



## BOARD OF HEALTH MEETING AGENDA

TUESDAY, JULY 15, 2025 AT 3:30 PM

515 S. FIRST STREET - WATERTOWN HEALTH DEPARTMENT

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Please join my meeting from your computer, tablet or smartphone.

<https://us06web.zoom.us/j/4676027725?pwd=x55YWblGxbIJlnLNz8cWIRQCaSa3S8.1&omn=89668473715>

Meeting ID: 467 602 7725 Passcode: 515515

### 1. CALL TO ORDER

- A. New board member introduction

### 2. CITIZENS TO BE HEARD

*Each individual who would like to address the Committee will be permitted up to three minutes for their comments*

### 3. REVIEW AND APPROVE

A. Review and Take Action: Board of Health Minutes April 14, 2025

B. Review and Take Action: Finance Reports Preliminary June 2025

### 4. REVIEW AND DISCUSS

A. Review and discuss: Years of service recognition for Andrea Turke

B. Review and discuss: Warming Shelter

C. Review and discuss: Foundational Public Health Services

D. Review and discuss: Public Health Emergency Preparedness Program Updates

E. Review and discuss: Public Health Environmental Health Program updates

F. Review and discuss: Public Health Community Health Program updates

### 5. ADJOURNMENT

*Persons requiring other reasonable accommodations for any of the above meetings, may contact the office of the City Clerk at [cityclerk@watertownwi.gov](mailto:cityclerk@watertownwi.gov) phone 920-262-4000*

*A quorum of any City of Watertown Council, Committee, Board, Commission, or other body, may be present at this meeting for observing and gathering of information only*



**Watertown Board of Health  
Meeting Minutes  
Watertown Dept of Public Health  
515 S First Street/Zoom  
April 14, 2025 – 4:30 PM**

**Members Present:** Dr. Donene Rowe, Ald Dana Davis, Ald. Fred Smith,

**Others in attendance:** Carol Quest, Abbigail Kuehn, Kim Hiller, Holly Hisel

**1. Call to Order**

Dr. Rowe called the meeting to order at 4:30pm.

**2. Citizens to be heard**

None.

**3. Review and take action: Board of Health Minutes of January 21, 2025**

Reviewed minutes dated January 21, 2025.

Motion made to approve the minutes for January 21, 2025, by Davis, seconded by Rowe.

Motion carried by unanimous voice vote.

**4. Review & take action: Financial report – Preliminary March 2025**

Reviewed preliminary March financial report 2025.

Motion was made by Smith and seconded by Davis for approval of preliminary financial report for March 2025.

Motion carried by unanimous voice vote.

**5. Review and discuss: Environmental Health Fees**

The Inspection Program operates under a contract agreement with the Department of Agriculture, Trade and Consumer Protection (DATCP). As part of this agreement, the Department is required to remit a percentage of collected license fees to DATCP on an annual basis.

Effective July 1, 2025, a scheduled fee increase will go into effect, raising the remittance rate from 12% to 15%.

Following approval by the Board, this item will proceed to the Finance Committee and subsequently to Common Council for final approval.

Motion was made by Smith and seconded by Davis to support the increase of the Environmental Health fees and recommend forwarding this item onto the Finance Committee.

Motion carried by unanimous voice vote.

## **6. Review and take action: 2024 Annual Report**

The 2024 Annual Report for the department has been completed. This report highlights the department's work over the past year and provides an overview of the programs and services offered. It is intended for use in community presentations and public outreach efforts to showcase the department's impact.

Following approval by the Board, the report will be forwarded to the Common Council for review and final approval.

A motion to approve the 2024 Annual Report and recommend it for Common Council review was made by Davis and seconded by Smith.

Motion carried by unanimous voice vote.

