Getting the most from your Costing of FPHS Assessment Tool

AOHC Fall Conference

The Ohio Public Health Institute (OPHI)

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Our Presenters . . .

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Foundational Public Health Services (FPHS)

- *Defines a* **Minimum Package** *of public health capabilities and programs that no jurisdiction can be without*

- *Explains the vital role of* **Governmental Public Health**

- *Provides a* **Common Language** *to communicate and demonstrate – What is Public Health?*

OPHI
From Innovation
To Impact

Foundational Public Health Services (FPHS)

- **Foundational Capabilities (FC's)**

  Cross-cutting skills and infrastructure

- **Foundational Areas (FA's)**

  Community programs & services

- **Community-Specific Services**

  Local protections and services that are unique to the needs of a community. They are essential to that community's health and vary by jurisdiction.

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

Purpose of the Costing of FPHS Assessment

- Assesses current <u>capacity</u> to deliver the FPHS

- Determines the <u>cost</u> of delivering/assuring foundational activities

- Identifies funding & resource gaps

- Justifies funding needs

- Benchmarking

Using the FPHS Framework & Costing Results

- **Advocacy/Education**
  - Local & State

  - Makes a business case for increased funding
    - *"What exactly do you need and what will it cost*?"

  - Makes a business case for a change in existing or adopting new public health legislation

Using the FPHS Framework & Costing Results

- ## An Organizing Tool
  - identifies capabilities or programs not being fully implemented that need additional focus and resources *(strategic planning, performance management)*

- ## Financial Performance Analysis
  - Guides informed decision-making and helps with priority budgeting
  - Considers options for resource allocation /re-allocation and guides financial projections.
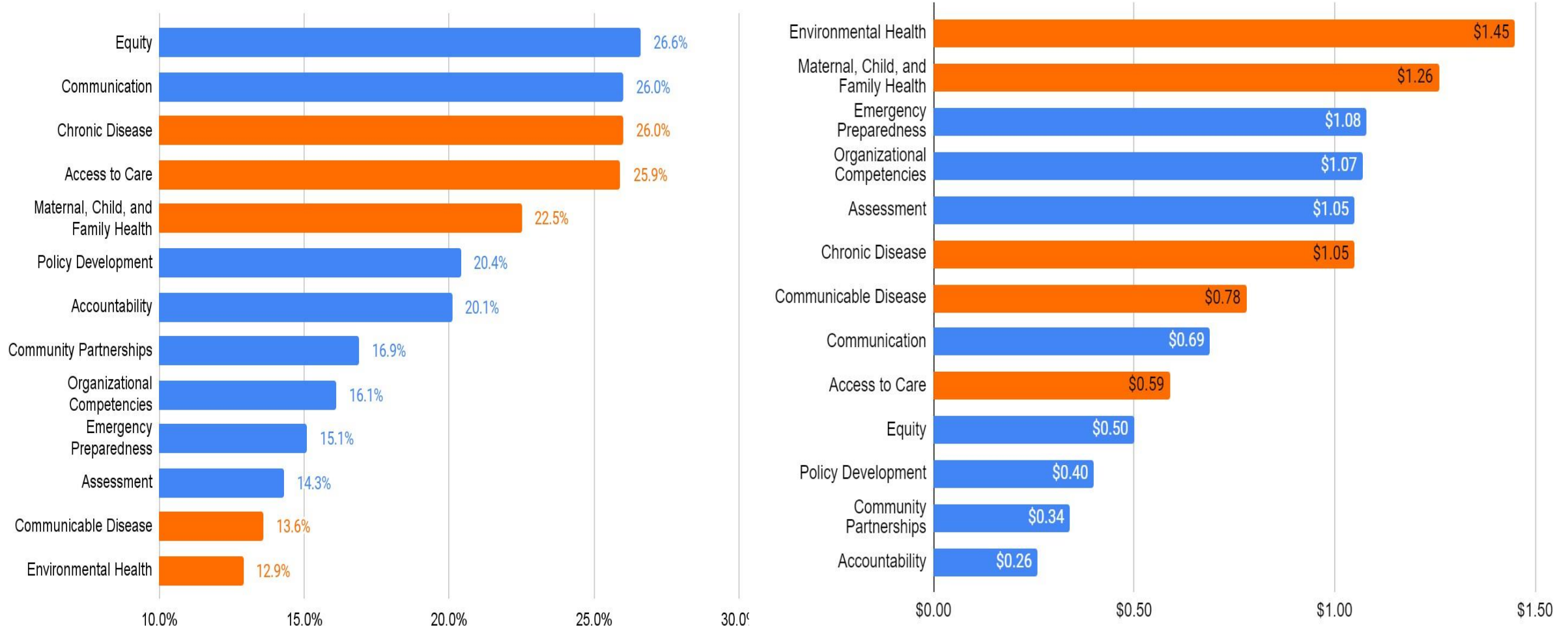
Ohio Gaps in full <u>Attainment</u> of the FPHS, by Foundational Service, FY 2022

