly observed therapy - Population-based HIV / STD education, outreach

- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.

- Assure the availability of public health laboratory services for disease investigation and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.

- Coordinate and integrate categorically funded communicable disease programs and services.

Chronic Disease & Injury Prevention

Definitions	Programs/Activities/Services
- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control. - Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives. - Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and	- Chronic Disease education, outreach activities on topics such as: asthma, cancer, diabetes, heart disease, obesity, etc. - Injury prevention education, outreach activities - Screenings – blood pressure, cancer, hearing, lead, etc.

Definitions	Programs/Activities/Services
CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances. • Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living. • Coordinate and integrate categorically funded chronic disease and injury prevention programs and services.	• Population-based Infant Mortality prevention, such as safe Sleep activities • Population-based nutrition education activities • Population-based injury prevention • Population-based tobacco education

Environmental Public Health

Definitions	Programs/Activities/Services
• Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures. • Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives. • Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and	• All state mandated environmental health programs • Population-based Animal Bites / Rabies Control education, outreach • Body Art / Tattoo inspections and education • Campground inspections and education

drinking water; manage liquid and solid waste streams safely; and identify and address other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations. • Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations. • Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing, and urban development, recreational facilities, transportation systems and climate change). • Coordinate and integrate categorically funded environmental public health programs and services.	• Private Water systems inspections and education • Food inspections and education • Nuisance or solid waste abatement and education • Swimming Pools, Spas inspections and education • School Inspections and education • Sewage Treatment programs – Operation & Maintenance (O&M) inspections and education • Vector-borne Diseases – population-based surveillance, prevention & education • Harmful Algal Blooms (HAB) • Monitor, advise and educate on environmental health topics

Maternal, Child & Family Health

Definitions	Programs/Activities/Services
- Provide timely, statewide, and locally relevant complete and accurate information to the health care system and community on emerging and on-going maternal child health trends. - Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives. - Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development. - Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities. - Coordinate and integrate categorically funded maternal, child, and family health programs and services.	- Children with Medical Handicaps (CMH) - Child Fatality Review - Family & Children First Council

Access to & Linkage to Care

Definitions		Programs/Activities/Services
- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost. - In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to healthy homes and quality health care, and seek and secure funding for high priority policy initiatives.		- Medicaid Administrative Claiming (MAC) - Conduct or collaborate in an assessment of gaps and barriers to care - Planning activities to assure access to clinical care

COMMUNITY-SPECIFIC AREAS

Foundational Area		Programs / Activities / Services
Communicable Disease Control		• Provide Immunizations, including international travel vaccines • Provide Sexual Health clinical services and treatment; provide birth control, STD testing & treatment
Chronic Disease & Injury Prevention		• Diabetes – clinical and individual treatment • Weight Management – clinical care • Child Safety Seats distributed to individuals • Firearms injuries and violence • Fireworks education • Adult Fatality Review including traffic reviews • Safe Routes to School programs • Traffic Safety programs • Older Adult Fall Prevention programs • Tobacco Cessation – individual treatment services • Workplace Wellness Programs • Alcohol & Drug Counseling • Project DAWN • BCCP – Breast & Cervical Cancer Project • Creating Healthy Communities programs & activities
Environmental Public Health		• Agricultural Camps inspections & education • Air Quality (outdoor) • Beach monitoring • Exotic Animals

		• Facility Inspections (day care, prisons, emergency shelters) • Housing / Building Codes • Manufactured Home Parks inspections • Landfill Inspection, Recycling, closed landfills, transfer stations, scrap tire facilities • Healthy Homes – lead, Air Quality (indoor), radon, mold inspections • Marinas • Other Laboratory (not used for disease investigation or surveillance) • Plumbing Inspection • Sewage – small flow HB 110 – inspection & education • Storm Water Protection • NPDES (National Pollutant Discharge Elimination System) inspections and education • Hotel/Motel Sanitation inspections • Jail Inspections • Tobacco Enforcement – Ohio smoke free workplace • Water-pollution control loan fund (WPCLF) • H2Ohio • Land use planning • Mosquito spraying and control activities
Maternal, Child & Family Health		• Case Management (other than Children with Medical Handicaps), includes HUB, Early Intervention • Women, Infants & Children (WIC) • Breastfeeding Support • Newborn Home Visits • CFHS (Child and Family Health Services) • Help Me Grow • Child Abuse and Neglect

