

FINAL DRAFT: NOVEMBER 17, 2017



WSALPHO
WASHINGTON STATE ASSOCIATION OF LOCAL PUBLIC HEALTH OFFICERS

**WASHINGTON STATE
BOARD OF HEALTH**
Working for a safer and healthier Washington since 1889

Washington Foundational Public Health Services (FPHS)

FPHS DEFINITIONS VERSION 1.3, NOVEMBER 2017

Functional Definitions Manual



STRATEGY ■ ANALYSIS ■ COMMUNICATIONS

2025 First Avenue, Suite 800
Seattle, WA 98121

www.berkconsulting.com

Founded in 1988, we are an interdisciplinary strategy and analysis firm providing integrated, creative and analytically rigorous approaches to complex policy and planning decisions. Our team of strategic planners, policy and financial analysts, economists, cartographers, information designers and facilitators work together to bring new ideas, clarity, and robust frameworks to the development of analytically-based and action-oriented plans.

CONSULTANT PROJECT TEAM

Allegra Calder

Annie Sieger

Natasha Dunlap

Contents

Introduction	1
FPHS FRAMEWORK	1
How to Use this Manual: Understanding and Implementing Functional Definitions	5
Washington Foundational Public Health Services Functional Summary Definitions	6
A. Assessment (Surveillance and Epidemiology)	13
B. Emergency Preparedness (All Hazards)	16
C. Communication	19
D. Policy Development and Support	21
E. Community Partnership Development	23
F. Business Competencies	25
G. Prevention and Control of Communicable Disease and Other Notifiable Conditions	29
H. Chronic Disease, Injury and Violence Prevention	36
I. Environmental Public Health	39
J. Maternal/Child/Family Health	45
K. Access/Linkage with Medical, Oral and Behavioral Health Care Services	48
L. Vital Records	52
Appendix A: Functional Definitions Development Process	53
ACKNOWLEDGEMENTS	56
Appendix B: Crosswalk to Accreditation Standards	61
Appendix C: Acronyms	68
Appendix D: Glossary	70
Appendix E: Sources/Resources	77

Introduction

Washington's governmental public health system (**governmental public health system**) has a critical and unique public safety role that is focused on protecting and improving the health of Washington's families and communities. According to state law,¹ protecting the public's health is a fundamental responsibility of Washington State.

The **governmental public health system**, is made up of 37 governmental public health authorities, including the Washington State Department of Health (DOH), Washington State Board of Health (SBOH), 35 local health jurisdictions (LHJs) and Tribal Nations. Washington's overall public health system is much larger, and also includes other government organizations, and partners, such as health care providers and community-based organizations (CBOs).

Like public safety (fire, police), public utilities (power, water) and other public infrastructure (roads, sewers) there is a foundational level of public health services that must exist everywhere for services to work anywhere. This foundation, called the **Foundational Public Health Services (FPHS)** is a subset of all public health services. **FPHS** are a limited statewide set of core public health services and include **foundational capabilities and programs** that (1) must be available to all people in Washington, and (2) meet one or more of the following criteria:

- Services for which the **governmental public health system** is the only or primary provider of the service, statewide.
- Population-based services (versus individual services) that are focused on prevention.
- Services that are mandated by federal or state laws.

FPHS provide a strong foundation from which the state and local communities can deliver **Additional Important Services (AIS)**. These are services that are critical locally and do not necessarily need to be provided by the **governmental public health system** statewide because **AIS** are a shared responsibility of local, state and federal public health and other partners. **AIS** often respond to or are local community priorities. They can also be driven by state initiatives to address disparities across the state.

The differentiation between **FPHS** and **AIS** is not a value judgement, nor is one set of services more important than the other. **FPHS** and **AIS** are both essential to support healthy and economically vital communities across Washington.

This document provides **functional definitions** for **FPHS**.

FPHS Framework

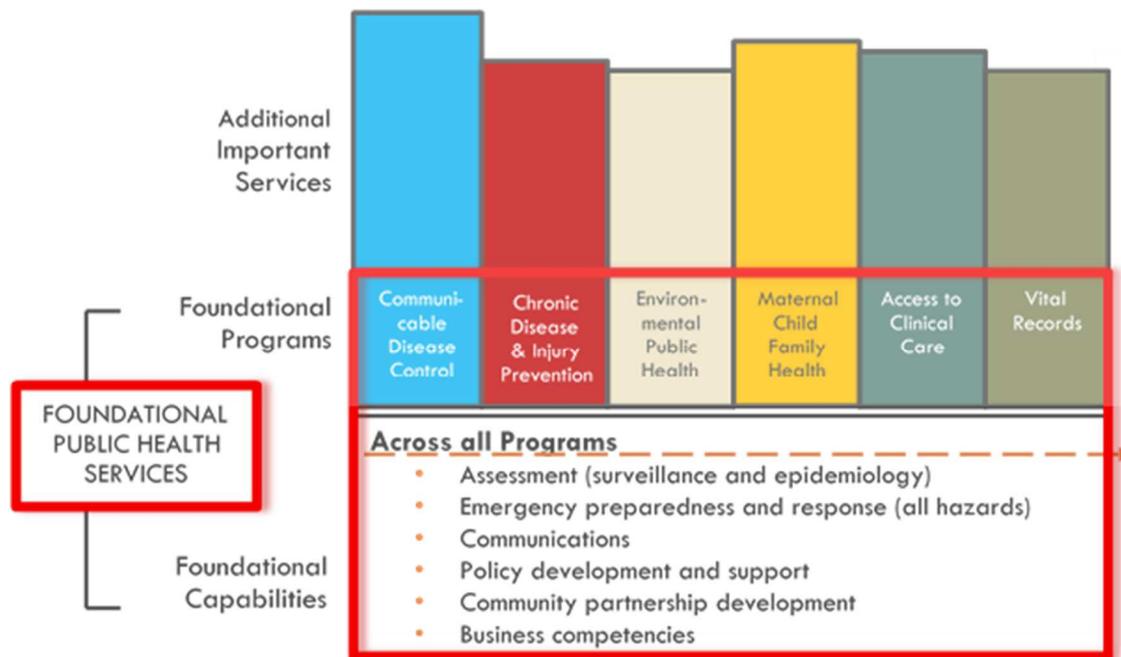
Local and State public health leaders in Washington have been working to develop Washington's **FPHS** framework since 2011. Their work has been guided by the following assumptions:

¹ Revised Code of Washington (RCW) 43.70.512:

1. The **FPHS** framework is based on the role of the **governmental public health system**; it does not include public health services provided by other providers within the overall public health system.
2. The **FPHS** framework defines the services that residents need to have access to or have provided for them everywhere statewide and should be “agnostic” about which governmental public health authority provides them.

Washington’s **FPHS** Framework is shown in Exhibit 1.

Exhibit 1: Washington’s Foundational Public Health Service Framework



National FPHS Framework

In 2009, the Institute of Medicine (IOM) formed a committee to consider three topics related to population health: data and measurement, law and policy, and funding. Their work culminated in a report, *For the Public’s Health: Investing in a Healthier Future (2012)*, in which the IOM recommended that a minimum package of public health services be defined. In April 2013, the Public Health Leadership Forum, funded by the Robert Wood Johnson Foundation and facilitated by RESOLVE, developed the national FPHS framework to define this “minimum package of services.” The FPHS framework included foundational capabilities and programs that the group felt were needed everywhere for public health to work anywhere, and for which costs could be estimated. This national model is now stewarded by the Public Health National Center for Innovations (PHNCI) has been and continues to be adopted and localized by states across the nation, including Washington. More information on the national FPHS framework is available [here](#).²

² PHNCI FPHS Fact Sheet: http://phnci.org/uploads/resource-files/PHNCI-FPHS-Factsheet_FINAL-1.pdf.

As shown in Exhibit 1, Washington’s Public Health Services Framework defines six **foundational capabilities** and six **foundational programs**:

Foundational capabilities are the crosscutting **capacity** and **expertise** needed to support public health programs.

- A. Assessment (Surveillance and Epidemiology)
- B. Emergency Preparedness (All Hazards)
- C. Communication
- D. Policy Development and Support
- E. Community Partnership Development
- F. Business Competencies

Foundational programs are the subset of services in each public health program area that are defined as foundational. In Exhibit 1 this is illustrated by the sections of each colored program column inside the red box.

- G. Prevention and Control of Communicable Disease and Other Notifiable Conditions
- H. Chronic Disease, Injury and Violence Prevention
- I. Environmental Public Health
- J. Maternal/Child/Family Health
- K. Access/Linkage with Medical, Oral and Behavioral Health Care Services
- L. Vital Records

Together, the **foundational capabilities** and **foundational programs** are the limited statewide set of core public health services that must exist everywhere for services to work anywhere.

The Washington **FPHS** framework was first defined by the **FPHS** Technical Workgroup in 2012, then revised by the 2014 **FPHS** Policy Workgroup, and was most recently published as **FPHS** Definitions V1.2 in March 2016.³ The original definitions simply included three to seven **elements** under each **foundational capability** and **program** which described the foundational work.

However, for the **governmental public health system** to successfully and consistently implement **FPHS**, more detail was needed in the definitions. In 2017, the **FPHS** Technical Workgroup oversaw the development of **functional definitions** that:

- Describe “what” **FPHS** provides for Washington’s communities, but not “how” the **governmental public health system** should provide it,
- Are agnostic to which governmental public health provider should provide it,

³ **FPHS** Definitions V1.2, March 2016: <https://www.doh.wa.gov/Portals/1/Documents/1200/FPHSp-2016definitions.pdf>.

- Are reduced to discreet **activities** (define as few actions as possible per statement) and begin with a verb identifying the action to be taken and,
- Align with existing guidelines and regulations.

These **functional definitions** add detail by establishing **activities** under the **elements** for each **foundational capability and program**.

As part of the **functional definitions** development process, some revisions were made to **FPHS** Definitions V1.2, March 2016 and approved by both the **FPHS** Technical Workgroup and Steering Committee.

This edition of the definitions highlights the **governmental public health system's** role as community strategist with a focus on the foundational services of data, planning and working with partners to develop and implement prioritized plans, seek resources and advocate for high priority policy initiatives.

These definitions are published in this document, the *Foundational Public Health Services Functional Definitions Manual* and are considered Version 1.3.

Future Update Processes

It is expected that these definitions will continue to evolve alongside the public health practice. A process will be established for periodic updates to the **FPHS** definitions, as documented in this *Foundational Public Health Services Functional Definitions Manual*.

How to Use this Manual: Understanding and Implementing Functional Definitions

This document provides **functional definitions** for Washington’s **foundational capabilities and programs** meant to help governmental public health authorities operationalize this framework statewide across the public health system, and within their organizations. Each **foundational capability and program** definition includes:

- **12 Foundational Capabilities and Programs (6 Foundational Capabilities and 6 Foundational Programs)**. Uppercase lettered A. to L.

Example: A. denotes the foundational capability “Assessment (Surveillance and Epidemiology.)”

- **48 Elements**. Numbered and individually assigned to one **foundational capability or program**, such that they are represented as “[Foundational Capability Uppercase Letter].[Element Number].”

Example: A. 1. Denotes the first element of Assessment (Surveillance and Epidemiology), “Ability to collect sufficient statewide and community-level data to develop and maintain electronic information systems to guide public health planning and decision making at the state, regional and local level. Foundational data include (but are not limited to):

- Behavioral Risk Factor Surveillance System (BRFSS),
- Healthy Youth Survey (HYS), and
- Vital statistics.

Foundational information systems include:

- Washington Disease Reporting System (WDRS),
- Washington Electronic Lab Reporting System (WELRS), and
- Selected clinical data systems (e.g. Comprehensive Hospital Abstract Reporting System [CHARS] and Community Health Assessment Tool [CHAT])”

- **350 Activities**. Lowercase lettered and individually assigned to one Element, which are also individually assigned to one **foundational capability or program**, such that they are represented as “[Foundational Capability Uppercase Letter].[Element Number].[Activity Lowercase Letter]”

Example: A.1.a. denotes the first activity under the first element of Assessment (Surveillance and Epidemiology), “Assure access to public health informatics capability.”

It is important to remember that there is significant interplay among the **foundational capabilities and programs**, so governmental public health staff need to be familiar with the full definitions manual, and not simply the definitions specific to the work they do.

Hyperlinks are used throughout the manual to support navigation of the document, and particularly to connect key terms to their definitions in the glossary. To use a hyperlink, simply click the link. After using a hyperlink, you can press Alt + Left Arrow to return to where you were.

Washington Foundational Public Health Services Functional Summary Definitions

Version 1.3, November 2017

FOUNDATIONAL CAPABILITIES

A. Assessment (Surveillance and Epidemiology).

The functional definition of this foundational capability includes:

1. **Ability to** collect sufficient, statewide and community level data and develop and maintain electronic information systems to guide public health planning and decision making at the state, regional and local level. Foundational data include (but are not limited to):

- Behavioral Risk Factor Surveillance System (BRFSS),
- Healthy Youth Survey (HYS), and
- Vital statistics.

Foundational information systems include:

- Washington Disease Reporting System (WDRS),
- Washington Electronic Lab Reporting System (WELRS), and
- Selected clinical data systems (e.g. Comprehensive Hospital Abstract Reporting System [CHARS] and Community Health Assessment Tool [CHAT]).

2. **Ability to** access, analyze, use and interpret data, including:

- U.S. Census,
- Vital Statistics,
- Notifiable condition data,
- Selected clinical data sets including Comprehensive Hospital Abstract Reporting System (CHARS),
- Behavioral Risk Factor Surveillance System (BRFSS),
- Healthy Youth Survey (HYS),
- Basic community and environmental health indicators, and
- Financial data.

3. **Ability to** conduct a comprehensive community or statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health.