Foundational Service	Gap
Equity	26.6%
Communication	26.0%
Chronic Disease	26.0%
Access to Care	25.9%
Maternal, Child, and Family Health	22.5%
Policy Development	20.4%
Accountability	20.1%
Community Partnerships	16.9%
Organizational Competencies	16.1%
Emergency Preparedness	15.1%
Assessment	14.3%
Communicable Disease	13.6%
Environmental Health	12.9%
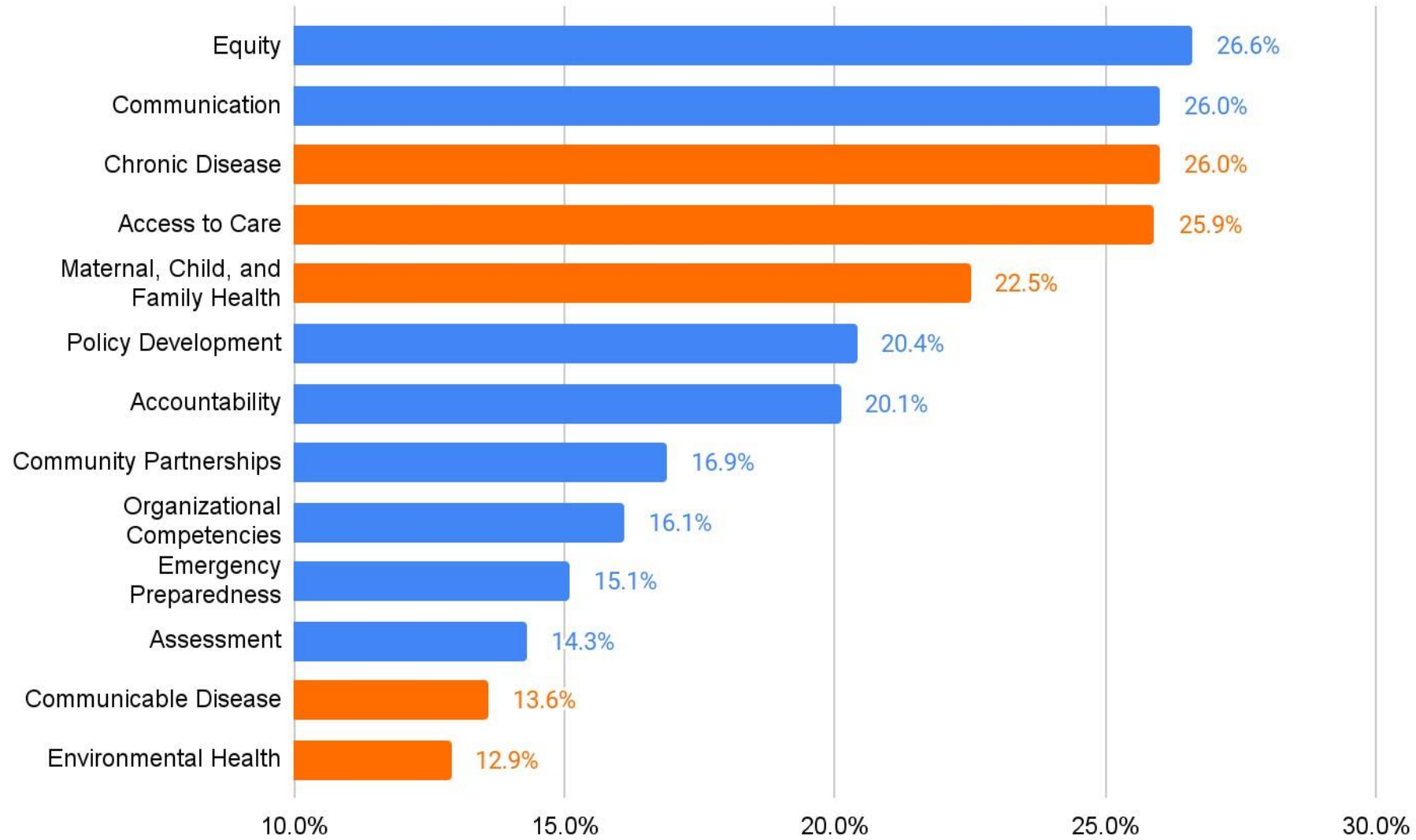
Ohio per capita __investment needed__ to fully attain the Foundational Public Health Services, by foundational service, FY 2022
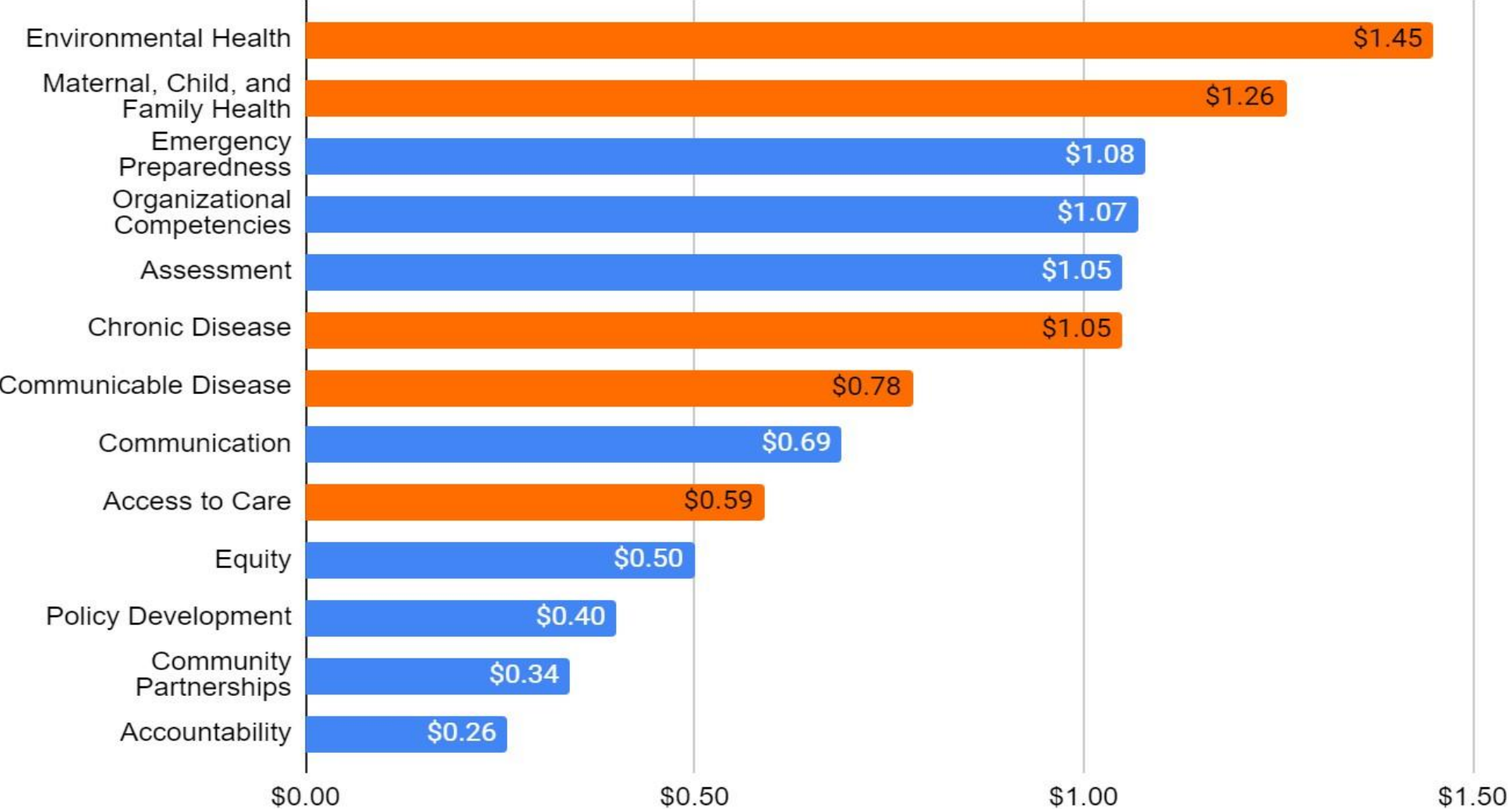
Comparison – Percentage Gap in <u>Attainment</u> vs. Per Capita <u>Investment</u> Needed to fill Gap (Ohio FY2022)