Access to & Linkage with Clinical Care		- Behavioral Health - Dental - Care - Dental – Screening, Sealants - Elder Care – Respite Services - Elder Care – General Aide - Elder Care – Homemaker Services - Home Health Care - Medicaid / Insurance Outreach / Eligibility Determination - Occupational Therapy - Pharmacy Assistance - Physical Therapy - Physicals – Foster Care - Physicals – General - Physicals – Sports - Prenatal – OB - Primary Care - Rural Health - School Nursing Services - Speech Therapy - Refugee Health Screening - Drug Testing - Clinical facility Licensing

APPENDIX B: Ohio Public Health Occupations / Position Descriptions

Administration

Accreditation Coordinator 1
Responsible for managing and coordinating the accreditation process within the health department from early preparation for accreditation, through the accreditation decision, and the post-accreditation annual reports to PHAB. The Accreditation Coordinator is the primary and single point of contact for communication between the health department and PHAB staff throughout the entire accreditation process. The Accreditation Coordinator plays a central role: effectiveness in fulfilling that role is critical to the health department's success in seeking accreditation. This is a fulltime person dedicated to accreditation.

Accreditation Coordinator 2
Performs all the duties of an Accreditation Coordinator 1 but is a part-time employee.

Accreditation Coordinator 3
Performs all the duties of an Accreditation Coordinator 1 but has other duties or works for another agency.

Communications/Social Media Coordinator/Specialist
Provides assistance to PIO, assists with community engagement, manages/contributes to social media accounts.

Computer Administrator
Manages and administers data process functions of the health district, including maintaining and enhancing computer systems, network, and data base administrators and analysts; software engineers; and computer support specialists. Responsible for training, policy and procedure development and implementation. Represents health district in data processing matters. A high level of computer hardware and software knowledge is required.

Director of Finance/Chief Financial Officer/Fiscal Officer
Directs, administers, and coordinates both the financial activities of the Health District in support of policies, goals, and objectives established by the Health Commissioner and Board of Health. Responsible for all accounting functions of the agency, including fiscal analysis and preparation of budget and financial reports. Minimum requirements are a bachelor's degree in finance, business management or related field, and at least three years of experience.

Director of Human Resources/Personnel Officer
Plans and manages all personnel programs of the health district, as established by the Health Commissioner and Board of Health. Experience in human resources management is usually required for this position.

District Biostatistician
Performs advanced data analysis on health and other data relevant to health district operations.

Emergency Preparedness/Bioterrorism Coordinator
Regular job duties involve preparing for (e.g., developing plans, procedures, and training programs) and managing the local public health response to all-hazards events. This position develops and administers the emergency response program of the health district, including policies and goals for coordination of response efforts, training, reports, and overall program evaluation. A baccalaureate degree and experience in coordinating emergency response are required in this position.

Epidemiologist I
Under general supervision, Assists in the investigation of epidemics, endemic outbreaks, bioterrorism situations and/or other public health emergencies. This position requires graduate degree in public health, preventative medicine, epidemiology, or related field.

Epidemiologist II
Performs all duties of Epidemiologist I; in addition, evaluates risks, coordinates database management, conducts research, and notifies authorities of necessary action. This position requires graduate degree in public health, preventative medicine, epidemiology, or related field.

Epidemiologist III
Under the general direction of the Health Commissioner, plans, develops, implements, directs and/or coordinates all aspects of district epidemiology program and conducts epidemiological investigations. Supervises other epidemiology staff. This position requires graduate degree in public health, preventative medicine, epidemiology, or related field.

Health District Administrator/Assistant (Deputy) Health Commissioner/Other Director
Administers the policies of the Board of Health, including human resources, standard operating procedures, etc., and oversees all Environmental Health and Nursing administrators and support staff. This position reports to the Health Commissioner and requires a baccalaureate or higher educational degree in administration or field related to public health.

Health Equity/Diversity Coordinator
Builds internal organizational capacity/knowledge to practice social justice, engages community partners, develops partnerships and coalitions, identifies and analyzes health inequities as part of community health assessments, and designs, and implements strategies to address inequities impacting health.