B. Emergency Preparedness (All Hazards).

The functional definition of this foundational capability includes:

1. **Ability to** develop emergency response plans for natural and man-made public health hazards; train public health staff for emergency response roles and routinely exercise response plans.
2. **Ability to** lead the Emergency Support Function 8 – Public Health & Medical and/or a public health response for the county, region, jurisdiction and state.
3. **Ability to** activate and mobilize public health personnel and response teams; request and deploy resources; coordinate with public sector, private sector and non-profit response partners and manage public health and medical emergencies utilizing the incident command system.
4. **Ability to** communicate with diverse communities across different media, with emphasis on populations that are disproportionately challenged during disasters, to promote resilience in advance of disasters and protect public health during and following disasters.

C. Communication.

The functional definition of this foundational capability includes:

1. **Ability to** engage and maintain ongoing relations with local and statewide media.
2. **Ability to** develop and implement a communication strategy, in accordance with **Public Health Accreditation Standards**, to increase visibility of public health issues. This includes the **ability to** provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served.

D. Policy Development and Support.

The functional definition of this foundational capability includes:

1. **Ability to** develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, must include evaluation plans.
2. **Ability to** work with partners and policy makers to enact policies that are evidence-based (or are innovative or promising and include evaluation plans) and that address the social determinants of health and health equity.
3. **Ability to** utilize cost-benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment.

E. Community Partnership Development.

The functional definition of this foundational capability includes:

1. **Ability to** create and maintain relationships with diverse partners, including health-related national, statewide and community-based organizations; community groups or organizations representing populations experiencing health inequity; private businesses and health care organizations; Tribal Nations, and local, state and federal government agencies and leaders.
2. **Ability to** select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

F. Business Competencies.

The functional definition of this foundational capability includes:

1. Leadership Capabilities. **Ability to** lead internal and external stakeholders to consensus and action planning (adaptive leadership) and to serve as the public face of governmental public health in the community.
2. Accountability and Quality Assurance Capabilities. **Ability to** uphold business standards and accountability in accordance with local, state and federal laws, regulations and policies and to align work with national and **Public Health Accreditation Standards**.
3. **Quality Improvement** Capabilities. **Ability to** evaluate programs and continuously improve processes.
4. Information Technology Capabilities. **Ability to** develop, maintain and access electronic health information to support operations and analyze health data. Ability to support, maintain and use communication technology.
5. Human Resources Capabilities. **Ability to** develop and maintain a competent workforce, including recruitment, retention and succession planning functions; training; and performance review and accountability.
6. Fiscal Management, Contract and Procurement Capabilities. **Ability to** comply with federal, state, and local standards and policies.
7. Facilities and Operations. **Ability to** procure, maintain, and manage safe facilities and efficient operations.
8. Legal Capabilities. **Ability to** access and appropriately use legal services in planning and implementing public health initiatives.

FOUNDATIONAL PROGRAMS

G. Prevention and Control of Communicable Disease and Other Notifiable Conditions.

The functional definition of this foundational program includes:

1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other **notifiable conditions**.
2. Identify statewide and local community assets for the control of communicable diseases and other **notifiable conditions**, develop and implement a prioritized control plan addressing communicable diseases and other **notifiable conditions** and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other **notifiable conditions**.
3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.
4. Ensure disease surveillance, investigation and control for communicable disease and **notifiable conditions** in accordance with local, state and federal mandates and guidelines.
5. Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and **notifiable conditions**.
6. When **additional important services** are delivered regarding prevention and control of communicable disease and other **notifiable conditions**, ensure that they are well coordinated with foundational services.

H. Chronic Disease, Injury and Violence Prevention.

The functional definition of this foundational program includes:

1. Provide timely, state and locally relevant and accurate information statewide and to communities on chronic disease (including behavioral health), injury and violence prevention.
2. Identify state and local chronic disease (including behavioral health), injury and violence prevention community assets; develop and implement a prioritized prevention plan and seek resources and advocate for high priority policy initiatives to reduce statewide and community rates of chronic disease, injury and violence.
3. When **additional important services** are delivered regarding chronic disease, injury, and violence prevention, **assure** that they are well coordinated with foundational services.

I. Environmental Public Health.

The functional definition of this foundational program includes:

1. Provide timely, state and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures.
2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources and advocate for high priority policy initiatives.
3. Conduct environmental public health investigations, inspections, sampling, laboratory analysis and oversight to protect food, **recreational water**, drinking water and liquid waste and solid waste systems in accordance with local, state and federal laws and regulations.
4. Identify and address priority notifiable zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), air-borne conditions and other public health threats related to environmental hazards.
5. Protect the population from unnecessary radiation exposure in accordance with local, state and federal laws and regulations.
6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes
7. When **additional important services** are delivered regarding environmental public health, **assure** that they are well coordinated with foundational services.

J. Maternal/Child/Family Health.

The functional definition of this foundational program includes:

1. Provide timely, statewide and locally relevant and accurate information statewide and to communities on emerging and ongoing maternal, child and family health trends, taking into account the importance of childhood adversity and health inequities.
2. Identify local maternal, child and family health community assets, develop a prioritized prevention plan using life course **expertise** and an understanding of health inequities, seek resources and advocate for high priority policy initiatives.
3. Assure mandated newborn screening done by the state public health lab to test every infant born in Washington to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders that are specified by the State Board of Health. (state function only)
4. When **additional important services** are delivered regarding maternal, child, and family health, **assure** that they are well coordinated with foundational services.

K. Access/Linkage with Medical, Oral and Behavioral Health Care Services.

The functional definition of this foundational program includes:

1. Provide accurate timely, statewide and locally relevant information statewide and to communities on the medical, oral and behavioral health care system.
2. Participate actively in local, regional and state level collaborative efforts regarding medical, oral and behavioral systems planning to improve health care quality and effectiveness, reduce health care costs and improve population health.
3. Improve patient safety through inspection and licensing of health care facilities and licensing, monitoring and discipline of health care providers. (State function only)
4. When **additional important services** are delivered regarding medical, oral and behavioral health, **assure** that they are well coordinated with foundational services.

L. Vital Records.

The functional definition of this foundational program includes:

1. In compliance with state law and in concert with local, state and national groups, **assure** a system of vital records. (State function only)
2. Provide certified birth and death certificates in compliance with state law and rule.



**Washington Foundational Public Health Services
Functional Full Definitions**

A. Assessment (Surveillance and Epidemiology)

The functional definition of this foundational capability includes:

1. Ability to collect sufficient statewide and community-level data and develop and maintain electronic information systems to guide public health planning and decision making at the state, regional and local level.

Foundational data include (but are not limited to):

- Behavioral Risk Factor Surveillance System (BRFSS),
- Healthy Youth Survey (HYS), and
- Vital statistics.

Foundational information systems include:

- Washington Disease Reporting System (WDRS),
- Washington Electronic Lab Reporting System (WELRS), and
- Selected clinical data systems (e.g. Comprehensive Hospital Abstract Reporting System [CHARS] and Community Health Assessment Tool [CHAT]).

Data and Data Systems and Analysis

- a. Assure access to public health informatics capability.
- b. Develop and implement policies and procedures to standardize and promote best practices related to data systems, analytic methods and tools to promote data quality, accuracy and timeliness statewide.
- c. Maintain **ability to** collect primary data and share it with Tribal Nations and governmental public health authorities.
- d. Develop and maintain up-to-date electronic information systems for public health surveillance for statewide notifiable disease reporting and investigation (e.g. WDRS).
- e. Develop and maintain up-to-date electronic information systems for public health surveillance for statewide notifiable disease reporting from laboratories (e.g. Public Health Reporting of Electronic Data [PHRED]).
- f. Develop and maintain up-to-date electronic information systems for public health surveillance for statewide collection of selected clinical data sets such as real-time Emergency Room, sentinel outpatient and hospitalization records and hospital discharge data (e.g. CHARS).
- g. Develop and maintain up-to-date electronic information systems for public health surveillance online data analysis of individual data sets and online compilation and analysis of multiple health-related data sets to support governmental agencies in understanding the health of communities and people (e.g. CHAT).

- h. Ensure collection of behavioral data via the BRFSS (annual) and HYS (biennial), including as appropriate:
 - Work with partners to design survey questions and parameters within the funds available.
 - Oversee contracts to administer the survey.
 - Coordinate the data collection.
 - Prepare data for independent analyses by stakeholders.

Reporting, Communications, and Policy

- i. Ensure access to shared data between Tribal Nations and governmental public health authorities that pertain to the health status of the population they serve.
- j. Provide training and technical assistance to local health jurisdictions and community partners on the use of foundational data for assessment.

Prepare for Future Data Needs

- k. Fulfill future data needs using multiple methods and sources for data collection, analysis and presentation using evolving technology with near real-time data displayed using visualization tools and GIS to meet user's requests.
- l. Develop and adapt data systems as needed.

2. Ability to access, analyze, use and interpret data, including:

- **U.S. Census,**
 - **Vital Statistics,**
 - **Notifiable condition data,**
 - **Selected clinical data sets including Comprehensive Hospital Abstract Reporting System (CHARS),**
 - **Behavioral Risk Factor Surveillance System (BRFSS),**
 - **Healthy Youth Survey (HYS),**
 - **Basic community and environmental health indicators, and**
 - **Financial data.**
- a. Develop and implement policies and procedures to standardize and promote best practices related to data systems, analytic methods and tools to promote data quality, accuracy and timeliness.
 - b. Analyze data, prepare and publish standardized reports and report on specific topics as needed. Assure accuracy of data and interpretation.
 - c. Produce summaries on key indicators of community health, which include information about social determinants of health.

- d. Provide and use the results of health data analysis (including inequities) to develop culturally appropriate recommendations regarding public health policies, processes, programs or interventions.
- e. Facilitate the sharing of data, resources and **expertise** through partnerships and relationships.
- f. Maintain **24/7 access** to public health surveillance system. Maintain and implement written processes and/or protocols to collect surveillance data from multiple sources and to review and analyze those data, and report out the data, including how they are collected.
- g. Assist agency leadership with identification of health priorities and policies based on data analysis, scientific literature, best practices and promising practices.
- h. Provide scientific and epidemiologic **expertise** to support leadership.
- i. Provide technical assistance to other governmental public health entities and partners regarding access, use, analysis and interpretation of data related to protecting and improving the public's health.
- j. Include protocols for confidentiality as appropriate, and **assure** consistency in adherence to data sharing agreements and security policies.
- k. Prioritize and respond to information and data requests and translate data into information and reports that are valid, statistically accurate and readable by the intended audiences.

3. Ability to conduct a comprehensive community or statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health.

- a. Conduct a comprehensive **state health assessment (SHA)** every three to five years in conjunction with the **governmental public health system** and other statewide partners.
- b. Conduct a local and/or regional comprehensive **community health assessment (CHA)** every three to five years in conjunction with community partners.
- c. Develop a **state health improvement plan (SHIP)** in conjunction with the **governmental public health system** and other statewide partners.
- d. Develop a local and/or regional **community health improvement plan (CHIP)** in conjunction with community partners.

B. Emergency Preparedness (All Hazards)

The functional definition of this foundational capability includes:

1. Ability to develop emergency response plans for natural and man-made public health hazards, train public health staff for emergency response roles and routinely exercise response plans.

- a. Maintain written procedures for Emergency Support Function 8 – Public Health & Medical (ESF8) in the State or County Comprehensive Emergency Management Plan (CEMP) and/or the Public Health Response Plan.
- b. Develop and sustain local and state-level emergency response teams to provide surge capacity in the areas of environmental public health, epidemiology and surveillance, medical countermeasures response, incident command, radiological response, health care response and emergency medical services (EMS) response. Ensure teams are rostered, trained and exercised annually.
- c. Develop and sustain local and statewide mutual aid and partnership agreements with and among **governmental public health system** and Tribal Nations pharmacies, health care organizations, private sector, community organizations and other state agencies.
- d. Develop and maintain a **public health preparedness training and exercise plan**.
 - Conduct training and exercise on the jurisdiction’s **ESF8** response plans, public health plan and policies for staff who serve in the agency or jurisdiction Emergency Operations Center (EOC).
 - Ensure training addresses how the **ESF8** response and public health response is coordinated within the jurisdiction’s incident command system.
 - Write after action reports (AARs) documenting lessons learned from exercises. Identify corrective actions and track progress in completing those actions.
- e. Train appropriate public health emergency response staff on information management systems used by public health and emergency management agencies.
- f. Maintain a continuity of operations plan (COOP) for the agency. Plans include definition and identification of essential services, line of succession, written delegation of authority for select critical positions and protocols for temporarily discontinuing specific functions to sustain critical services.
- g. Plan or participate in, and document, annual emergency preparedness exercises. Include community partners such as schools, hospitals, emergency management, first responders, community organizations and organizations serving priority populations in exercise design and implementation.

2. Ability to lead the Emergency Support Function 8 – Public Health & Medical and/or a public health response for the county, region, jurisdiction and state.

- a. Develop, train and exercise a decision-making protocol to support agency leadership in making policy-level decisions during public health incidents.
- b. Develop and maintain strategic partnerships with local agencies, non-profit organizations, private sector, health care organizations, state agencies and associations to support public health preparedness, recovery and resilience efforts.
- c. Define roles and responsibilities of public health leaders in establishing short-term and long-term community recovery goals.

3. Ability to activate and mobilize public health personnel and response teams; request and deploy resources; coordinate with public sector, private sector and non-profit response partners and manage public health and medical emergencies utilizing the incident command system.

- a. Establish and maintain a process for **24/7 access**, including coverage and availability, for urgent public health issues.
- b. Maintain an emergency notification system (e.g. WASECURES, E911 Dispatch, or similar system) and include all critical public health response and leadership positions, and essential partners as appropriate, as registered users.
- c. Conduct routine staff notification exercises, evaluate results, address issues and make improvements.
- d. Maintain procedures for requesting assistance during disasters from the local or state Emergency Operations Center (EOC) and mutual aid partners.
- e. Use the incident command system to:
 - Determine objectives to address the health needs of those affected,
 - Develop situational assessments to determine the functionality of critical public health operations, critical health care facilities, critical infrastructure, and the number of ill, injured, and deceased,
 - Identify and allocate resources to address public health needs,
 - Return to routine operations, and
 - Write after action reports documenting lessons learned from real life activations of plans. Identify corrective actions and track progress in completing those actions.
- f. Maintain and exercise procedures and agreements with health care, private sector and community partners to request, receive, distribute and dispense medical countermeasures for statewide and community-wide public health incidents.