Left chart — Percentage Gap in Attainment:

Category	Value
Equity	26.6%
Communication	26.0%
Chronic Disease	26.0%
Access to Care	25.9%
Maternal, Child, and Family Health	22.5%
Policy Development	20.4%
Accountability	20.1%
Community Partnerships	16.9%
Organizational Competencies	16.1%
Emergency Preparedness	15.1%
Assessment	14.3%
Communicable Disease	13.6%
Environmental Health	12.9%

Right chart — Per Capita Investment Needed to fill Gap:

Category	Value
Environmental Health	$1.45
Maternal, Child, and Family Health	$1.26
Emergency Preparedness	$1.08
Organizational Competencies	$1.07
Assessment	$1.05
Chronic Disease	$1.05
Communicable Disease	$0.78
Communication	$0.69
Access to Care	$0.59
Equity	$0.50
Policy Development	$0.40
Community Partnerships	$0.34
Accountability	$0.26

Using the FPHS Framework & Costing Results Example: An Organizing Tool

Strategic Planning

- (PHAB Reaccreditation Standards & Measures 10.1.1 A)

- Steps in the Planning Process:
  - *Conducting assessment or analysis (SOAR or SWOT)*
  - *Identifying Strategic Priorities*
  - *Setting objectives and identifying actions the health department will take to achieve its objectives*

OPHI
From Innovation
To Impact

Foundational Public Health Services
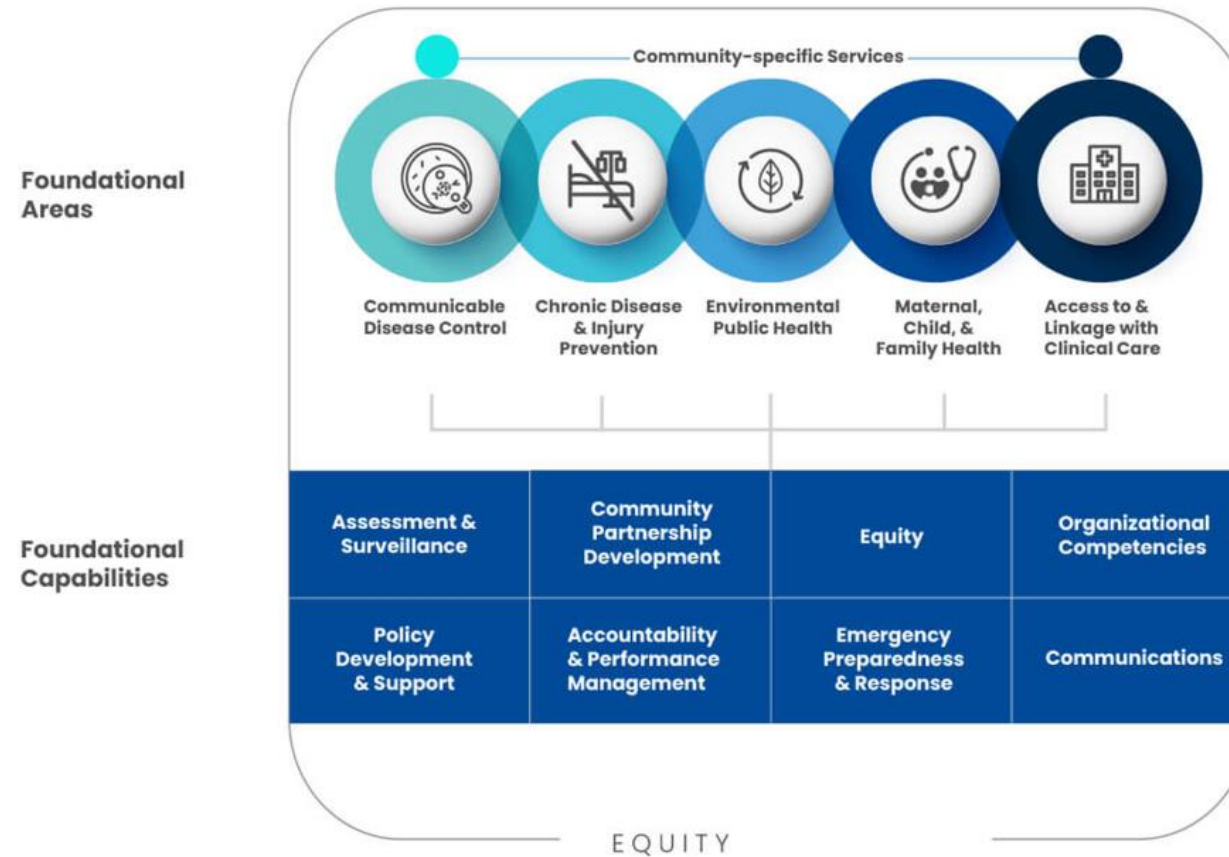
Overview of the Completed Costing Tool

- Brief summary of each page
- Examples of expenses
  - Foundational Capabilities
  - Foundational Areas
  - Community Specific Services

