

12-18

## STATEMENT OF POLICY

### Foundational Public Health Services

#### Policy

The National Association of County and City Health Officials (NACCHO) endorses the use of the Foundational Public Health Services (FPHS) framework as proposed by the Public Health Accreditation Board as a guide to ensure that all communities receive a basic set of vital public health services and protections. The framework consists of foundational capabilities and areas essential to all health departments and should be used by local health departments and their governing boards with:

- A framework to use to assess the health department's capacity and identify resource gaps;
- A basis for determining the costs of developing and maintaining capabilities and providing foundational services;
- A framework for accountability and performance measurement, quality assurance, and quality improvement, and;
- A basis upon which to build or expand additional programs important to the department's community as identified in the community health needs assessment and health improvement plan.

NACCHO recognizes that to be successful, it is imperative that the costs of implementing the FPHS are adequately covered by combinations of federal, state, and local funding. To achieve this, it is essential that the costs associated with delivering the FPHS be assessed so that policymakers have a clear understanding of the financial, technological, and human resources necessary to assure the presence of these capabilities and programs for its population. To establish a consistent basis for investment in public health activities, the process must be scaled to account for several factors including a jurisdiction's health status, social vulnerability index, and population size.

In addition, resources will be required for services provided through formal partnerships with neighboring local health departments and in arrangements with other community organizations or their state. Without those resources, local health departments cannot be expected to assure the delivery of the services detailed in the FPHS model.



## **Justification**

In 2013, the Public Health Leadership Forum, funded by the Robert Wood Johnson Foundation (RWJF) and facilitated by RESOLVE, convened experts to explore a recommendation from the Institute of Medicine report, [\*For the Public's Health: Investing in a Healthier Future\*](#), to create a “minimum package of services.” This package consists of a suite of skills, programs, and activities that must be available in state and local health departments everywhere for all places to have a functioning public health system, and for which costs could be estimated.<sup>1</sup> The result was a conceptual framework describing both the foundational capabilities that each public health department should possess and also the program areas that no jurisdiction should be without.

Based on several years of work by “21st century states” and others in the field, the PHAB Center for Innovations, which inherited the model with funding provided by RWJF, updated materials that can be used to communicate the importance of building a strong public health infrastructure to support implementation of FPHS.<sup>2</sup> The FPHS framework was updated in 2022 to assure that it reflects the evolving nature and modernization of governmental public health.<sup>3</sup>

Health departments should provide public health services in the following foundational areas:

- 1) Communicable Disease Control,
- 2) Chronic Disease and Injury Prevention,
- 3) Environmental Public Health,
- 4) Maternal, Child, and Family Health, and
- 5) Access to and Linkage with Clinical Care.

In addition, public health departments must provide local protection and services that are unique to their communities’ needs. Local health departments are also encouraged to ensure compliance with any applicable Foundational Public Health Services required in their jurisdiction.

The infrastructure needed to provide these protections includes the following foundational capabilities:

- 1) Assessment/Surveillance,
- 2) Emergency Preparedness and Response,
- 3) Policy Development and Support,
- 4) Communications,
- 5) Community Partnership Development,
- 6) Organizational Competencies,
- 7) Accountability/Performance Management, and
- 8) Equity

Some state health departments are using the FPHS model as a guide to improve the state's local public health infrastructure. They are building funding formulas, local standards, and metrics based on their local health departments' capacities and delivery of the foundational program areas. It seems likely that this practice will expand across additional states to impact local health departments.

Health departments serve their communities 24/7. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage these resources in support of improving the public's health. The FPHS model provides a consensus for the set of minimal public health capabilities and programs that no community should be without.

For more information on the foundational public health services model, see the PHAB Center for Innovations' website at The Foundational Public Health Services - Public Health Accreditation Board ([phaboard.org](http://phaboard.org)).

### **References**

1. Institute of Medicine, Committee on Public Health Strategies to Improve Health (2012). *For the Public's Health: Investing in a Healthier Future*. Washington, DC: National Academies Press. Retrieved on September 10, 2019, from: <https://www.ncbi.nlm.nih.gov/pubmed/24830052>.
2. Public Health National Center for Innovations (2018). Foundational Public Health Services. Alexandria, VA. Retrieved on September 10, 2019: <https://phnci.org/uploads/resource-files/FPHS-Factsheet-November-2018.pdf>
3. [The Foundational Public Health Services - Public Health Accreditation Board \(phaboard.org\)](http://phaboard.org)

### **Record of Action**

*Proposed by NACCHO Public Health Transformation Workgroup*

*Adopted by NACCHO Executive Committee on behalf of the Board of Directors on December 19, 2012*

*Updated February 2016*

*Updated October 2019*

*Updated February 2024*

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