4. Ability to communicate with diverse communities across different media, with emphasis on populations that are disproportionately challenged during disasters, to promote resilience in advance of disasters and protect public health during and following disasters.

- a. Maintain and annually exercise procedures and various tools to inform the public of threats to health and safety in a manner that is culturally and linguistically appropriate.
- b. Create and maintain templates for news releases and social media posts for categories of public health hazards.
- c. Work with community leaders, partners, and organizations serving priority populations to communicate public health and health care preparedness, recovery and resilience efforts.

C. Communication

The functional definition of this foundational capability includes:

1. Ability to engage and maintain ongoing relations with local and statewide media.

- a. Develop and maintain a **media relations plan** and policies for leveraging media in communicating with the public effectively.
- b. Build and maintain relationships with media outlets.

2. Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Standards,⁴ to increase visibility of public health issues. This includes the ability to provide information on health risks, healthy behaviors and disease prevention in culturally and linguistically appropriate formats for the various communities served.

Communications Strategy

- a. Develop and implement a communication plan that includes strategies that describe the role and responsibilities of public health, including the mission and value.
- b. Apply health education and behavior change principles and audience research and analysis to develop communication strategies and plans. This includes using data about the demographics of the general community and specific populations to tailor communication to specific audiences, such as policy makers, stakeholders, local public health authorities, health care providers, the public and specific population groups.
- c. Maintain a list of staff or contractors who provide interpretation, translation or other specific communication services.
- d. Upon request, provide technical assistance to programs and LHJs on the development of communication plans and strategies.
- e. Make health information accessible by using communication channels preferred by target audiences, including a public-facing website, social media platforms, text messaging and other mobile platforms.
- f. Provide a notification system for public health updates or advisories and a **24/7** contact numbers for reporting health emergencies.

⁴ Messages, communication products and distribution methods shall be in compliance with ADA Section 508 and consider health literacy, language, literacy, culture and other aspects of ensuring communication is appropriate to the needs of the intended audience.

- g. Support ongoing public interaction by ensuring that communications allow for two-way communications with the public (e.g. contact information, surveys, comment boxes, phone, social media and community engagement meetings).
- h. Evaluate the effectiveness of communications efforts using tools such as web analytics, surveys or polls. Adjust communications and communications strategies accordingly.
- i. Inform and/or coordinate communications between LHJs, state government, national organizations and federal agencies, including the Centers for Disease Control and Prevention.

Regular and Ongoing Communications

- j. Provide routine communications to the public.
- k. Maintain an up-to-date public website and social media platforms (e.g. Twitter, Facebook and blogs, etc.) that can provide public health information, as part of regular monitoring and responding to community concerns, both routinely and during an emergency.

Emergency Communications Response:

- l. Have, test, use and maintain an **emergency communication plan** with defined policies and procedures.
- m. Establish or participate in an alert network or similar system to receive and issue alerts **24/7**.

D. Policy Development and Support

The functional definition of this foundational capability includes:

- 1. Ability to develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, must include evaluation plans.**
 - a. Identify and incubate locally-appropriate, evidence-based policy, systems and environmental change strategies to improve health outcomes or innovative/promising strategies using an established policy change framework that includes problem identification, policy analysis, strategy and policy development, policy enactment, policy implementation and policy evaluation.
 - b. Develop a **strategic policy agenda** that includes specific strategies to improve public health at the system level. The plan should contain strategic policy priorities and goals and should align with other plans (e.g. health improvement plan, strategic plan) but can also include policy goals not related to other plans if appropriate.
 - c. Monitor emerging public health issues, conduct policy analysis and develop policy positions in concert with local, state and national partners.
 - d. Take a leadership role for communication about how policy changes may impact health.
 - e. Access literature, journals and research on evidence-based policy options.

- 2. Ability to work with partners and policy makers to enact policies that are evidence-based (or are innovative and/or promising and include evaluation plans) and that address the social determinants of health and health equity.**
 - a. Coordinate local, state and federal public health policy agendas where appropriate to intentionally advance health equity.
 - b. Develop and implement the **strategic policy agenda** through agency/organization policy, new/revised public health programs, development/proposal of guidelines, rules, regulations or laws that used evidence-based or innovative/promising practices with a focus on eliminating health, racial, income, geographic and other inequities.
 - c. Analyze, interpret and respond to proposed policy, and, if enacted, implement local, state and federal policy changes. Describe the impact on public health and health equity.
 - d. Coordinate within the **governmental public health system** and with federal agencies and other partners on policies that affect public health and health equity.
 - e. Provide support (e.g. information sharing and technical assistance) to policy leads working in local organizations and, upon request, participate in policy initiatives including those that include multiple organizations.

- f. Provide access to public health law consultation and technical assistance (e.g. state attorney general and legal technical assistance groups).
- g. Analyze pending legislation, estimate costs for new work, provide data and information as requested by lawmakers and testify on proposed policy changes if appropriate.
- h. Review existing laws and work with governing entities and elected/appointed officials to update as needed.
- i. Monitor and/or track policies under consideration by the regulatory authority, elected officials, government officials and/or other entities that set policies and practices that impact public health.
- j. Evaluate implemented policies to determine whether policy goals were met and use findings to improve and/or revise policies.

3. Ability to utilize cost-benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment.

- a. Access resources to develop and/or make available economic analyses (e.g. cost and/or risk of non-investment, return on investment) for proposed policy changes at the local and/or state level.
- b. Ensure access to experts to evaluate the social and economic impact of public health policies (e.g. contracts with economists, if needed).

E. Community Partnership Development

The functional definition of this foundational capability includes:

1. Ability to create and maintain relationships with diverse partners, including health-related national, statewide, and community-based organizations; community groups or organizations representing populations experiencing health inequity; private businesses and health care organizations; Tribal Nations and local, state and federal government agencies and leaders.

- a. Create and maintain relationships with and convene cross-sector and cross-cultural stakeholders to establish shared local or statewide priorities, identify a common vision and values and build partnerships to develop and implement coordinated activities to address priority public health issues, with attention to health equity.
- b. Evaluate the effectiveness of cross-sector and cross-cultural partnerships in a culturally appropriate way, including evaluating DOH or LHJs as partners. As part of evaluation efforts, address successes, lessons learned, recognized barriers to such collaboration and strategies to overcome these barriers.

Cross-sector stakeholders may include:

- Health-related organizations and health systems;
- Planning and transportation agencies;
- Agriculture and other food systems;
- Private businesses;
- Schools and early learning settings;
- Local and state community groups and organizations; and
- Local, state, and federal public health, Tribal Nations, and other governmental agencies.

2. Ability to select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

- a. Convene public health and cross-sector and cross-cultural partners to promote health and address public health issues and health equity.
- b. Coordinate policy agendas⁵ with partner organizations to advance cross-cutting, strategic goals.

⁵ See Policy Development and Support, Element 1, Activity c (D.1.c.).

- c. Engage affected communities⁶ in developing policy and conducting community/state health assessments and developing health improvement plans to ensure efforts to leverage community resources are community-oriented and culturally-appropriate.

⁶Those affected by the policy and entities/sectors that impact the policy.

F. Business Competencies

The functional definition of this foundational capability includes:

1. Leadership Capabilities. Ability to lead internal and external stakeholders to consensus and action planning (adaptive leadership) and to serve as the public face of governmental public health in the community.

- a. Provide leadership and managerial oversight to the agency.
- b. Engage in public health policy development, discussion and adoption with local, state and national policy makers to help define the strategic direction of public health initiatives.
- c. Lead collaborations with external and cross-sector partners to develop a vision for a healthy community.
- d. Develop and implement a governmental public health authority-specific strategic plan to guide resource allocation for strategic priorities.
- e. Convene members of the **governmental public health system** and partners to create opportunities to work together to improve the public's health.
- f. In collaboration with partners and stakeholders, set the strategic direction and goals for the **governmental public health system** in Washington.

2. Accountability and Quality Assurance Capabilities. Ability to uphold business standards and accountability in accordance with local, state, and federal laws, regulations and policies and to align work with national and Public Health Accreditation Standards.

- a. Develop and implement written operations policies and procedures, including organizational charts.
- b. Develop and implement policies and procedures that relate to identification and resolution of ethical issues.

3. Quality Improvement Capabilities. Ability to evaluate programs and continuously improve processes.

- a. Use performance management, **quality improvement** tools and coaching to promote and monitor organizational objectives and sustain a culture of quality.
- b. Develop and maintain performance standards, including goals, targets and performance measures.
- c. Collect, maintain and analyze longitudinal data on defined performance measures.

- d. Collect, maintain and analyze feedback from customers.
- e. Use performance data to inform **quality improvement** and program planning.
- f. Communicate goals, targets and performance measures to **governmental public health**, elected officials and the public.
- g. Generate regular progress reports that analyze data and communicate performance results.
- h. Assist public health programmatic staff and content experts with the development and collection of performance measures used to monitor performance over time.
- i. Provide subject matter **expertise** to programs, agencies and partners regarding:
 - Meaningful milestones, performance measures, targets and goals for which the appropriate level and frequency of data is available.
 - Monitoring, evaluating, analyzing and reporting on performance measures.
 - Use of **quality improvement** methods and other tools and techniques, such as Lean, to improve performance.
 - Use of financial data, as appropriate, in program evaluation, program design, organization and delivery.
 - Literature and resources on the efficiency and effectiveness of alternate structures or processes for delivering services, including published program evaluations and related evidence-based research.
- j. Evaluate the efficacy and efficiency, including the financing, organization/structure and delivery of public health policies, programs, strategies, interventions and processes using a variety of evaluation approaches and frameworks.
- k. Produce summaries describing the impact of public health policies, programs and strategies on health outcomes, including economic analyses, when appropriate.

4. Information Technology Capabilities. Ability to develop, maintain and access electronic health information to support operations and analyze health data. Ability to support, maintain, and use communication technology.

- a. Develop and maintain public health system-wide and local technology and resources⁷ that supports current and future public health practice needs including **ability to** collect public health surveillance data, conduct robust analyses and make results available to the public.

⁷ Computer Hardware, tables, mobile computing, software (e.g. Office 365), phone systems, secure e-mail, webcam, Rapid Health Information NetwOrk (RHINO) Syndromic Surveillance.

- b. Use and disseminate protocols based on best practices to ensure privacy and protection of personally identifiable and/or confidential health information in data systems and information technology.
- c. Develop, use and maintain communication technologies needed to interact within the agency and externally with partners and the public.
- d. Develop and maintain agreement(s) between **governmental public health** and other data providers to share data relevant to public health.

5. Human Resources Capabilities. Ability to develop and maintain a competent workforce, including recruitment, retention and succession planning functions; training; and performance review and accountability.

- a. Assure access to staff with the necessary knowledge, skills and abilities to perform the essential functions of **governmental public health** with ongoing access to training and supervision.
- b. Support overall workforce development by providing resources to improve the skills, capabilities and leadership of the public health workforce.
- c. Develop public health leaders to effectively support and manage the workforce from hire to retire.
- d. Develop and maintain a human resources manual or set of human resources policies and procedures.
- e. Provide or have access to adequate human resources support, including recruitment, retention, succession planning, training, performance review and other necessary human resource activities to meet program needs.
- f. In **governmental public health** authorities with staff represented by collective bargaining units, develop and maintain productive relationships with collective bargaining units; engage in collective bargaining negotiations as appropriate and ensure access to labor relations **expertise** as needed.
- g. Develop and implement a workforce development plan that identifies needed technical and/or informatics skills, competencies and/or positions. Include action plans for recruiting, hiring and/or developing existing staff to meet the needs of and reflect the ethnic, linguistic and cultural aspects of the population served.
- h. Coordinate, or perform when necessary, assessments of leadership and organizational capabilities to understand **capacity**, identify gaps and develop strategies to address gaps.
- i. Support leaders and employees in understanding equity principles and using inclusionary practices in all aspects of workforce management and workforce culture.

6. Fiscal Management, Contract and Procurement Capabilities. Ability to comply with federal, state and local standards and policies.

- a. Develop and maintain financial management and procurement manuals documenting organizational policies and procedures.
- b. Establish and maintain budgeting, billing, contracting and financial system(s) in compliance with local, state and federal standards and policies.
- c. Produce and monitor an effective governmental public health authority-specific budget.
- d. Provide financial management, contract and procurement services, including maintaining records, in accordance with generally accepted accounting principles (GAAP), governmental accounting standards board (GASB) or other compliance requirements.
- e. Ensure access to auditing services to evaluate financial management practices and transparency around collection of revenues and disposition of expenditures.
- f. Conduct sound financial analyses to inform decisions about policies, programs and services.

7. Facilities and Operations. Ability to procure, maintain and manage safe facilities and efficient operations.

- a. Maintain safe, secure and clean facilities in compliance with all relevant laws.
- b. Develop plans for future facility and space requirements that align with operational needs.
- c. Plan for, acquire and maintain fleet vehicles.
- d. Ensure compliance with local, state and federal laws concerning facility accessibility.

8. Legal Capabilities. Ability to access and appropriately use legal services in planning and implementing public health initiatives.

- a. Provide or have access to legal services and analysis to support development and enforcement of public health rules, regulations, policies and legislation.
- b. Advocate to and collaborate with governing bodies, including boards of health, county commissioners and the governor and state legislature.

G. Prevention and Control of Communicable Disease and Other Notifiable Conditions⁸

The functional definition of this foundational program includes:

1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions.

Data and Data Systems and Analysis

- a. Collect and maintain communicable disease, other **notifiable conditions** and immunization data to support prevention and control of communicable diseases and other **notifiable conditions** at the state and local level.
- b. Develop and maintain up-to-date electronic statewide Immunization Information System (IIS).
- c. Develop and implement protocols for data and information sharing between public health, health care providers (pharmacists and veterinarians when appropriate), other local, state and federal agencies and the public to reduce disease transmission and increase immunization rates. Include protocols for confidentiality as appropriate.
- d. Ensure that health care providers, pharmacists, school officials and the public are educated about the statewide IIS and how to enter and access data, as appropriate.
- e. Analyze, interpret and share communicable disease, other **notifiable conditions** and immunization data, including data pertaining to inequities.