Comparing Results

Figure 7: Per capita spending on the FPHS, by district, FY 2020

Comparing Results
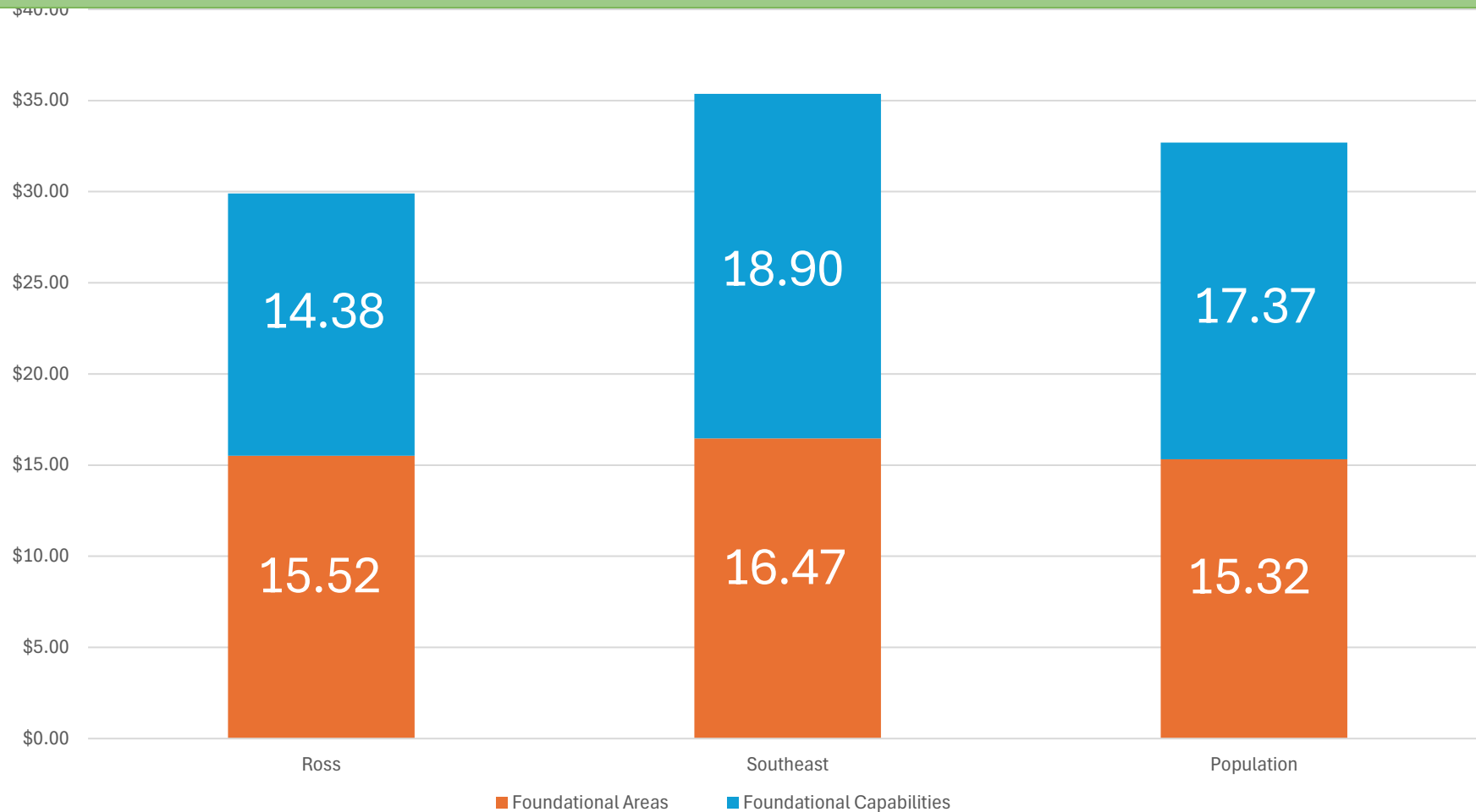
State per capita Investment

State	Investment
Missouri	$7
Nevada	$14
North Carolina	$15
Arizona	$15
Indiana	$15
Mississippi	$16
Pennsylvania	$16
Wisconsin	$17
Texas	$18
Montana	$18
Florida	$20
Michigan	$20
Ohio	$24
New Hampshire	$25
South Carolina	$27
Wyoming	$27
Kentucky	$30
Georgia	$31
New Jersey	$32

State	Investment
Illinois	$34
Oregon	$36
Iowa	$37
South Dakota	$37
Connecticut	$37
Nebraska	$40
Louisiana	$41
Virginia	$42
Arkansas	$43
Maine	$44
Colorado	$51
Alabama	$52
Vermont	$56
North Dakota	$61
Tennessee	$70
Minnesota	$77
California	$78
Idaho	$81
Washington	$89
Oklahoma	$89
Alaska	$90
New York	$92
Massachusetts	$104
Maryland	$109
Hawaii	$122
New Mexico	$159
Dist. of Columbia	$371

[No Title]

Summary

- Board of Health (BOH) Continuing Education
- Staff investment
- Evaluate

Integrating FPHS Costing Tool into Local Operations (AOHC Fall Conference 2024)

Noah Stuby, MBA

Deputy Health Commissioner

Greene County Public Health

Thinking About Organizational Attainment & Strategic Alignment

167225		2019	2023	
		C. Estimated PERCENT (%) being met ONLY through services provided directly by your agency	C. Estimated PERCENT (%) being met ONLY through services provided directly by your agency	
		Only By You (Cannot exceed 100%)	Only By You (Cannot exceed 100%)	
Foundational Capabilities				
	Assessment (surveillance and epidemiology)	50%	76%	⬆
	Emergency Preparedness (All Hazards)	75%	70%	
	Communication	65%	80%	⬆
	Policy Development and Support	20%	40%	⬆
	Community Partnership Development	35%	65%	⬆
	Organizational Competencies	70%	85%	⬆
	Accountability & Performance Management		80%	
	Equity		65%	
Foundational Areas				
	Communicable Disease Control	100%	90%	
	Chronic Disease and Injury Prevention	25%	50%	⬆
	Environmental Public Health	70%	90%	
	Maternal/Child/ Family Health	30%	70%	⬆
	Access/Linkage with Clinical Health Care	10%	15%	
Expanded Service Areas				
	Communicable Disease Control	0%	5%	
	Chronic Disease and Injury Prevention	40%	40%	
	Environmental Public Health	70%	40%	
	Maternal/Child/ Family Health	50%	60%	⬆
	Access/Linkage with Clinical Health Care	0%	5%	
	*Strategic Priorities			

