

Version 2.0

December 2021

GOVERNMENTAL PUBLIC HEALTH  
UNIFORM CHART OF ACCOUNTS  
**GUIDEBOOK**

**UCOA**

PHAST Uniform Chart Of Accounts

**PHAST**   
Public Health Activities & Services Tracking



# UCOA

PHAST Uniform Chart Of Accounts

Health Sciences Center, T-502  
BOX 357263  
1959 NE Pacific St  
Seattle, WA 98195-7263  
[phast@uw.edu](mailto:phast@uw.edu)

The Public Health Activities and Services Tracking (PHAST) project is house at the University of Washington and led by Dr. Betty Bekemeier. PHAST's goal is to make **dependable, comparable data** available to the more than 2800 state and local public health departments across the United States. This information better enables **public health practice partners to make data-driven decisions** that help create healthier communities.

The Uniform Chart of Accounts (UCOA) is one such project, intended to provide a mechanism for consistent financial reporting that helps make the evidence based case for public health funding decisions.

#### Project Team:

Dr. Betty Bekemeier, Principal Investigator

Greg Whitman, Project Manager

Fred Abrahamson

Tosin Dada

Melinda Schultz

Annie Sieger

Dana Zaichkin

# CONTENTS

- Introduction..... 4**
  - Uniform Chart of Accounts ..... 5
  - FPHS Framework ..... 6
  - Localization of FPHS Frameworks ..... 8
- UW PHAST UCOA's Governmental Public Health Services Framework and Operational Definitions 9**
- How to use this Manual: Understanding and Implementing the UCOA..... 11**
  - Understanding and Implementing Governmental Public Health Services Operational Definitions ..... 11
  - UW PHAST UCOA Code Schema..... 11
  - Understanding and Implementing Governmental Public Health Services UCOA..... 12
    - Expenditure Categories ..... 13
    - Revenue Categories ..... 13
- Governmental Public Health Services Summary ..... 15**
  - Public Health Infrastructure ..... 15
  - Public Health Programs ..... 18
  - Other Governmental Programs ..... 23
- Governmental Public Health Services Operational Definitions ..... 25**
  - Public Health Infrastructure ..... 25
  - Public Health Programs ..... 36
  - Other Governmental Programs ..... 57
- Appendix A: UCOA Operational Definitions Development Process..... 59**
  - Development of Original UCOA Chart of Accounts ..... 59
  - Evaluating the Original UCOA Process..... 59
- Appendix B: Localized FPHS Frameworks..... 61**
- Appendix C: Acronyms ..... 65**
- Appendix D: Glossary ..... 67**
- Appendix E: Sources and Resources..... 70**

## INTRODUCTION

The United States' public health system is made up of public, private, and non-profit entities that contribute to the delivery of public health services. These entities act as a network with each participating through their own roles, relationships, and interactions that contribute to the health and well-being of people throughout the U.S. and its territories.

Governmental public health is a subset of this overall system and is made up of a complex network of federal, territorial, state, local, and Tribal agencies, many of which are subordinate to larger governmental entities, and all of which have explicit and/or implicit relationships with one another. These agencies are generally responsible for those services most consistent with the role of government and, in some cases, where governmental public health steps in to fill a critical need that is not being met by the private or non-profit sector. Articulating what governmental public health does, and the effect of that work, is very complex because it is very broad and cross-sectoral, often intangible, and lacks uniformity across governmental public health agencies. For those reasons, historically, there has not been a uniform definition of public health as a governmental function.

In 2009, the Institute of Medicine (IOM)—now the National Academy of Medicine (NAM) under the umbrella of the National Academies of Sciences, Engineering, and Medicine (NASEM)—formed a committee to consider three topics related to population health: data and measurement, law and policy, and funding. The committee's work culminated in three reports, one for each of the three topics considered. In the third and final report, "For the Public's Health: Investing in a Healthier Future (2012)," NAM:

- "Review[ed] current public health funding structures.
- Assess[ed] opportunities for use of funds to improve health outcomes.
- Review[ed] the impact of fluctuations in funding for public health.
- Assess[ed] innovative policies and mechanisms for funding public health services."

NAM articulated ten evidence-based, implementable recommendations for funding state and local health systems that support the needs of the public after healthcare reform. Based on a finding that the lack of a uniform chart of accounts for governmental public health—in which a clear understanding of the effectiveness and efficiency of investment in programs, personnel, and interventions is a necessity<sup>1</sup>—was a crucial gap in public health services research, NAM articulated Recommendation 5 of the report. Recommendation 5 of the report suggested that "a technical expert panel be established through collaboration among government agencies and organization[s] that have pertinent expertise to develop a model chart of accounts for use by public health agencies at all levels to enable better tracking of funding related to programmatic outputs and outcomes across agencies."<sup>2</sup>

---

<sup>1</sup> Institute of Medicine. "For the Public's Health: Investing in a Healthier Future." Washington, DC: The National Academies Press, 2012. <https://www.nap.edu/catalog/13268/for-the-publics-health-investing-in-a-healthier-future>, 77.

<sup>2</sup> Institute of Medicine. "For the Public's Health: Investing in a Healthier Future." Washington, DC: The National Academies Press, 2012. <https://www.nap.edu/catalog/13268/for-the-publics-health-investing-in-a-healthier-future>, 82.

“For the Public’s Health” also articulated that an ideal chart of accounts would assign expenditures to the “minimum package of public health services” articulated in Recommendation 7 of the Report<sup>3</sup> and discussed later in this Manual. The Public Health Informatics Institute (PHII) started work to standardize reporting on public health spending while the Public Health Leadership Forum (PHLF) worked in parallel to develop a national model for a “minimum package of public health services” that would eventually become the Foundational Public Health Services (FPHS) framework. The PHII developed a uniform chart of accounts aligned with the FPHS framework developed by PHLF.

## Uniform Chart of Accounts

University of Washington (UW) Public Health Activities and Services Tracking (PHAST) researchers built on PHII’s initial work to develop a uniform chart of accounts with grant funding from the Robert Wood Johnson Foundation (RWJF). The UW PHAST’s Uniform Chart of Accounts (UCOA) project developed a chart of accounts that was designed to be comprehensive—such that all activities completed by the defined universe of governmental public health agencies (at this time, limited to state and local public health agencies [LPHAs]<sup>4</sup>)—and uniform—such that it supports consistent accounting across all respondents. While the original UCOA was aligned to FPHS, it did not clearly articulate FPHS as mutually exclusive from other activities, preventing each foundational capability and area from being individually cost.

Between 2015 and 2017, UW PHAST conducted a feasibility study, piloting the PHAST UCOA in local and state health departments. In this pilot study, 19 participating agencies were able to successfully crosswalk—or match—and report their financial data into the UCOA. UW PHAST is now building on this work, using the UCOA to track public health expenditures and revenue in LPHAs across the nation.

UW PHAST’s UCOA meets the criteria in Recommendation 5 of “For the Public’s Health” and is further designed to:

- Support understanding of the costs of public health services and activities.
- Improve public health agencies’ financial management capabilities.
- Support understanding of funding sources for public health services and activities.
- Identify which public health services and activities are at risk when public health funding is cut.
- Improve the efficiency and effectiveness of the public health system in providing public health services and activities.

---

<sup>3</sup> Expert panels should be convened by the National Prevention, Health Promotion, and Public Health Council to determine

- The components and cost of the minimum package of public health services at local and state and the cost of main federal functions.
  - The proportions of federal health spending that need to be invested in the medical care and public health systems.
- The information developed by the panels should be included in the council’s annual report to Congress.

<sup>4</sup> The full universe of governmental public health agencies in the U.S. includes the U.S. Public Health Service and relevant federal agencies; territorial public health agencies; state public health agencies; LPHAs; and Tribal Health Departments. However, development of the UCOA has primarily centered state public health agencies and LPHAs. For that reason, we consider the current UCOA governmental public health services framework as defining the universe of activities that might be completed by state public health agencies and LPHAs.

- Demonstrate the value and function of the public health system to funders, elected officials, and the public.

Given the governmental public health's enduring funding and other challenges have only deepened since "For the Public's Health" and through the COVID-19 pandemic, there is renewed interest in implementing a national uniform chart of accounts for the governmental public health system such that the full cost of FPHS can be identified. UW PHAST's UCOA is well-positioned to be the prevailing uniform chart of accounts for national implementation.

## FPHS Framework

In "For the Public's Health," NAM also articulated the need to define a "minimum package of public health services." Recommendation 7 of the Report proposed the need for a "minimum package of public health services":

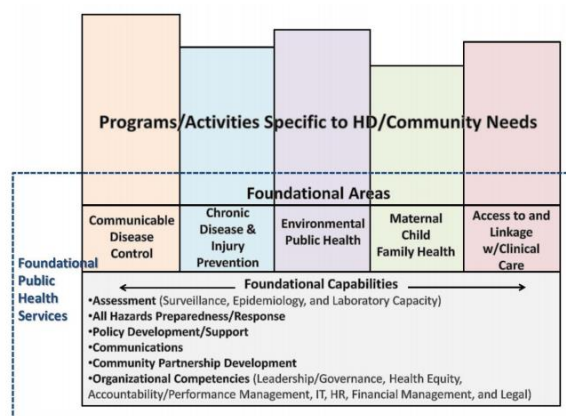
*Expert panels should be convened by the National Prevention, Health Promotion, and Public Health Council to determine*

- *The components and cost of the minimum package of public health services at local and state and the cost of main federal functions.*
- *The proportions of federal health spending that needs to be invested in medical care and public health systems.*

*The information developed by the panels should be included in the council's annual report to Congress<sup>5</sup>.*

In April 2013, PHLF, funded by the RWJF 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.

### Exhibit 1. RESOLVE/PHLF FPHS Framework, 2013<sup>6</sup>

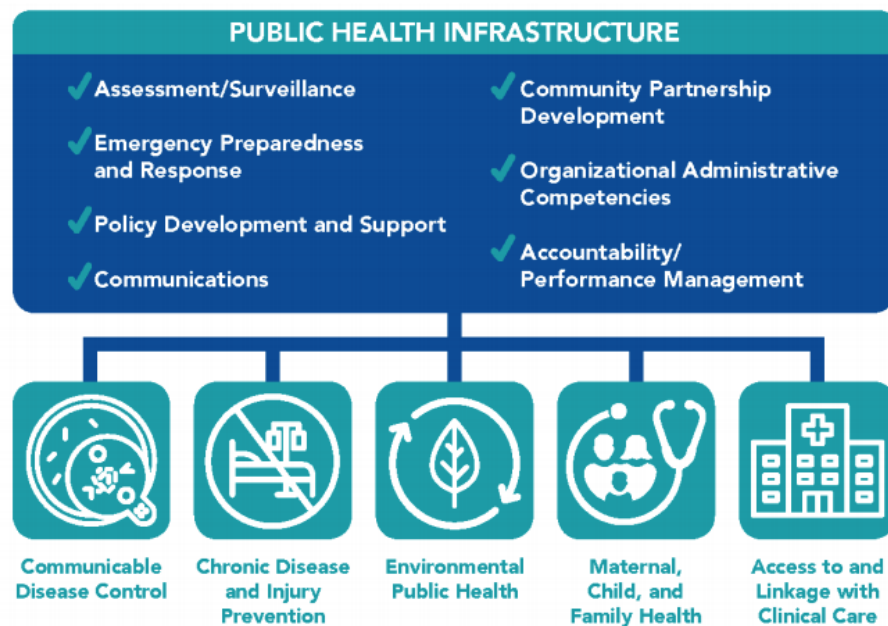


<sup>5</sup> Institute of Medicine. "For the Public's Health: Investing in a Healthier Future." Washington, DC: The National Academies Press, 2012. <https://www.nap.edu/catalog/13268/for-the-publics-health-investing-in-a-healthier-future>, 77.

<sup>6</sup> Public Health Leadership Forum. 2014. "Defining and Constituting Foundational 'Capabilities' and 'Areas': Version 1." [https://www.resolve.ngo/docs/articulation-of-foundational-capabilities-and-foundational-areas.v1.may\\_.pdf](https://www.resolve.ngo/docs/articulation-of-foundational-capabilities-and-foundational-areas.v1.may_.pdf).

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. More information on the national FPHS framework is available [here](#)<sup>7</sup>.

## Exhibit 2. PHNCI FPHS Framework, 2018



The FPHS framework establishes that there is a foundational level of public health services that are needed everywhere for public health services to work anywhere. This foundation, called FPHS, are a subset of all public health services and include foundational capabilities and services that (1) must be available to all people served by the governmental public health system, and (2) meet one or more of the following criteria:

- Services that are mandated by federal or state laws.
- 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 disease prevention and protection and promotion of health.

According to the national framework, FPHS include the following elements:

- Public health infrastructure made up of distinct foundational capabilities (the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes).
- Public health services, in key foundational areas (basic public health topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats).

<sup>7</sup> The Public Health National Center for Innovations. "FPHS." PHNCI. Accessed October 27, 2021. <https://phnci.org/national-frameworks/fphs>.

- Local protections and services unique to a community's needs (additional public health services determined to be of additional critical significance to a specific community's health; this work includes specific activities considered essential in any given community).

### Localization of FPHS Frameworks

While FPHS are, theoretically, intended to be a subset of governmental public health services that include foundational capabilities and areas that must be available to all people served by the U.S. governmental public health system, in practice, it is extremely challenging to define these services for several reasons, including:

- Different preexisting conceptions of the role of governmental public health (versus other public health system partners, other governmental agencies, and clinical health care) in delivering public health or population-based services.
- Differing perspectives on what should be considered “foundational” based on their public health priorities (which may be driven by many factors including the social, economic, and health characteristics of the state, leadership and workforce education and experience, policy makers’ priorities, and the availability of categorical funding).
- Differing public health mandates as well as statutes, rules, regulations, and guidelines related to these mandates, such as variations in required newborn screenings and different thresholds for environmental health hazards like arsenic and lead.

Further, governmental public health systems have been shaped by a variety of histories and norms, including those related to workforce, services and activities, regional policy perspectives, revenue streams, and funding allocation. However, the national FPHS framework stewarded by PHNCI reflects the consensus of public health and health care leaders across the country around which public health services are considered “foundational.” While national adoption of this framework is desired, the challenges above have led many states interested in implementing FPHS to localize the framework, tailoring it to align to the governmental public health practice in their states. This creates tension with the concept that FPHS are the services needed everywhere to work anywhere, and, by definition, localization reduces the comparability of service provision.

[Appendix B](#) provides tables comparing existing state-specific FPHS frameworks at a high-level.