Reporting, Communications, and Policy

- f. Measure the impact of communicable disease and other **notifiable conditions** and immunization rates on the health of the public, including priority populations.
- g. Ensure health care facilities, health care providers, veterinarians and laboratories are educated about **notifiable conditions** requirements including the need for timely and accurate reporting and how to report.
- h. Maintain **capacity** to prioritize and respond to data requests and as appropriate, prepare data files to share and make available to researchers and other stakeholders.
- i. Produce and share periodic/routine reports of communicable disease and other **notifiable conditions** and immunization rates.

⁸ The full current list of notifiable conditions is available here:
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions>.

- j. Inform decision makers of potential and actual impacts to public health based on communicable disease and other **notifiable conditions** data, immunization rates and published reports.
- k. Provide the public, regulated facilities, health care facilities, health care providers and stakeholder organizations effective and timely communication about protection recommendations for communicable disease and other **notifiable conditions** while balancing the need to protect personal health information.
- l. Use data, evidence-based practices and community input to facilitate development of public health policy, systems and environmental change initiatives for communicable disease, other **notifiable conditions** and immunization rates, including those designed to promote health equity.

Prepare for Future Data Needs

- m. Fulfill future data needs using multiple methods and sources for data collection, analysis and presentation using evolving technology with near real-time data displayed using visualization tools and GIS to meet user's requests.
- n. Ability to develop and adapt data systems as needed.

2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions.

- a. Provide subject matter **expertise** to inform policy, system and environmental change; program design and communications to decision/policy makers, providers, the public and stakeholders about communicable disease and other notifiable condition risks.
- b. Identify, develop, engage and maintain local strategic partnerships with health care facilities, health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public and others to prevent, control and mitigate risks from communicable disease and other **notifiable conditions**.
- c. Identify, develop, engage, and maintain strategic partnerships with statewide organizations, associations, and government agencies to prevent, control, and mitigate risk from communicable disease and other **notifiable conditions**.
- d. Identify, develop, engage and maintain relationships with academic institutions and/or research centers to advance evidence-based practice and innovations related to disease prevention, control and mitigation.

- e. Work with partners to develop a prioritized control plan(s) addressing important communicable disease and other **notifiable conditions**, and immunization rates, as needed.
- f. Work with partners to advocate for high priority policy, system and environmental change and other initiatives regarding communicable diseases and other **notifiable conditions**.

3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.

- a. Provide subject matter **expertise** to inform policy, systems and environmental change, program design, and communications to decision/policy makers, providers, the public and stakeholders about vaccine preventable disease and immunizations.
- b. Ensure that health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public and others are educated about vaccine-preventable diseases and immunizations.
- c. Develop, implement, and enforce laws, rules, policies and procedures related to immunizations per local, state and federal mandates and guidelines (e.g. school/work exclusion, isolation and quarantine).
- d. Identify, develop, engage and maintain local strategic partnerships with health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public and others to use evidence-based strategies that are culturally and linguistically appropriate to increase immunization rates in children and adults and in communities that are disproportionately impacted by low immunization rates.
- e. Identify, develop, engage and maintain strategic partnerships with statewide organizations, associations and government agencies to use evidence-based strategies that are culturally and linguistically appropriate to increase immunization rates in children and adults and in communities that are disproportionately impacted by low immunization rates.
- f. Identify, develop, engage, and maintain relationships with academic institutions and/or research centers to advance evidence-based practice and innovation regarding immunizations.
- g. Work with partners to develop a prioritized plan addressing important immunization issues.
- h. Work with partners to advocate for high priority policy, system, and environmental change initiatives regarding immunizations.

4. Ensure disease surveillance, investigation, and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines.

- a. Notify health care providers, laboratories and health care facilities within the jurisdiction about the requirements related to **notifiable conditions**.
- b. Establish and maintain **24/7 access** to receive and respond to case reports in a timely manner according to Washington Administrative Code (WAC) and Revised Code of Washington (RCW) timeframes.
- c. Maintain written protocols and procedures for conducting investigations of suspected or identified public health problems/hazards including investigation steps, responsible parties, timelines, handling and submission of specimens, communication with the public health lab and coordination with other applicable agencies. These should address in addition how the principal health care provider will be notified, the use of prophylaxis, the process of exercising legal authority for disease control, internal and external communication.
- d. Receive laboratory case reports and other identifiable data.
- e. Include protocols to ensure confidentiality of protected health information throughout inspection, investigation, reporting and maintenance of data.
- f. Develop and maintain a system/process to communicate rapidly with health care providers during public health emergencies.
- g. Evaluate disease control investigations and response and use findings to improve response processes and procedures.
- h. Provide consultation and technical assistance to other local and state agencies and the general public. Provide disease-specific and technical **expertise** regarding epidemiologic and clinical characteristics of diseases of public health significance to health care professionals, veterinarians, and others. Advise health care practitioners about evidence-based practices for communicable disease and other **notifiable conditions** diagnosis, treatment, control and prevention.

Disease Surveillance and Investigation

- i. Develop, implement and enforce laws, rules, policies and procedures related to the investigation and control of communicable diseases and other **notifiable conditions** per federal, state and local mandates and guidelines (e.g. school/work exclusion, isolation and quarantine).
- j. Monitor occurrence and distinguishing characteristics and trends of communicable diseases and other **notifiable conditions** to identify outbreaks and other emerging events (e.g. disease clusters, source and geographical region).

- k. Conduct or assist with outbreak investigations that have a communicable disease or other notifiable condition component. Maintain outbreak response and control protocols, including accessing resources and assistance after normal work hours.
- l. Conduct timely investigation of complaints related to communicable disease or other **notifiable conditions**, including ensuring **capacity** to identify and respond to rare or previously unidentified infections (conditions for which formal protocols do not yet exist) or novel modes of transmission. Maintain **capacity** (including a system/process) for prioritization and respond to investigate cases and control disease outbreaks within the jurisdiction, in collaboration with partners.
- m. Maintain a tracking log of all case reports and investigations.

Specific Conditions of Public Health Importance

- n. Provide partner notification services for newly diagnosed cases of syphilis, gonorrhea, Hepatitis C and HIV, according to Centers for Disease Control and Prevention (CDC) guidelines.
- o. Provide surveillance, disease investigation and control (including partner services and linkage to curative treatment) for Hepatitis C, according to CDC guidelines.
- p. Maintain adequate **expertise** and resources to ensure the identification and appropriate treatment of individuals who have latent tuberculosis (TB) infection and active tuberculosis, including the provision of directly-observed therapy for active TB according to CDC guidelines.
- q. Provide education to and coordinate with health care providers to ensure appropriate screening, reporting and treatment of TB.
- r. Maintain the **ability to** identify and provide education for a community provider willing to treat latent TB.
- s. Conduct timely contact investigation for all active pulmonary TB cases per state guidelines.
- t. Review overseas medical records and chest radiographs on all class B immigrants; if needed, perform additional evaluation to ensure active disease is ruled out.
- u. Maintain access to consultation with a public health physician with experience in diagnosis and treatment of TB as well as contact investigations.

New and Emerging Conditions and Emergencies

- v. Develop and implement plans to identify and respond to emerging infectious diseases (e.g. Severe Acute Respiratory Syndrome [SARS], Middle East Respiratory Syndrome [MERS] and Ebola).
- w. Coordinate communicable disease and other **notifiable conditions** public health efforts with Tribal Nations and federal and state partners (e.g. CDC, U.S Food and Drug Administration [FDA], U.S. Department of Agriculture [USDA], U.S. Environmental Protection Agency [EPA], Washington State Department of Ecology and Washington State Department of Agriculture).

- x. Ensure the **ability to** recognize instances of potential biological terrorism and conduct and coordinate appropriate investigations, laboratory testing, and management of exposed persons in collaboration with first responder and law enforcement agencies.
- y. Develop action plans for communicable disease and other **notifiable conditions** emergencies.
- z. Develop, maintain and coordinate to provide **surge capacity** to other public health agencies during emergency events or large outbreaks.
- aa. Develop and maintain plans for the allocation of scarce resources and medical countermeasures in the event of an emergency or outbreak in collaboration with the regional health care system.

5. Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.

- a. Provide **24/7 access** to laboratory resources to support testing for **notifiable conditions** and outbreak identification, including biological and chemical agents of weapons of mass destruction.
- b. Maintain a current continuity of operations plan (COOP) in the event of a disruption of laboratory services.
- c. Promote and maintain innovative scientific and technological infrastructure⁹ to provide cutting-edge laboratory services to protect and promote the public's health (e.g. next generation sequencing, bioinformatics, and other advanced techniques).
- d. Maintain interdisciplinary collaboration across diverse programs (e.g. epidemiology, preventive health and environmental health) to ensure consistent knowledge and communication on innovation, testing methodologies and results interpretations.
- e. Maintain and develop, as needed, appropriate laboratory certification and quality assurance, and ensure compliance with relevant accreditation and regulations.
- f. Develop and maintain efficient electronic systems that support data collection, analysis and reporting and **ability to** share confidential lab data within the **governmental public health system** and clinical laboratories. Include protocols for confidentiality as appropriate.
- g. Maintain protocols and provide training for proper collection, preparation, packaging and shipment of samples of public health importance.

⁹ Maintain the **capacity** to perform isolation, molecular diagnostic testing, and antibiotic susceptibility testing for M. tuberculosis. (State function only)

- h. Coordinate with local public health laboratories and federal partners (e.g. CDC, FDA, USDA and EPA) in specimen testing, outbreak identification and testing protocols
- i. Develop and maintain **surge capacity** agreements with other public health laboratories (regionally and nationally) to ensure testing **capacity** during emergency events or large outbreaks.
- j. Coordinate with clinical laboratories to promote quality assurance, consistency in testing methodologies, result interpretations and safe laboratory practices among clinical and public health laboratories.

6. When additional important services are delivered regarding prevention and control of communicable disease and other notifiable conditions, ensure that they are well coordinated with foundational services.

- a. Identify and support relationships, interdependencies and coordination needs between the **foundational program** and related **additional important services (AIS)**.
- b. Leverage **foundational program** activities and funding to support identification and implementation of related **AIS** and vice versa.

H. Chronic Disease, Injury and Violence Prevention

The functional definition of this foundational program includes:

1. Provide timely, state and locally relevant and accurate information statewide and to communities on chronic disease (including behavioral health), injury and violence prevention.

Data and Data Systems and Analysis

- a. Collect and maintain data (including risk factors and demographic information) on chronic disease, injuries and violence to support public health functions at the state and local level.
- b. Analyze and interpret, and share public health data regarding chronic disease, injuries and violence including trends, data pertaining to risk factors and inequities.
- c. Develop and implement protocols for data and information sharing between public health, health care providers, Tribal Nations, other local, state, and federal agencies, and the public to reduce chronic disease, injuries and violence. Include protocols for confidentiality as appropriate.
- d. Measure the impact of chronic disease, injuries and violence on the health of the public, including priority populations.
- e. As appropriate, prepare data files to share and make available to researchers and other stakeholders.

Reporting Communications and Policy

- f. Monitor knowledge, attitudes, behaviors and health outcomes related to chronic disease, injuries, and violence and risk factors by using data provided by the state or by conducting surveillance locally.
- g. Inform decision makers of potential and actual impacts to public health from chronic disease, injuries, and violence based on data and published reports.
- h. Produce and share periodic/routine reports of rates of chronic disease injuries, and violence as well as risk factors and inequities.
- i. Provide the public, regulated facilities, and stakeholder organizations effective and timely communication about recommendations to prevent chronic disease, injuries and violence.
- j. Use data and evidence-based practices to facilitate development of public health policy, systems and environmental change initiatives for preventing chronic disease, injuries and violence, including those designed to promote health equity.

Prepare for Future Data Needs

- k. Fulfill future data needs using multiple methods and sources for data collection, analysis and presentation using evolving technology with near real-time data displayed using visualization tools and geographic information systems (GIS) to meet user's requests.
- l. Develop new and adapt existing data systems as needed.

2. Identify state and local chronic disease (including behavioral health), injury and violence prevention community assets; develop and implement a prioritized prevention plan and seek resources and advocate for high priority policy initiatives to reduce statewide and community rates of chronic disease, injury and violence.

- a. Provide subject matter **expertise** to inform policy, systems and environmental change, program design, and communications to decision makers, providers, the public and stakeholders about chronic disease, injury and violence risks.
- b. Develop a community asset map that identifies state and local strategic partnerships, including academic institutions and/or research centers.
- c. Identify, develop, engage and maintain local and statewide strategic partnerships with organizations, associations and government agencies, academic institutions and/or research centers to advance evidence-based practice and innovation to prevent chronic disease, injuries and violence.
- d. Work with partners to review, update and implement a prioritized plan of best and emerging practices aligned with state and national guidelines to address important chronic disease, injury and violence risks and Healthy People¹⁰ federal guidelines objectives.
- e. In concert with local, state and national local health community partners, develop and implement prioritized plans for assuring access to specific chronic disease, behavioral health, injury and violence prevention programs and services of public health importance, such as: Reducing rates of tobacco use through activities to reduce youth initiation, increase cessation and reduce secondhand smoke exposure; Increase statewide and community rates of healthy eating and active living; and Seek resources and advocate for high priority policy initiatives.
- f. Work with partners to advocate for policy, system and environmental change initiatives regarding chronic disease, injury and violence prevention.
- g. Seek funding to implement evidence-based or innovative prevention initiatives.

¹⁰ Healthy People federal guidelines. Available at: <https://www.healthypeople.gov/>.

- h. Periodically evaluate progress on reducing rates of chronic disease, injuries, violence and contributing risk factors and use findings to improve prevention strategies.