## **7. Review and discuss: Public Health Policy agenda**

The board members reviewed the 2025-2026 Public Health Policy Priorities that include the following:

- A. Local & Tribal Health Department Funding-Secure funding for local and tribal health departments to carry out essential and mandated public health responsibilities and services
- B. Community Health Funding-Secure funding for community-based organizations, local and tribal health departments, and community partners to address community specific health gaps based on community health needs assessments
- C. Public Health Workforce-Support the recruitment and retention of the public health work force in Wisconsin
- D. Public Health Authority-Assure public health authority for control of communicable diseases and other public health threats.

The state of Wisconsin ranks 49<sup>th</sup> out of the 50 states for public health funding.

## **8. Review and discuss: Grant update**

The Federal government cancelled some Wisconsin Department of Health Service grants on March 24, 2025 that impacted funding for the Department. The grant impacted was an Immunization Supplement that was allocated to purchase vaccine refrigerators & freezer.

The State of Wisconsin has taken legal steps to restore the funding.

## **9. Review & discuss: Lot adjacent to Health Department parking lot**

An offer to purchase was sent to the owner of the lot by the City Attorney and the Mayor. There has not been a response from the owner.

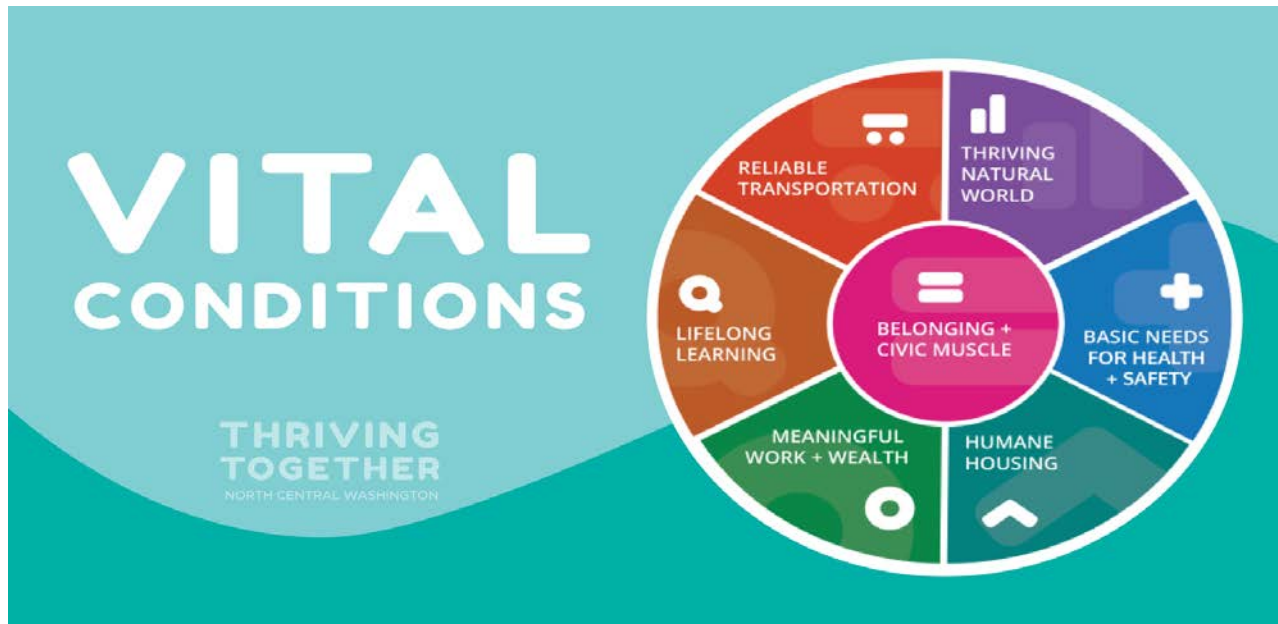
The remaining Public Health ARPA funding will be used to purchase the lot and part towards the building. The remaining funding will be secured from the Environmental Health fund balance.