## UW PHAST UCOA'S GOVERNMENTAL PUBLIC HEALTH SERVICES FRAMEWORK AND OPERATIONAL DEFINITIONS

As discussed previously, UW PHAST's UCOA is intended to be comprehensive, such that all the activities completed by the defined universe of governmental public health agencies (at this time, limited to state public health agencies and LPHAs) and uniform, such that it supports consistent accounting across all respondents. This means that the service framework is necessarily more comprehensive than the FPHS framework. The FPHS framework only represents the foundational capabilities and areas and the local priorities and services unique to a community's needs that are determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. The FPHS framework does not include other health and social services that state public health agencies and LPHAs might be doing that must also be reported for the UCOA to be comprehensive.

Previously, the UCOA has not articulated the FPHS distinctly from other activities. This means that the previous UCOA could not easily articulate current spending on FPHS for responding agencies. However, given that the renewed interest in implementing a national uniform chart of accounts is in part due to a desire to estimate the current spending on FPHS, it is critical for UW PHAST to update its governmental public health service framework to disaggregate FPHS, such that each foundational capability and area could be individually cost.

To do this, the UW PHAST team synthesized the UCOA's existing chart of accounts with the national/PHNCI FPHS framework, such that each foundational capability ("Public Health Infrastructure") and area ("Public Health Programs") is individually articulated as a "Program Area." "Other Health Services" and "Other Social Services," are collectively "Other Governmental Programs," which represent activities that are beyond the scope of the FPHS but are critical for allowing for comprehensive accounting of all potential activities being completed by state public health agencies and LPHAs, are also articulated individually as "Program Areas."

Within the Program Areas are "Major Programs," which are synthesized based on the "Major Programs" in the original UCOA and those in the national/PHNCI FPHS framework (generally referred to as the "elements" of the foundational capabilities and areas). "Major Programs" are the organizational level that best describes the work being done or the various functions of public health agencies and, as such, are of the greatest relevance in any costing exercise. For this reason, the synthesis of the final, updated UCOA "Major Programs" included significant effort to reduce the total number of unique accounting codes at that level. This effort also ensured that foundational "Major Programs" could be isolated from non-foundational "Major Programs." This is because, while local priorities and services unique to a community's needs are part of the FPHS framework and included in the "Program Areas," they are not considered "foundational."

"Major Programs" are further defined by "Program Activities" that have operationalized the UCOA's governmental public health services framework similarly to how FPHS have been operationalized by individual states. That is, they:

- Describe what governmental public health and FPHS provide for U.S. communities, but not how the governmental public health system should provide it.

- Are agnostic about which governmental public health provider (state or local) should provide it.
- Are reduced to discrete activities (they define as few actions as possible per statement) and begin with a verb identifying the action to be taken.
- Align with existing federal statutes, rules, regulations and guidelines.

More about the historical development and current iteration of the UCOA and the specific differences between the previous UCOA framework and updated framework are provided in [Appendix A](#).

# HOW TO USE THIS MANUAL: UNDERSTANDING AND IMPLEMENTING THE UCOA

## Understanding and Implementing Governmental Public Health Services Operational Definitions

This document provides operational definitions, coupled with a unique code schema for translating those definitions to a chart of accounts that allows state and local public health agencies to consistently report their expenditures and revenues.

The UW PHAST's UCOA includes all activities governmental public health agencies might participate in or deliver, a subset of which represent the function of public health. Each program area definition includes:

### **Program Area**

UW PHAST's UCOA includes xx total major programs, seven within "Public Health Infrastructure," six within "Public Health Programs," and three within "Other Governmental Programs."

### **Major Program**

UW PHAST's UCOA Program Areas are further broken down into 66 "Major Programs" which organize to describe the actual work being done within each Major Program.

### *Minor Program*

Where additional detail might be desired and available, UW PHAST's UCOA allows some Major Program's to be broken down topically; for example, the Major Program "Major Chronic Diseases" can be broken down into individual diseases which comprise the total work being done related to "Major Chronic Diseases."

### **Program Activities**

UW PHAST's UCOA are further described in detail by program activities that represent the various work elements of each Major and/or Minor Program.

It is important to remember that there is significant interplay among the major programs, so governmental public health agencies and their staff members should be familiar with this full Guidebook, and not simply the definitions specific to the work they do.

Appendix C provides any relevant acronyms. These acronyms are referenced where the terms they summarize are used, however, the full term is spelled out for each definitional component. This is to provide clarity when the individual definitional components are used independently from one another and this manual.

## UW PHAST UCOA Code Schema

Remembering that, per Recommendation 5 in "For the Public's Health," the purpose of the UW PHAST's UCOA project was to develop a uniform chart of accounts that "could be used by public health agencies at all levels to enable better tracking and funding related to programmatic outputs and outcomes across agencies," in addition to defining and operationalizing a comprehensive and

uniform set of definitions for governmental public health services, UW PHAST UCOA also developed an accompanying code schema to translate these definitions to a chart of accounts format.

### Exhibit 3. UW PHAST UCOA Definitional Levels and Code Schema<sup>8</sup>

Code Schema			
12.29A.05			
Asthma Surveillance			
12.	29	A.	05
Program Area: Chronic Disease	Major Program: Major Chronic Diseases	Minor Program: Asthma	Program Activity: Surveillance

The UCOA format provides unique codes to support costing of activities down to the “Program Activity” level; “Program Activity” costs can be rolled up to the “Major Program” level, which in turn are additive and can be rolled up to the “Program Area” level. Because the “Major Program” level is the organizational level that best describes the work being done or the various functions of public health agencies, it is most relevant in any costing exercise, and the level at which most UW PHAST Respondents will provide their expenditure and revenue data.

### Understanding and Implementing Governmental Public Health Services UCOA

To use this Guidebook, each responding public health agency will crosswalk their actual accounting data to the major programs herein in order to translate the financial information in their accounting system into the standardized UCOA.

Crosswalking should be completed for each major program, such that all public health agencies will report their total operating expenditures (that is, the sum of all major programs will total the agencies operating expenditures for the fiscal year on which they are reporting). The report generated will display expenditures for each major program and will include totals for each program area. Responding public health agencies may not report on all major programs, as they may not participate in or deliver all of them; where public health agencies do not participate in or deliver a service they should identify such and provide a \$0 for that major program.

Program activities are included in the guidebook to help comprehensively define the major programs. It is often the case that program activities are not included in accounting systems to track expenditures and revenues; therefore, this detailed level of information is not collected in the UCOA.

<sup>8</sup> “Guidebook | Uniform Chart of Accounts.” Accessed October 27, 2021. <https://coa.phastdata.org/guidebook>.

The UCOA format uses certain expenditure and revenue categories that are commonly used in accounting systems.

### **Expenditure Categories**

As of this time, the UCOA is designed to collect expenditure data related to operating expenditures only. No data on capital expenditures are collected at this time.

- **Full Time Equivalents (FTEs).** Identify the staff effort allocated to each major program. This information is normally included in most accounting systems.
- **Salaries, Wages, and Fringe Benefits.** Expenditures on salaries, wages, and fringe benefit expenses for staff employed by the public health agency.
- **Pass-Through and Transfers.** Pass-through and transfers of dollars from the state health department or a LPHA to other LPHA's and/or other organizations.

***NOTE:** This function normally exists only with state health departments, e.g. state appropriations or federal grants intended to support one or more public health activities conducted by local health departments or other community partners.*

*Pass-through and transfer may also happen when LPHAs share services or otherwise pursue cross jurisdictional delivery for public health services.*

- **Direct Contracts.** Personal and professional service contracts within major programs to pay for professional work performed by non-agency staff. These do not include contracts such as janitorial or other non-public health general support services.
- **Other Expenditures.** Includes all other expenditures not previously specified.

Together, Salaries, Wages and Fringe Benefits; Pass-Through and Transfers; Direct Contracts; and Other Expenditures total all operating expenditures.

Recognizing that public health agencies receipt of in-kind resources (from governments to whom they are subordinate, through in-formal sharing arrangements, and otherwise) which may artificially reduce the total expenditures related to their operations, UCOA will also collect estimates of expenditures made through in-kind resources.

- **In-kind Expenditures.** Expenditures made through in-kind resources.

### **Revenue Categories**

As of this time, the UCOA may collect all agency revenue data.

- **Federal Funds.** Revenue received directly from the federal government or federal dollars received from other partners, including state pass-through of federal grants. This may include revenues from grants, contracts, and cooperative agreements but should exclude revenue from Medicaid and Medicare.

- **State Funds.** Revenue from state sources, including pass-through revenue from state agencies (not originating from federal funds) or a direct appropriation from a state legislature
- **Local Funds.** Local government-generated dollars to support public health in the corresponding jurisdiction.
- **Fees and Fines.** Regulatory fees, laboratory fees, fines, etc.
- **Medicaid and Medicare.** Clinical revenue from Medicaid and Medicare.
- **Clinical Revenue.** Revenue from providing clinical care, including payments from third-party payers and patients
- **Other Revenue.** Includes all other revenues not previously specified

Together, Federal Funds; State Funds; Local Funds; Fees and Fines; Medicaid and Medicare; Clinical Revenue Total; and Other Revenue total all agency revenue. Total agency revenue may not equal total operating expenditures, because it may include revenues that fund capital expenditures, not include in-kind revenues, and/or not include spend down of fund balance.

## GOVERNMENTAL PUBLIC HEALTH SERVICES SUMMARY

Following, is a summary of the UCOA operational definitions (down to major and minor programs) which represents the costing-level, that is, what UCOA participants will be asked to provide expenditure data for.

More detailed definitions, which go all the way down to the “program activity” level and which are useful for communicating what is included in each major and minor program are provided in the *Governmental Public Health Services Summary* section of this Guidebook.

### Public Health Infrastructure

	01.00X.00.	<b>All Hazards Preparedness and Response</b>
FPHS	01.01X.00.	<b>Disaster and Emergency Preparedness.</b> Planning, coordination, surveillance, training, infrastructure, and communication development of public health entities and those they coordinate, with the purpose of building capability to respond to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
FPHS	01.02X.00.	<b>Disaster and Emergency Response.</b> Response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
	01.02A.00.	<i>COVID-19 Pandemic Response. Response to the COVID-19 pandemic.</i>
FPHS	01.03X.00.	<b>Community Preparedness, including Emergency Preparedness Training.</b> Activities to prepare the community, and potential community responders, in the event of a natural or manmade disaster or emergency; bioterrorism; infectious disease outbreak; or other public health threat or emergency
	02.00X.00.	<b>Assessment/Surveillance</b>
FPHS	02.04X.00.	<b>Data, Statistics, and Analysis.</b> The ability to acquire, store, retrieve, analyze, and use health information across organizations to identify and understand patterns of health and disease in groups of people.
FPHS	02.05X.00.	<b>Community Health Assessment (CHA)/Community Health Improvement Program (CHIP) and/or State Health Assessment (SHA)/State Health Improvement Program (SHIP).</b> Ability to

conduct and/or participate in a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities to develop community and state health improvement programs.

*02.05A.00. Community Health Assessment (CHA)/Community Health Improvement Program (CHIP). Ability to conduct and/or participate in a CHA and identify health priorities arising from that assessment, including analysis of health disparities, to develop a CHIP.*

*02.05B.00. State Health Assessment (SHA)/State Health Improvement Program (SHIP). Ability to conduct and/or participate in a SHA and identify health priorities arising from that assessment, including analysis of health disparities, to develop a SHIP.*

FPHS 02.06X.00. **Surveillance and Epidemiology.** Monitor and investigate occurrences and control elements of significant health risks in the population.

FPHS 02.07X.00. **Vital Records.** Register and certify vital records including the transmittal of records to the appropriate state and federal agencies.

FPHS 02.08X.00. **Public Health Laboratory.** Ability to deliver and/or access 24/7 laboratory resources including chemical and microscopic analysis of body tissue and fluids to identify disease-causing organisms and aid in the diagnosis and treatment of disease.

03.00X.00. **Communications**

FPHS 03.09X.00. **General Communications.** Communications services and activities relating to the ability to maintain ongoing relations with the public, partners, and local and statewide media.

FPHS 03.10X.00. **Health Education and Risk Communication.** Communications services and activities that encourage people to adopt and maintain a healthy lifestyle as well as advocate for social and environmental changes needed to facilitate healthful living conditions.

04.00X.00. **Community Partnerships Development**

FPHS 04.11X.00. **Governmental Public Health Relations.** Activities to coordinate governmental public health efforts at the state and local level



through dialog, periodic meetings, and leadership provided by the agency.

FPHS	04.12X.00.	<b>Community Relations.</b> Activities related to creating, convening, and sustaining strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and nonelected officials.
	05.00X.00.	<b>Health Equity</b>
FPHS	05.13X.00.	<b>Health Equity Strategy.</b> Develop a strategy that specifically identifies and addresses systemic and structural barriers that have resulted in health inequities.
	06.00X.00.	<b>Policy Development and Support</b>
FPHS	06.14X.00.	<b>Policy Development.</b> Activities related to the development, implementation, and evaluation of public health policy in communities.
FPHS	06.15X.00.	<b>Legislative and Constituent Relations.</b> Activities related to effectively informing and influencing policies related to the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
	07.00X.00.	<b>Organizational Competencies</b>
FPHS	07.16X.00.	<b>Leadership and Governance.</b> Activities related to building consensus, with movement to action, and serving as the public face of governmental public health in the agency's jurisdiction.
FPHS	07.17X.00.	<b>Information Technology Services, including Privacy and Security.</b> Activities related to procuring and maintaining hardware and software needed to support the agency's operations, including governmental public health activities, as well as communication technologies needed to interact with those served by the agency and the ability to maintain the privacy and security of agency data and information.

FPHS	07.18X.00.	<b>Human Resources Services.</b> Activities related to developing and maintaining a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.
FPHS	07.19X.00.	<b>Financial Management, Contract, and Procurement Services, including Facilities and Operations.</b> Activities related to managing agency finances; contracts and procurement; and facilities and operations.
FPHS	07.20X.00.	<b>Legal Services and Analysis.</b> Activities related to operating in compliance with prevailing law and precedent.
	<b>08.00X.00.</b>	<b>Accountability/Performance Management.</b>
FPHS	08.21X.00.	<b>Accountability.</b> Activities related to ensuring work is performed according to accepted business standards and in accordance with applicable policy, regulation, and standards.
FPHS	08.22X.00.	<b>Performance Management.</b> Activities related to monitoring achievement of agency objectives, and quality improvement.