3. When additional important services are delivered regarding chronic disease, injury and violence prevention, assure that they are well coordinated with foundational services.

- a. Identify and support relationships, interdependencies and coordination needs between the **foundational program** and related **additional important services (AIS)**.
- b. Leverage **foundational program** activities and funding to support identification and implementation of related **AIS** and vice versa.

I. Environmental Public Health

The functional definition of this foundational program includes:

1. Provide timely, state and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures.

Data and Data Systems and Analysis

- a. Collect and maintain environmental and human health data to support environmental public health functions at the local and state level, including built environment, chemical, radiological and biological hazards.
- b. Analyze, interpret and share environmental public health data including data pertaining to the built environment and health inequities.
- c. Develop and implement protocols for information sharing between public health, health care providers (including veterinarians), Tribal Nations, other local, state and federal agencies and the public to reduce environmental exposure and disease transmission. Include protocols for confidentiality as appropriate.
- d. As appropriate, prepare data files to share and make available to researchers and other stakeholders.

Reporting, Communications, and Policy

- e. Provide the public, regulated facilities and stakeholder organizations effective and timely communication of environmental public health hazards and protection recommendations, such as media releases and public health advisories.
- f. Measure the impact of environmental hazards on the health of the public, including health inequities. Produce and share periodic/routine reports of diseases or other impacts linked to environmental public health issues.
- g. Inform decision makers of potential and actual environmental impacts to public health based on data and published reports.
- h. Use data and evidence-based practices to facilitate development of environmental public health policy, systems and environmental change initiative, including those designed to promote health equity.

Prepare for Future Data Needs

- i. Fulfill future data needs using multiple methods and sources for data collection, analysis and presentation using evolving technology with near real-time data displayed using visualization tools and geographic information systems (GIS) to meet user's requests.
- j. Develop and adapt data systems as needed.

2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources and advocate for high priority policy initiatives.

- a. Provide subject matter **expertise** to inform policy, system and environmental change, program design and communications that inform decision makers, providers, the public and stakeholders about environmental public health risks.
- b. Identify, develop, engage and maintain local strategic partnerships to prevent and control environmental public health risks.
- c. Identify, develop, engage and maintain strategic partnerships with statewide associations, government agencies and statewide organizations to prevent and control environmental public health risks.
- d. Identify, engage and maintain relationships with academic institutions and/or research centers to advance evidence-based practice and innovation.
- e. Work with partners to develop a prioritized control plan addressing important environmental public health risks.
- f. Work with partners to advocate for high priority policy, system and environmental change initiatives regarding environmental public health and seek funding to implement evidence-based or innovative **additional important services (AIS)** prevention and control initiatives.
- g. Develop action plans for environmental public health emergencies.
- h. Coordinate and/or provide **surge capacity** staffing for cross-jurisdictional environmental public health emergency response.
- i. Coordinate environmental public health efforts with federal and state partners (e.g. Centers for Disease Control [CDC], United States [U.S.] Food and Drug Administration [FDA], U.S. Department of Agriculture [USDA], U.S. Environmental Protection Agency [EPA], Washington State Department of Ecology and Washington State Department of Agriculture). Document implementation of regulations for mandated public health programs.

3. Conduct environmental public health investigations, inspections, sampling, laboratory analysis and oversight to protect food, recreational water, drinking water and liquid and solid waste systems in accordance with local, state, and federal laws and regulations.¹¹

- a. Develop environmental public health regulations per local, state and federal mandates.
- b. Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns.
- c. Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of **recreational water** facilities, including through pool and swimming beach health and safety inspections and water quality sampling, that address environmental public health concerns.
- d. Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of drinking water including through source water protections, water system design review, water system inspections, water quality testing and oversight and plan review to ensure water adequacy, that address environmental public health concerns.
- e. Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns.
- f. Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns.
- g. Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review, that address environmental public health concerns.

¹¹ Laboratory testing activities are in *G. Prevention and Control of Communicable Disease and Other Notifiable Conditions*.

- h. Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of temporary worker housing, that address environmental public health concerns.
- i. Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of transient accommodations, including through camp inspections, that address environmental public health concerns.
- j. Develop, implement and enforce laws, rules, policies and procedures for ensuring compliance with smoking in public places laws, that address environmental public health concerns.
- k. Implement environmental public health regulations including licensing, inspection, public notification and enforcement actions.
- l. Educate individuals and organizations on the meaning, purpose and benefit of public health laws and how to comply.
- m. Conduct or assist with outbreak investigations that have an environmental public health component.
- n. Conduct timely investigation of complaints related to mandated environmental public health programs.
- o. Maintain and implement protocols and systems to ensure confidentiality of protected health information throughout inspection, investigation, reporting and maintenance of data.
- p. Maintain **expertise** and provide consultation to other local and state agencies and the general public.
- q. Evaluate implementation of environmental public health regulations and disease control investigations and response, and use findings to improve processes and procedures.

4. Identify and address priority notifiable zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), airborne conditions and other public health threats related to environmental hazards.

- a. Develop and implement environmental public health regulations, including licensing, investigations, inspections, containment/mitigation, correction and enforcement, per local, state and federal mandates.
- b. As needed, develop and implement plans to identify and respond to emerging zoonotic diseases (e.g. Zika), exposures related to pesticides and other emerging environmental public health issues.
- c. Coordinate containment or mitigation of environmental public health hazards (e.g. air quality and exposures to toxic substances) with other government departments and stakeholders.

- d. Conduct outreach and provide guidance on the occurrence, prevention and control of zoonotic diseases to Local Health Jurisdictions (LHJs), Washington State Department of Agriculture and Fish and Wildlife, veterinarians and others.
- e. Maintain **expertise** and provide consultation to other local and state agencies and the general public about best practices related to vector control.
- f. Coordinate and/or provide **surge capacity** staffing for cross-jurisdictional environmental public health emergency response.

5. Protect the population from unnecessary radiation exposure in accordance with local, state and federal laws and regulations.

- a. Develop environmental public health regulations for radioactive sources per state and federal mandates.
- b. Develop and implement policies and procedures for regulated facility inspections and investigations related to exposure to harmful radioactive sources.
- c. Implement environmental public health regulations including registration, licensing, inspection and enforcement actions.
- d. Conduct timely investigation of complaints related to radioactive sources.
- e. Maintain a trained and equipped radiation emergency response team(s) for radiological emergencies.
- f. Maintain and implement protocols and systems to ensure confidentiality throughout inspection, investigation, reporting and maintenance of data.
- g. Coordinate environmental public health efforts with federal and state partners (e.g. CDC, FDA, USDA, EPA, the Nuclear Regulatory Commission (NRC), Washington State Department of Ecology and Washington State Department of Agriculture).
- h. Provide consultation and technical assistance to LHJs, other agencies and the general public.
- i. Monitor and study radiation levels in the environment air, water, soils, foods and vegetation for possible health effects.
- j. Document implementation of radiation regulations.
- k. Evaluate implementation of radiation regulations and use findings to improve processes and procedures.

6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes.

- a. Maintain relationships with partners in economic development, transportation, parks and land use agencies.

- b. Understand and participate in land use, transportation, natural resources and other planning processes.
- c. Provide technical assistance to planning agencies and community stakeholders to integrate standard environmental public health practices that prevent/reduce high risk for harmful environmental exposures to humans or disease transmission.
- d. Anticipate, analyze and communicate about changes in public health risk and benefits resulting from changes to the built and natural environment and potential impacts of climate change through the collection, analysis and interpretation of health and environmental public health data.
- e. Provide input on potential health and equity impacts of projects, plans, programs or policies to ensure healthy and sustainable built and natural environments.
- f. Document and evaluate integration of standard environmental public health practices into programs and planning processes that prevent high risk for harmful environmental exposures or disease transmission.

7. When additional important services are delivered regarding environmental public health, assure that they are well coordinated with foundational services.

- a. Identify and support relationships, interdependencies, and coordination needs between the **foundational program** and related **AIS**.
- b. Leverage **foundational program** activities and funding to support identification and implementation of related **AIS** and vice versa.

J. Maternal/Child/Family Health

The functional definition of this foundational program includes:

1. Provide timely, statewide and locally relevant and accurate information statewide and to communities on emerging and ongoing maternal, child and family health trends, taking into account the importance of childhood adversity and health inequities.

Data and Data Systems and Analysis

- a. Anticipate future data needs, track new methods of data collection and technology, explore new data sources, identify new uses of data and suggest technological, data architecture, staffing and resource solutions to meet data needs and improve effectiveness and efficiency.
- b. Develop and implement protocols for data and information sharing between public health, health care providers, Tribal Nations, other local, state, and federal agencies and the public. Include protocols for confidentiality as appropriate.
- c. Analyze, interpret and share public health data regarding the status of maternal, child and family health including trends and data pertaining to risk factors and social and health inequities.
- d. Collect and maintain data on health outcomes for preconception, prenatal, natal and postnatal care; childhood, maternal and family health (e.g. Pregnancy Risk Assessment and Monitoring System [PRAMS] and maternal and child death reviews) to support public health functions at the state and local level, including risk factors and demographic information.

Reporting, Communications, and Policy

- e. Maintain **capacity** to prioritize and respond to data requests and as appropriate, prepare data files to share and make available to researchers and other stakeholders.
- f. Monitor knowledge, attitudes, behaviors and health outcomes related to maternal, child and family health and risk factors by using data provided by the state or by conducting surveillance locally.
- g. Produce and share periodic/routine reports on the status of the health of mothers, children and families as well as risk factors that impact their health.
- h. Inform decision makers of potential and actual impacts to maternal, child and family health and contributing factors based on data and published reports.
- i. Provide the public, health system partners and stakeholder organizations effective and timely communication about recommendations to protect and improve maternal, child and family health.

- j. Use data, emerging science (e.g. neuroscience, epigenetics, Adverse Childhood Experiences, resilience) and evidence-based practices to facilitate development of public health policy, systems and environmental change initiatives to protect and improve maternal, child and family health, including those designed to promote health equity.

Prepare for Future Data Needs

- k. Fulfill future data needs using multiple methods and sources for data collection, analysis and presentation using evolving technology with near real-time data displayed using visualization tools and GIS to meet user's requests.
- l. Develop and adapt data systems as needed.

2. Identify local maternal, child, and family health community assets, develop a prioritized prevention plan using life course expertise and an understanding of health inequities, seek resources and advocate for high priority policy initiatives.

- a. Identify, disseminate and promote emerging and evidence-based information about interventions in the preconception, pregnancy and early childhood periods that optimize lifelong health and social-emotional development.
- b. Make training opportunities available in social determinants of health and the health impact of prenatal and early childhood experiences.
- c. Identify and promote the use of innovative strategies related to childhood adversity and interventions based on evidence-based or promising practices.
- d. Provide subject matter **expertise** to inform policy, systems and environmental change, program design, and communications to decision makers, providers, the public and stakeholders about maternal, child and family health risks and protective factors.
- e. Identify, develop, engage and maintain local strategic partnerships with health systems and social service systems, schools, child care centers, businesses, neighborhoods, parents, caregivers and others to strengthen and support families and reduce sources of child and family stress.
- f. Identify, develop, engage and maintain strategic partnerships with statewide organizations, associations and government agencies to address adverse impacts to mothers, children and families.
- g. Identify, develop, engage, and maintain relationships with academic institutions and/or research centers to advance evidence-based practice and innovation.
- h. Engage and support diverse community members and other partners to develop and implement prioritized plans for addressing important maternal, child and family health risks, taking into consideration the impact of social and physical environments on health and well-being.

- i. Work with partners to advocate for high priority policy, system, and environmental change initiatives regarding maternal and child health and seek funding to implement evidence-based or innovative prevention initiatives.

3. Assure mandated newborn screening done by the state public health lab to test every infant born in Washington to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders that are specified by the State Board of Health. (state function only)

- a. Screen all babies born in Washington according to the State Board of Health (SBOH) Newborn screening regulations and state law.
- b. Notify physicians when abnormal tests results are found.
- c. Provide technical assistance to health care providers, parents and the public about congenital disorders on the newborn screening panel.
- d. Ensure that positive screens receive further testing and diagnosis, and that diagnosed patients receive referrals into a system of care according to national guidelines.

4. When additional important services are delivered regarding maternal, child and family health, assure that they are well coordinated with foundational services.

- a. Identify and support relationships, interdependencies, and coordination needs between the **foundational program** and related **additional important services (AIS)**.
- b. Leverage **foundational program** activities and funding to support identification and implementation of related **AIS** and vice versa.

K. Access/Linkage with Medical, Oral and Behavioral Health Care Services

The functional definition of this foundational program includes:

1. Provide accurate timely, statewide and locally relevant information statewide and to communities on the medical, oral and behavioral health care system.

Data and Data Systems and Analysis

- a. Collect and maintain data to support public health at the state and local level (e.g. Health Professional Shortage Areas [HPSA] and other data).
- b. Access, analyze, interpret and share data about health care, including disaggregating data to identify inequities.
- c. Collect and maintain health care provider and facility licensing, inspection and enforcement data to support public health at the state level.
- d. Develop and implement protocols for data and information sharing between public health, health care providers, health care systems, Tribal Nations, other local, state, and federal agencies and the public. Include protocols for confidentiality as appropriate.
- e. As appropriate, prepare data files to share and make available to researchers and other stakeholders.

Reporting, Communications, and Policy

- f. Produce and share periodic/routine reports of health care access and regulation of health care providers and facilities.
- g. Inform decision makers of potential and actual impacts to the health of the public based on data and published reports.
- h. Provide the public, regulated facilities and stakeholder organizations with effective and timely communication of recommendations for medical, oral and behavioral health care and ensuring public safety.
- i. Use data and evidence-based practices to facilitate development of public health policy, systems and environmental change initiatives for medical, oral and behavioral health care and public safe, including those designed to promote health equity.

Prepare for Future Data Needs

- j. Fulfill future data needs using multiple methods and sources for data collection, analysis and presentation using evolving technology with near real-time data displayed using visualization tools and GIS to meet user's requests.
- k. Ability to develop and adapt data systems as needed.