Legal Counsel/Attorney
Acts as the chief legal advisor to the health district in all matters. Juris Doctor degree and passage of state bar exam required.

Medical Director
Provides medical direction to the Health District. This position requires an MD/DO degree and licensure from the state medical board and meets ORC 3701-36-03 (d) minimum standards to employ a medical director.

Outbreak/Response Team member
Serves as a liaison between the local health department and locations such as healthcare facilities, schools, and workplaces, to monitor and mitigate the spread of Covid-19 (a communicable disease outbreak). They provide recommendations and guidance on best practices in infection prevention and control. They also collect data on cases of Covid-19 (a communicable disease outbreak) and their close contacts and organize that data for the epidemiology team to report to the Ohio Department of Health.

Logistics/POD Manager

Provides support for COVID-19 vaccine efforts delivering supplies to various vaccines sites in the community by preparing sites for clinic operations and serves as the day-to-day support in operation of vaccine clinics. Responsible for onsite logistics.

Planning/Policy

Provides support and leadership for public health policy initiatives, which includes professional research into public health policy initiatives and policy intervention advocacy. Will work with leadership and staff to identify and characterize public health issues from a policy change perspective.

Public Information Officer

Plans and coordinates the health district's public information program. An undergraduate degree in journalism, public relations, or communications is recommended for this position.

Social Worker

Behavioral health professional (e.g., public health social workers, HIV/AIDS counselors, mental health and substance abuse counselors, and community organizers). This is a position for which professional status of "Licensed Social Worker" has been achieved. This position requires a baccalaureate degree in social work or greater educational degree, and license from state of employment.

Special Projects/Grants Coordinator

At the direction of the Health Commissioner/Administrator, coordinates special projects of the health district including but not limited to collaborative efforts with other entities and/or jurisdictions, grants, etc.

Vital Statistics Deputy Registrar

Under general supervision of the clerical supervisor, assists Registrar in the management of records; primarily responsible for taking orders, processing requests and collecting fees. Assists the public with genealogy research. Acts as registrar in his/her absence.

Vital Statistics Registrar

Plans, directs, coordinates and administers gathering, recording and certification of vital records (e.g., birth, death) in the health district. May include supervision of other employees.

Environmental Health

Director of Environmental Health
Supervises, plans, develops and administers the entire environmental health program in the agency responsible for preparing the budge for all environmental health programs and attends to other funding matters. This is a position in which professional status of "Registered Environmental Health Specialist" has been achieved. This position requires possession of a baccalaureate degree in Environmental Health or related field of science or its equivalent and certificate of registration. In addition, this position requires a minimum of seven years of experience in the field of Environmental Health and meets ORC 3701-36-03 (c) minimum standards to employ a Registered Environmental Health Specialist as environmental health director.

Environmental Health Technician
Entry level position under the direction of a Registered Environmental Health Specialist (REHS). This position does not require status as a Registered Environmental Health Specialist in Ohio and may not practice as a EHSIT or REHS. Minimum of an associate degree in environmental health or related field of science or its equivalent may be required. Requires good communication, computer, and customer service skills.

Laboratory Worker
Laboratorians, laboratory scientists, laboratory technicians, laboratory technologists, and microbiologists planning, designing, and implementing laboratory procedures.

Plumbing Inspector I
Performs inspections of plumbing installations to enforce plumbing codes. A general working knowledge of plumbing is required.

Plumbing Inspector II
Performs all duties of Plumbing Inspector I; in addition, performs more complex plumbing inspection program tasks such as backflow and cross-connection consultation, permit application and approval, plan application and approval, plumbing inspection routing and dispatching.

Plumbing Program Supervisor
Performs all plumbing program functions and supervises plumbing inspectors.

Registered Environmental Health Specialist (REHS) Administrator (Chief REHS)
Supervises, plans, develops and administers the entire environmental health program in the agency and monitors budgetary and financial matters. This is a position in which professional status of "Registered Environmental Health Specialist" or "Environmental Health Specialist" has been achieved. This position requires possession of a baccalaureate degree in Environmental Health or related field of science or its equivalent and certificate of registration. In addition, this position requires a minimum of five years of experience in the field of Environmental Health.