## Public Health Programs

	<b>11.00X.00.</b>	<b>Communicable Disease Control</b>
FPHS	11.23X.00.	<b>Communicable Disease Prioritized Prevention Plan and Epidemiology.</b> Identify statewide and local communicable disease prevention, investigation, and control community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high-priority initiatives.
	11.24X.00.	<b>Immunization.</b> Services and activities to promote immunization.
FPHS	11.25X.00.	<b>Sexually-Transmitted Diseases (STDs), including HIV.</b> Services and activities to promote prevention of and education regarding STD, including HIV.
FPHS	11.26X.00.	<b>Tuberculosis (TB).</b> Services and activities to promote prevention of, education regarding, and direct treatment of active and latent TB.
	11.27X.00.	<b>Other Communicable Disease Activities.</b> Services and activities to promote prevention and control of other communicable diseases.

	11.27A.00.	<i>Hepatitis. Services for the prevention, control of chronic Hepatitis B and Hepatitis C cases requiring LHD investigation and case reporting.</i>
	11.27B.00.	<i>Enteric and Food-borne Disease. Services and activities to promote prevention of and education regarding enteric diseases, including Salmonella, Shiga-toxin producing Escherichia coli (STEC, including O157 and other serogroups), Listeria, Shigella, Vibrio, hepatitis A virus, and botulism.</i>
	12.00X.00.	<b>Chronic Disease</b>
FPHS	12.28X.00.	<b>Chronic Disease Prioritized Prevention Plan.</b> Identify statewide and local chronic disease prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
	12.29X.00.	<b>Major Chronic Diseases.</b> Services and activities to promote prevention and control of major (i.e., the leading causes of death and disability in the US) non-communicable diseases and chronic illnesses.
	12.29A.00.	<i>Asthma. Services and activities to promote prevention of and education regarding asthma for both children and adults.</i>
	12.29B.00.	<i>Cancer. Services and activities related to the prevention and control of cancer.</i>
	12.29C.00.	<i>Cardiovascular. Services and activities to prevent cardiovascular disease, including heart disease, hypertension, and stroke.</i>
	12.29D.00.	<i>Diabetes. Activities that implement and evaluate public health strategies to reduce disabilities and deaths due to diabetes and its complications.</i>
	12.30X.00.	<b>Healthy Eating, Active Living.</b> Services and activities to increase statewide and community rates of healthy eating and active living, including though reduction in obesity rates.
	12.30A.00.	<i>Obesity. Services and activities to increase awareness of obesity and its causes.</i>
	12.31X.00.	<b>Other Chronic Disease.</b> Services and activities to promote prevention and control of other non-communicable diseases and chronic diseases.

	13.00X.00.	<b>Injury Prevention and Behavioral Health Promotion</b>
FPHS	13.32X.00.	<b>Injury Prevention and Behavioral Health Promotion Prioritized Prevention Plan.</b> Identify statewide and local injury and violence prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
	13.33X.00.	<b>Injury Prevention.</b> Services and activities to promote prevention of injuries.
	13.33A.00.	<i><b>Child abuse and neglect.</b> Child abuse and neglect includes all types of abuse or neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role that results in harm, potential for harm, or threat of harm to a child. There are four common types of abuse and neglect: physical, sexual, emotional, and neglect.</i>
	13.33B.00.	<i><b>Firearms injuries and violence.</b> Planning, implementation, and evaluation of interventions to improve the health of a community and reduce or prevent injuries, disabilities, or premature death due to firearms.</i>
	13.33C.00.	<i><b>Motor vehicle injuries and violence.</b> Planning, implementation, and evaluation of interventions to improve the health of a community and reduce or prevent injuries, disabilities, or premature death due to motor vehicles crashes, including through linking crash and injury data.</i>
	13.33D.00.	<i><b>Occupational injuries and violence.</b> Planning, implementation, and evaluation of interventions to improve the health of a community and reduce or prevent injuries, disabilities, or premature death due to occupational injuries and violence.</i>
	13.33E.00.	<i><b>Older Adult Falls.</b> Planning, implementation, and evaluation of interventions to prevent injuries due to falling among those 65 and over.</i>
FPHS	13.33F.00.	<b>Tobacco Cessation.</b> Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure, as well as exposure to harmful substances.

	13.34X.00.	<b>Behavioral Health Promotion.</b> Services and activities related to promoting behavioral health and reducing substance abuse rates, as well as suicide and attempted suicide.
	<i>13.34A.00.</i>	<i>Substance use, including alcohol, marijuana, prescription drug misuse, and other illicit drugs. Services and activities related to surveillance and tracking of substance use rates; assuring the availability of substance use prevention, treatment, and recovery support services; and planning, implementing, and evaluating interventions to improve the health of the community.</i>
	<i>13.34B.00.</i>	<i>Suicide and attempted suicide cases. Services and activities related to surveillance and tracking of suicide and attempted suicide rates; assuring the availability of mental health treatment; and planning, implementing, and evaluating interventions to improve the health of the community.</i>
	13.35X.00.	<b>Other Injury Prevention and Behavioral Health Promotion.</b> Services and activities to promote prevention of injuries and behavioral health.
	14.00X.00.	<b>Environmental Public Health</b>
FPHS	14.36X.00.	<b>Environmental Public Health Prioritized Improvement Plan.</b> Identify statewide and local environmental public health community partners and their capacities, develop and implement a prioritized health protection and risk prevention plan, and seek funding for high-priority initiatives.
FPHS	14.37X.00.	<b>Air.</b> Services and activities to promote air quality.
FPHS	14.38X.00.	<b>Water.</b> Services and activities to promote water quality.
FPHS	14.39X.00.	<b>Sewage.</b> Services and activities to prevent environmental hazards related to sewage.
FPHS	14.40X.00.	<b>Solid and Hazardous Waste and related Facilities and Sites.</b> Services and activities to prevent environmental hazards related to solid and hazardous waste, including at related facilities and sites.
FPHS	14.41X.00.	<b>Lead.</b> Services and activities to prevent environmental hazards and illness related to lead.

FPHS	14.42X.00.	<b>Zoonotic (Vector-borne).</b> Services and activities to prevent zoonotic (vector-borne) illness.
FPHS	14.43X.00.	<b>Food Safety.</b> Services and activities to conduct mandated environmental public health inspections and oversight to protect the public from foodborne hazards, in accordance with federal, state, and local laws and regulations.
FPHS	14.43A.00.	<b>Fish and Shellfish.</b> Services and activities to prevent illness related to fish and shellfish.
FPHS	14.44X.00.	<b>Retail and Service Industry safety.</b> Services and activities to conduct mandated environmental public health inspections and oversight to protect the public from retail and service industry hazards, in accordance with federal, state, and local laws and regulations.
FPHS	14.45X.00.	<b>Other Environmental Public Health.</b> Other services and activities to promote environmental public health.
	15.00X.00.	<b>Maternal, Child, and Family Health</b>
FPHS	15.46X.00.	<b>Maternal, Child, and Family Health Services Prioritized Improvement Plan and Coordination.</b> Identify statewide and local maternal, child, and family health community partners and their capacities, develop and implement a prioritized health protection and promotion plan, and seek funding for high-priority initiatives.
FPHS	15.47X.00.	<b>Population-based Maternal, Child, and Family Health Services.</b> Population-based services and activities to support maternal, child, and family health, including through child death review.
FPHS	15.48X.00.	<b>Newborn Screening.</b> Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
	15.49X.00.	<b>Direct Maternal, Child, and Family Health Services.</b> Services and activities to increase the awareness and capacity of available direct maternal, child, and family direct services.
	15.50X.00.	<b>Family Planning.</b> Services and activities increase the awareness and capacity of available direct family planning services, including assuring the availability of those services.

	15.51X.00.	<b>Supplemental Nutrition.</b> Services and activities increase the awareness and capacity of supplemental nutrition programs, including but not limited to WIC, including providing care coordination and referrals for those eligible.
	15.52X.00.	<b>Other Maternal, Child, and Family Health.</b> Other services and activities to Maternal, Child, and Family Health.
	16.00X.00.	<b>Access to and Linkage with Clinical Care</b>
FPHS	16.53X.00.	<b>Clinical Care Prioritized Access Plan.</b> Identify statewide and local clinical care community partners and their capacities, develop and implement a clinical care prioritized access plan, and seek funding for high priority initiatives.
	16.54X.00.	<b>Eligibility Determination.</b> Services and activities to determine individual eligibility for social services and subsidized clinical health care.
FPHS	16.55X.00.	<b>Clinical Care Licensing.</b> Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
	16.56X.00.	<b>Clinical Care System Capacity Building.</b> Services and activities to build capacity within the clinical healthcare system, including through workforce development programs (including loan forgiveness programs), clinical care quality monitoring, and support for clinical care initiatives.
	16.57X.00.	<b>Other Access to and Linkage with Healthcare.</b> Other services and activities to improve access to and linkage with clinical care.

## Other Governmental Programs

	21.00X.00	<b>Other Clinical Health Care</b>
	21.58X.00	<b>Medicaid/Public Insurance.</b> Services and activities related to provision and delivery of Medicaid and other public insurance programs.
	21.59X.00	<b>EMS and Trauma Services.</b> Emergency Management Services and their coordination.
	21.60X.00	<b>Home Healthcare / Aging- and Disability-related Healthcare Services.</b> Services and activities related to the provision and

delivery of home healthcare and aging and disability-related clinical healthcare.

- 21.61X.00      **Oral Health.** Services and activities related to provision and delivery of oral healthcare and population-based oral health programs, including those related to the prevention of periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.
- 21.62X.00      **Rural Health Care.** Services and activities related to provision and delivery of clinical services in rural communities.
- 21.63X.00      **Other Clinical Care.** Services and activities related to provision and delivery of other clinical services, including clinics such as free care, migrant health, jail health, and minority health; mental and behavioral health and substance abuse treatment; federally qualified health centers (FQHC), community health centers, medical transportation, and managed care.
- 22.00X.00      **Other Social Services**
- 22.64X.00      **Other Entitlement Programs.** Services and activities, excluding eligibility determination, around provision and delivery entitlement programs, other than supplemental nutrition and Medicaid/public insurance programs.
- 22.65X.00      **Other Social Services.** Services and activities, excluding eligibility determination, around provision and delivery of social services other than supplemental nutrition, Medicaid/public insurance programs, and/or other entitlement programs.
- 23.00X.00      **Other Governmental Services**
- 23.66X.00      **Environmental Protection.** Services and activities related to the protection of the environment.



# GOVERNMENTAL PUBLIC HEALTH SERVICES OPERATIONAL DEFINITIONS

Following, are the full UCOA operational definitions. Unlike the summary definitions provided previously in this report (in the *Governmental Public Health Services Summary*, section) these definitions go all the way down to the “program activity” level. The summary level (down to major and minor programs) represent the costing-level, that is, what UCOA participants will be asked to provide expenditure data for. However, these more detailed definitions are useful for communicating what is included in each major and minor program.

## Public Health Infrastructure

### 01.00X.00. All Hazards Preparedness and Response

- 01.01X.00. **Disaster and Emergency Preparedness.** Planning, coordination, surveillance, training, infrastructure, and communication development of public health entities and those they coordinate, with the purpose of building capability to respond to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
- 01.01X.05. Ability to provide surveillance of the civilian population in response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
- 01.01X.01. Ability to collect sufficient data related to response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies to guide public health planning and decision making at the state and local level.
- 01.01X.04. Ability to conduct investigations in response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
- 01.01X.25. Ability to activate the emergency response personnel and communications systems in the event of a public health disaster or emergency; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- 01.01X.26. Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
- 01.01X.27. Ability to be notified of and respond to events on a 24/7 basis.

- 01.01X.28. Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state in the event of natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
- 01.01X.28. Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, in response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies, including special protection of vulnerable populations.
- 01.01X.05. Ability to issue and enforce emergency health orders.
- 01.01X.15. Assure availability of biological and chemical laboratory testing, including for bioterrorism agent testing.
- 01.01X.30. Maintenance of a radiation response team.
- 01.02X.00. **Disaster and Emergency Response.** Response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
- 01.02X.05. Provide surveillance of the civilian population in response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
- 01.02X.01. Collect sufficient data related to response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies to guide public health planning and decision making at the state and local level.
- 01.02X.04. Conduct investigations in response to natural or manmade disasters or emergencies; bioterrorism; infectious disease outbreaks; and other public health threats or emergencies.
- 01.02X.25. Activate emergency response personnel and communications systems; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- 01.02X.26. Execute a continuity of operations plan that includes accessing financial resources to execute an emergency and recovery response to the natural or manmade disaster or emergency; bioterrorism; infectious disease outbreak; or other public health threat or emergency.

- 01.02X.27. Be notified of and respond to the natural or manmade disaster or emergency; bioterrorism; infectious disease outbreak; or other public health threat or emergency on a 24/7 basis.
- 01.02X.28. Lead Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state to address the natural or manmade disaster or emergency; bioterrorism; infectious disease outbreak; or other public health threat or emergency.
- 01.02X.28. Execute preparedness and response strategies and plans, in accordance with established guidelines, in response to the natural or manmade disaster or emergency; bioterrorism; infectious disease outbreak; or other public health threat or emergencies, including special protection of vulnerable populations.
- 01.02X.05. Issue and enforce emergency health orders.
- 01.02X.15. Assure provision of biological and chemical laboratory testing, including for bioterrorism agent testing.
- 01.02X.30. Radiation response.
- 01.02A.00. COVID-19 Pandemic Response. Response to the COVID-19 pandemic.*
- 01.02A.05. Provide surveillance of the civilian population in response to the COVID-19 pandemic.
- 01.02A.01. Collect sufficient data related to response to the COVID-19 pandemic to guide public health planning and decision making at the state and local level.
- 01.02A.04. Investigate COVID-19 cases/outbreaks in response to the COVID-19 pandemic.
- 01.02A.25. Activate emergency response personnel and communications systems; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- 01.02A.26. Execute a continuity of operations plan that includes accessing financial resources to execute an emergency and recovery response to the COVID-19 pandemic.
- 01.02A.27. Be notified of and respond to the COVID-19 pandemic on a 24/7 basis.
- 01.02A.28. Lead Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state to address the COVID-19 pandemic.
- 01.02A.28. Execute preparedness and response strategies and plans, in accordance with established guidelines, in response to the COVID-19 pandemic, including special protection of vulnerable populations.