167225

		2019	2023		Per Capita Cost	Total Per Capita Investment for Full Attainment (Greene County)	Additional Investment Per Capita (Greene County)	
		C. Estimated PERCENT (%) being met ONLY through services provided directly by your agency	C. Estimated PERCENT (%) being met ONLY through services provided directly by your agency					
		Only By You (Cannot exceed 100%)	Only By You (Cannot exceed 100%)					
Foundational Capabilities								
	Assessment (surveillance and epidemiology)	50%	76%	⬆	$1.14	$1.50	*$0.36*	
	Emergency Preparedness (All Hazards)	75%	70%		$1.22	$1.74	*$0.52*	
	Communication	65%	80%	⬆	$0.75	$0.94	*$0.19*	
	Policy Development and Support	20%	40%	⬆	$3.72	$9.30	*$5.58*	
	Community Partnership Development	35%	65%	⬆	$1.54	$2.37	*$0.83*	
	Organizational Competencies	70%	85%	⬆	$5.46	$6.42	*$0.96*	
	Accountability & Performance Management		80%		$0.75	$0.94	*$0.19*	
	Equity		65%		$0.00	$0.00	*$0.00*	
Foundational Areas								
	Communicable Disease Control	100%	90%		$1.30	$1.44	*$0.14*	
	Chronic Disease and Injury Prevention	25%	50%	⬆	$2.42	$4.84	*$2.42*	
	Environmental Public Health	70%	90%		$5.41	$6.01	*$0.60*	
	Maternal/Child/ Family Health	30%	70%	⬆	$1.04	$1.49	*$0.45*	
	Access/Linkage with Clinical Health Care	10%	15%		$0.00	$0.00	*$0.00*	
Expanded Service Areas								
	Communicable Disease Control	0%	5%		$0.18	$3.60	$3.42	
	Chronic Disease and Injury Prevention	40%	40%		$1.90	$4.75	$2.85	
	Environmental Public Health	70%	40%		$2.47	$6.18	$3.71	
	Maternal/Child/ Family Health	50%	60%	⬆	$9.23	$15.38	$6.15	
	Access/Linkage with Clinical Health Care	0%	5%		$0.06	$1.20	$1.14	
	*Strategic Priorities						*$12.24*	$2,047,149.58

*Additional amount per capita needed to meet FPHS Foundational Capabilities & Areas full attainment

Greene County Public Health Strategic Plan 2024-2026
Foundational Priorities (Capabilities)

Assessment & Surveillance
- Enhance capacity and capability to access, analyze, and leverage data to drive, inform, evaluate, and promote health, improve our work, and inform the community at all levels by 2026.

Emergency Preparedness & Response
- Improve capability to predict, prevent, prepare for, respond to, and recover from public health emergencies, disasters, and emerging public health threats in accordance with the 15 public health emergency preparedness response capabilities by 2026.

Community Partnership Development
- Continue to effectively create, convene, support, and sustain strategic, non-program specific relationships with key community stakeholders; by establishing and maintaining trust and authentically engaging all community members by 2026.

Organizational Competencies
1. *Workforce Development*
   a. Advancing the knowledge, skills, and abilities of the public health workforce to ensure all decisions are based on data-driven best practices by 2026.
   b. Expand current support of employee recognition, communication among team members, and team building by 2026.

2. *Information Technology*
   a. Foster an organizational IT environment that is flexible and adaptable to emerging threats to ensure public health reediness by 2026. By implementing innovative strategies and workforce education.

Communications
3. *Communication*
   a. Continue to develop and implement risk and proactive health communication in a timely and accurate manner. To reduce misconceptions and misinformation and ensure communication is accessible to all audiences by 2026.

Equity
4. *Health Equity*
   a. Strengthen education and community engagement practices that promote health equity specifically related to age, gender, and income disparities. 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 by 2026.

Policy Development & Support
- Utilizing evidence-based strategies to inform changes in policy, law, regulation, recommendations, and administrative actions by 2026.

Accountability & Performance Management

Strategic Planning Cont.

Greene County Public Health Strategic Plan 2024-2026

- o Strengthen our organizational culture of continuous quality improvement, through the utilization of quality improvement tools and methods by 2026.
- o Maintain a performance management system to monitor the achievement of organizational objectives, identifying, and using evidence-based or promising practices by 2026.

Foundational Priorities (Areas)

Communicable Disease Control

- o Continue working actively with local partners and providers to enhance education, testing, and treatment availability for HIV, Hep C, and TB in Greene County by 2026.

Maternal, Child, & Family Health

5. *Maternal Child Health*
   a. Identify, educate, and promote health and development for Greene County children during prenatal to age three by 2026.

Chronic Disease & Injury Prevention

- o Expand education and resources for residents that are disproportionately affected by food insecurity and tobacco. By implementing policies that will aid in the decrease of obesity and vaping rates of Greene County residents by 2026.
- o Increase and enhance injury prevention programing to improve equity for all Greene County residents, by expanding sustainability of supplies and services needed to ensure safety amongst all residents by 2026.