2. Participate actively in local, regional and state level collaborative efforts regarding medical, oral and behavioral systems planning to improve health care quality and effectiveness, reduce health care costs and improve population health.

- a. Continuously work with local and state partners to improve health care quality and effectiveness, reduce health care costs and improve population health. Identify evidence-based interventions and promising practices for population health, especially those that are upstream and preventative. Share information with partners and the public on these interventions.
- b. Collaborate with partners in finding funding for these interventions.
- c. Evaluate progress on health care quality and effectiveness, reduction of health care costs and improving population health at the state and local level every three to five years. Use findings to improve intervention strategies with partners.
- d. In concert with local, state and national health care providers and groups, develop and implement prioritized plans for assuring access to specific clinical services of public health importance, such as family planning, key services for pregnant women and their infants (e.g. maternity support and Women, Infants, and Children [WIC]) and sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) testing and treatment; appropriate follow-up for positive newborn screening test (e.g. referrals to the Children with Special Health Care Needs [CSHCN] program) and positive blood lead levels; seek resources and advocate for high priority policy initiatives.
- e. Provide subject matter **expertise** to inform policy, systems and environmental change, program design, and communications to decision makers, providers, the public and stakeholders about relevant public health risks. This includes building understanding of social determinants of health, risk and protective factors and the value of prevention and early upstream intervention to improve population health and reduce costs.
- f. Identify, develop, engage and maintain local strategic partnerships with health and behavioral health systems, community groups, social services, criminal justice, education system and others to increase access to services of public health importance.¹²

¹² Within K.2., clinical services of public health importance include family planning, key services for pregnant women and their infants (e.g. maternity support and Women, Infants, and Children [WIC]) and sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) testing and treatment; appropriate follow-up for positive newborn screening test (e.g. referrals to the Children with Special Health Care Needs [CSHCN] program) and positive blood lead levels; seek resources and advocate for high priority policy initiatives.

- g. Identify, develop, engage and maintain strategic partnerships with statewide organizations, associations and government agencies to increase access services of public health importance.¹³
- h. Work with partners to develop a prioritized plan addressing increased access to high priority public health services.¹³
- i. Work with partners to advocate for high priority policy, system, and environmental change initiatives regarding access to high priority public health services¹³ and seek funding to implement evidence-based or innovative prevention and disease control initiatives considered **FPHS**.
- j. Identify, develop, engage and maintain relationships with academic institutions and/or research centers to advance evidence-based practice and innovation.
- k. Work with local health care systems to address health care shortages and emergent health care gaps.

3. Improve patient safety through inspection and licensing of health care facilities and licensing, monitoring and discipline of health care providers. (State function only)

- a. Develop health care provider and facility public health regulations per local, state and federal mandates.
- b. Develop and implement policies and procedures for regulated facility inspections.
- c. Enforce health care provider and facility public health regulations including licensing, inspection and enforcement actions.
- d. Conduct or assist with investigations that have a patient safety, communicable disease or other health risk component.
- e. Conduct timely investigation of complaints related to mandated public health programs.
- f. Develop action plans for health care facility emergencies.
- g. Maintain and implement protocols and systems to ensure confidentiality throughout inspection, investigation, reporting and maintenance of data.
- h. Provide consultation and technical assistance to other local and state agencies and the general public.
- i. Coordinate public health efforts with Tribal Nations and local, state and federal partners.

¹³ Within K.2., clinical services of public health importance include family planning, key services for pregnant women and their infants (e.g. maternity support and Women, Infants, and Children [WIC]) and sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) testing and treatment; appropriate follow-up for positive newborn screening test (e.g. referrals to the Children with Special Health Care Needs [CSHCN] program) and positive blood lead levels; seek resources and advocate for high priority policy initiatives.

- j. Evaluate implementation of patient safety regulations and use findings to improve processes and procedures.

4. When additional important services are delivered regarding medical, oral and behavioral health, assure that they are well coordinated with foundational services.

- a. Identify and support relationships, interdependencies, and coordination needs between the **foundational program** and related **additional important services (AIS)**.
- b. Leverage **foundational program** activities and funding to support identification and implementation of related **AIS** and vice versa.

L. Vital Records

The functional definition of this foundational program includes:

1. In compliance with state law and in concert with local, state and national groups, assure a system of vital records. (State function only)

- a. Develop and implement statewide policies, regulations and law on vital records, including adequate standards for security, fraud prevention and proper records identification.
- b. Develop and maintain secure information technology systems, used by the Washington State Department of Health (DOH) and Local Health Jurisdictions (LHJs), for registering vital records, permanently storing the records and issuing copies.
- c. Maintain systems for state and federal agencies to electronically access Washington's vital records for public benefit eligibility verification and termination, establishment of social security numbers, child support enforcement, and other purposes.
- d. Manually enter reports of vital events filed on paper.
- e. Perform amendments and corrections to information on vital records.
- f. Provide guidance and training to individuals responsible for vital records registration including LHJ deputy registrars, medical examiners, coroners, funeral directors, physicians, midwives, hospital birth clerks, county auditors and county court clerks.
- g. Perform quality checks, edits and coding of the data collected on vital records.
- h. Electronically exchange vital records with other states, submit data to the Centers for Disease Control (CDC) National Vital Statistics System and provide records to other authorized data partners.
- i. Produce and securely release vital statistics data for public health assessment, evaluation and research in a timely manner.

2. Provide certified birth and death certificates in compliance with state law and rule.

- a. Register records of births and deaths that occur in the local jurisdiction, using the state's Washington Health and Life Event System (WHALES) and the Electronic Death Registration System (EDRS). Review records for compliance with state laws, rules and policies.
- b. Issue certified copies of birth and death records for events that occurred in any Washington jurisdiction using the state vital records system.
- c. Perform electronic verification and/or certification of vital events.

Appendix A: Functional Definitions Development Process

The Washington **Foundational Public Health Services (FPHS)** framework was first defined by the **FPHS** Technical Workgroup in 2012, then revised by the 2014 **FPHS** Policy Workgroup, and was most recently published as **FPHS** Definitions V1.2 in March 2016.¹⁴ The original definitions simply included three to seven **elements** under each **foundational capability and program** which described the foundational work.

However, for the **governmental public health system** to successfully and consistently implement **FPHS**, more detail was needed in the definitions. In 2017, the **FPHS** Technical Workgroup oversaw the development of **functional definitions** that:

- Describe “what” **FPHS** provides for Washington’s communities, but not “how” the **governmental public health system** should provide it,
- Are agnostic to which governmental public health provider should provide it,
- Are reduced to discreet activities (define as few actions as possible per statement) and begin with the verb identifying the action to be taken, and
- Align with existing guidelines and regulations.

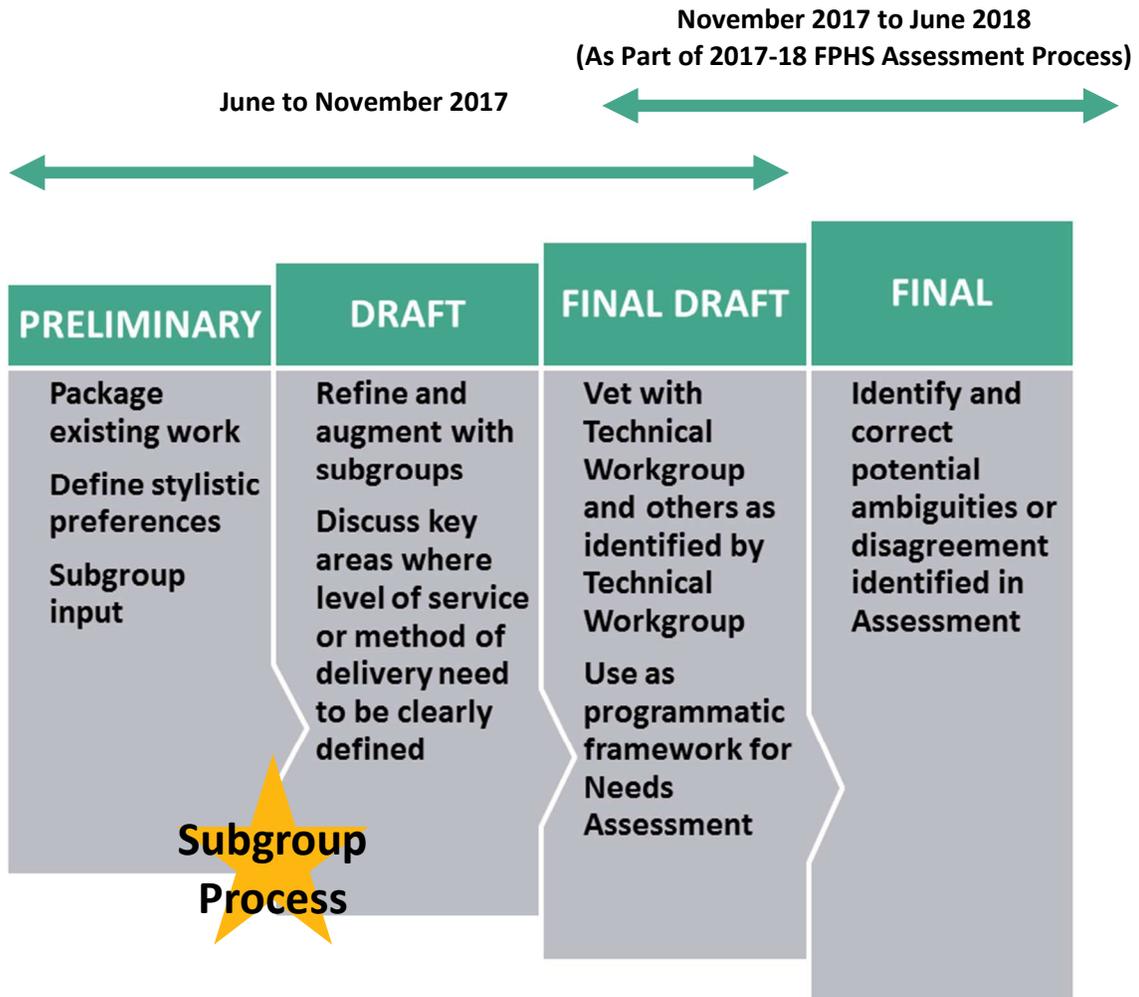
These **functional definitions** add detail by establishing **activities** under the **elements** for each **foundational capability and program**.

As part of the **functional definitions** development process, some revisions were made to **FPHS** Definitions V1.2, March 2016 and approved by both the **FPHS** Technical Workgroup and Steering Committee.

The **FPHS** Technical Workgroup formed subgroups comprised of **governmental public health system** subject matter experts to provide input on preliminary draft chapters for each of the **foundational capabilities and programs** in a three-step iterative process (See *Acknowledgements* for the list of subgroup members). Their work as part of a broader **functional definitions** development process, illustrated in Exhibit 2.

¹⁴ FPHS Definitions V1.2, March 2016: <https://www.doh.wa.gov/Portals/1/Documents/1200/FPHSp-2016definitions.pdf>.

Exhibit 2: Functional Definitions Development Process



Source: BERK Consulting, 2017.

As part of this iterative process, a series of draft functional definition manuals were developed, including:

- **Preliminary Draft 1.0.** Initial version of the **functional definitions** based on packaging of existing work, resources, and products.
- **Preliminary Draft 2.0.** First iteration developed by subgroup, incorporating their input from the first round of edits.
- **Preliminary Draft 3.0.** Second iteration developed by subgroup, incorporating their input from the second round of edits.
- **Draft.** Third iteration developed by subgroup, incorporating their input from the third round of edits. This version was vetted by the **governmental public health system**, including the Technical Workgroup.
- **Final Draft.** Final vetted version which is documented in this manual and will be used as the programmatic framework of the statewide **FPHS** Assessment.

The **functional definitions** published in this document (considered to be Version 1.3), the final draft *Foundational Public Health Services Functional Definitions Manual*. As shown in Exhibit 2, it is expected that these final draft **functional definitions** will be refined into a final version following completion of the 2017-18 FPHS Assessment in June 2018.

Beyond development of the final *Foundational Public Health Services Functional Definitions Manual*, it is expected that these definitions will continue to evolve alongside the public health practice. A process will be established for periodic updates to the **FPHS** definitions, and *Foundational Public Health Services Functional Definitions Manual*.