## **10. Review & discuss: Community Health Assessment (CHA)**

Every three years the Community Health Assessment (CHA) is updated. The CHA is updated with community partners across Dodge and Jefferson Counties. Partners include Dodge and Jefferson County health departments, area hospitals, Rock River Community Clinic, and the Greater Watertown Community Health Foundation.

Community members will be invited to provide input in the process through a data walk at libraries across Dodge and Jefferson Counties May12th through May16th.

The format is also changing from the Social Determinates of Health to Vital Conditions. The Vital Conditions framework is a different way of looking at a person's health and conditions that influence health.



The vital conditions are an evolution, not a replacement, of the social determinants model that has been prevalent since its emergence in the early 2000s.

The World Health Organization (WHO) defines the social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

## 11. Review & discuss: Public Health Emergency Preparedness Program updates

Victoria Parker, the Emergency Preparedness Coordinator, attended the Wisconsin Emergency Management Conference in March.

Cyber security is a focus across the state for emergency preparedness. The city has a new IT coordinator and Victoria is working with him to understand what systems the city has in place for cyber security.

Victoria and Holly Hisel became Mental Health First Aid trainers and provided training for the city PERT team and Health Department staff. They will be providing additional training for City Leadership.

The Emergency Operations Center (EOC) will be situated at the new fire department. In the fall, a training exercise will be conducted with the City Leadership team in the new EOC space. These exercises are designed to identify any needs or adjustments required for emergency situations. Additionally, the exercise will familiarize City leadership with the processes involved in managing a community emergency.

## 12. Review & discuss: Environmental Health Program updates

The Department has an open Environmental Health Specialist position. Interviews are scheduled to fill the position.

The second round of school inspections are being completed.

Seasonal water sampling has started. These samples are being run through the new in-house water lab.

Holly Hisel provided an explanation of the process in the lab. The in-house lab makes this process much more efficient and gives more flexibility in sampling.

Fred Smith noted that he would like a tour of the water lab at the next board meeting.

### 13. Review & discuss: Public Health Program updates

The nursing position has been filled. Jennifer Zielski started with the Department on April 2<sup>nd</sup>.

Department staff will be participating in many upcoming community events.

The department will be hosting a Community Baby Shower on May 16<sup>th</sup> in partnership with Watertown Family Resource Center. Families will receive items for their babies as well as connecting them to resources in our community.

Seal a Smile is finishing up in the school. This school year 255 students were seen by the program. The numbers are continuing to increase after COVID.

Work continues to prepare in the event of a measles case. We are working closely with the schools and have had discussions with a few so far. Our community measles vaccination rate is 37% for 6-year-olds. To achieve herd immunity, the rate would need to be 95%. We are very vulnerable as a community. Schools are actively talking to staff to make sure they are vaccinated and protected. Local medical providers play a very important role in helping families understand the benefits of immunizations.

### 14. Adjourn

Motion made to adjourn and carried by unanimous voice vote.

Next Board of Health meeting will be Tuesday, July 15, 2025, at 3:30 p.m.

Respectfully Submitted,



Carol Quest  
Director/Health Officer

Note: The minutes are uncorrected. Any correction made thereto will be noted in the minutes of the proceedings at which these minutes are approved.

## Watertown Department of Public Health

## Financial Report

End of Month June 2025 - Preliminary

## Revenue

Acct #	Description	YTD Revenue	Budgeted Amount	Balance	%
01-427315	Health Dept Grants	\$ 33,878.00	\$ 67,272.00	\$ 33,394.00	50.4%
443100	Health Dept Revenue Tax	1,047.84	1,500.00	\$ 452.16	69.9%
443101	Health Rev Non-Tax	4,561.15	6,000.00	\$ 1,438.85	76.0%
443112	Health Check Revenue	5,700.81	6,000.00	\$ 299.19	95.0%
<b>Grand Total Revenue</b>		<b>\$ 45,187.80</b>	<b>\$ 80,772.00</b>	<b>\$ 35,584.20</b>	<b>55.9%</b>