REHS I
This is the entry level position of an environmental Specialist which has achieved professional status of "Registered Environmental Health Specialist" or "Environmental Health Specialist." This position requires possession of a baccalaureate degree in Environmental Health or related field of science or its equivalent.

REHS II
This is a position which professional status of "Registered Environmental Health Specialist", or "Environmental Health Specialist" has been achieved. This position requires possession of a baccalaureate degree in Environmental Health or related field of science or its equivalent and certificate of registration. Also, duties and responsibilities exceed that of REHS I.

REHS III
This is a position in which professional status of "Registered Environmental Health Specialist" or "Environmental Health Specialist" has been achieved. This position requires possession of a baccalaureate degree in Environmental Health or related field of science or its equivalent and certificate of registration. In addition, this position requires a minimum of five years of experience in the field of Environmental Health. Also, duties and responsibilities exceed that of REHS II, including some supervisory responsibilities.

Environmental Health Specialist in Training (EHSIT)
A REHS in Training may engage in the practice of environmental health for no more than five years, provided he/she is supervised by a Registered Environmental Health Specialist. This position requires a baccalaureate degree in Environmental Health or related field of science or its equivalent.

Health Education

<u>Director of Health Education</u>
Under the direction of the Health Commissioner, Plans, develops, administers, implements and evaluates health education operations, supervises staff, and prepares budget and attends to other financial matters related to health education.

<u>Health Ed Manager</u>
Under direction of the Health Education Director, determines need, develops and plans services, sets objectives and coordinates the management of public health programs in the area of Health Promotion & Nutrition Services. Assists in researching availability and preparation of grants, monitoring program activities and conducting program evaluation. Provides team management to accomplish program objectives.

<u>Health Educator I</u>
Develops and conducts health education programs including: all aspects of public health, substance abuse preventions, environmental and personal health and safety practices. This position requires a baccalaureate degree in a field of health science or education.

<u>Health Educator II</u>
Performs all functions of Health Educator I; in addition, performs higher level of community assessment and analysis.

<u>Health Educator III</u>
Performs all functions of Health Educator II; in addition, is responsible for grant writing and research, and may include project and grant management.

<u>Help Me Grow Service Coordinator</u>
Under direction of the Help Me Grow Director, performs a variety of functions related to the Help Me Grow program.

Help Me Grow Project Director

Under the administrative supervision of the Health Commissioner/Administrator, the Help Me Grow Director plans and administers Help Me Grow Division operations, supervises Help Me Grow staff, and represents the health district in community and/or nutritional health programs. A baccalaureate degree and experience are recommended for this position.

Home Health Care Director

Under the administrative supervision of the Health Commissioner/Administrator, plans and administers Home Health Care Division operations, supervises Home Health Care staff, and represents the health district in community. A baccalaureate degree and experience in home health is recommended for this position.

Home Health Aide/Nursing Aide

Unlicensed personnel who provide basic patient care and assistance with activities of daily living in a health care facility or the patient's home (e.g., nursing assistant, patient care assistant/technician, home health aide/assistant, personal care aide) and is under the direct supervision of a registered or licensed practical nurse.

Nutritionist/Dietitian I

Under the direction of the WIC Director or other supervisor, provides nutritional evaluation and consultation to program participants and other health district clients. This position requires a baccalaureate degree, completion of experience requirement and passage of examination, as sanctioned by the Ohio Board of Dietetics.

Nutritionist/Dietitian II

Performs all functions of Nutritionist/Dietician I; in addition, performs higher level functions of implementing and evaluating strategies to assure effective interventions related to nutrition and physical activity behaviors, the nutrition environment, and food and nutrition policy. This position requires a baccalaureate degree, completion of experience requirement and passage of examination, as sanctioned by the Ohio Board of Dietetics.

Nutritionist/Dietitian III

Performs all functions of Nutritionist/Dietician I and II; in addition, supervises staff in area of responsibility and performs other management functions. This position requires a baccalaureate degree, completion of experience requirement and passage of examination, as sanctioned by the Ohio Board of Dietetics.