ACKNOWLEDGEMENTS

Steering Committee

Co-Chair: John Wiesman, Secretary of Health, Washington State

Co-Chair: Dorene Hersh, Immediate Past President, Washington State Association of Local Public Health Officials (WSALPHO)

Theresa Adkinson, Vice President, WSALPHO

Chris Bischoff, President, WSALPHO

Jaime Bodden, Managing Director, WSALPHO

Drew Bouton, Director, Office of Policy, Legislative and Constituent Relations, DOH

Michelle Davis, Executive Director, Washington State Board of Health

Amy Ferris, Chief Financial Officer, DOH

Marie Flake, Special Projects, Foundational Public Health Services, DOH

Andre Fresco, Director, Yakima County Health District

Clark Halvorson, Assistant Secretary of Environmental Public Health, DOH

Patty Hayes, Director, Public Health—Seattle & King County

Eric Johnson, Executive Director, Washington State Association of Counties (WSAC)

Jeff Ketchel, Director of Environmental Health, Snohomish Health District

Scott Lindquist, State Epidemiologist for Communicable Diseases, DOH

Kathy Lofy, State Health Officer/Chief Science Officer, DOH

Allene Mares, Special Assistant to the Secretary, Foundational Public Health Services, DOH

David Windom, Director, Community Services for Mason County

Dennis Worsham, Prevention Division Director, Public Health—Seattle & King County

Project Management Team

Chris Bischoff, President, WSALPHO

Jaime Bodden, Managing Director, WSALPHO

Allegra Calder, Principal, BERK Consulting

Marie Flake, Special Projects, Foundational Public Health Services, DOH

Patty Hayes, Director, Public Health—Seattle & King County

Allene Mares, Special Assistant to the Secretary, Foundational Public Health Services, DOH

Technical Workgroup

Co-Chair: Scott Lindquist, DOH

Co-Chair: Dennis Worsham, PHSKC

Kristin Bettridge, DOH

Ryan Black, DOH

Carri Comer, DOH

Michelle Davis, SBOH

Meghan Debolt, Walla Walla

Regina Delahunt, Whatcom

Ed Dzedzy, Lincoln

Mary Goelz, Pacific

Clark Halverson, DOH

Jeff Ketchel, Snohomish

Vicki Kirkpatrick, Jefferson

Allene Mares, DOH

Alan Melnick, DOH

Angi Miller, DOH

Martin Mueller, DOH

Michael O'Neil, Cowlitz

Matt Schanz, NE Tri

Chris Schuler, TPCHD

Torney Smith, Spokane

Rebecca Sutherland, Benton-Franklin

Susan Turner, Kitsap

David Windom, Mason

Joe Wolfe, DOH

Roxanne Wolfe, Clark

Danette York, Lewis

Functional Definitions Development Subgroups

Assessment (Surveillance and Epidemiology)

Amy Fuller, Kittitas

Cindan Gizzi, TPCHD

Siri Kushner, Kitsap

Amy Laurent, PHSKC

Carrie McLachlan, Snohomish

Mary Ann O'Garro, Thurston

Rebecca Sutherland, Benton-Franklin

Stacy Wenzl, Spokane

Emergency Preparedness (All Hazards)

Michael Loehr, DOH

**LHJ MEMBERS OF THE PUBLIC HEALTH AND
MEDICAL DISASTER ADVISORY GROUP**

Robin Albrandt, Clark

Katie Curtis, Snohomish

Rick Edwards, Benton-Franklin

Carina Elsenboss, PHSKC

Andre Fresco, Yakima

Jessica Guidry, Kitsap

Barry Kling, Chelan

Ed Mund, Lewis

Sue Poyner, Thurston

Katie Stanford, Whatcom

Nigel Turner, Pierce

Tiffany Turner, Spokane

Danette York, Lewis

Joby Winans, DOH

Communication, Policy Development and Support, Community Partnership Development, & Business Competencies

Michelle Davis, SBOH

Courtney Dutra, DOH

Amy Ferris, DOH

Judy Hall, DOH

Christy Curwick Hoff, SBOH

Danny Kennaweg, DOH

Jennifer McNamara, DOH

Katie Meehan, DOH

Paj Nandi, DOH

Jessica Todorovich, DOH

Kristi Weeks, DOH

Various Representatives, PHSKC

WSALPHO WORKFORCE COMMITTEE

Andre Fresco, Yakima

Dorene Hersh, PHSKC

David Jefferson, Skagit

Prevention and Control of Communicable Disease and Other Notifiable Conditions

Mike Boysun, DOH Communicable Disease

Claudia Catastini, DOH TB and Partner Notification

Jeff Duchin, PHSKC

Romesh Gautom, DOH Lab

Joni Hensley, Whatcom

Meagan Kay, PHSKC

Soyeon Lippman, DOH CD

Nicola Marsden-Haug, Kitsap

Amber McCoy, Grant

Lisa McKenzie, Jefferson

Michele Roberts, DOH Immunizations

Sienna Rotakhina, SBOH

Mark Springer, Spokane

Nigel Turner, TPCHD

Wayne Turnberg, DOH Communicable Disease

Susan Turner, Kitsap

Chronic Disease, Injury and Violence Prevention

Pama Joyner, DOH

Bob Lutz, Spokane

Kathleen Nelson, Grant

Kyle Unland, Spokane

Environmental Public Health

Ed Dzedzy, Lincoln

Jennifer Garcelon, Clallam

Stuart Glasoe, SBOH

Keith Grellner, Kitsap

Lauren Jenks, DOH

Mike Means, DOH

Ngozi Oleru, PHSKC

Rick Porso, DOH

Kevin Tureman, Walla Walla

Chris Williams, DOH

Kim Zabel, DOH

Maternal/Child/Family Health

Lacy Fehrenbach, DOH

Robin Laurcen, PHSKC

Astrid Newel, Whatcom

Carla Prock, Benton-Franklin

Jennifer Sass-Walton, Skagit

Access/Linkage with Medical, Oral, and Behavioral Health Care Services

Maria Courogen, DOH

Meghan Debolt, Walla Walla

Regina Delahunt, Whatcom

Anne Meegan, PHSKC

Torney Smith, Spokane

Kyle Unland, Spokane

Vital Records

Christie Spice, DOH

LHJ DEPUTY REGISTRARS FROM NINE LHJS

Susana Martinez, Benton Franklin

Vicky Rutherford, Grant

Susan Caldwell, Lewis

Brean Cassidy, Lincoln

Chara Rim, TPCHD

Robbie Gaskin, PHSKC

Kelly Cannon, Snohomish

Paula Maxwell, Spokane

Carol DeLay, Walla Walla

Appendix B: Crosswalk to PHAB Accreditation Standards

This crosswalk shows how the FPHS Functional Definitions (at the element-level) align to Public Health Accreditation Board (PHAB) Accreditation Standards (Version 1.5), which describe how public health as a practice “improves and protects the health of every community by advancing the quality and performance of public health departments”.

PHAB Accreditation Standards	WA FPHS Functional Definitions Elements
Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.	
Standard 1.1 Participate in or lead a collaborative process resulting in a comprehensive community health assessment.	<ul style="list-style-type: none"> • Assessment (Surveillance and Epidemiology), Element 3 (A.3.)
Standard 1.2 Collect and maintain reliable, comparable and valid data that provide information on conditions of public health importance and on the health status of the population.	<ul style="list-style-type: none"> • Assessment (Surveillance and Epidemiology), Element 1 (A.1.)
Standard 1.3 Analyze public health data to identify trends in health problems, environmental public health hazards and social and economic factors that affect the public’s health.	<ul style="list-style-type: none"> • Assessment (Surveillance and Epidemiology), Element 2 (A.2.) • Prevention and Control of Communicable Disease and Other Notifiable Conditions, Element 1 (G.1.) • Chronic Disease, Injury and Violence Prevention, Element 1 (H.1.) • Environmental Public Health, Element 1 (I.1.) • Maternal/Child/Family Health, Element 1 (J.1.)

PHAB Accreditation Standards		WA FPHS Functional Definitions Elements
Standard 1.4	Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs or interventions.	<ul style="list-style-type: none"> • Policy Development and Support, Element 1 (D.1.) • Prevention and Control of Communicable Disease and Other Notifiable Conditions, Element 1 (G.1.) • Chronic Disease, Injury and Violence Prevention, Element 1 (H.1.) • Environmental Public Health, Element 1 (I.1.) • Maternal/Child/Family Health, Element 1 (J.1.)
Domain 2: Investigate health problems and environmental public health hazards to protect the community.		
Standard 2.1	Conduct timely investigations of health problems and environmental public health hazards.	<ul style="list-style-type: none"> • Environmental Public Health, Element 3 (I.3.)
Standard 2.2	Contain/mitigate health problems and environmental public health hazards.	<ul style="list-style-type: none"> • Environmental Public Health, Element 3 (I.3.) • Environmental Public Health, Element 4 (I.4.) • Environmental Public Health, Element 5 (I.5.)
Standard 2.3	Ensure access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.	<ul style="list-style-type: none"> • Prevention and Control of Communicable Disease and Other Notifiable Conditions, Element 5 (G.5.) • Environmental Public Health, Element 3 (I.3.)
Standard 2.4	Maintain a plan with policies and procedures for urgent and non-urgent communications.	<ul style="list-style-type: none"> • Emergency Preparedness (All Hazards), Element 4 (B.4.) • Communication, Element 2 (C.2.)

PHAB Accreditation Standards		WA FPHS Functional Definitions Elements
Domain 3: Inform and educate about public health issues and functions.		
Standard 3.1	Provide health education and health promotion policies, programs, processes and interventions to support prevention and wellness.	<ul style="list-style-type: none"> • Policy Development and Support, Element 1 (D.1.) • Chronic Disease, Injury and Violence Prevention, Element 3 (H.3.)
Standard 3.2	Provide information on public health issues and public health functions through multiple methods to a variety of audiences.	<ul style="list-style-type: none"> • Communication, Element 2 (C.2.) • Prevention and Control of Communicable Disease and Other Notifiable Conditions, Element 1 (G.1.) • Chronic Disease, Injury and Violence Prevention, Element 1 (H.1.) • Environmental Public Health, Element 1 (I.1.) • Maternal/Child/Family Health, Element 1 (J.1.) • Access/Linkage with Medical, Oral and Behavioral Health Care Services, Element 1 (K.1.)
Domain 4: Engage with the community to identify and address health problems.		
Standard 4.1	Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.	<ul style="list-style-type: none"> • Community Partnership Development, Element 1 (E.1.)

PHAB Accreditation Standards		WA FPHS Functional Definitions Elements
Standard 4.2	Promote the community's understanding of and support for policies and strategies that will improve the public's health.	<ul style="list-style-type: none"> • Community Partnership Development, Element 1 (E.1.) • Prevention and Control of Communicable Disease and Other Notifiable Conditions, Element 2 (G.2.) • Chronic Disease, Injury and Violence Prevention, Element 2 (H.2.) • Environmental Public Health, Element 2 (I.2.) • Maternal/Child/Family Health, Element 2 (J.2.) • Access/Linkage with Medical, Oral and Behavioral Health Care Services, Element 2 (K.2.)
Domain 5: Develop public health policies and plans.		
Standard 5.1	Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity.	<ul style="list-style-type: none"> • Community Partnership Development, Element 1 (E.1.)
Standard 5.2	Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.	<ul style="list-style-type: none"> • Assessment (Surveillance and Epidemiology), Element 3 (A.3.)
Standard 5.3	Develop and implement a health department organizational strategic plan.	<ul style="list-style-type: none"> • Business Competencies, Element 1 (F.1)
Standard 5.4	Maintain an all hazards emergency operations plan.	<ul style="list-style-type: none"> • Emergency Preparedness (All Hazards), Element 1 (B.1.)
Domain 6: Enforce public health laws.		
Standard 6.1	Review existing laws and work with governing entities and elected/appointed officials to update as needed.	<ul style="list-style-type: none"> • Policy Development and Support, Element 2 (D.2.)

PHAB Accreditation Standards		WA FPHS Functional Definitions Elements
Standard 6.2	Educate individuals and organizations on the meaning, purpose and benefit of public health laws and how to comply.	<ul style="list-style-type: none"> • Community Partnership Development, Element 1 (E.1.) • Prevention and Control of Communicable Disease and Other Notifiable Conditions, Element 2 (G.2.) • Chronic Disease, Injury and Violence Prevention, Element 2 (H.2.) • Environmental Public Health, Element 2 (I.2.) • Maternal/Child/Family Health, Element 2 (J.2.) • Access/Linkage with Medical, Oral and Behavioral Health Care Services, Element 2 (K.2.)
Standard 6.3	Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.	<ul style="list-style-type: none"> • Prevention and Control of Communicable Disease and Other Notifiable Conditions, Element 4 (G.4.) • Environmental Public Health, Element 4 (I.3.) • Environmental Public Health, Element 4 (I.4.) • Environmental Public Health, Element 5 (I.5.) • Access/Linkage with Medical, Oral and Behavioral Health Care Services, Element 3 (K.3.)
Domain 7: Promote strategies to improve access to health care.		
Standard 7.1	Assess health care service capacity and access to health care services.	<ul style="list-style-type: none"> • Assessment (Surveillance and Epidemiology), Element 2 (A.2.) • Access/Linkage with Medical, Oral and Behavioral Health Care Services, Element 1 (K.1.) • Access/Linkage with Medical, Oral and Behavioral Health Care Services, Element 2 (K.2.)

PHAB Accreditation Standards		WA FPHS Functional Definitions Elements
Standard 7.2	Identify and implement strategies to improve access to health care services.	<ul style="list-style-type: none"> • Access/Linkage with Medical, Oral and Behavioral Health Care Services, Element 2 (K.2.) • Access/Linkage with Medical, Oral and Behavioral Health Care Services, Element 4 (K.4.)
Domain 8: Maintain a competent public health workforce.		
Standard 8.1	Encourage the development of a sufficient number of qualified public health workers.	• Business Competencies, Element 5 (F.5.)
Standard 8.2	Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.	• Business Competencies, Element 5 (F.5.)
Domain 9: Evaluate and continuously improve health department processes, programs and interventions.		
Standard 9.1	Use a performance management system to monitor achievement of organizational objectives.	• Business Competencies, Element 2 (F.2.)
Standard 9.2	Develop and implement quality improvement processes integrated into organizational practice, processes and interventions.	• Business Competencies, Element 3 (F.3.)
Domain 10: Contribute to and apply the evidence base of public health.		
Standard 10.1	Identify and use the best available evidence for making informed public health practice decisions.	• Policy Development and Support, Element 1 (D.1.)
Standard 10.2	Promote understanding and use of the current body of research results, evaluations and evidence-based practices with appropriate audiences.	• Policy Development and Support, Element 1 (D.1.)
Domain 11: Maintain administrative and management capacity.		

PHAB Accreditation Standards		WA FPHS Functional Definitions Elements
Standard 11.1	Develop and maintain an operational infrastructure to support the performance of public health functions.	<ul style="list-style-type: none"> • Business Competencies, Element 4 (F.4.) • Business Competencies, Element 7 (F.7.)
Standard 11.2	Establish an effective financial management system.	<ul style="list-style-type: none"> • Business Competencies, Element 6 (F.6.)
Domain 12: Maintain capacity to engage the public health governing entity.		
Standard 12.1	Maintain current operational definitions and statements of the public health roles, responsibilities and authorities.	<ul style="list-style-type: none"> • Community Partnership Development, Element 2 (E.2.) • Business Competencies, Element 1 (F.1.)
Standard 12.2	Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity.	<ul style="list-style-type: none"> • Business Competencies, Element 1 (F.1.)
Standard 12.3	Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.	<ul style="list-style-type: none"> • Business Competencies, Element 1 (F.1.)