01 - Expenses		YTD Expenses	Budgeted Amount	Balance	%
531210	Salaries	\$ 130,660.58	\$ 331,692.00	\$ 201,031.42	39.4%
531214	Overtime	\$ -	\$ -	\$ -	#DIV/0!
531216	Part Time Salaries	\$ 13,122.62	34,255.00	21,132.38	38.3%
531218	Supplies & Expenses	\$ 5,100.39	12,850.00	7,749.61	39.7%
531219	Grant Expenses	\$ 3,033.33	16,000.00	12,966.67	19.0%
531220	Repairs	176.85	900.00	723.15	19.7%
531222	Dues, Fees, Subs	0.00	1,500.00	1,500.00	0.0%
531223	Education & Seminars	2,188.94	4,000.00	1,811.06	54.7%
531226	Maintenance Supplies	2,920.73	6,500.00	3,579.27	44.9%
531228	Fuel	1,965.83	4,000.00	2,034.17	49.1%
531230	Electric	2,368.52	6,000.00	3,631.48	39.5%
531231	Water	416.02	1,100.00	683.98	37.8%
531232	Telephone	1,342.12	3,200.00	1,857.88	41.9%
531233	WI Retirement	9,399.15	23,805.00	14,405.85	39.5%
531234	Social Security	8,551.40	22,689.00	14,137.60	37.7%
531235	Medicare	1,999.77	5,306.00	3,306.23	37.7%
531236	Health Insurance	31,801.58	69,456.00	37,654.42	45.8%
531237	Life Insurance	821.00	864.00	43.00	95.0%
531238	Dental Insurance	1,356.12	3,209.00	1,852.88	42.3%
531242	Vaccinations	0.00	6,800.00	6,800.00	0.0%
531243	Mileage	592.57	1,200.00	607.43	49.4%
531260	Capital Outlay	0.00	0.00	0.00	0.00%
<b>Grand Total Expenses</b>		<b>\$ 217,817.52</b>	<b>\$ 555,326.00</b>	<b>\$ 337,508.48</b>	<b>39.2%</b>
		<b>YTD Actual</b>	<b>Budgeted</b>	<b>Difference</b>	
<b>City Tax Liability (revenue-expenses)</b>		<b>\$ (172,629.72)</b>	<b>\$ (474,554.00)</b>	<b>\$ (301,924.28)</b>	

## Environmental Health

## Financial Report

End of Month June 2025 - Preliminary

## Revenue

Account #	Description	YTD Revenue	Budgeted Amount	Balance	%
14-429210	Jefferson Cty Consortium	17501.00	\$ 35,000.00	\$ 17,499.00	50.0%
429115	Cares Covid Grant	0.00	\$ -	\$ -	0.0%
429116	Body Art	0.00	1,200.00	1,200.00	0.0%
429120	Prevention Block Grant	1,124.00	8,000.00	6,876.00	14.1%
429140	Misc Enviro Rev	5,017.71	11,000.00	5,982.29	45.6%
429150	Transient Well Water Prog	30,910.75	48,000.00	17,089.25	64.4%
429152	Water Lab Rev	7,315.00	20,000.00	12,685.00	36.6%
429155	AG Inspections	234,820.00	290,000.00	55,180.00	81.0%
480510	Interest Income	8,856.20	23,800.00	14,943.80	37.2%
<b>Grand Total Revenue</b>		<b>\$ 305,544.66</b>	<b>\$ 437,000.00</b>	<b>\$ 131,455.34</b>	<b>69.9%</b>