WIC Breastfeeding Coordinator

Under direction of the WIC Director, performs a variety of nutrition and breastfeeding related functions, including nutrition and breastfeeding assessment and counseling for WIC clients and assists with WIC program planning, evaluation and outreach.

WIC Breastfeeding Peer Helper

From WIC Manual – USDA definition: those without extended professional training in health, nutrition or the clinical management of breastfeeding who are selected from the group to be served and are trained and given ongoing supervision to provide a basic service or function. They assist professionals but are not licensed or credentials as healthcare, nutrition or lactation consultant professionals.

WIC Breastfeeding Peer Helper Supervisor

Under direction of WIC Program Breastfeeding Coordinator and WIC Director, performs a variety of functions related to providing breastfeeding education and support to prenatal and postpartum women in the WIC clinic and other community settings, as needed. Per WIC manual: Responsibilities of the BF Peer Helper Supervisor include initial training of the peers, observation of peers, regularly scheduled meetings with peers and evaluation. Also, act as a mentor for peers.

WIC Diet Tech

Under the direction of registered/licensed Dietician identifies needs, plans and conducts Nutritional Education and counseling programs. Educate WIC clients on general nutrition, breast-feeding and nutrition during pregnancy. Assesses and evaluates nutritional status of clients. Determines eligibility for WIC program. Conducts WIC certifications, re-certifications and prescribes appropriate food package.

WIC Director

Under the administrative supervision of the Health Commissioner/Administrator, plans and administers WIC Division operations, supervises WIC staff, and represents the health district in community and/or nutritional health programs. A baccalaureate degree and experience in nutritional programming is recommended for this position.

Nursing/Clinical

Clinical Supervisor
Plans, directs and evaluates all clinical services, establishes and implements programs, reviews and updates current programs, including policies/procedures and budget. This position may approve/disapprove leave requests, perform performance evaluations, complete employee schedules, and handle disciplinary actions.

Community Health Worker
Community Health Workers are individuals who, as community representatives, advocate for individuals and groups in the community by assisting them in accessing community health and supportive resources through the provision of education, role modeling, outreach, home visits and referral services. Conducts outreach, facilitates access, and provides culturally appropriate social support, informal counseling, and resources for programs that promote individual and community health; often share ethnicity, language or life experience with the community members they serve (e.g., peer health promoter, lay health advocate, community health representative). Excludes health educators. Must complete requirements of Community Health Worker education and prefer CHW certification by the Ohio Board of Nursing.

Dentist
May provide direct dental services. This position requires a DDS/DMD degree and licensure from the state dental board.

Dental Hygienist/Technologist
May provide direct dental services. This position requires a degree and licensure from the state board.

Licensed Practical Nurse
This is a position for which licensure as "Licensed Practical Nurse" is required. Performs nursing services within the statutory scope of practice and must function under supervision of a registered nurse or physician

Medical Assistant
Responsible for preparing patients for examination by obtaining medical history. Collects vital signs, sputum samples, blood samples, and STI test specimens. Administers medications as directed. Administers immunizations, PPD's and STI injections. Manages vaccine and clinic supply inventory.

Medical Transcriptionist

Responsible for transcribing patient client and other information as dictated by care providers and others for placement in departmental records. Successful completion of medical transcription course is recommended.

Nurse Manager

Oversees and conducts programs and services within the community health and clinic services program areas. Responsible for compliance with grant funding requirements and arranging for the expenditure for funds in accordance with approved agency budget and fiscal policies. Responsible for assuring department's compliance with state standards in area of Community Health and Clinic Services. Collects and prepares data for community health planning.

Nurse Practitioner

Performs physical examinations, counsels patients and develops and implements health care plans. This position includes advanced practice registered nurses and requires RN licensure and nurse practitioner certificate of authority from the Ohio Board of Nursing.

Nursing Services Director

Supervises, plans, develops and directs the administration of the entire nursing program in the agency. Also, the Nursing Services Director is responsible for preparing the budget for all nursing programs and attends to other funding matters. This position requires possession of a baccalaureate degree in Nursing or an associate degree/diploma in nursing with a minimum of two years of experience providing community health, pediatric and/or maternal, child nursing services and certificate of registration. In addition, this position requires a minimum of five years of experience in public health with BS degree or seven years of experience with AS degree.