- 01.02A.05. Issue and enforce emergency health orders.
- 01.02A.15. Assure provision of biological laboratory testing for coronavirus.
- 01.03X.00. **Community Preparedness, including Emergency Preparedness Training.** Activities to prepare the community, and potential community responders, in the event of a natural or manmade disaster or emergency; bioterrorism; infectious disease outbreak; or other public health threat or emergency
- 01.03X.38. Establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- 01.03X.39. Assure availability of community and responder emergency preparedness training, which may include but is not limited to Community Emergency Response Training (CERT), Emergency Medical responder (EMR), and mass-gathering medical support team training.
- 02.00X.00. **Assessment/Surveillance**
- 02.04X.00. **Data, Statistics, and Analysis.** The ability to acquire, store, retrieve, analyze, and use health information across organizations to identify and understand patterns of health and disease in groups of people.
- 02.04X.01. Collect sufficient data to guide public health planning and decision making at the state and local level.
- 02.04X.16. Develop, maintain, and share internal electronic information systems and access external information systems, through public health informatics capacity (the ability to acquire, store, retrieve, and use health information across organizations).
- 02.04X.40. Ability to access, analyze, and use data from key information sources.
- 02.04X.31. Ability to respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences.
- 02.05X.00. **Community Health Assessment (CHA)/Community Health Improvement Program (CHIP) and/or State Health Assessment (SHA)/State Health Improvement Program (SHIP).** Ability to conduct and/or participate in a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities to develop community and state health improvement programs.

- 02.05X.41. Engage members of the community in a community/state health improvement process that draws from CHA/SHA data and establishes a plan for addressing priorities.
- 02.05A.00. Community Health Assessment (CHA)/Community Health Improvement Program (CHIP). Ability to conduct and/or participate in a CHA and identify health priorities arising from that assessment, including analysis of health disparities, to develop a CHIP.*
- 02.05A.32. Conduct a local and/or regional comprehensive CHA every three to five years in conjunction with community partners.
- 02.05A.33. Develop a local and/or regional CHIP in conjunction with community partners.
- 02.05B.00. State Health Assessment (SHA)/State Health Improvement Program (SHIP). Ability to conduct and/or participate in a SHA and identify health priorities arising from that assessment, including analysis of health disparities, to develop a SHIP.*
- 02.05B.32. Conduct and/or participate in a comprehensive SHA every three to five years in conjunction with the governmental public health system and other statewide partners.
- 02.05B.33. Develop and/or provide input into development of a SHIP in conjunction with the governmental public health system and other statewide partners.
- 02.06X.00. **Surveillance and Epidemiology.** Monitor and investigate occurrences and control elements of significant health risks in the population.
- 02.06X.42. Maintain written protocols and procedures, and provide training, 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.
- 02.07X.00. **Vital Records.** Register and certify vital records including the transmittal of records to the appropriate state and federal agencies.
- 02.07X.20. Develop, implement, and maintain statewide written policies, regulations, and law on vital records, including adequate standards for security, fraud prevention, and proper records identification.
- 02.07X.16. Develop and maintain secure electronic information systems for registering vital records, permanently storing the records and issuing copies.
- 02.07X.43. Perform quality checks, edits (including amendments and corrections) and coding of the data collected on vital records.

- 02.07X.44.      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 and maintain additional systems for state and federal agencies to electronically access vital records, as needed.
- 02.07X.31.      Produce and securely release vital statistics data for public health assessment, evaluation, and research in a timely manner.
- 02.08X.00.      **Public Health Laboratory.** Ability to deliver and/or access 24/7 laboratory resources including chemical and microscopic analysis of body tissue and fluids to identify disease-causing organisms and aid in the diagnosis and treatment of disease.
- 02.08X.15.      Assure availability of biological and chemical laboratory testing, including for bioterrorism agent testing.
- 02.08X.45.      Provide biological laboratory testing, related to communicable disease.
- 02.08X.46.      Promote and maintain innovative scientific and technological infrastructure to provide laboratory services to protect and promote the public's health.
- 02.08X.20.      Maintain written protocols and procedures, and provide training for proper collection, preparation, packaging and shipment of samples of public health importance.
- 02.08X.47.      Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.
- 02.08X.16.      Develop and maintain efficient electronic information 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.
- 02.08X.48.      Coordinate with local public health laboratories and federal partners (e.g. CDC, FDA, USDA and EPA) in specimen testing, outbreak identification and testing protocols.
- 02.08X.49.      Maintain and develop, as needed, appropriate laboratory certification and quality assurance, and ensure compliance with relevant accreditation and regulations.
- 02.08X.50.      Maintain a current continuity of operations plan (COOP) in the event of a disruption of laboratory services.
- 03.00X.00.      **Communications**

- 03.09X.00.      **Communications Office.** Communications services and activities relating to the ability to maintain ongoing relations with the public, partners, and local and statewide media.
- 03.09X.21.      Write and implement a routine communication plan that articulates the LPHA's mission, value, role, and responsibilities in its community, and support department and community leadership in communicating these messages.
- 03.09X.51.      Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- 03.09X.52.      Ability to maintain ongoing relations with local and statewide media, including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- 03.09X.53.      Ensure that all communications and engagement activities with the public align with federal standards such as Culturally and Linguistically Appropriate Services (CLAS).
- 03.10X.00.      **Health Education and Risk Communication.** Communications services and activities that encourage people to adopt and maintain a healthy lifestyle as well as advocate for social and environmental changes needed to facilitate healthful living conditions.
- 03.10X.21.      Develop and implement a proactive, prioritized health education/health prevention plan (distinct from other risk communications) that disseminates timely and accurate information to the public, including through the use of electronic communication tools.
- 03.10X.54.      Develop and implement a risk communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. 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, including use of electronic communication tools.
- 04.00X.00.      **Community Partnerships Development**
- 04.11X.00.      **Governmental Public Health Relations.** Activities to coordinate governmental public health efforts at the state and local level through dialog, periodic meetings, and leadership provided by the agency.
- 04.11X.55.      Ability to strategically select and articulate governmental public health roles in policy and programmatic activities and coordinate with these partners.

- 04.11X.19. Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect residents of the health department's geopolitical jurisdiction.
- 04.12X.00. **Community Relations.** Activities related to creating, convening, and sustaining strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and nonelected officials.
- 04.12X.34. Ability to create, convene, and support strategic partnerships.
- 04.12X.56. Ability to maintain trust with and engage community residents at the grassroots level.
- 04.12X.22. Ability to collaborate with and engage historically marginalized and underserved communities and populations, including through trust building, enlistment of new resources and allies, improved communication, and improving health outcomes as successful project evolve into lasting collaborations.
- 05.00X.00. **Health Equity**
- 05.13X.00. **Health Equity Strategy.** Develop a strategy that specifically identifies and addresses systemic and structural barriers that have resulted in health inequities.
- 05.13X.21. Develop and implement a health equity plan based around a strategic vision that strategically coordinates health equity programming and ensures sufficient subject matter expertise is available across the agency to implement it.
- 05.13X.34. Build strategic public health partnerships to address social, economic, and environmental determinants of health and health disparities, and recognize root issues for these disparities including, but not limited to, discrimination on the basis of race, ability, age, religion, nationality, sexual preference, gender and gender identity.
- 05.13X.22. Ensure that health equity principles are infused across governmental public health programs, initiatives, strategies, and investments.
- 06.00X.00. **Policy Development and Support**



- 06.14X.00.      **Policy Development.** Activities related to the development, implementation, and evaluation of public health policy in communities.
- 06.14X.07.      Ability to develop (including researching, analyzing, costing, and articulating the impact, as needed) public health policy that is evidence-based and legally defensible.
- 06.14X.57.      Ability to measure the impact of and evaluate policies, including through Health Impact Assessments (HIAs), where appropriate.
- 06.14X.19.      Ability to organize support for public health policies and rules and place them before an entity with the legal authority to adopt them.
- 06.15X.00.      **Legislative and Constituent Relations.** Activities related to effectively informing and influencing policies related to the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- 06.15X.19.      Ability to effectively inform and influence policies being considered by other governmental and non-governmental organizations within the public health agencies' jurisdictions that can impact the social determinants of health but are beyond the immediate scope or authority of the governmental public health department.
- 07.00X.00.      **Organizational Competencies**
- 07.16X.00.      **Leadership and Governance.** Activities related to building consensus, with movement to action, and serving as the public face of governmental public health in the agency's jurisdiction.
- 07.16X.58.      Ability to serve as the public face of governmental public health in the public health agency's jurisdiction and to lead internal and external stakeholders to consensus and action on topics of public health importance, including social determinants of health.
- 07.16X.59.      Ability to directly engage in health and social determinant of health policy development, discussion, and adoption with local, state, and national policymakers, asserting the governmental public health agency's articulated role in policy and programmatic activities.
- 07.16X.19.      Ability to engage with the appropriate governing entity about the public health agency's role and legal authority around health and social determinants of health policy.
- 07.17X.00.      **Information Technology Services, including Privacy and Security.** Activities related to procuring and maintaining hardware and software needed to

support the agency's operations, including governmental public health activities, as well as communication technologies needed to interact with those served by the agency and the ability to maintain the privacy and security of agency data and information.

- 07.17X.60. Ability to maintain and procure the hardware and software needed to support the department's operations.
- 07.17X.16. Ability to maintain and procure the hardware and software needed to develop and maintain electronic information systems, including an electronic statewide immunization information system (IIS) and to support the department's data management activities.
- 07.17X.20. Ability to implement and maintain protocols for maintaining the confidentiality of health and human services data.
- 07.17X.61. Ability to support, use, and maintain communication infrastructure needed to interact with community residents.
- 07.18X.00. **Human Resources Services.** Activities related to developing and maintaining a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.
- 07.18X.62. Ability to develop and maintain a competent and diverse workforce, including recruitment, retention, and succession planning; ongoing human resources-required training (like OSHA, bias, or other non-role specific training); and performance review and accountability.
- 07.18X.63. Assure workforce has appropriate skills, ability, and knowledge, including through provision of additional training, as needed.
- 07.18X.22. Ability to develop a representative governmental public health workforce equipped to understand and apply equity principles and inclusionary practices in all aspects of workforce management and culture.
- 07.19X.00. **Financial Management, Contract, and Procurement Services, including Facilities and Operations.** Activities related to managing agency finances; contracts and procurement; and facilities and operations.
- 07.19X.64. Ability to implement a financial system (and chart of accounts) through which to manage all accounting activities including payroll, accounts receivable, general ledger, and accounts payable, in compliance with federal, state, and local standards, policies, and laws.
- 07.19X.65. Ability to establish and manage an agency budget, in compliance with federal, state, and local standards, policies, and laws.

- 07.19X.66. Ability to manage internal audit controls in compliance with all federal, state, and local standards, policies, and laws, such that any problems can be corrected before external auditors are involved.
- 07.19X.67. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized.
- 07.19X.68. Ability to manage all contracts providing services for the agency, including pass-through dollars to consultants and other public and private organizations.
- 07.19X.69. Ability to procure, maintain, and manage safe facilities and efficient operations.
- 07.20X.00. **Legal Services and Analysis.** Activities related to operating in compliance with prevailing law and precedent.
- 07.20X.70. Ability to access and appropriately use legal services in planning, implementing, and enforcing public health initiatives, including relevant administrative rules and due processes.
- 08.00X.00. **Accountability/Performance Management**
- 08.21X.00. **Accountability.** Activities related to ensuring work is performed according to accepted business standards and in accordance with applicable policy, regulation, and standards.
- 08.21X.71. Ability to perform according to accepted business standards and to be accountable in accordance with applicable relevant federal, state, and local standards, policies, and laws.
- 08.21X.72. Ability to demonstrate performance according to Public Health Accreditation Board (PHAB) standards and achieve accreditation.
- 08.22X.00. **Performance Management.** Activities related to monitoring achievement of agency objectives, and quality improvement.
- 08.22X.73. Ability to maintain a performance management system to monitor achievement of agency objectives.
- 08.22X.74. Ability to identify and use evidence-based and/or promising practices when implementing new or revised policies, processes, and/or programs within the agency.

- 08.22X.75. Ability to maintain an agency-wide culture of quality improvement using nationally-recognized quality improvement tools and methods.

## Public Health Programs

- 11.00X.00. **Communicable Disease Control**
- 11.23X.00. **Communicable Disease Prioritized Prevention Plan and Epidemiology.** Identify statewide and local communicable disease prevention, investigation, and control community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high-priority initiatives.
- 11.23X.02. Provide timely, statewide and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- 11.23X.17. Identify statewide and local communicable disease control community partners and their capacities.
- 11.23X.06. Engage partners to develop and implement a prioritized communicable disease control plan and seek funding for high priority initiatives.
- 11.23X.05. Support the recognition of outbreaks and other communicable disease events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual, at the appropriate level.
- 11.23X.04. Conduct disease investigations, including contact tracing and notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with federal, state, and local standards, policies, and laws
- 11.23X.15. Access biological laboratory testing related to communicable disease.
- 11.24X.00. **Immunization.** Services and activities to promote immunization.
- 11.24X.76. Promote immunization through evidence-informed strategies and in collaboration with schools, health care providers and other community partners to increase vaccination rates.
- 11.24X.16. Develop and maintain up-to-date electronic statewide immunization information system (IIS) and ensure that clinical care providers, pharmacists, school officials, and the public are educated about it and how to enter and access data, as appropriate.

- 11.24X.09. Develop, implement, and enforce laws, rules, policies and procedures related to immunizations per federal, state, and local standards, policies, and laws (e.g., school/work exclusion, isolation and quarantine).
- 11.24X.77. Assure availability of immunization.
- 11.25X.00. **Sexually-Transmitted Diseases (STDs), including HIV.** Services and activities to promote prevention of and education regarding STD, including HIV.
- 11.25X.05. Provide population surveillance related to STDs, including HIV.
- 11.25X.04. Investigate cases/outbreaks of STDs, including HIV.
- 11.25X.35. Assure the availability of partner notification services for newly diagnosed cases HIV, syphilis, gonorrhea, and other notifiable STDs<sup>9</sup> according to CDC guidelines.
- 11.25X.10. Increase awareness of STDs and HIV and treatment resources within the community, including through technical assistance and consultation with outside organizations.
- 11.25X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce STD and HIV rates.
- 11.25X.08. Implement policies, including those that address social determinants of health, to reduce STD and HIV rates.
- 11.25X.12. Increase screening and activities for the diagnosis, treatment, and control of STDs and HIV.
- 11.25X.13. Referral of STD and HIV clients to local medical providers.
- 11.25X.78. Assure availability of a needle/syringe exchange program.
- 11.25X.0. Other activities to reduce STD and HIV rates and increase treatment uptake and efficacy.
- 11.26X.00. **Tuberculosis (TB).** Services and activities to promote prevention of, education regarding, and direct treatment of active and latent TB.
- 11.26X.05. Provide population surveillance related to TB.

---

<sup>9</sup> "Reporting and Confidentiality." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, July 22, 2021. <https://www.cdc.gov/std/treatment-guidelines/clinical-reporting.htm>.