14 - Expenses		YTD Expenses	Budgeted Amount	Balance	%
531310	Salaries	\$ 134,860.26	\$ 297,694.00	\$ 162,833.74	45.3%
531314	Overtime	\$ -	\$ 2,000.00	\$ 2,000.00	0.0%
531316	Part Time Administrative	\$ 8,313.58	\$ 20,846.00	\$ 12,532.42	39.9%
531318	Supplies & Expenses	4,811.85	15,000.00	10,188.15	32.1%
531319	Agent Expenses	0.00	26,000.00	26,000.00	0.0%
531323	Education/Training	557.10	8,000.00	7,442.90	7.0%
531325	IT Share	0.00	0.00	0.00	0.0%
531326	Vehicle Maintenance	331.80	4,250.00	3,918.20	7.8%
531332	Telephone	1,118.24	4,500.00	3,381.76	24.8%
531333	WI Retirement	9,358.41	21,582.00	12,223.59	43.4%
531334	Social Security	7,713.93	19,875.00	12,161.07	38.8%
531335	Medicare	1,804.09	4,649.00	2,844.91	38.8%
531336	Health Insurance	39,636.00	85,412.00	45,776.00	46.4%
531337	Life Insurance	165.82	356.00	190.18	46.6%
531338	Dental Insurance	1,975.16	4,082.00	2,106.84	48.4%
531342	Gasoline/Mileage	1,570.43	4,000.00	2,429.57	39.3%
531344	Water Lab Supplies	8,045.35	15,000.00	6,954.65	53.6%
531350	Unemployment	0.00	0.00	0.00	0.0%
531360	Capital Outlay	0.00	0.00	0.00	0.0%
<b>Grand Total Expenses</b>		<b>\$ 220,262.02</b>	<b>\$ 533,246.00</b>	<b>\$ 312,983.98</b>	<b>41.3%</b>

<b>Projected Carry Over</b>	<b>\$ 85,282.64</b>	<b>\$ (96,246.00)</b>		
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Emergency Preparedness Division					
Financial Report					
End of Month June 2025 - Preliminary					
Revenue					
Account #	Description	YTD Revenue	Budgeted Amount	Balance	%
429210	Preparedness Consortium	\$ 29,606.00	\$ 101,362.00	\$ 71,756.00	29.2%
<b>Grand Total Revenue</b>		<b>\$ 29,606.00</b>	<b>\$ 101,362.00</b>	<b>\$ 71,756.00</b>	29.2%
Expenses					
15		YTD Expenses	Budgeted Amount	Balance	%
15-53-14-10	Salaries	\$ 15,888.37	\$ 35,925.00	\$ 20,036.63	44.2%
15-53-14-11	Salaries - LTE	\$ -	\$ -	\$ -	0.0%
15-53-14-14	Overtime	\$ -	\$ 1,000.00	\$ 1,000.00	0.0%
15-53-14-16	PT Salaries	\$ 9,778.81	\$ 26,877.00	\$ 17,098.19	0.0%
15-53-14-18	Supplies & Expenses	\$ 31,507.44	\$ 17,100.00	\$ (14,407.44)	184.3%
15-53-14-23	Education & Training	\$ -	\$ -	\$ -	0.0%
15-53-14-33	Retirement	\$ 1,417.73	\$ 3,308.00	\$ 1,890.27	42.9%
15-53-14-34	Social Security	\$ 1,536.74	\$ 3,955.00	\$ 2,418.26	38.9%
15-53-14-35	Medicare	\$ 359.43	\$ 926.00	\$ 566.57	38.8%
15-53-14-36	Health Insurance	\$ 5,760.00	\$ 11,519.00	\$ 5,759.00	50.0%
15-53-14-37	Life Insurance	\$ 15.54	\$ 30.00	\$ 14.46	51.8%
15-53-14-38	Dental Insurance	\$ 402.55	\$ 563.00	\$ 160.45	71.5%
15-53-14-42	Mileage	\$ -	\$ -	\$ -	0%
15-53-14-50	Unemployment	\$ -	\$ -	\$ -	0.0%
15-53-14-60	Capital Outlay	\$ -	\$ -	\$ -	0.0%
<b>Grand Total Expenses</b>		<b>\$ 66,666.61</b>	<b>\$ 101,203.00</b>	<b>\$ 34,536.39</b>	<b>65.9%</b>
		<b>YTD Actual</b>	<b>Budgeted</b>		