Appendix C: Acronyms

AAR	After Action Reports
ACE	Adverse Childhood Events
BRFSS	Behavioral Risk Factor Surveillance System
CBO	Community-based Organizations
CDC	Centers for Disease Control
CEMP	Comprehensive Emergency Management Plan
CHA	Community Health Assessment
CHARS	Comprehensive Hospital Abstract Reporting System
CHAT	Community Health Assessment Tool
CHIP	Community Health Improvement Plan
COOP	Continuity of Operations Plan
DOH	Washington State Department of Health
EDRS	Electronic Death Registration System
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPA	United States Environmental Protection Agency
ESF8	Emergency Support Function 8 – Public Health & Medical
FDA	United States Food and Drug Administration
FPHS	Foundational Public Health Services
GAAP	Generally Accepted Accounting Principles
GASB	Governmental Accounting Standards Board
GIS	Geographic Information Systems
HIV	Human Immunodeficiency Virus
HPSA	Health Professional Shortage Area
HYS	Healthy Youth Survey
IOM	Institute of Medicine

IIS	Immunization Information System
LHJ	Local Health Jurisdiction
MERS	Middle East Respiratory Syndrome
PHAB	Public Health Accreditation Board
PHNCI	Public Health National Center for Innovations
PHRED	Public Health Reporting of Electronic Data
PRAMS	Pregnancy Risk Assessment Monitoring System
RCW	Revised Code of Washington
RHINO	Rapid Health Information NetwOrk
SARS	Severe Acute Respiratory Syndrome
SHA	State Health Assessment
SHIP	State Health Improvement Plan
STD	Sexually Transmitted Disease
TB	Tuberculosis
USDA	United States Department of Agriculture
WAC	Washington Administrative Code
WDRS	Washington Disease Reporting System
WELRS	Washington Electronic Lab Reporting System
WHALES	Washington Health and Life Event System

Appendix D: Glossary

24/7 Access: Each governmental public health authority as well as a few specific DOH programs must be reachable by phone 24/7 for urgent or emergency issues. It is expected that use of the 24/7 agency or program contact numbers will reach, within 15 minutes, a knowledgeable public health professional capable of assessing an event or urgent public health consequence and initiating an appropriate response.

Ability to: Capacity and expertise to implement an activity, element and/or foundational capability or program, as needed.

Activities: Components of the definitions that further describe the work of the governmental public health system in implementing elements. There are 350 activities which are intended to be as discreet as possible, defining as few actions as possible per statement) and begin with a verb identifying the action to be taken. They are denoted by lowercase lettered and individually assigned to one Element, which are also individually assigned to one foundational capability or program, such that they are represented as “[Foundational Capability Uppercase Letter].[Element Number].[Activity Lowercase Letter].”

Additional Important Services (AIS): These are services that are critical locally and do not necessarily need to be provided by governmental public health statewide because they are a shared responsibility of local, state and federal governmental public health and other partners.

Assure¹⁵: The dictionary definitions implies the removal of doubt and suspense from a person's mind In the context of the FPHS definitions, this means that it is foundational for the governmental public health system to invest time and resources as needed to make sure that the service is available to the community, generally as provided by partner organizations. The service may already be provided by a partner organization or governmental public health may coordinate with partners to get them to provide the service. If no other organization is willing or able to provide the service, governmental public health may decide to become the provider of the services and seek the necessary funds for the service.

Capacity: Staff with the necessary expertise and associated resources to provide the activity, element and/or foundational capability or program.

Community Health Assessment (CHA): An assessment of community health. A CHA should be conducted every three to five years in conjunction with community partners that:

¹⁵ PHAB definition of “Assurance”: “The process of determining that “services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (public or private sector), by requiring such action through regulation, or by providing services directly.” (Institute of Medicine, *The Future of Public Health*. Washington, DC: National Academy Press; 1988.)”

http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf.

- Uses data and information from a variety of sources, including qualitative and quantitative data,
- Describes the data and information used,
- Describes demographics of the population,
- Describes community health issues including identification of significant health issues and populations experiencing health inequities,
- Describes the factors that contribute to the significant health issues and health inequities,
- Describes assets or resources available to address priority health issues,
- Review the CHA and current data in conjunction with community partners and update the assessment every three to five years, and
- Ensure community health assessments are accessible to agencies, organizations, other stakeholders, and the general public.

Community Health Improvement Plan (CHIP): A plan for improving community health. A CHIP should be developed in conjunction with the governmental public health system and other community partners and:

- Uses information from the CHA to assist in the identification of community health issues,
- Prioritizes community health issues for action,
- Lead or engage with and document the collaborative health improvement planning process, with a wide range of community partners representing the many sectors of the community, and actions or strategies taken in partnership with others towards implementation,
- Describes assets or resources available to address priority health issues,
- Establishes a plan of action to address priority health issues, that includes goals, targets and performance measures and evidence-based interventions or innovative practices and designates individuals and organizations that have accepted responsibility for implementing strategies outlined in the plan,"
- Describes the desired outcomes and how progress will be measured,
- Describes policy changes needed to accomplish the identified health objectives,
- Align and coordinate with community partner needs assessment, region, Accountability Community of Health, state and national priorities to the extent possible,
- Review progress on the CHIP, review the CHA, and revise priority health issues if needed in conjunction with community partners and update the action plan every three to five years, and
- Document areas of the plan that were implemented by the LHJ.

Comprehensive Emergency Management Plan (CEMP): Provides a policy-level framework to support emergency response activities, by describing specific roles, responsibilities, functions, and support relationships of the agency. The CEMP also provides a framework for jurisdictional

coordination and cooperation supporting response and recovery in times of emergencies and disasters.

Element: Components of the definitions that further describe the work of the governmental public health system in implementing foundational capabilities and programs. There are 48 Elements which are Numbered and individually assigned to one foundational capability or program, such that they are represented as “[Foundational Capability Uppercase Letter].[Element Number].”

Emergency Communication Plan: A plan providing guidance on how to communicate in an emergency. This plan should address:

- A process for identifying a public information officer, message development, approval and release of urgent communications,
- 24/7 contact information for health care providers, response partners, media (including non-English media sources) and other partners and stakeholders,
- Templates for holding statements, news releases, talking points for use when communicating about public health threats and emergencies,
- Processes for leading, coordinating, or participating in public information planning, including working in a Joint Information Center or System during a local/regional/state emergency impacting the public’s health,
- Processes and templates that support risk communication principles to maintain trust and credibility in an emergency or public health threat,
- Processes and community contacts for delivering critical health information to harder to reach communities, including limited English proficient residents and those with access and functional needs, and
- A process for notifying local/state public health partners in advance of issuing news releases, or social media messages which may impact their jurisdictions.

Emergency Support Function (ESF8) Public Health and Medical Services Annex: Provides the mechanism for coordinated federal assistance to supplement local, state, and Tribal Nations’ resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated federal response, and/or during a developing potential health and medical emergency.

Ensure: The dictionary definition implies a virtual guarantee. In the context of the FPHS definitions, this means that the governmental public health system provides the service to the community.

Expertise: The appropriate knowledge and skills necessary to provide the activity, element and/or foundational capability or program.

Foundational Capabilities: The crosscutting capacity and expertise needed to support public health programs.

Foundational Programs: The subset of services in each public health program area that are defined as foundational.

Foundational Public Health Services (FPHS): A limited statewide set of core public health services that include foundational capabilities and programs that (1) must be available to all people in Washington, and (2) meet one or more of the following criteria:

- Services for which governmental public health is the only or primary provider of the service statewide,
- Population-based services (versus individual services) that are focused on prevention, and
- Services that are mandated by federal or state laws.

Functional Definition: Definitions that describe “what” FPHS provides for Washington’s communities, but not “how” governmental public health should provide it,

- Are agnostic to which governmental public health provider should provide it,
- Are reduced to discreet activities (define as few actions as possible per statement) and begin with a verb identifying the action to be taken, and
- Align with existing guidelines and regulations.

Media Relations Plan: A plan for engaging, interacting with, and maintaining relationships with media. This Plan should include:

- How to draft, approve and distribute key message content,
- Which media method to use,
- How to track broadcast, digital, and social media coverage,
- How to maintain media access to an agency contact after business hours and on weekends, and
- What modifications to make to the plan and policies in an emergency.

Notifiable Conditions: Selected diseases and conditions for which Washington State health care providers, health care facilities, laboratories, veterinarians, food service establishments, child day care facilities and schools are legally required to notify public health authorities at their local health jurisdiction (LHJ) of suspected or confirmed cases. The full current list of notifiable conditions is available here:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions>.

Public Health Accreditation Standards: A set of standards defined by the Public Health Accreditation Board (PHAB) to support assessment of the quality and performance of all public health authorities in the United States. Authorities that meet these standards through a vetting process with PHAB can become accredited.

Public Health Response Plan: A jurisdiction-specific plan outlining public health response in the case of an emergency. This may be part of a jurisdiction’s Comprehensive Emergency Management Plan (CEMP) Emergency Support Function (ESF) 8 Public Health and Medical Services Annex

- Protocols that describe the assessment of emergency situations, management of incidents and mobilization of response activities,

- Criteria and procedures for activating the jurisdiction’s public health response for all hazards, including communicable disease outbreaks, environmental public health hazards, natural and technological disasters,
- The process for identifying and activating support personnel (agency staff and outside personnel) who will be called upon to provide **surge capacity** during an incident response,
- How the Incident Command System is used to manage public health incidents, and to support policy-level decision making,
- The process for notifying and mobilizing public health staff during an incident,
- Provisions for protecting the health of vulnerable populations from the consequences of public health incidents, and
- The process for updating the plan based on lessons learned from real-life events and exercises.

Quality Improvement: The use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Recreational Water: Water recreation facilities specified in Washington Administrative Code (WAC) and natural beaches.

Strategic Policy Agenda: A policy agenda that includes specific strategies to improve public health at the system level. The agenda should contain strategic policy priorities and goals and should align with other plans (e.g. Community or State Health Improvement Plan [CHIP or SHIP] and/or strategic plan) but can also include policy goals not related to other plans, as appropriate.

State Health Assessment (SHA): An assessment of statewide health. A SHA should be conducted every three to five years in conjunction with the governmental public health system and other statewide partners that:

- Uses data and information from a variety of sources, including qualitative and quantitative data,
- Describes the data and information used,
- Describes demographics of the population,
- Describes statewide health issues including identification of significant health issues and populations experiencing health inequities,
- Describes the factors that contribute to the significant health issues and health inequities,
- Describes assets or resources available to address priority health issues,
- Review the SHA and current data in conjunction with the governmental public health system and other statewide partners and update the assessment every three to five years. Ensure

that local community members at large review and contribute to the assessment, including those in populations where health inequities exist,” and

- Ensure state, regional and community health assessments are accessible to agencies, organizations, other stakeholders, and the general public.

State Health Improvement Plan (SHIP): A plan for improving statewide health. A SHIP should be developed in conjunction with the governmental public health system and other statewide partners and:

- Uses information from the SHA to assist in the identification of statewide health issues,
- Prioritizes state health issues for action,
- Lead or engage with and document the collaborative health improvement planning process, participation of stakeholders, and actions or strategies taken in partnership with others towards implementation,
- Describes assets or resources available to address priority health issues,
- Establishes a plan of action to address priority health issues, that includes goals, targets and performance measures and evidence-based interventions or innovative practices,
- Describes the desired outcomes and how progress will be measured,
- Align and coordinate with national priorities and needs assessments and those of the state-level governmental public health system, other state agencies, statewide partners to the extent possible, and
- Review progress on the SHIP, review the SHA, and revise priority health issues if needed in conjunction with the governmental public health system and other statewide partners and update the action plan every three to five years.

Surge Capacity: The staffing and resources necessary to provide the implement the activity, element and/or foundational capability or program in annually-expected (one year) events that lead to demand increases.

Washington Governmental Public Health System: All governmental public health authorities, which currently include the Washington State Department of Health (DOH), Washington State Board of Health (SBOH), 35 local health jurisdictions (LHJ) and Tribal Nations.

Written procedures for Emergency Support Function 8 – Public Health & Medical (ESF8): These procedures should be published in the State or County Comprehensive Emergency Management Plan (CEMP), and/or the Public Health Response Plan, and should include a description of:

- Protocols that describe the assessment of emergency situations, management of incidents, and mobilization of response activities,
- Criteria and procedures for activating the jurisdiction’s public health and medical response for all hazards, including communicable disease outbreaks, environmental public health hazards, natural, and technological disasters,
- The process for identifying and activating support personnel (agency staff and outside personnel) who will be called upon to provide surge capacity during an incident response,

- How the Incident Command System is used to manage public health and medical incidents, and to support policy-level decision making,
- The process for notifying and mobilizing public health staff during an incident,
- Provisions for protecting the health of populations at increased risk from the consequences of public health incidents, and
- The process for updating the plan based on lessons learned from real-life events and exercises.

Appendix E: Sources/Resources

Centers for Disease Control and Prevention, State Activities Tracking and Evaluation (STATE) System,

http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdREport=OSH_STATE.Highlights&rdREquestForwarding=Form

Institute of Medicine. *“For the Public’s Health: Investing in a Healthier Future.”* April 10, 2012.

Public Health National Center for Innovations (PHNCI), FPHS Fact Sheet:

http://phnci.org/uploads/resource-files/PHNCI-FPHS-Factsheet_FINAL-1.pdf.

Washington State Department of Health, Foundational Public Health Services (FPHS) Definitions V1.2, March 2016:

<https://www.doh.wa.gov/Portals/1/Documents/1200/FPHSp-2016definitions.pdf>.

Publication Number: DOH 820-073 November 2017

For more information or additional copies of this report:

Office of the Secretary
101 Israel Road
Tumwater, WA 98501
PO Box 47890
Olympia, WA 98504

Phone 360.236.4063
Fax 360.236.4020
Marie.flake@doh.wa.gov

Report Authors:

Please see Appendix A: Functional Definitions Development Process, Acknowledgements



John Wiesman, DrPH
Secretary of Health



WSALPHO