- 11.26X.04. Investigate cases/outbreaks of TB, including through assuring the availability of contract tracing for newly diagnosed cases of active TB according to CDC guidelines.
- 11.26X.10. Increase awareness of active and latent TB monitoring and treatment resources within the community, including through technical assistance and consultation to outside organizations.
- 11.26X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce TB rates.
- 11.26X.08. Implement policies, including those that address social determinants of health, to reduce TB rates.
- 11.26X.12. Increase screening and activities for the diagnosis, treatment, and control of TB.
- 11.26X.13. Referral of latent TB clients to local medical providers.
- 11.26X.79. Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy in accordance with local and state laws and Centers for Disease Control and Prevention (CDC) guidelines.
- 11.26X.0. Other activities to reduce TB rates and increase treatment uptake and efficacy.
- 11.27X.00. **Other Communicable Disease Activities.** Services and activities to promote prevention and control of other communicable diseases.
- 11.27A.00. **Hepatitis.** Services for the prevention, control of chronic Hepatitis B and Hepatitis C cases requiring LHD investigation and case reporting.*
- 11.27A.05. Provide population surveillance related Hepatitis B and Hepatitis C.
- 11.27A.04. Investigate cases/outbreaks of Hepatitis B and Hepatitis C.
- 11.27A.35. Assure the availability of partner notification services for newly diagnosed cases Hepatitis B and Hepatitis C, according to CDC guidelines.
- 11.27A.10. Increase awareness of treatment resources Hepatitis B and Hepatitis C within the community, including through technical assistance and consultation with outside organizations.
- 11.27A.07. Develop policies, including those that address social determinants of health, to reduce rates of Hepatitis B and Hepatitis C.

- 11.27A.08. Implement policies, including those that address social determinants of health, to reduce rates of Hepatitis B and Hepatitis C.
- 11.27A.12. Increase screening and activities for the diagnosis, treatment, and control Hepatitis B and Hepatitis C.
- 11.27A.13. Referral of clients with Hepatitis B and Hepatitis C to local medical providers.
- 11.27A.0. Other activities to reduce rates of Hepatitis B and Hepatitis C and increase treatment uptake and efficacy.
- 11.27B.00. **Enteric and Food-borne Disease.** Services and activities to promote prevention of and education regarding enteric diseases, including Salmonella, Shiga-toxin producing Escherichia coli (STEC, including O157 and other serogroups), Listeria, Shigella, Vibrio, hepatitis A virus, and botulism.*
- 11.27B.05. Provide population surveillance related to enteric and food-borne diseases.
- 11.27B.04. Investigate cases/outbreaks of enteric and food-borne diseases.
- 11.27B.10. Increase awareness of treatment resources for enteric and food-borne diseases within the community, including through technical assistance and consultation with outside organizations.
- 11.27B.07. Develop policies, including those that address social determinants of health, to reduce rates of enteric and food-borne diseases.
- 11.27B.08. Implement policies, including those that address social determinants of health, to reduce rates of enteric and food-borne diseases.
- 11.27B.12. Increase screening and activities for the diagnosis, treatment, and control of enteric and food-borne diseases.
- 11.27B.13. Referral of clients with enteric and food-borne diseases to local medical providers.
- 11.27B.0. Other activities to reduce rates of enteric and food-borne diseases and increase treatment uptake and efficacy.
- 11.27X.05. Provide population surveillance related to other communicable diseases of public health importance.
- 11.27X.04. Investigate cases/outbreaks of other communicable diseases of public health importance.
- 11.27X.35. Where applicable, assure the availability of partner notification services for newly diagnosed cases of other communicable diseases of public health importance, according to CDC guidelines.

- 11.27X.10. Increase awareness of treatment resources for other communicable disease of public health importance within the community, including through technical assistance and consultation with outside organizations.
- 11.27X.07. Develop policies, including those that address social determinants of health, to reduce rates of other communicable disease of public health importance.
- 11.27X.08. Implement policies, including those that address social determinants of health, to reduce rates of other communicable diseases of public health importance.
- 11.27X.12. Increase screening and activities for the diagnosis, treatment, and control of other communicable disease of public health importance.
- 11.27X.13. Referral of clients with other communicable disease of public health importance to local medical providers.
- 11.27X.0. Other activities to reduce rates of other communicable disease of public health importance and increase treatment uptake and efficacy.
- 12.00X.00. **Chronic Disease**
- 12.28X.00. **Chronic Disease Prioritized Prevention Plan.** Identify statewide and local chronic disease prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
- 12.28X.01. Collect and maintain data (such as risk factors, demographic information, surveillance, and fatality review data) on chronic disease prevention and management to support public health functions.
- 12.28X.02. Provide timely, statewide and locally-relevant and accurate information to the health care system and community on chronic diseases and their prevention and management.
- 12.28X.17. Identify statewide and local chronic disease community partners and their capacities.
- 12.28X.06. Engage partners to develop and implement a prioritized chronic disease prevention plan, and seek funding for high priority initiatives.
- 12.28X.80. Advance evidence-informed practices and initiatives related to chronic disease prevention.
- 12.29X.00. **Major Chronic Diseases.** Services and activities to promote prevention and control of major (i.e., the leading causes of death and disability in the US) non-communicable diseases and chronic illnesses.



- 12.29A.00. Asthma. Services and activities to promote prevention of and education regarding asthma for both children and adults.*
- 12.29A.05. Provide population surveillance related to asthma.
- 12.29A.04. Investigate community social determinants of health and their correlation to asthma rates.
- 12.29A.10. Increase awareness of asthma and treatment resources within the community, including through technical assistance and consultation.
- 12.29A.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce asthma rates.
- 12.29A.08. Implement policies, including those that address social determinants of health, to reduce asthma rates.
- 12.29A.0. Other activities to reduce asthma rates and increase treatment uptake and efficacy.
- 12.29B.00. Cancer. Services and activities related to the prevention and control of cancer.*
- 12.29B.05. Provide population surveillance related to cancer.
- 12.29B.04. Investigate cancer clusters and community social determinants of health and their correlation to cancer rates.
- 12.29B.10. Increase awareness of cancer and treatment resources within the community, including through technical assistance and consultation.
- 12.29B.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce cancer rates.
- 12.29B.08. Implement policies, including those that address social determinants of health, to reduce cancer rates.
- 12.29B.12. Increase screening and activities for the diagnosis of cancers.
- 12.29B.13. Referral of cancer clients to local medical providers.
- 12.29B.0. Other activities to reduce cancer rates, increase treatment uptake and efficacy, and cure rates.
- 12.29C.00. Cardiovascular. Services and activities to prevent cardiovascular disease, including heart disease, hypertension, and stroke.*
- 12.29C.05. Provide population surveillance related to cardiovascular disease.
- 12.29C.04. Investigate community social determinants of health and their correlation to cardiovascular disease rates.

- 12.29C.10. Increase awareness of cardiovascular disease and treatment resources within the community, including through technical assistance and consultation.
- 12.29C.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce cardiovascular disease rates.
- 12.29C.08. Implement policies, including those that address social determinants of health, to reduce cardiovascular disease rates.
- 12.29C.12. Screening and activities for the diagnosis of cardiovascular disease.
- 12.29C.0. Other activities to reduce cardiovascular disease rates and increase treatment uptake and efficacy.
- 12.29D.00. **Diabetes.** Activities that implement and evaluate public health strategies to reduce disabilities and deaths due to diabetes and its complications.*
- 12.29D.05. Provide population surveillance related to diabetes.
- 12.29D.04. Investigate community social determinants of health and their correlation to diabetes.
- 12.29D.10. Increase awareness of diabetes and treatment resources within the community, including through technical assistance and consultation.
- 12.29D.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce diabetes rates.
- 12.29D.08. Implement policies, including those that address social determinants of health, to reduce diabetes rates.
- 12.29D.12. Screening and activities for the diagnosis, treatment, and control of diabetes.
- 12.29D.0. Other activities to reduce diabetes rates and increase treatment uptake and efficacy.
- 12.30X.00. **Healthy Eating, Active Living.** Services and activities to increase statewide and community rates of healthy eating and active living, including through reduction in obesity rates.
- 12.30X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to increase rates of healthy eating and active living.
- 12.30X.08. Implement policies, including those that address social determinants of health, to increase rates of healthy eating and active living.
- 12.30X.0. Other activities to increase rates of healthy eating and active living.

12.30A.00.	<i><b>Obesity.</b> Services and activities to increase awareness of obesity and its causes.</i>
12.30A.05.	Provide population surveillance related to obesity.
12.30A.04.	Investigate community social determinants of health and their correlation to obesity.
12.30A.10.	Increase awareness of obesity and treatment resources within the community, including through technical assistance and consultation.
12.30A.07.	Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce obesity rates.
.30A.08.	Implement policies, including those that address social determinants of health, to reduce obesity rates.
12.30A.12.	Screening and activities for the diagnosis, treatment, and control of obesity.
12.30A.0.	Other activities to reduce obesity rates and increase treatment uptake and efficacy.
12.31X.00.	<b>Other Chronic Disease.</b> Services and activities to promote prevention and control of other non-communicable diseases and chronic diseases.
12.31X.05.	Provide population surveillance related to other chronic diseases of public health importance.
12.31X.04.	Investigate community social determinants of health and their correlation to other chronic diseases of public health importance.
12.31X.10.	Increase awareness of other chronic diseases of public health importance and treatment resources within the community, including through technical assistance and consultation.
12.31X.07.	Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce rates of other chronic diseases of public health importance.
12.31X.08.	Implement policies, including those that address social determinants of health, to reduce rates of other chronic diseases of public health importance.
12.31X.12.	Screening and activities for the diagnosis, treatment, and control other high priority chronic diseases.
12.31X.0.	Other activities to reduce rates of other high priority chronic disease and increase treatment uptake and efficacy.
13.00X.00.	<b>Injury Prevention and Behavioral Health Promotion</b>

- 13.32X.00. **Injury Prevention and Behavioral Health Promotion Prioritized Prevention Plan.** Identify statewide and local injury and violence prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
- 13.32X.02. Collect and maintain data (such as risk factors, demographic information, surveillance, and fatality review data) on injury prevention and behavioral health promotion to support public health functions.
- 13.32X.02. Provide timely, statewide and locally-relevant and accurate information to the health care system and community on injuries and their prevention and management and behavioral health and its promotion.
- 13.32X.17. Identify statewide and local injury prevention and behavioral health promotion community partners and their capacities.
- 13.32X.06. Engage partners to develop and implement a prioritized injury prevention and behavioral health promotion plan, and seek funding for high priority initiatives.
- 13.32X.81. Advance evidence-informed practices and initiatives related to injury prevention and behavioral health promotion.
- 13.33X.00. **Injury Prevention.** Services and activities to promote prevention of injuries.
- 13.33A.00. *Child abuse and neglect. Child abuse and neglect includes all types of abuse or neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role that results in harm, potential for harm, or threat of harm to a child. There are four common types of abuse and neglect: physical, sexual, emotional, and neglect.*
- 13.33A.05. Provide population surveillance related to child abuse and neglect.
- 13.33A.04. Investigate community social determinants of health and their correlation to child abuse and neglect.
- 13.33A.11. Increase awareness of child abuse and neglect prevention resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.33A.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce child abuse and neglect.
- 13.33A.08. Implement policies, including those that address social determinants of health, to reduce child abuse and neglect.

- 13.33A.0. Other activities to reduce child abuse and injury and violence and neglect rates.
- 13.33B.00. **Firearms injuries and violence.** Planning, implementation, and evaluation of interventions to improve the health of a community and reduce or prevent injuries, disabilities, or premature death due to firearms.*
- 13.33B.18. Monitor and investigate firearm injuries and violence.
- 13.33B.05. Provide population surveillance related to child abuse and neglect.
- 13.33B.04. Investigate community social determinants of health and their correlation to firearm injuries and violence.
- 13.33B.11. Increase awareness of firearm injuries and violence prevention resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.33B.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce firearm injuries and violence rates.
- 13.33B.08. Implement policies, including those that address social determinants of health, to reduce firearm injuries and violence rates.
- 13.33B.0. Other activities to reduce firearm injury and violence rates.
- 13.33C.00. **Motor vehicle injuries and violence.** Planning, implementation, and evaluation of interventions to improve the health of a community and reduce or prevent injuries, disabilities, or premature death due to motor vehicles crashes, including through linking crash and injury data.*
- 13.33C.05. Provide population surveillance related to motor vehicle injuries and violence.
- 13.33C.04. Investigate community social determinants of health and their correlation to motor vehicle injuries and violence.
- 13.33C.11. Increase awareness of motor vehicle injuries and violence prevention resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.33C.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce motor vehicle injuries and violence rates.
- 13.33C.08. Implement policies, including those that address social determinants of health, to reduce motor vehicle injuries and violence rates.
- 13.33C.0. Other activities to reduce motor vehicle injury and violence rates.

- 13.33D.00. *Occupational injuries and violence. Planning, implementation, and evaluation of interventions to improve the health of a community and reduce or prevent injuries, disabilities, or premature death due to occupational injuries and violence.*
- 13.33D.05. Provide population surveillance related to occupational injuries and violence.
- 13.33D.04. Investigate community social determinants of health and their correlation to occupational injuries and violence.
- 13.33D.11. Increase awareness of occupational injuries and violence prevention resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.33D.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce occupational injuries and violence rates.
- 13.33D.08. Implement policies, including those that address social determinants of health, to reduce occupational injuries and violence rates.
- 13.33D.0. *Other activities to reduce occupational injury and violence rates.*
- 13.33E.00. *Older Adult Falls. Planning, implementation, and evaluation of interventions to prevent injuries due to falling among those 65 and over.*
- 13.33E.05. Provide population surveillance related to older adult falls.
- 13.33E.04. Investigate community social determinants of health and their correlation to older adult falls.
- 13.33E.11. Increase awareness of older adult falls prevention resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.33E.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce older adult falls.
- 13.33E.08. Implement policies, including those that address social determinants of health, to reduce older adult falls.
- 13.33E.0. Other activities to reduce fall rates among older adults.
- 13.33F.00. **Tobacco Cessation.** Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure, as well as exposure to harmful substances.