## Seal A Smile

## Financial Report

End of Month June 2025 - Preliminary

## Revenue - 18

Account #	Description	YTD Revenue	Budgeted Amount	Balance	%
427815	SAS Grant	\$ 5,132.00	\$ 5,950.00	\$ 818.00	86.3%
427816	M/A	6,115.13	10,336.00	4,220.87	59.2%
427818	Donation	0.00	0.00	0.00	0.0%
<b>Grand Total Revenue</b>		<b>\$ 11,247.13</b>	<b>\$ 16,286.00</b>	<b>\$ 5,038.87</b>	<b>69.1%</b>

		YTD	Budgeted		
Expenses - 18		Expenses	Amount	Balance	%
531810	Salaries	\$ 3,215.64	\$ 8,119.00	\$ 4,903.36	39.6%
531817	Contracted Staff	1,984.50	5,600.00	3,615.50	35.4%
531818	Supplies	693.42	8,130.00	7,436.58	8.5%
531820	Equipment	0.00	0.00	0.00	0.0%
531824	Travel	0.00	0.00	0.00	0.0%
531833	Wisconsin Retirement	223.47	564.00	340.53	39.6%
531834	FICA - Social Security	178.47	503.00	324.53	35.5%
531835	Medicare	41.74	118.00	76.26	35.4%
Grand Total Expenses		\$ 6,337.24	\$ 23,034.00	\$ 16,696.76	27.5%



## **PROPOSAL FOR PUBLIC/PRIVATE PARTNERSHIP TO CREATE A WATERTOWN EMERGENCY WARMING SHELTER**

***Presented by the Building a Welcoming Watertown Organization***

***June, 2025***

### ***Summary of Proposal***

This proposal seeks to establish a Warming Shelter in the City of Watertown that would be available to persons with no safe place to spend the overnight hours during extreme weather conditions. The shelter would provide a warm, dry, safe overnight venue for any person finding themselves without safe indoor shelter at any time the winter weather conditions hit a designated trigger. The proposal envisions a simple warming space with minimal services, not a more complex homeless shelter with multiple services and facilities. A cot with appropriate bedding, a simple evening meal, and a to go bag of breakfast/lunch items would be provided. The proposal seeks to create a partnership between the City and local citizens affiliated with participating local public service organizations or area churches (local volunteers). The City would be asked to provide the space in a secure public building, security as deemed appropriate and any expenses associated with the facility's use. The local volunteers would agree to obtain training in collaboration with City officials, donate their time to staff the facility, and provide the funds for cots, bedding, supplies and food provided as part of the Warming Shelter Services. No religious programming would be provided.

### ***Description of Need***

There is an unfortunate misperception among many in our community that ‘we have no homeless people in Watertown’. In part, this misunderstanding is due to problems in how we define a ‘homeless’ person. Area school personnel, local businesses, public facilities managers, and area clergy all know that, on any given day, there are people in Watertown who don’t have a safe place to sleep overnight. The number of people in need at any given time may vary, given each person’s individual circumstances. But we **do** have some idea of the likely need, based upon information available through our school system, public health agencies, and the Community Action Coalition (CAC) which does a “point in time” (PIT) count overnight twice per year.

Information from the CAC disclosed that as of Feb 24, 2025, 47 households in Jefferson County, including Watertown, met the federal govt. definitions of “homeless”:

- 15 households consisting of families with children
- 31 households consisting of families without children
- 1 Veteran household living in a vehicle. .

In addition, on the night of Jan 23, 2025, the CAC conducted an overnight Point in Time (PIT) count of those experiencing homelessness. 13 households were identified on that single night either living in a vehicle or on a hotel voucher for an overnight stay.