Environmental Public Health

- o Decreasing our environmental impact from mosquito control pesticides. By decreasing the use of non-organic insecticides and focusing on preventative larvicide applications by 2026.
- o Increasing awareness and testing of arsenic in private water supplies. By developing and implementing education and testing by 2026.
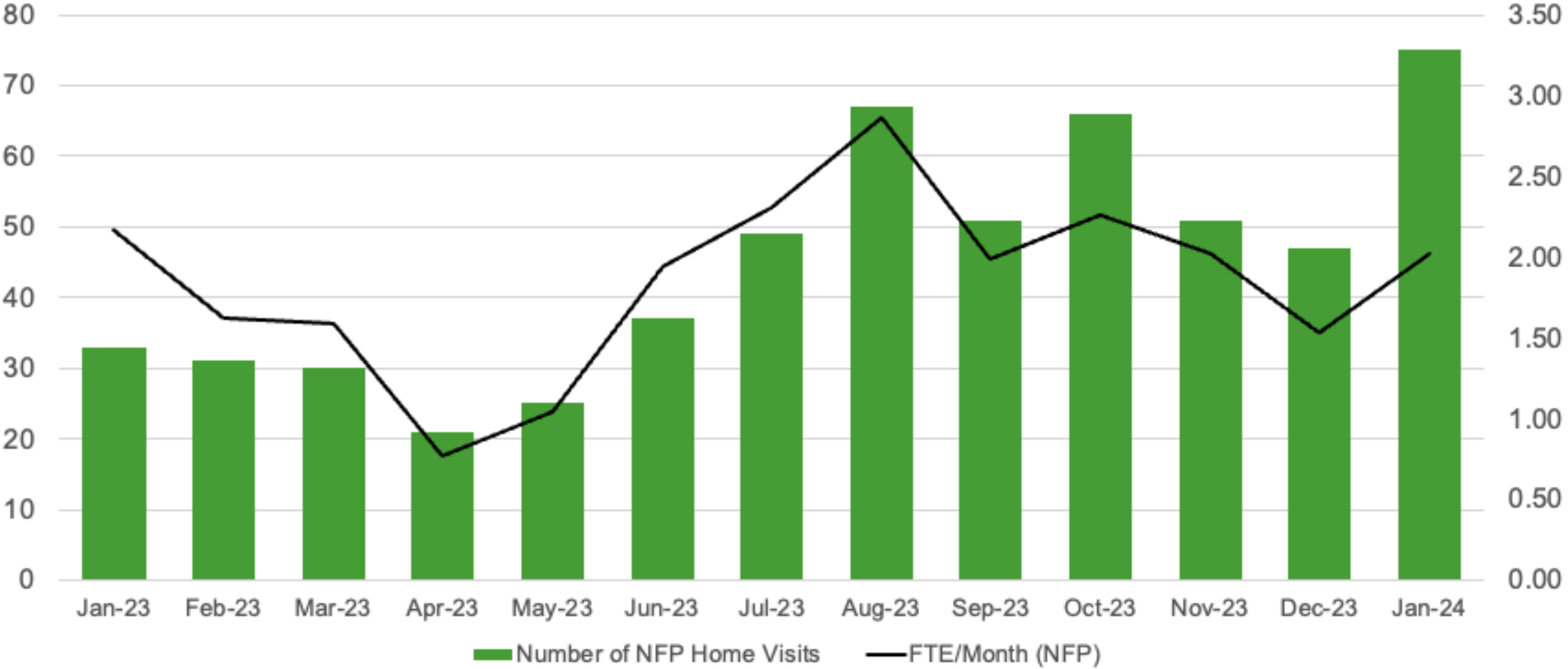
Access to & Linkage with Clinical Care

- o Expand and foster partnerships both internally and externally to increase knowledge and education of programs. Grow referrals of clients to programs by 2026.

Organizational DNA

Foundational Capabilities	FUND	CODE	Foundational Areas	FUND	CODE
Assessment & Surveillance			**Communicable Disease Control**		
Epidemiology	0063	1031	Communicable Disease	0037	2006
Vital Stats	0063	1007	TB	7508	2018
Community Partnership Development			Bloodborne Infectious Disease Prevention	0037	2026
MCH General	0037	2007	HIV	0037	4001
Equity			Hepatitis A	0037	9002
Equity	0063	1033	**Chronic Disease & Injury Prevention**		
Organizational Competencies			Health Fairs/Festivals	0063	1022
Budget & Financial	0063	1002	Healthy Lifestyles	0063	1024
AP/AR	0063	1005	Tobacco Use & Prevention	0037	2025
BLDG Maint	0063	1006	Health Education General	0037	4002
Vehicle & Repair	0063	1027	Safe Communities	7509	4006
Building Fund	7511	1029	Unintentional Injury	0037	4007
Workforce Development	0063	1032	Naloxone	7513	4008
Human Resources	0063	1035	HEAL	0037	4009
Information Technologies	0063	6000	IOPSLL	0037	4010
Budget Stabilization	7515	1034	Creating Healthy Communities	0037	4011
Policy Development & Support			**Environmental Public Health**		
General Admin	0063	1001	Solid Waste	0035	3001
Accountability & Performance Management			Ground Water Demo/Conts	0035	3002
Accreditation	0063	1026	Private Water	0036	3003
Emergency Preparedness & Response			Plumbing Inspections	7512	3004
Medical Reserve Corps	0063	1008	Housing Inspections	0039	3005
MRC RISE	0063	1009	Institutional Inspections	0039	3006
Public Health Infrastructure (PHEP)	7505	1025	Nuisance Control	0039	3007
COVID19 Response	7505	9005	Rabies Control	0039	3008
COVID19 Conract Tracing	7505	9006	Trash Trucks	0039	3009
COVID19 Vaccine Clinics	7505	9007	Sewage	7510	3010
Monkeypox	7505	9008	Youth/ Residential Camps	0039	3011
COVID19 DMF	7505	9009	Demolition	0039	3012
Measles	7505	9010	EH General	0039	3013
Enhanced Operations 23	7505	9011	Mosquitos	0039	3014
Communications			Jails	0039	3015
PIO	0063	1020	Schools	0039	3016
			Body Art	0039	3017
			Swimming Pools	0061	3018
			Food Establishments	0067	3019
			Food Service	0067	3020
			RV Campgrounds	0069	3021
			Food Training	0067	3024
			Water Pollution Loan	7510	3025
			Maternal, Child, & Family Health		
			CMH	0037	2005
			WIC Peer Helpers	7506	2015
			WIC	7506	2016
			Early Intervention	7502	5001
			HMG Home Visting	0037	5002
			Early Intervention Marketing	7502	5003
			HMG NFP	0037	5004
			Family Connects	0037	5005
			Access to & Linkage with Care		
			Five Rivers Health Center	0063	8000
			Guardcare	0063	9003