- 13.33F.18. Monitor and investigate tobacco usage, including through monitoring tobacco sales.
- 13.33F.05. Provide population surveillance related to tobacco usage, including through monitoring tobacco sales.
- 13.33F.04. Investigate community social determinants of health and their correlation to tobacco usage.
- 13.33F.17. Identify statewide and local tobacco usage reduction community partners and their capacities.
- 13.33F.06. Engage partners to develop a prioritized plan for addressing tobacco use and its health impacts including through advancement of evidence-informed practices and initiatives related to tobacco cessation, tobacco regulation, and stings, and seek funding for high-priority policy initiatives.
- 13.33F.11. Increase awareness of tobacco cessation resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.33F.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce tobacco usage.
- 13.33F.08. Implement policies, including those that address social determinants of health, to reduce tobacco usage.
- 13.33F.13. Referral of people using tobacco to cessation resources.
- 13.33F.0. Other activities to reduce tobacco usage.
- 13.34X.00. **Behavioral Health Promotion.** Services and activities related to promoting behavioral health and reducing substance abuse rates, as well as suicide and attempted suicide. This major program does not include direct mental or behavioral health treatment.
- 13.34A.00. **Substance use, including alcohol, marijuana, prescription drug misuse, and other illicit drugs.** Services and activities related to surveillance and tracking of substance use rates; assuring the availability of substance use prevention, treatment, and recovery support services; and planning, implementing, and evaluating interventions to improve the health of the community.*
- 13.34A.05. Provide population surveillance related to substance use and abuse.
- 13.34A.04. Investigate community social determinants of health and their correlation to substance use and abuse.

- 13.34A.11. Increase awareness of substance use and abuse prevention resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.34A.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce substance use and abuse rates.
- 13.34A.08. Implement policies, including those that address social determinants of health, to reduce substance use and abuse rates.
- 13.34A.13. Referral of people using and abusing substances to treatment resources.
- 13.34A.0. Other activities to reduce substance use rates.
- 13.34B.00. **Suicide and attempted suicide cases.** Services and activities related to surveillance and tracking of suicide and attempted suicide rates; assuring the availability of mental health treatment; and planning, implementing, and evaluating interventions to improve the health of the community.*
- 13.34B.05. Provide population surveillance related to suicide and attempted suicide.
- 13.34B.04. Investigate community social determinants of health and their correlation to suicide and attempted suicide.
- 13.34B.11. Increase awareness of suicide and attempted suicide prevention resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.34B.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce suicide and attempted suicide.
- 13.34B.08. Implement policies, including those that address social determinants of health, to reduce suicide and attempted suicide rates.
- 13.34B.13. Referral of people who have attempted or are thinking about attempting suicide to local treatment resources.
- 13.34B.0. Other activities to reduce suicide and attempted suicide rates.
- 13.34B.00. Prevent suicide and attempted suicide through crisis hotlines.
- 13.35X.00. **Other Injury Prevention and Behavioral Health Promotion.** Services and activities to promote prevention of injuries and behavioral health.
- 13.35X.05. Provide population surveillance related to other high-priority injury and behavioral health issues.



- 13.35X.04. Investigate community social determinants of health and their correlation to high-priority injury and behavioral health issues.
- 13.35X.11. Increase awareness of high-priority injury and behavioral health issue prevention resources within the community, including through media campaigns, brochures, health fairs, and training of providers, caregivers, clients, and businesses.
- 13.35X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce high-priority injury and behavioral health issues.
- 13.35X.08. Implement policies, including those that address social determinants of health, to reduce high-priority injury and behavioral health issues.
- 13.35X.12. Screening and activities for the diagnosis, treatment, and control other high priority injuries and behavioral health issues.
- 13.35X.0. Other activities to reduce rates of other high priority injuries and behavioral health issues and increase treatment uptake and efficacy.
- 14.00X.00. Environmental Public Health**
- 14.36X.00. **Environmental Public Health Prioritized Improvement Plan.** Identify statewide and local environmental public health community partners and their capacities, develop and implement a prioritized health protection and risk prevention plan, and seek funding for high-priority initiatives.
- 14.36X.01. Provide timely, statewide, and locally relevant and accurate information to the state, health care system, and community on environmental public health issues and health impacts from common environmental or toxic exposures.
- 14.36X.06. Identify statewide and local community environmental public health partners and their capacities, develop and implement a prioritized plan, and seek action funding for high priority initiatives.
- 14.37X.00. **Air.** Services and activities to promote air quality.
- 14.37X.05. Monitor air quality.
- 14.37X.04. Investigate air quality concerns.
- 14.37X.23. Increase awareness of air quality and hazards to air quality within the community, including through technical assistance and consultation.
- 14.37X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to improve air quality,

- 14.37X.08. Implement policies, including those that address social determinants of health, to improve air quality
- 14.37X.09. Enforce policies around preventing air quality hazards.
- 14.37X.0. Other activities to improve air quality and reduce air quality hazards.
- 14.38X.00. **Water.** Services and activities to promote water quality. This includes drinking water and water resources in the community, but it does not include recreational water, such as swimming pools.
- 14.38X.05. Monitor water quality, including specific monitoring of beaches and surface water.
- 14.38X.04. Investigate water quality concerns.
- 14.38X.23. Increase awareness of water quality and hazards to water quality within the community, including through technical assistance and consultation.
- 14.38X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to improve water quality.
- 14.38X.08. Implement policies, including those that address social determinants of health, to improve water quality.
- 14.38X.09. Enforce policies around preventing water quality hazards.
- 14.38X.0. Other activities to improve water quality and reduce water quality hazards.
- 14.39X.00. **Sewage.** Services and activities to prevent environmental hazards related to sewage.
- 14.39X.05. Monitor sewage systems.
- 14.39X.04. Investigate sewage-related environmental concerns.
- 14.39X.23. Increase awareness of sewage-related hazards within the community, including through technical assistance and consultation.
- 14.39X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce sewage-related hazards.
- 14.39X.08. Implement policies, including those that address social determinants of health, to reduce sewage-related hazards.

14.39X.36.	Provide design and plan review services to support development of sewage management systems (including on-site sewer/septic).
14.39X.24.	Provide permitting and inspections to support implementation of sewage management systems (including on-site sewer/septic).
14.39X.09.	Enforce policies around preventing sewage-related hazards.
14.39X.0.	Other activities to reduce sewage-related hazards.
14.40X.00.	<b>Solid and Hazardous Waste and Related Facilities and Sites.</b> Services and activities to prevent environmental hazards related to solid and hazardous waste, including at related facilities and sites.
14.40X.05.	Monitor solid and hazardous waste and related facilities.
14.40X.04.	Investigate solid and hazardous waste-related environmental concerns.
14.40X.10.	Increase awareness of solid and hazardous waste-related hazards within the community, including through technical assistance and consultation.
14.40X.07.	Develop and implement policies, including those that address social determinants of health, to reduce solid and hazardous waste-related hazards.
14.40X.07.	Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce solid and hazardous waste-related hazards.
14.40X.08.	Implement policies, including those that address social determinants of health, to reduce solid and hazardous waste-related hazards.
14.40X.24.	Provide permitting and inspections to support implementation and ongoing management of hazardous waste and other related facilities.
14.40X.09.	Enforce policies around preventing solid and hazardous waste-related hazards, including through provision and monitoring of incident reporting channels.
14.40X.0.	Other activities to reduce solid and hazardous waste hazards.
14.41X.00.	<b>Lead.</b> Services and activities to prevent environmental hazards and illness related to lead.
14.41X.05.	Monitor environmental lead levels and exposures.
14.41X.04.	Investigate high environmental lead levels and lead exposures.

- 14.41X.10. Increase awareness of lead-related hazards within the community, including through technical assistance and consultation.
- 14.41X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce lead-related hazards.
- 14.41X.08. Implement policies, including those that address social determinants of health, to reduce lead-related hazards.
- 14.41X.24. Provide occupational and facility licensing and inspections to improve safety and potential exposures for those industries working with lead.
- 14.41X.09. Enforce policies around preventing lead-related hazards.
- 14.41X.0. Other activities to reduce lead-related hazards.
- 14.42X.00. **Zoonotic (Vector-borne).** Services and activities to prevent zoonotic (vector-borne) illness.
- 14.42X.05. Monitor pest infestations and zoonotic (vector-borne) disease outbreaks.
- 14.42X.04. Investigate pest infestations and zoonotic (vector-borne) disease outbreaks.
- 14.42X.10. Increase awareness of zoonotic (vector-borne) disease within the community, including through technical assistance and consultation.
- 14.42X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to reduce the incidence of zoonotic (vector-borne) disease.
- 14.42X.08. Implement policies, including those that address social determinants of health, to reduce the incidence of zoonotic (vector-borne) disease.
- 14.42X.09. Enforce policies around eliminating zoonotic public health nuisances.
- 14.43X.00. **Food Safety.** Services and activities to conduct mandated environmental public health inspections and oversight to protect the public from foodborne hazards, in accordance with federal, state, and local laws and regulations.
- 14.43X.18. Monitor food safety.
- 14.43X.04. Investigate food-borne illness cases/outbreaks.
- 14.43X.10. Increase awareness of food safety and foodborne illness within the community, including through technical assistance and consultation.

- 14.43X.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to improve food safety and reduce the incidence of food-borne illness.
- 14.43X.08. Implement policies, including those that address social determinants of health, to improve food safety and reduce the incidence of food-borne illness.
- 14.43X.36. Provide design and plan review services to support development of retail food establishments.
- 14.43X.14. Inspect retail food establishments.
- 14.43X.09. Enforce policies around food safety and reducing foodborne illness.
- 14.43X.0. Other activities to improve food safety and reduce foodborne illness.
- 14.43A.00. Fish and Shellfish. Services and activities to prevent illness related to fish and shellfish.*
- 14.43A.05. Monitor fish and shellfish safety.
- 14.43A.04. Investigate fish- and shellfish-borne illness.
- 14.43A.10. Increase awareness of fish and shellfish safety within the community, including through technical assistance and consultation and advisories on cleaning and eating fish and shellfish.
- 14.43A.00. Collaborate with state wildlife and environmental agencies to manage fish and shellfish safety concerns.
- 14.43A.07. Develop policies—including those that address social determinants of health—that are evidence-based and legally defensible to improve fish and shellfish safety and reduce the incidence of fish- and shellfish-borne illness.
- 14.43A.08. Implement policies, including those that address social determinants of health, to improve fish and shellfish safety and reduce the incidence of fish- and shellfish-borne illness.
- 14.43A.09. Enforce policies around preventing illness due to fish and shellfish, including beach closures.
- 14.43A.0. Other activities to reduce illness due to fish and shellfish.
- 14.44X.00. **Retail and Service Industry safety.** Services and activities to conduct mandated environmental public health inspections and oversight to protect the public from retail and service industry hazards, in accordance with federal, state, and local laws and regulations.
- 14.44X.14. Inspect childcare facilities.

14.44X.14.	Inspect children's camps.
14.44X.14.	Inspect body art service facilities.
14.44X.14.	Inspect tanning facilities.
14.44X.14.	Inspect recreation sites and swimming pools.
14.44X.14.	Inspect lodging accommodations.
14.44X.09.	Provide retail and service industry public health nuisance enforcement.
14.45X.00.	<b>Other Environmental Public Health.</b> Other services and activities to promote environmental public health.
14.45X.37.	Provide permitting and inspections for migrant labor camps.
14.45X.37.	Provide permitting and inspections for temporary residence sanitation.
14.45X.09.	Provide other public health nuisance enforcement.
15.00X.00.	<b>Maternal, Child, and Family Health</b>
15.46X.00.	<b>Maternal, Child, and Family Health Services Prioritized Improvement Plan and Coordination.</b> Identify statewide and local maternal, child, and family health community partners and their capacities, develop and implement a prioritized health protection and promotion plan, and seek funding for high-priority initiatives.
15.46X.01.	Provide timely, statewide, and locally relevant and accurate information to the health care system and community on emerging and ongoing maternal child health trends.
15.46X.02.	Identify statewide and local maternal, child, and family health services community partners and their capacities.
15.46X.17.	Engage partners to develop and implement a prioritized maternal, child, and family health plan, and seek funding for high priority initiatives.
15.46X.06.	Advance evidence-informed practices and initiatives related to improving maternal, child, and family health.
15.47X.00.	<b>Population-based Maternal, Child, and Family Health Services.</b> Population-based services and activities to support maternal, child, and family health, including through child death review.

- 15.47X.02. Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- 15.47X.82. Increase awareness of maternal, child, and family health needs and services within the community, including through technical assistance and consultation.
- 15.47X.83. Ensure provision of child death review.
- 15.48X.00. **Newborn Screening.** Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- 15.48X.84. Ensure provision of newborn screening.
- 16.48X.05. Monitor environmental newborn screening results.
- 17.48X.04. Investigate newborn illness cases and clusters.
- 15.49X.00. **Direct Maternal, Child, and Family Health Services.** Services and activities to increase the awareness and capacity of available direct maternal, child, and family direct services.
- 15.49X.10. Increase awareness of maternal, child, and family health needs and services within the community, including through technical assistance and consultation.
- 15.50X.00. **Family Planning.** Services and activities increase the awareness and capacity of available direct family planning services, including assuring the availability of those services.
- 15.50X.10. Increase awareness of maternal, child, and family health needs and services within the community, including through technical assistance and consultation.
- 15.50X.85. Assure provision of genetic counseling for prospective parents at risk of passing on genetic diseases.
- 15.50X.86. Assure provision of family planning resources, including prophylaxis.
- 15.50X.87. Assure provision of women's and maternal health services.
- 15.51X.00. **Supplemental Nutrition.** Services and activities increase the awareness and capacity of supplemental nutrition programs, including but not limited to WIC, including providing care coordination and referrals for those eligible.

15.51X.18.	Monitor supplemental nutrition needs, program demand, and access.
15.51X.88.	Increase awareness of supplemental nutrition programs within the community, including through technical assistance and consultation.
15.51X.13.	Provide WIC care coordination and referrals.
15.51X.89.	Manage WIC and approval of vendors.
15.52X.00.	<b>Other Maternal, Child, and Family Health.</b> Other services and activities to Maternal, Child, and Family Health.
15.52X.0.	Other.
16.00X.00.	<b>Access to and Linkage with Clinical Care</b>
16.53X.00.	<b>Clinical Care Prioritized Access Plan.</b> Identify statewide and local chronic disease prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
16.53X.02.	Provide timely, statewide, and locally relevant and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
16.53X.06.	In concert with national and statewide groups and local providers of health care, identify healthcare partners and competencies, develop prioritized plans for increasing access to healthy homes and quality health care, and seek funding for high priority policy initiatives.
16.54X.00.	<b>Eligibility Determination.</b> Services and activities to determine individual eligibility for social services and subsidized clinical health care.
16.54X.90.	Develop, maintain, and distribute social service and clinical care provider directories.
16.54X.91.	Provide in-person-assisted eligibility coordinators/benefits coordination.
16.55X.00.	<b>Clinical Care Licensing.</b> Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
16.55X.92.	License facilities after conducting timely inspection and review of regulated health facilities and ensure compliance with all licensing rules and minimum standards.
16.55X.93.	Provide and manage health care provider occupational licensure.



