



The [21st Century \(21C\) Learning Community](#) participates in many in-depth conversations and peer learning to promote public health system transformation. Key learnings from those activities highlight processes, activities, and opportunities related to: Foundational Public Health Services, assessment and costing, workforce, data modernization, public health accreditation, and more.

## Assessing and Costing Foundational Public Health Services

To implement the FPHS across public health systems, states must assess their current capacity and cost to deliver foundational capabilities and programs and identify any gaps. States can use the assessment to determine what would be needed for full FPHS implementation systemwide and make the case to policymakers and other invested parties the need to invest in public health and communities.

21C states have utilized an assessment process that had tangible impact for their health departments:



### WASHINGTON

Washington used their state-specific FPHS definitions to assess the current implementation level and to estimate the cost to fully implement FPHS systemwide. The state used BERK Consulting to develop, design, deploy, and analyze the assessment, which revealed a \$225 million annual gap in FPHS provision.

**Awesome Advice:** Partner with a school of public health (if possible) to assist with completing the assessment.



### OHIO

Ohio requires local health departments to complete Annual Financial Reports (AFRs) that outline actual expenditures, and the state transformed the AFR spreadsheet to capture FPHS activities and then calculate a per capita cost for every foundational capability. The AFRs now provide an estimate on how a local health department is meeting a capability and use actual data to calculate gaps and needs.

**Awesome Advice:** Do any definition work upfront to explain what full implementation means and looks like. Be transparent about the formulas used in the AFR spreadsheet and make available for public view.



### KENTUCKY

Kentucky developed a costing tool based on the work of Glen Mays at the University of Kentucky that looked at actual costs spent in local health departments (e.g., hours worked, materials bought, etc.). The state used its existing budgeting system with actual cost data to bring cost centers together and align them with FPHS. Kentucky's model/formula revealed that 3 FTEs per every 5,000 people are needed to implement FPHS.

**Awesome Advice:** Consider how to incorporate or adapt existing costing models into the process and ensure those align well with FPHS.