Organizational DNA

Project Hours

| 01/01/2024 – 07/31/2024 | | | Project Status | Active |

Name	Billable Hours	Non-Billable Hours	Total
1001 - General	2,346.60	--	2,346.60
▸ 36 Employees Logged Time	2,346.60	--	--
1002 - Budget & Financial	1,846.77	--	1,846.77
▸ 3 Employees Logged Time	1,846.77	--	--
Budget & Financial General	--	--	--
Grants Management	--	--	--
Payroll	--	--	--
1005 - AP/AR	1,596.18	--	1,596.18
▸ 2 Employees Logged Time	1,596.18	--	--
1006 - BLDG Maint	523.63	--	523.63
Hall, Aaron	523.63	--	--
1007 - Vital Stats	1,766.48	--	1,766.48
▸ 2 Employees Logged Time	1,766.48	--	--
1008 - Medical Reserve Corps	214.95	--	214.95
Brannen, Don	214.95	--	--
1009 - MRC RISE	--	--	0.00
1020 - PIO	426.42	--	426.42
▸ 3 Employees Logged Time	426.42	--	--
1022 - Fairs / Festivals	28.27	--	28.27

Strategic Alignment & Performance Management

Strategic Alignment & Performance Management

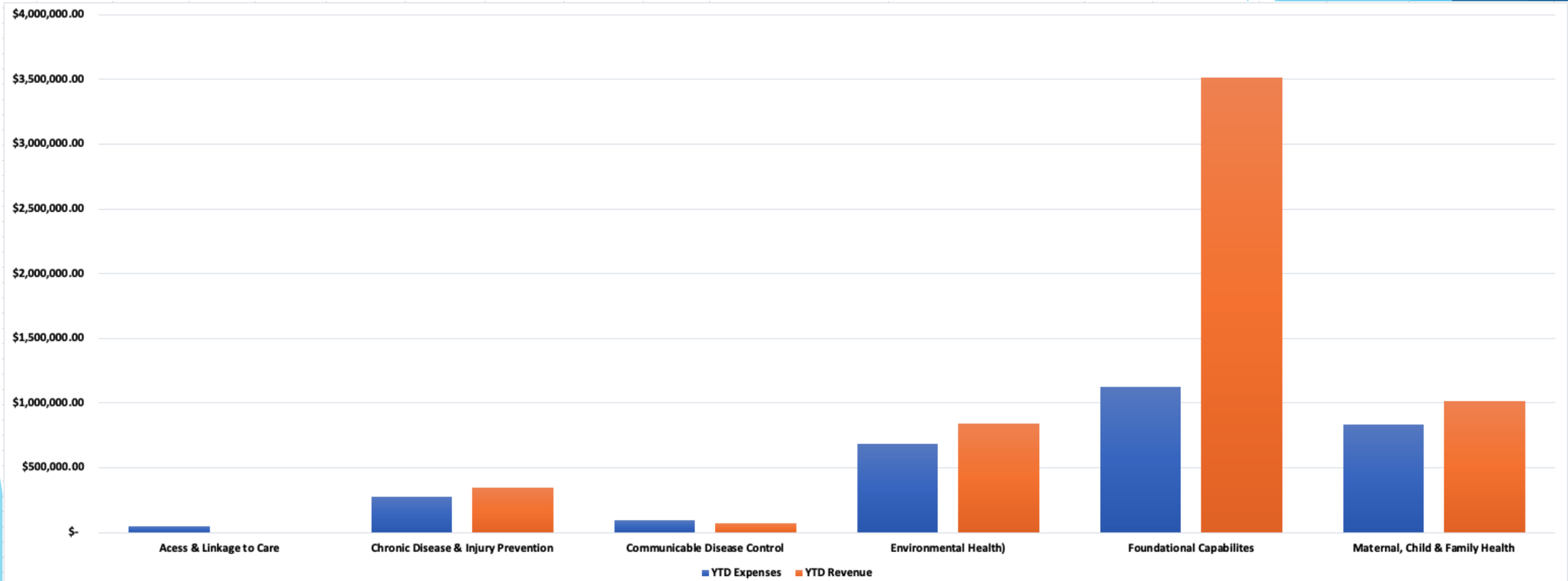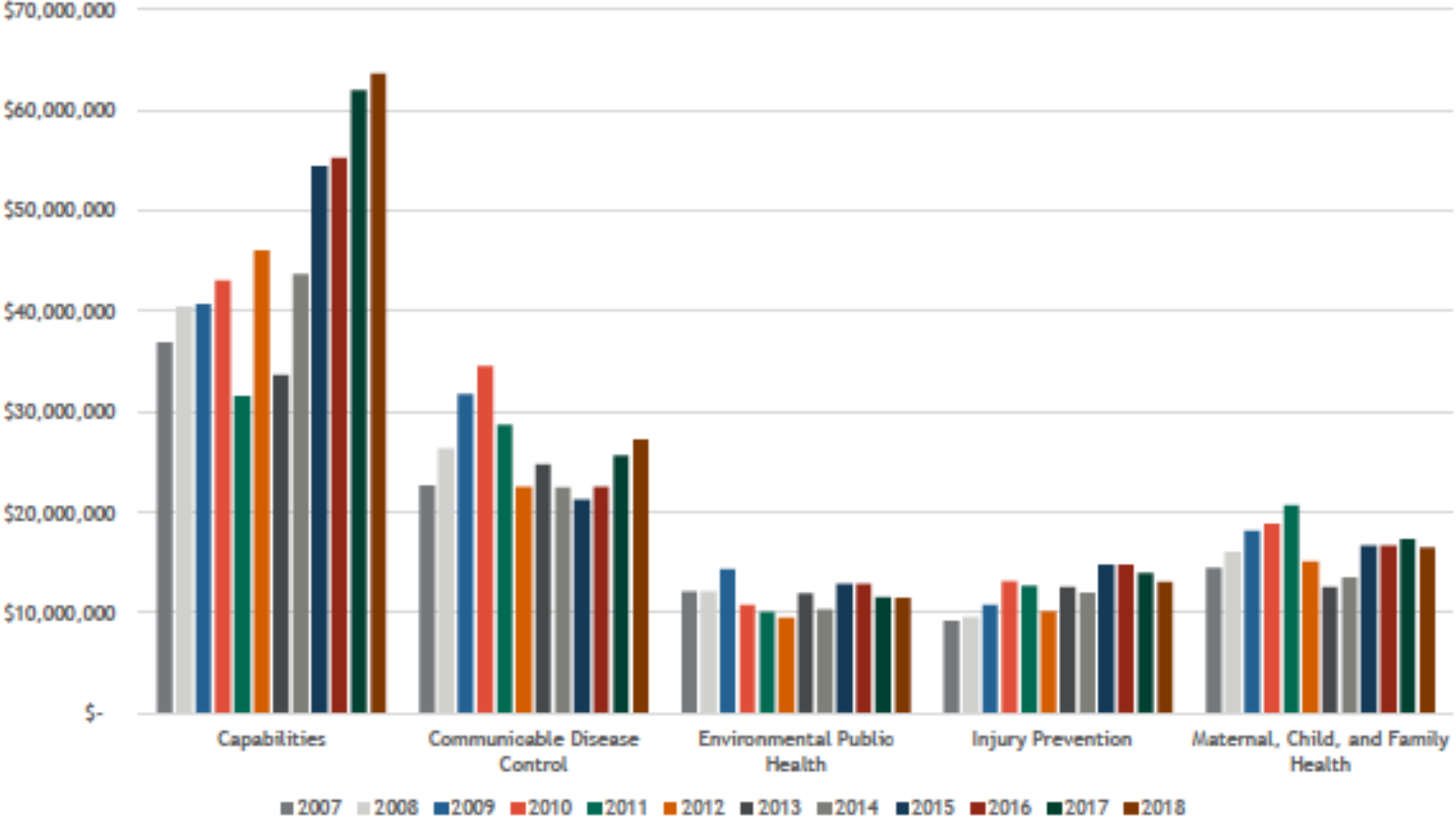NFP

