Community Specific Services Self-Assessment Guidance Document as part of FPHS

Introduction

If your health department is committed to conducting an FPHS workforce capacity self-assessment, the Public Health Foundation strongly suggests including an analysis of current Community Specific Services (CSS) staffing to provide a comprehensive inventory of health department capacity.

Highlights of the FPHS model underscore the importance of sufficient infrastructure to support public health programs and Community Specific Services. Foundational Capabilities (FC) are the eight (8) cross cutting skills and capacities necessary to assure adequate levels of support for basic public health protections, programs, and activities. Foundational Areas (FA) are the minimum levels of public health programming and services that must be available everywhere for public health to be effective anywhere.

Displayed above them, (indicated by the two smaller solid turquoise and black circles at the diagram top), are the programmatic foci, Community Specific Services (CSS), that are tailored to the community being served. Some examples of CSS include providing direct services such as childhood immunizations and sexually transmitted infections treatment. A list of examples of common CSS is attached to this guide. Many of these CSS were identified by Ohio local health departments that have been using a Ohio Public Health Partnership state-based costing and staffing tool since 2018. The emphasis of CSS is meeting the needs of every unique community with a mix of services as reflected in the Community Health Assessment and ultimately the Community Health Improvement Plan as well as the health department Strategic Plan. Overall, the anticipated distribution of the workforce is that Community Specific Services would garner the largest share of human capital, while being supported by a fully developed infrastructure within the Foundational Capabilities and Areas.

Foundational Public Health Services
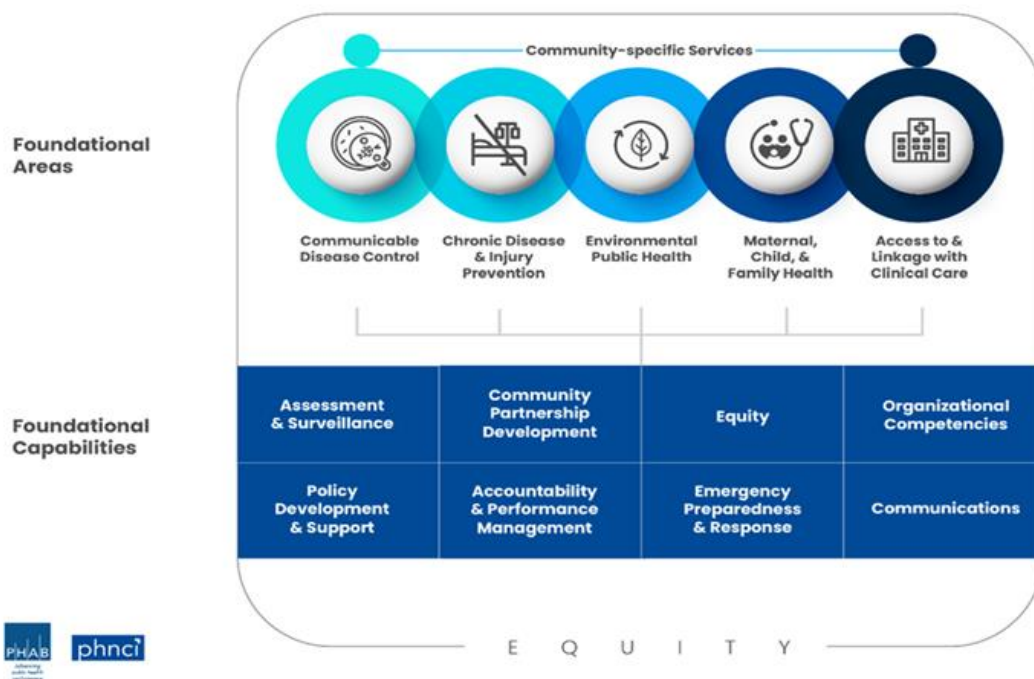
Source: National Center for Innovation. Foundational Public Health Services. Public Health Accreditation Board. https://phaboard.org/center-for-innovation/public-health-frameworks/the-foundational-public-health-services/? Published 2022. Accessed May 19, 2024.

Select your self-assessment instrument

There are several tools currently available for an FPHS self-assessment. However, not all sources include CSS in this exercise. PHF recommends using an Excel-based modified version of the Ohio Public Health Institute (Association of Ohio Health Commissioners) instrument because it has several user-friendly features and has been widely deployed and updated regularly. PHF has available an Excel-based tool for assessing CSS staffing needs that has been used by health departments in Nevada and California. The Public Health Accreditation Board (PHAB) is planning to modify their Foundational Public Health Services Capacity & Cost Assessment to include a CSS module.

Assembling your team

The PHF experience suggests that involvement of health department leadership, with participation by program directors and supervisors generates the most actionable results. Invariably there is some subjectivity involved in any self-assessment process. Having engagement from those closest to the staff level is likely to yield greater amounts of directly observed data.

Familiarize your team with the selected CSS instrument

Regardless of which instrument is utilized for the CSS workforce capacity self-assessment, it is important to take it for a test drive before the assessment begins with the entire team. Unless your health department is highly experienced with the tool selected, there are likely to be numerous questions about how to complete it properly. Develop a question list to pose to the facilitator, team leader, or consultant before getting underway as a group.

CSS Definitions

Definitions for CSS programs and services will differ widely across states, and even from jurisdiction to jurisdiction within a state. Refer to the CSS inventory as a guide to common CSS programs and services. Functional definitions describing the activities of a given CSS are not available, nor would such a definition describe the local contest. If necessary, definitions should be developed locally.

Account Completely for Staff and Time

For the FPHS and CSS workforce self-assessment to be meaningful and actionable, it should include the entire workforce. The PHF experience indicates this is most reliably accomplished by developing a line listing of all employees and allocating their time fully across FC, FA, and CSS. In many health departments staff not only work in many programs, but also may contribute across FCs, FAs, and CSS. For each FTE 100% of their work time should be allocated into these three "buckets" as may be appropriate for their duties.

Gamesmanship is not strategic

Health department infrastructure is historically inadequate and remains challenging. Infrastructure exists to support and facilitate programs and services. FC, FA, and CSS are all essential for health departments to function and meet their mission of protecting, promoting, and improving health. Presenting an accurate picture of health department staffing will allow for insightful planning and advocacy.

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