- 16.55X.18. Monitor health facility and healthcare provider licensure violations and concerns.
- 16.55X.15. Investigate health facility and healthcare licensure violations and concerns.
- 16.55X.09. Enforce policies around facility and health care provider licensing, including through discipline measures, where applicable.
- 16.56X.00. **Clinical Care System Capacity Building.** Services and activities to build capacity within the clinical healthcare system, including through workforce development programs (including loan forgiveness programs), clinical care quality monitoring, and support for clinical care initiatives.
- 16.57X.00. **Other Access to and Linkage with Healthcare.** Other services and activities to improve access to and linkage with clinical care.

## Other Governmental Programs

### 21.00X.00 Other Clinical Health Care

- 21.58X.00 **Medicaid/Public Insurance.** Services and activities related to provision and delivery of Medicaid and other public insurance programs.
- 21.59X.00 **EMS and Trauma Services.** Emergency Management Services and their coordination.
- 21.60X.00 **Home Health Care / Aging- and Disability-related Health Care Services.** Services and activities related to the provision and delivery of home healthcare and aging and disability-related clinical healthcare.
- 21.61X.00 **Oral Health.** Services and activities related to provision and delivery of oral healthcare and population-based oral health programs, including those related to the prevention of periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.
- 21.62X.00 **Rural Health Care.** Services and activities related to provision and delivery of clinical services in rural communities.
- 21.63X.00 **Other Clinical Care.** Services and activities related to provision and delivery of other clinical services, including clinics such as free care, migrant health, jail health, and minority health; mental and behavioral health and substance abuse treatment; federally qualified health centers (FQHC), community health centers, medical transportation, and managed care.

22.00X.00	<b>Other Social Services</b>
22.64X.00	<b>Other Entitlement Programs.</b> Services and activities, excluding eligibility determination, around provision and delivery entitlement programs, other than supplemental nutrition and Medicaid/public insurance programs.
22.65X.00	<b>Other Social Services.</b> Services and activities, excluding eligibility determination, around provision and delivery of social services other than supplemental nutrition, Medicaid/public insurance programs, and/or other entitlement programs.
23.00X.00	<b>Other Governmental Services</b>
23.66X.00	<b>Environmental Protection.</b> Services and activities related to the protection of the environment.

# APPENDIX A: UCOA OPERATIONAL DEFINITIONS DEVELOPMENT PROCESS

## Development of Original UCOA Chart of Accounts

The pilot phase of the Uniform Chart of Accounts (UCOA) began in June 2016. The Public Health Activities and Services Tracking (PHAST) team at the University of Washington engaged with 4 state health departments and 4 of each of those state's local health departments to develop the UCOA framework. The framework was originally based on Resolve's Foundational Public Health Services model<sup>10</sup> and supplemented with sources such as the WA BARS.<sup>11</sup> The crosswalk framework was refined through a series of collaborative activities with the PHAST team, the 20 participating agencies, and industry experts. An online survey (distributed July 2016) provided participants a series of foundational areas, major programs, and program activities and allowed them to specify which activities their agencies performed and suggest changes to the list. The survey was followed by a conference call to discuss the inclusion and location of a subset of program activities. More input was needed from the state agencies, so at a conference call in September 2016 the PHAST team met with a representative from each state agency to clarify FPHS terminology, assign tasks for reviewing UCOA definitions, and to finalize list and locations of major programs. A primary contact from each state was then sent a list and definitions for major programs and program activities for a foundational area. Lists were provided as Word documents with multiple choice options as to whether and where major programs should be included. Decisions on which major programs and program activities to include under each program area were based on how many agencies agreed on the activity and whether a state agency supported the decision.

In March 2018, the PHAST team began Phase 2 of the UCOA. During this phase, the UCOA underwent some minor updates to combine and reorganize some major programs (e.g. statewide trauma registry and building health care capacity were both combined with other major programs). The guidebook was updated for clarity, reformatted, and made available to participants online at [coa.phastdata.org](http://coa.phastdata.org), along with illustrative diagrams for crosswalking an agency's chart of accounts to the UCOA format. Program activities, which were estimated in the pilot, were excluded from Phase 2 due to the difficulty that agencies experienced in the pilot.

## Evaluating the Original UCOA Process

- Survey to all agencies about their experience doing the crosswalk, including how long it took them, tools and support they used to complete the crosswalk, and viability of completing the crosswalk for future years. (May and June 2017)
- Focus groups with each state about the value and sustainability of the UCOA (August 2017)
- Qualitative narrative report by Alex Schoemann (October 2017)

---

<sup>10</sup> "Public Health Leadership Forum." RESOLVE. RESOLVE. Accessed October 27, 2021. <https://www.resolve.ngo/docs/v-1-foundational-capabilities-and-areas-and-addendum.pdf>.

<sup>11</sup> "BARS Supplemental Handbook for Public Health - Doh.wa.gov." Washington State Department of Health, 2012. <https://www.doh.wa.gov/Portals/1/Documents/1200/BARS-SupPHhandbook2012.pdf>.

- Focus group on data dashboards to demonstrate the use and ask for feedback on the visualizations and value of estimated program activity data. (November 2017)
- Audit of crosswalk that Alex performed, doing the crosswalk himself for each of 5 agencies to see if the totals matched the data submitted by agencies. (January and February 2018)





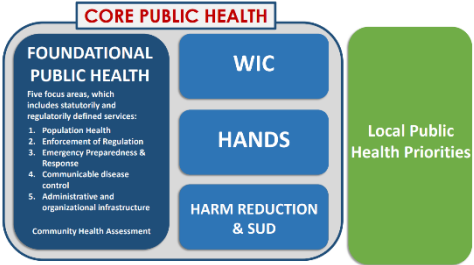
**Exhibit 4. Uniform Chart of Accounts Major Programs and Capabilities Framework Graphic<sup>12</sup>**

Capabilities		Program Areas						
		Communicable Disease Control	Chronic Disease Prevention	Injury Prevention	Environmental Public Health	Maternal, Child, and Family Health	Access to and Linkage with Clinical Care	Other Major Programs
All Hazards Preparedness and Response	<b>Major Programs</b>	Communicable Disease Epidemiology	Asthma	Firearms	Air	Coordination of Services	Eligibility Determination	Other Health Services
Assessment		Hepatitis	Cancer	Motor Vehicle	Fish and Shellfish	Direct Service	Health Care Licensing	Other Social Services
Communications		HIW/AIDS	Cardiovascular	Occupational Injuries	Food Safety	Family Planning	Other Access to and Linkage with Clinical Care	
Community Partnerships Development		Immunization	Diabetes	Senior Falls Prevention	Hazardous Substances and Sites	Newborn Screening		
Organizational Competencies		Sexually Transmitted Diseases	Obesity	Substance Abuse	Lead	Population-based Maternal, Child and Family Health		
Policy Development and Support		Tuberculosis	Tobacco	Other Intentional Injuries	On-Site Wastewater	Supplemental Nutrition		
Other Capabilities		Other Communicable Disease Control	Other Chronic Disease Activities	Other Unintentional Injuries	Solid and Hazardous Waste Water Zoonotic Other Environmental Public Health	Other Maternal, Child, and Family Health		

<sup>12</sup> "Uniform Chart of Accounts." Uniform Chart of Accounts | Public Health Activities and Services Tracking (PHAST). Public Health Activities and Services Tracking, 2018. <https://phastdata.org/research/chart-of-accounts>.

APPENDIX B: LOCALIZED FPHS FRAMEWORKS

Exhibit 5. Comparison of National and State-specific (Colorado, Kansas, and Kentucky) FPHS Frameworks

	PHNCI/National FPHS	RESOLVE/PHLF FPHS	Colorado	Kansas	Kentucky
Definitions	<a href="#">PHNCI FPHS Factsheet, November 2018</a> <sup>13</sup>	<a href="#">Articulation of Foundational Capabilities and Foundational Areas, v1</a> <sup>14</sup>	<a href="#">Colorado Public Health System Transformation, Core Public Health Services Operational Definitions Manual, May 2019</a> <sup>15</sup>	<a href="#">Kansas Foundational Public Health Services Model Development, August 2017</a> <sup>16</sup>	<a href="#">Kentucky Public Health Transformation</a> <sup>17</sup>
FPHS Framework			 <p>Note: For consistency with Colorado's 2008 Public Health Reauthorization Act, Colorado has elected to refer to its FPHS framework as Core Public Health Services.</p>		 <p>Note: Kentucky's FPHS framework is referred to as "Core Public Health" and includes Foundational Public Health, with five focus areas that straddle cross-cutting capabilities and public health programs, and traditionally-funded public health programs funded from designated sources and are in addition to statutory requirements.</p>
Additional Important Services/Expanded Services	Local protections and services unique to a community's needs are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.	Programs and Activities Specific to a Health Department are those additional services critical to a specific community. For example, in some jurisdictions, a health department may provide testing/treatment for sexually transmitted disease and in other jurisdictions, this activity may not need to be provided by the health department.	State and Local Priority Services: Public health services that are not CPHS but may be delivered by governmental public health agencies. Additional Increment of Foundational Capabilities Attributable to State and local priority services: An additional share of foundational capabilities needed to fully implement state and local priority services.	There may be additional programs and activities that are critically significant to a specific health department or that are needed to meet a community's needs. These additional services are not "foundational" for all health departments and are not included in the FPHS model. However, these additional services are still important and essential for local communities and may be delivered in addition to the FPHS.	Local Public Health Priorities (undefined, but outside of Kentucky's definition of "Core Public Health")
Foundational Capabilities	Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and	Foundational Capabilities are cross-cutting skills that need to be present in state and local health departments	Foundational Capabilities: The crosscutting capacity and expertise	Foundational Capabilities are the cross-cutting skills and capacities needed to	Foundational Public Health, which includes five focus areas that include

<sup>13</sup> The Public Health National Center for Innovations. "FPHS." PHNCI. Accessed October 27, 2021. <https://phnci.org/national-frameworks/fphs>.  
<sup>14</sup> "Public Health Leadership Forum." RESOLVE. RESOLVE. Accessed October 27, 2021. <https://www.resolve.ngo/docs/v-1-foundational-capabilities-and-areas-and-addendum.pdf>.  
<sup>15</sup> "Core Public Health Services Operational Definitions Manual." CALPHO. CALPHO. Accessed October 27, 2021. [http://www.calpho.org/uploads/6/8/7/2/68728279/co\\_cphs\\_definitions\\_manual\\_final\\_draft\\_clean\\_2019\\_0510.pdf](http://www.calpho.org/uploads/6/8/7/2/68728279/co_cphs_definitions_manual_final_draft_clean_2019_0510.pdf).  
<sup>16</sup> Hartsig, Sarah M. "Kansas FPHS Model Development - KHI." Kansas Health Institute. Kansas Health Institute, August 2017. <https://www.khi.org/assets/uploads/news/14778/kansas-fphs-model-development.pdf>.  
<sup>17</sup> Adams, Allison, Jeff Howard, and Georgia Heise. "KY State Specific Framework." PHNCI. PHNCI. Accessed October 27, 2021. <https://phnci.org/uploads/resource-files/KY-State-Specific-Framework.pdf>.

(includes nomenclature and definitions as preamble)	<p>capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.</p> <ul style="list-style-type: none"> <li>▪ Assessment/Surveillance</li> <li>▪ Emergency Preparedness and Response</li> <li>▪ Policy Development and Support</li> <li>▪ Communications</li> <li>▪ Community Partnership Development</li> <li>▪ Organizational Administrative Competencies</li> <li>▪ Accountability</li> </ul>	<p>everywhere for the health system to work anywhere. They are the essential skills and capacities needed to support the Foundational Areas and other programs and activities essential to protecting a community's health and achieving equitable health outcomes.</p> <ul style="list-style-type: none"> <li>▪ Assessment (Surveillance, Epidemiology, and Laboratory Capacity)</li> <li>▪ All Hazards Preparedness/Response</li> <li>▪ Policy Development/Support</li> <li>▪ Communications</li> <li>▪ Community Partnership Development</li> <li>▪ Organizational Competencies</li> </ul>	<p>needed to support public health programs.</p> <ul style="list-style-type: none"> <li>▪ Assessment and Planning</li> <li>▪ Communications</li> <li>▪ Policy Development and Support</li> <li>▪ Partnerships</li> <li>▪ Organizational Competencies</li> <li>▪ Emergency Preparedness and Response</li> <li>▪ Health Equity and Social Determinants of Health</li> </ul>	<p>support the foundational areas and other programs and activities.</p> <ul style="list-style-type: none"> <li>▪ Assessment</li> <li>▪ All Hazards Preparedness/Response</li> <li>▪ Communications</li> <li>▪ Policy Development and Support</li> <li>▪ Community Partnership Development</li> <li>▪ Organizational Competencies</li> <li>▪ Addressing Health Equity and the Social Determinants of Health</li> </ul>	<p>statutorily and regulatorily defined services:</p> <ul style="list-style-type: none"> <li>▪ Population Health <ul style="list-style-type: none"> <li>▫ Partnership Development</li> <li>▫ Health Equity</li> <li>▫ Health in All Policy</li> <li>▫ Education</li> <li>▫ Community Health Assessment</li> <li>▫ Community Health Improvement Plan</li> </ul> </li> <li>▪ Enforcement of Regulations <ul style="list-style-type: none"> <li>▫ Food and Water Safety</li> <li>▫ Waste Management</li> <li>▫ Nuisance Investigation</li> </ul> </li> <li>▪ Emergency Preparedness and Response <ul style="list-style-type: none"> <li>▫ Mitigation of Disease Threat</li> <li>▫ Mass Vaccination</li> <li>▫ Disaster Response</li> </ul> </li> <li>▪ Communicable Disease Control <ul style="list-style-type: none"> <li>▫ Sexually Transmitted Disease Control</li> <li>▫ Tuberculosis Control</li> <li>▫ Epidemiology</li> <li>▫ Adult and Child Vaccinations</li> <li>▫ Surveillance</li> </ul> </li> <li>▪ Administrative/Organizational Infrastructure <ul style="list-style-type: none"> <li>▫ Finance</li> <li>▫ Governance</li> <li>▫ Information Technology</li> <li>▫ Communications</li> <li>▫ Human Resources</li> <li>▫ Performance Management</li> <li>▫ Quality Improvement</li> </ul> </li> </ul> <p><b>Traditionally-funded Public Health Programs</b>, funded from designated sources and are in addition to statutory requirements.</p> <ul style="list-style-type: none"> <li>▪ WIC</li> <li>▪ Hands</li> <li>▪ Harm Reduction and SUD</li> </ul>
<p><b>Foundational Services</b> (includes nomenclature and definitions as preamble)</p>	<p><b>Public health programs, or foundational areas</b>, are those basic public health, topic specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.</p> <ul style="list-style-type: none"> <li>▪ Communicable Disease Control</li> <li>▪ Chronic Disease and Injury Prevention</li> <li>▪ Environmental Public Health</li> <li>▪ Maternal, Child, and Family Health</li> <li>▪ Access to and Linkage with Clinical Care</li> </ul>	<p><b>Foundational Areas</b> are the substantive areas of expertise or program-specific activities that must be in all state and local health departments to protect the community's health.</p> <ul style="list-style-type: none"> <li>▪ Communicable Disease Control</li> <li>▪ Chronic Disease and Injury Prevention</li> <li>▪ Environmental Public Health</li> <li>▪ Maternal, Child, Family Health</li> <li>▪ Access to and Linkage with Clinical Care</li> </ul>	<p><b>Foundational Services:</b> The subset of services in each public health program area that are defined as foundational.</p> <ul style="list-style-type: none"> <li>▪ Communicable Disease Prevention, Investigation and Control</li> <li>▪ Environmental Public Health</li> <li>▪ Maternal, Child, Adolescent and Family Health</li> <li>▪ Chronic Disease, Injury Prevention, and Behavioral Health Promotion</li> <li>▪ Access to and Linkage with Health Care</li> </ul>	<p><b>Foundational Areas</b> are the substantive areas of expertise and program-specific activities that are provided by state or local public health agencies.</p> <ul style="list-style-type: none"> <li>▪ Communicable Disease Control</li> <li>▪ Health Promotion and Chronic Disease and Injury Prevention</li> <li>▪ Environmental Health</li> <li>▪ Maternal and Child Health</li> <li>▪ Access and Clinical Care</li> </ul>	