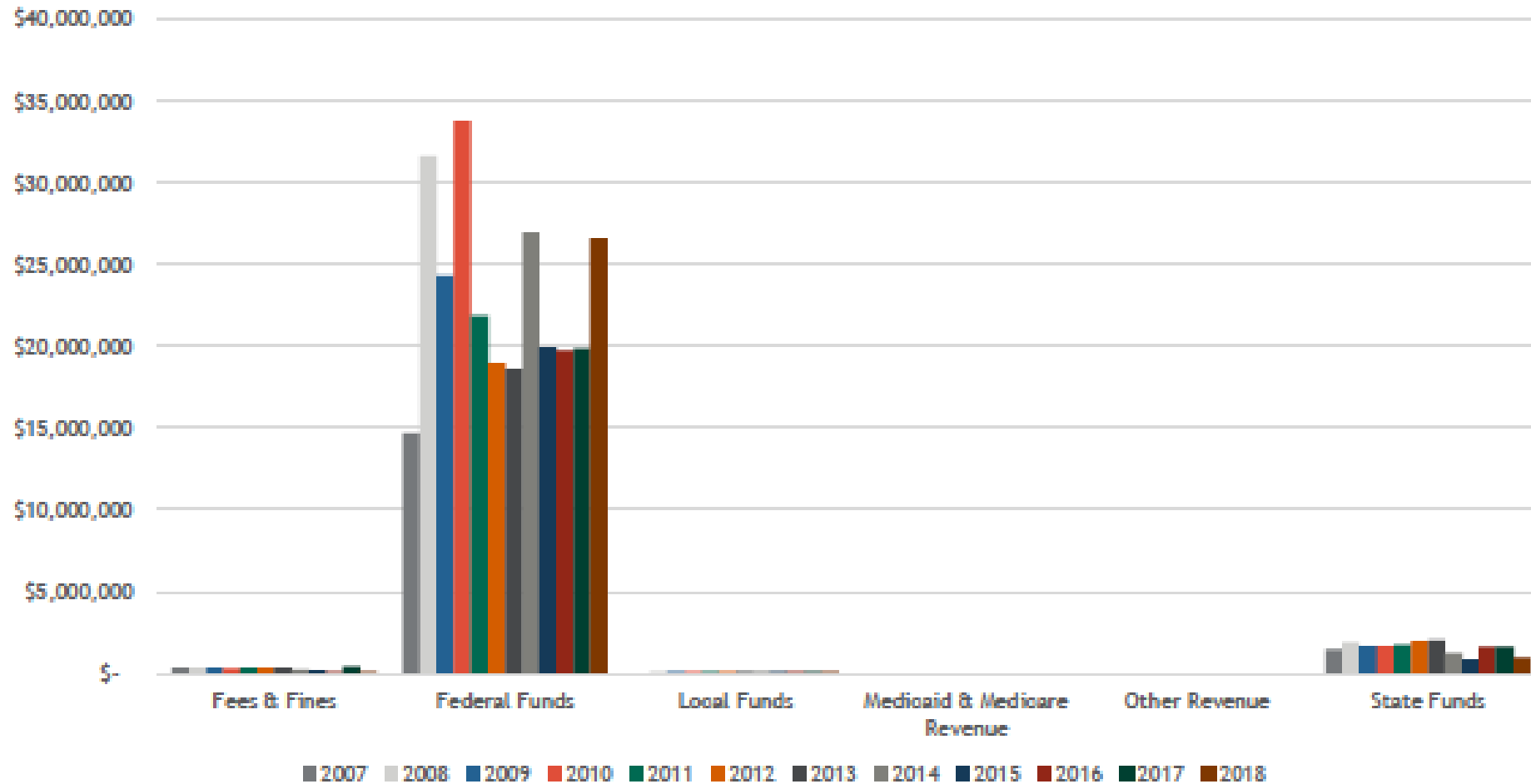# Different Displays Show Different Information

Different Displays Show Different Information

Trend Analysis Can Reveal Risks

Agency Communicable Disease Revenue, FY07-18

FPHS Costing Tool Next Steps

Identify Additional Analyses

- *How else can we analyze the data we collect to be more useful for LHDs and for state-wide advocacy?*
- *Are there additional data points we should collect, or some that no longer need to be collected?*

Identify opportunities for local and state-wide implementation of FPHS

- *How can we maximize the data analysis to support LHDs and assist in public health modernization?*

Questions? Thank you!