NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

12-18

STATEMENT OF POLICY
Minimum Package of Public Health Services

Policy

NACCHO supports the development of an evidence- and experience-based minimum package of essential public health services and capacities that should be available nationwide from local health departments or by local health departments in conjunction with state health departments or through other partnerships. The minimum package of governmental public health services should consist of foundational capabilities and basic programs. **The minimum package of capacities and programs should be augmented by additional ones important to the department's community and given priority as a result of the community health needs assessment and health improvement plan**.

NACCHO believes it is essential that once such a minimum package of services is defined that the costs associated with adequately delivering it also be developed so that policy makers have a clear understanding of the financial, technological, and human resources necessary to assure the presence of these capabilities and programs for every community. The costs should be scaled to a jurisdiction's population size and capacity needed. Once developed and quantified, local health departments will require financial resources to provide these services. 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 minimum package.

The minimum package should be built on the conceptual framework described by the three core public health functions[1], the ten essential public health services[2], the operational definition of a local health department[3], and capacities needed for public health preparedness. The foundational capabilities of the minimum package would be used by local health departments and their governing boards to plan and set priorities and as a framework for accountability and performance measurement, quality assurance and improvement and as the basis for standard setting by the Public Health Accreditation Board.

This minimum package should establish a threshold and a consistent basis for investments in governmental public health activity. The minimum package would be the public and population health equivalent of the essential benefits package established in the Affordable Care Act[4]. NACCHO believes that development of a minimum package of services for local health departments is an important first step to substantiating public investment in them. The minimum package of services should, as articulated in the Operational Definition, "describe the responsibilities that every person, regardless of where they live, should reasonably expect their local health department to fulfill."

Foundational public health capabilities are those that support all program activities and facilitate a focus on the social determinants of health. These include:

- Information systems and resources (including disease and injury monitoring, surveillance and epidemiology, maintenance of birth and death data and systems to support electronic health records and data sharing with other clinical and community providers, informatics capacity, and the capability to maintain telephone, internet, social media, and other technologies for internal and external communication to inform the community, be informed by them, and reinforce healthy behaviors and lifestyles.
- Health assessment and planning (including community health improvement planning).
- Partnership development and community mobilization.
- Leadership, policy development, analysis, and decision support.
- Communication and public education (including health literacy and cultural competence).
- Marketing, branding, and outreach of LHD services to community and partners.
- Expertise in public health sciences, research, evaluation, interventions, and protections.
- Epidemiology capacity and expertise to support communicable and chronic disease prevention and control activities.
- Medical care experience and knowledge that fosters excellent and understanding relationships with clinical medicine partners in order to integrate public health and clinical medicine activities.
- Laboratory capacity or the ability to access adequate and appropriate laboratory capacity often provided by the state health department.
- Resource development (including grant writing, workforce development, and reimbursement, contracting, fee collection and supporting infrastructure, and/or local levy or other tax support).
- Organizational strategic planning, quality improvement and performance management, and quality assurance and improvement.
- Workforce development and training.
- Interaction with public health education and training institutions to develop the pipeline for the public health work force of the future.
- Human resources, facilities, administration, and governance expertise and tools.
- Financial management expertise and systems.
- Legal support and analysis expertise.

Basic programs are those mandatory programs provided by the local health department because no one else in the community provides them, or they are provided inadequately by others in the public health system despite efforts to encourage and incentivize others to do so. Basic programs are delivered on an adequate scale and quality to protect health on a population-wide basis within the local health department's jurisdiction. Basic programs are essential to achieving health equity and reducing health disparities in communities. For example:

- Communicable disease control (including disease detection, contact investigation, disease reporting, emergency disease response, provider education, outreach and education, trend analysis and communication to communities and medical providers, and quarantine authority).
- Chronic disease prevention (including outreach, tobacco control, and trend analysis and communication to communities and medical providers).

- Environmental health (including foodborne illness outbreak investigations).
- Public Health Preparedness and response (including disease control and public health hazard prevention and response).
- Vital Statistics collection, reporting, trend analysis and reporting to community and healthcare providers.
- Community Health Assessment, community health improvement planning and community activities such as Mobilizing for Action through Planning and Partnerships (MAPP) to inform communities about the public's health, needs and to lead the community in addressing population level issues.
- Patient safety and market oversight (including investigating and responding to outbreaks related to a health- or product-acquired infection or food borne illness).