Exhibit 6. Comparison of National and State-Specific (Minnesota, Missouri, Ohio, Oregon, and Washington) FPHS Frameworks<sup>18</sup>

	Minnesota	Missouri	Ohio	Oregon	Washington
Definitions	<a href="#">A New Framework for</a>	<a href="#">Missouri's FPHS Model – Overview,</a>	<a href="#">Articulation of Foundational</a>	<a href="#">Public Health Modernization</a>	<a href="#">Washington FPHS Definitions 1.4,</a>
Document/Manual	<a href="#">Governmental Public Health in</a>		<a href="#">Capabilities and Foundational</a>	<a href="#">Manual, Foundational capabilities</a>	<a href="#">March 2019</a>
	<a href="#">Minnesota, June 2019</a>		<a href="#">Areas, v1</a>	<a href="#">and programs for public health in</a>	
	<a href="#">Oregon, September 2017</a>				
FPHS Framework					
Additional Important Services/Expanded Services	<b>Protections and Services Unique to a Community's Needs:</b> There are many protections and services beyond the foundational public health responsibilities that are crucial to achieving population health goals. These protections and services are crucial to a specific community's health. This work is very important, but unique to a given community. These can be provided at the state and/or local level by governmental public health or other partners.	<b>Local responsive Programs and Services</b> may not be foundational statewide but are vital to meet identified needs in specific communities.	<b>Programs and Activities Specific to a Health Department</b> are those additional services critical to a specific community. For example, in some jurisdictions, a health department may provide testing/treatment for sexually transmitted disease and in other jurisdictions, this activity may not need to be provided by the health department.	State and local public health authorities may have additional programs based on local needs and available resources [...]	<b>Additional Important Services (AIS):</b> 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.
Foundational Capabilities (includes nomenclature and definitions as preamble)	<b>Foundational Capabilities</b> are the knowledge, skill, and abilities needed to successfully implement the basic public health protections key to ensuring the community's health and achieving equitable health outcomes. <ul style="list-style-type: none"><li>Assessment and Planning</li><li>Communications</li></ul>	<b>Foundational Capabilities:</b> The cross-cutting skills required to assure the delivery of foundational public health services and achieve equitable health outcomes. <ul style="list-style-type: none"><li>Assessment and Surveillance</li><li>Emergency Preparedness and Response</li></ul>	<b>Foundational Capabilities</b> are cross-cutting skills that need to be present in state and local health departments everywhere for the health system to work anywhere. They are the essential skills and capacities needed to support the Foundational Areas and other programs and activities essential to	<b>Foundational Capabilities</b> <ul style="list-style-type: none"><li>Leadership and organizational competencies</li><li>Health equity and cultural responsiveness</li><li>Community partnership development</li><li>Assessment and epidemiology</li><li>Policy and planning</li></ul>	<b>Foundational Capabilities</b> are the knowledge, skill, ability and systems infrastructure necessary to support effective and efficient governmental public health services. <ul style="list-style-type: none"><li>Assessment</li><li>Public Health Emergency Management:</li></ul>

<sup>18</sup> Source needed

	<ul style="list-style-type: none"> <li>Community Partnerships</li> <li>Data and Epidemiology</li> <li>Health Equity</li> <li>Leadership</li> <li>Organizational Management</li> <li>Policy Development</li> <li>Preparedness and Response</li> </ul>	<ul style="list-style-type: none"> <li>Policy Development and Support</li> <li>Communications</li> <li>Community Partnership Development</li> <li>Organizational Administrative Competencies</li> <li>Accountability and Performance Management</li> </ul> <p><b>Health Equity and Social Determinants of Health</b> are a lens through which all public health programs and services should be provided.</p>	<p>protecting a community's health and achieving equitable health outcomes.</p> <ul style="list-style-type: none"> <li>Assessment (Surveillance, Epidemiology, and Laboratory Capacity)</li> <li>All Hazards Preparedness/Response</li> <li>Policy Development/Support</li> <li>Communications</li> <li>Community Partnership Development</li> <li>Organizational Competencies</li> </ul>	<ul style="list-style-type: none"> <li>Communications</li> <li>Emergency preparedness and response</li> </ul>	<ul style="list-style-type: none"> <li>Communication</li> <li>Policy Development and Support</li> <li>Community Partnership Development</li> <li>Business Competencies</li> </ul>
<p><b>Foundational Services</b> (includes nomenclature and definitions as preamble)</p>	<p><b>Foundational Areas</b> are those basic public health, topic-specific responsibilities aimed at improving the health of people and communities.</p> <ul style="list-style-type: none"> <li>Infectious Disease Prevention and Control</li> <li>Environmental Health</li> <li>Prevention and Population Health Improvement</li> <li>Access to Health Services</li> </ul>	<p><b>Foundational Areas:</b> Interconnected areas of public health expertise best provided by governmental public health agencies.</p> <ul style="list-style-type: none"> <li>Communicable Disease Control</li> <li>Chronic Disease Prevention</li> <li>Environmental Public Health</li> <li>Maternal, Child and Family Health</li> <li>Injury Prevention</li> <li>Linkage to Medical, Behavioral and Community Resources</li> </ul>	<p><b>Foundational Areas</b> are the substantive areas of expertise or program-specific activities that must be in all state and local health departments to protect the community's health.</p> <ul style="list-style-type: none"> <li>Communicable Disease Control</li> <li>Chronic Disease and Injury Prevention</li> <li>Environmental Public Health</li> <li>Maternal, Child, Family Health</li> <li>Access to and Linkage with Clinical Care</li> </ul>	<p><b>Foundational Programs</b></p> <ul style="list-style-type: none"> <li>Communicable Disease Control</li> <li>Prevention and Health Promotion</li> <li>Environmental Health</li> <li>Access to Clinical Preventive Services</li> </ul>	<p><b>Foundational Programs</b> are governmental public health programs needed in every community for the public health system to work well in protecting people's health.</p> <ul style="list-style-type: none"> <li>Control of Communicable Disease and Other Notifiable Conditions.</li> <li>Chronic Disease and Injury Prevention</li> <li>Environmental Public Health</li> <li>Maternal/ Child/Family Health</li> <li>Access/Linkage with Medical, Oral, and Behavioral Health Care Services</li> <li>Vital Records</li> </ul>



## APPENDIX C: ACRONYMS

<b>24/7 access</b>	Twenty-four/seven access
<b>AAR</b>	After Action Reports
<b>ACE</b>	Adverse Childhood Events
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CBO</b>	Community-based Organizations
<b>CCHD</b>	Critical Congenital Heart Disease
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDPHE</b>	Colorado Department of Public Health and Environment
<b>CEMP</b>	Comprehensive Emergency Management Program
<b>CHA</b>	Community Health Assessment
<b>CHIP</b>	Community Health Improvement Plan
<b>CLAS</b>	Culturally and Linguistically Appropriate Services, as defined by the United States Department of Health and Human Services, Office of Minority Health standards
<b>C-MIST</b>	Communications, Medical Care, Independence, Self Determination and Safety Support Services, and Transportation
<b>COOP</b>	Continuity of Operations Plan
<b>CPHS</b>	Core Public Health Services
<b>EOC</b>	Emergency Operations Center
<b>EPA</b>	United States Environmental Protection Agency
<b>ESF8</b>	Emergency Support Function 8 - Public Health & Medical
<b>FDA</b>	United States Food and Drug Administration
<b>FPHS</b>	Foundational Public Health Services
<b>FTE</b>	Full Time Equivalents
<b>FY</b>	Fiscal Year
<b>GAAP</b>	Generally Accepted Accounting Principles
<b>GASB</b>	Governmental Accounting Standards Board
<b>GFOA</b>	Government Finance Officers Association
<b>GIS</b>	Geographic Information System
<b>HHS</b>	United States Department of Health and Human Services

<b>HIPPA</b>	Health Insurance Portability and Accountability Act
<b>HIV</b>	Human Immunodeficiency Virus
<b>HKCS</b>	Healthy Kids Colorado Survey
<b>ICS</b>	Incident Command System
<b>IIS</b>	Immunization Information System
<b>IOM</b>	Institute of Medicine
<b>IT</b>	Information Technology
<b>LPHA</b>	Local Public Health Agency
<b>LRN</b>	Laboratory Response Network
<b>LRN-B</b>	Biological Reference Laboratory
<b>LRN-C</b>	Chemical Reference Library
<b>MOU</b>	Memorandum of Understanding
<b>OMB</b>	United States Office of Management and Budget
<b>PHAB</b>	Public Health Accreditation Board
<b>PHIP</b>	Public Health Improvement Plan
<b>PHNCI</b>	Public Health National Center for Innovations
<b>RWJF</b>	Robert Wood Johnson Foundation
<b>SDOH</b>	Social Determinants of Health
<b>TB</b>	Tuberculosis
<b>USDA</b>	United States Department of Agriculture

## APPENDIX D: GLOSSARY

**24/7 Access:** Each governmental public health authority as well as a few specific CDPHE 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, function and/or foundational capability or service, as needed.

**Activities:** The discreet (defining only one action per statement) public health work described by operational definitions.

**Assure**<sup>19</sup>: The dictionary definitions imply the removal of doubt and suspense from a person's mind. In the context of 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 to:** Staff or resources with the necessary expertise and associated materials and supplies to provide the activity, element, function and/or foundational capability or service.

**United States Governmental Public Health System:** All governmental public health agencies, which currently include agencies at the federal, state, and local levels. Federal governmental public health is led by the Department of Health and Human Services (HHS), which includes “the Agency for Healthcare Research and Quality, CDC, the Agency for Toxic Substances and Disease Registry (ATSDR), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), IHS, the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA)”.<sup>20</sup>

**Definition:** Definitional components that organize the different activities (described by operational definitions) of governmental public health agency work to consistently describe and organize the work being done.

---

<sup>19</sup> 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).

“Public Health Accreditation Board ACRONYMS GLOSSARY OF TERMS.” PHAB. Public Health Accreditation Board, December 2013. [https://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](https://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf), 5.

<sup>20</sup>Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21<sup>st</sup> Century. 2002. *The Governmental Public Health Infrastructure. The Future of the Public's Health in the 21st Century*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK221231/>.

**Element:** The public health work described by definitions.

**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 Colorado's CPHS 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 Services:** The subset of services in each public health program area that are defined as foundational.

**Foundational Public Health Services (FPHS):** A national framework for describing the limited statewide set of core public health services that include foundational capabilities and programs that (1) must be available to all people served by the governmental public health system, and (2) meet one or more of the following criteria:

- Services that are mandated by federal or state laws.
- 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 disease prevention and protection and promotion of health.

**Function:** Definitional components that organize the different elements (described by definitions) and activities (described by operational definitions) of CPHS to detail the work being done.

**Health Impact Assessment (HIA):** A means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques.

**Operational Definitions:** Definitions that describe **what** CPHS provides for Colorado's communities, but not **how** governmental public health should provide it. They:

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

A singular operational definition describes a single public health activity.

**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 agencies in the United States. Agencies that meet these standards through a vetting process with PHAB can become accredited.

**Notifiable Conditions:** Selected diseases and conditions for which Colorado health care providers, health care facilities, laboratories, veterinarians, food service establishments, child day care facilities and schools are legally required to notify local public health agencies of suspected or confirmed cases. The full current list of reportable conditions is available here:

<https://ndc.services.cdc.gov/>

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

## APPENDIX E: SOURCES AND RESOURCES

Centers for Disease Control and Prevention, Center for Preparedness and Response, *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*, October 2018:

[https://www.cdc.gov/cpr/readiness/00\\_docs/CDC\\_PreparednesResponseCapabilities\\_October2018\\_Final\\_508.pdf](https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf)

Institute of Medicine. "For the Public's Health: Investing in a Healthier Future." April 10, 2012.

Public Health Accreditation Board, Standards and Measures, Version 1.5, Accessed May 10, 2019:

[https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf)

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

[http://phnci.org/uploads/resource-files/PHNCI-FPHS-Factsheet\\_FINAL-1.pdf](http://phnci.org/uploads/resource-files/PHNCI-FPHS-Factsheet_FINAL-1.pdf).

United States Department of Health and Human Services, Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Accessed May 10, 2019:

<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

United States Department of Homeland Security, Federal Emergency Management Agency, *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*, FDOC 104-008-1, December 2011: [https://www.fema.gov/media-library-data/20130726-1813-25045-3330/whole\\_community\\_dec2011\\_2.pdf](https://www.fema.gov/media-library-data/20130726-1813-25045-3330/whole_community_dec2011_2.pdf)



**UCOA**

---

PHAST Uniform Chart Of Accounts