Physician

Identifies persons or groups at risk of illness or disability and develops, implements and evaluates programs or interventions designed to prevent, treat or improve such risks. May provide direct medical services. This position requires an MD/DO degree and licensure from the state medical board.

Public Health Nurse I

This is the entry level position for which professional status of "Registered Nurse" is required and includes non-APRN registered nurses conducting public health or clinical nursing (e.g., school nurse, community health nurse, nurse practitioner). This position

requires possession of a baccalaureate degree in Nursing or an associate degree/diploma in nursing with a minimum of two years of experience providing community health, pediatric and/or maternal, child nursing services and certificate of registration.

Public Health Nurse II

This is a position for which professional status of "Registered Nurse" is required and includes non-APRN registered nurses conducting public health or clinical nursing (e.g., school nurse, community health nurse, nurse practitioner). This position requires possession of a baccalaureate degree in Nursing or an associate degree/diploma in nursing with a minimum of two years of experience providing community health, pediatric and/or maternal, child nursing services and certificate of registration. In addition, this position requires two years of experience in public health with BS degree or four years' experience with AS degree. Also, duties and responsibilities exceed that of Public Health Nurse I.

Public Health Nurse III

This is a position for which professional status of "Registered Nurse" is required and includes non-APRN registered nurses conducting public health or clinical nursing (e.g., school nurse, community health nurse, nurse practitioner). This position requires possession of a baccalaureate degree in Nursing or an associate degree/diploma in nursing with a minimum of two years of experience providing community health, pediatric and/or maternal, child nursing services and certificate of registration. In addition, this position requires a minimum of five years of experience in public health with BS degree or seven years of experience with AS degree. Also, duties and responsibilities exceed that of Public Health Nurse II.

Support

Accounts/Payroll Clerk

Performs clerical tasks related to financial and payroll processing and recordkeeping. Formal education in arithmetic and computer skills are required.

Executive Assistant

Performs all secretarial duties and may have additional management responsibilities as delegated by the Health Commissioner or Administrator.

Clerk/Secretary/Administrative Assistant I
Performs a variety of clerical tasks including possible training of temporary and new clerical staff. Duties include scheduling, report preparation, maintenance of files, routine correspondence, licensing process. This position may coordinate and direct telephone message for staff, handle checks and cash payments for permits and/or services, produce documents from oral or dictated orders. This position requires skill in operating computer and typewriter.

Clerk/Secretary/Administrative Assistant II
May perform all duties of Clerk I; and has additional greater responsibilities.

Clerk/Secretary/Administrative Assistant III
May perform all the duties of Secretary II and has additional and greater responsibilities, including supervising other clerical staff, and may act as personal and confidential secretary to the Health Commissioner.

Custodian/Maintenance
Provides custodial services and maintenance services to keep agency clean for presentation and safely operating for employees and visitors. May assist with minor maintenance and/or fleet management.

Data Processing Clerk
Organizes computer source documents in order to prepare data to be entered into a computer and may perform computer data entry and other related clerical tasks.

Fiscal Specialist/Clerk
Assistant to the Finance Director, provides data entry, accounts payable, accounts receivable, and/or payroll.

Receptionist
Performs general clerical tasks including greeting and screening visitors, answering and directing phone calls, managing phone messages and other general information. Basic secretarial skills are recommended for this position.

Senior Billing Clerk

Under direction, the Senior Bill Clerk, supervises subordinate personnel and is responsible for training new and back-up employees. Additional responsibilities include preparation of reports, analysis, record maintenance, filing, typing, calculating and related computer functions.

APPENDIX C: OHIO Non-Labor Cost Definitions

Non-Labor Category	Ohio Definition
Communication	Cell phones; MARCS Radios; Website; social media
Supplies / Materials	Supplies less than $1,000; Patient Incentives
Travel	Mileage; Airfare; Lodging
IT (Information Technology)	Software; Hardware; License Agreements; Electronic Medical Record (EMR); Fiber/Cable; Internet
Vehicles	Lease/Purchase; Fuel; Maintenance; Repairs; Insurance
Printing	Advertising; paper printing costs
Contracts/Services	Professional Services Contract (Including copier & maintenance); Professional Services Medical

Acknowledgments

For More Information:

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