There are other programs not part of the minimum package that create conditions that promote health that should be available in all communities but may not necessarily be provided by the local health department. Local health departments are, however, essential coordinators of these services (as identified in the parenthesis below) assuring that they are provided in their community. For example:

- Communicable disease control (including drug therapy and vaccination capacity).
- Chronic disease prevention (including health promotion of physical activity and better nutrition, health education and early intervention).
- Environmental health services, including licensing, inspection, and monitoring (air quality, drinking water, solid waste handling, sewage, lead screening and remediation, food safety including restaurant and public facility inspections, swimming pool/water feature inspections, school inspections, animal, rodent and insect control, nuisance abatement, drug lab site recovery and land use review).
- Public health preparedness and response (including emergency management, volunteer management, and vulnerable populations).
- Maternal and child health promotion (including WIC, visiting public health nurse and/or postnatal programs, children with special health care needs, prenatal and reproductive health programs, well baby and well child programs, public health child dental and dental sealant programs, and school health clinics).
- Injury prevention and control (including unintentional overdose, motor vehicle safety, intimate partner violence, senior fall prevention, traumatic brain injury, water recreation/safety, and safe household/maintenance programs).
- Mental health and substance abuse (monitor and assess).
- Clinical preventive and primary care services (including immunizations, medical and dental clinics, care coordination and navigation, reproductive and sexual health services).

NACCHO places a high priority on the development of the minimum package. The body developing the minimum package should, at a minimum, include national public health organizations representing local and state health departments and their governing entities, the public health community-at-large, foundations with a demonstrated interest in local and state governmental public health practice, federal government partners and governmental public health practitioners at the local and state level. The minimum package should define the exclusive work for local health departments and be informed by current state and local efforts now underway to develop such a package.

Justification

In April 2012, the Institute of Medicine issued a report entitled "For the Public's Health: Investing in a Healthier Future" funded by the Robert Wood Johnson Foundation (RWJF)[5]. The report points out that American federal state, and local governments spent $8,086 per person on medical care in 2009 versus $251 in public health spending. The report makes ten recommendations including that an expert panel convened by the National Prevention, Health Promotion, and Public Health Council develop the components and the cost of a minimum package of public health services that every community should receive from its state and local health departments. The report also recommends that "public health agencies at all levels of government, national public health professional associations, policy makers, and other stakeholders should endorse the need for a minimum package of public health services." RWJF and others are interested in operationalizing the recommendations.

The development of the components and cost of a minimum package of public health services is necessary for the following reasons:

1. A minimum package articulates a vision of where local health departments aim to be in terms of structure and service delivery. With adequate funding, local health departments of the future will be a source of knowledge and analysis on community and population health; a convener, coalition-builder, and mobilizing force to build health considerations into all aspects of community planning and action; a steward of the community's health, assuring that policies and services needed for a healthy population are in place; and a partner of the clinical care delivery system in developing information about effectiveness and appropriateness of service delivery.
2. A minimum package provides visibility and a brand for local health departments assuring consistency from one community to another. At present, health departments and the work they do are often invisible. Local health departments are perceived as an amalgamation of disparate programs.
3. A minimum package is essential to substantiating investments in governmental public health because policy makers would know what they were investing in and what the return on investment would be. A minimum package creates clarity for policy makers on the minimum level of capacity that health department should have and the funding necessary to provide them. The foundational capabilities are currently supported in a piecemeal fashion through scraps of categorical funds. The intention is to move away from the siloed funding approach to something much more flexible to support the necessary foundational capabilities.
4. A minimum package would help guide program and job cuts when health department budgets are cut. Health departments continue to struggle to do less with less and are faced everyday with painful decisions on what to cut and what to keep. The package would inform that decision making.
5. With a minimum package, local health departments will be able to determine their workforce, training, and recruitment needs for the future. This may also influence schools of public health curricula to meet the workforce needs of governmental public health agencies.
6. Health departments will have a clearer idea of their technology needs in terms of information systems, epidemiology and laboratory capacity, finance and accounting management.

7. Health department quality improvement activities will be strengthened by having a minimum package in place across the country. This will facilitate cross jurisdictional sharing and adoption of quality improvement activities and outcomes.
8. A minimum package is essential to developing a common accounting and management framework for public health services. Without better financial information, public health departments are unable to link cost data to their organizational structures, staffing patterns, and service delivery models and thus limit their ability to enhance the productivity and efficiency of their operations.
9. As articulated in the Operational Definition of a Functional Local Health Department[3], "all local health departments exist for the common good, and are responsible for demonstrating strong leadership in the promotion of physical, behavioral, environmental, social and economic conditions that improve health and well-being, prevent illness, disease, injury and premature death, and eliminate health disparities. However, in the absence of specific, consistent standards regarding how local health departments fulfill this responsibility, the degree to which the public's health is protected and improved varies widely from community to community."

References

[1] Institute of Medicine, Committee on the Future of Public Health (1988). *The Future of Public Health.* Washington, DC: National Academy Press.

[2] Public Health Functions Steering Committee (1994). *Public Health in America*. Washington, DC: U.S. Public Health Services.

[3] National Association of County and City Health Officials (2005). *Operational Definition of a Functional Local Health Department.* Washington, DC: National Association of County and City Health Officials.

[4] Patient Protection and Affordable Care Act (PPACA) §1301(a). The essential benefit package for plans offered in the exchanges must include the following benefit classes: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

[5] 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.

Record of Action

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