

## Wisconsin FPHS Costing and Capacity Assessment

July 2023

### Differentiating between Foundational Public Health Services and Community-Specific Services

In completing *Worksheet .06 Current Spending* “it is very important that the FPHS categories are not overestimated by including individual services. For agencies that deliver individual, clinical, or other non-Foundational services, allocate those costs in “Community-Specific Services” (CSS).<sup>1</sup>

Any individualized services (e.g., clinical, transactional) or other health care or social services may be locally important but are not the focus of this Assessment and should not be conflated with foundational services, even when they meet critical needs in the community.

Community-Specific Services include (but are not limited to) all **individualized** public health services such as:

1. Administering/providing clinical or clinical preventive services; including jail and school health
2. Providing oral health services
3. Enrolling individuals or administering benefits to those enrolled in Women, Infants, and Children (WIC)
4. Providing visits to a family as part of nurse or family home visiting programs; including Prenatal Care Coordination
5. Distributing equipment to individuals; such as Child Passenger Safety for Child Seats
6. Administering/providing vaccines
7. Administering/providing Title X, Family Planning services
8. Administering/providing needle exchange programs
9. Administering/providing Birth to Three Programs and/or Children & Youth with Special Health Care Needs programs
10. Emergency Management Services (EMS) and Trauma Services: emergency medical services and their coordination
11. Environmental Protection: Activities related to the protection of the environment

Allocate all of the time developing or administering the above programs to CSS. At the same time, your health department’s involvement in public education or developing public policies or

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<sup>1</sup> The Public Health National Center for Innovations (PHNCI)  
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systems related to any of the topics covered above **might** be considered Foundational Public Health Services. For example, working with health care organizations to educate providers about the need for culturally competent care and establishing systems to collect, analyze, and interpret data about the accessibility of culturally competent care is a foundational public health service that falls under **access to & linkage with clinical care**. Please think *judiciously* about the work actually being performed to determine whether there is a share of that work that fits within the definitions for Foundational Public Health Services. If you find that you are “making the case” for something to be a FPHS, or if you are approaching it focused on making the FPHS look more robust, you may be stretching beyond the Assessment definitions and central goals.

If an activity or program does not clearly fit into the FPHS definitions it should be accounted for under Community-Specific Services. **Please note that while all FPHS’s are population-based services, the reverse is not necessarily true**, some population-based services may not be FPHS. For example, population-based oral health programs are not considered FPHS.

Based on national data, the Wisconsin Assessment Tool will initiate a data flag on *Worksheet .06 Current Spending* if less than 39% of FTE or Expenditures are allocated to CSS. This flag will ask you to review to ensure that only 'foundational' services are included for FPHS. The data validation team at Rede may contact you to review findings that are over the data flag threshold.

**Importantly**, the fact that these CSS are not the point of the Foundational Public Health Services Costing and Capacity Assessment does not mean that they are not essential in your community. It is expected that Wisconsin LHDs are providing locally important Community-Specific Services that meet critical needs in the community. The purpose of this Assessment is not to diminish or divert attention away from this critical work. The Assessment is intended to identify improvements and needed investments in the baseline infrastructure health departments should have, aka the Foundational Capabilities and Areas.

You won’t *always* agree with PHAB/PHNCI’s determination of what is considered a Foundational Public Health Capability/Area and what is not and that is ok. This national Assessment may not *perfectly* match your vision for what public health “is” and we acknowledge that tension as healthy and adaptive while asking you to respond to the Assessment as designed. This facilitates consistent, usable results.

Finally, during the next steps of this Assessment process, WALHDAB, DPH, and Rede will work with LHDs to interpret and frame Assessment results and recommendations. This will include identifying ways to convey the criticality of Community-Specific Services.