The Watertown Unified School District also keeps data on housing needs affecting their student population. It is our understanding that, as of spring, 2025, the District has identified a total of 39 families with 56 children who are experiencing homelessness. Some of these families are ‘couch surfing’, some are on short term hotel vouchers, some are in actual temporary shelters. The bottom line, however, is that on any given winter night, any of these families including their children could be on the street without a safe overnight option unless a Warming Shelter is available.

Tragically, this past winter one person died on our streets sleeping outdoors during severe winter weather conditions. It is also our understanding that a second person was found dead over this past winter in a local storage facility that the individual was attempting to use for shelter. This sad reality is on all of our consciences and likely could have been avoided had a simple, secure, non-threatening, warm space overnight been available.

### ***Current Options for Emergency Housing are Inadequate***

Existing ‘options’ cited as available to people in need of overnight shelter are simply inadequate. Clergy and members of the public have been regularly told that persons can shelter at the police

department lobby or in a local laundromat space. Neither option is adequate as people seeking shelter there are regularly directed away from these locations by those on staff at the time.

Nor is the overnight voucher program available through the Police Dept and Salvation Army an adequate remedy. While its goal is well intentioned, the stated policy of a “one night use only” is not well understood and provides no help to someone who needs overnight safe housing when it is below zero three nights in a row. Nor does such a policy reflect the reality that most people may eventually be able to secure a safe housing location but need weeks to get into an assistance pipeline. The misperception that strictly applying this one night rule ensures folks will “move on” ignores the reality that most have no financial resources for transport, nor a quick change in their circumstances overnight to eliminate their need.

### ***Outline of Proposal's Details***

The proposal seeks a partnership between local government and community groups willing to volunteer time and money to make this a reality. We believe a partnership is preferable to a fully private endeavor because: 1) public safety and policing of our public spaces is a government responsibility, 2) the ideal location for a safe warming space is in the walkable downtown, which has potentially viable public spaces, 3) the most likely church buildings and/or private spaces downtown do not have the kind of facilities and accessibility that public buildings offer, 4) a partnership enables the volunteer organizations to focus on the ‘soft needs’ of such a shelter, such as staffing and supplies and takes most of the burden off of the public sector.

### ***Operational Structure and Staff***

The Warming Shelter is proposed to operate at the designated location on nights triggered by weather conditions during the months of November through April. There are two possible trigger options for determining when the Shelter should open. Option 1 would open the shelter any time that the overnight temperature were forecast to fall below 32 degrees Fahrenheit. Option 2 would select a more severe weather “trigger”—such as any time that the National Weather Service issued any kind of Winter Weather Event.. such as Winter Weather Advisory, a Winter Temperature Warning, etc.

If conditions triggered the Warming Shelter to open, the designated volunteers on the schedule for that time period would be responsible for contacting the City’s designated Representative to ensure the facility would be opened for that night’s use. The proposal envisions opening at 4 pm and closing at 7 am the next morning. Volunteer staff of appropriate gender balance would staff the facility overnight and ensure clean up in the morning after closing.

The proposal seeks input from the Dept of Public Health, the Police Department, and any other agency deemed appropriate to consult with the volunteer organizations participating to ensure the volunteer staff collaborate with local and broader resources to obtain necessary training. City agency advice as to public health protocols to follow, services needed, or other considerations would be most welcome.

### ***Proposal Sponsors***

This proposal has been put forth by the Building a Welcoming Watertown (BWW) organization. Founded two years ago, BWW is a coalition of private citizens who gathered together to help identify community needs. Its stated goal is to “foster connections within our community and encourage respectful discussion and discernment about ways to make our City a more safe, affordable and welcoming place to live for everyone.” BWW is in the process of organizing itself as a nonprofit organization for long term sustainability. BWW envisions providing the initial organizational leadership for the private portion of this partnership but would welcome working with, and hopes to include, any other community groups which wish to be involved. Information about our activities and meetings can be accessed on our Facebook page:

<https://www.facebook.com/profile.php?id=61566963751671&mibextid=LQQJ4d>

### ***Timeline for Implementation***

Our group proposes that designees on behalf of the City and BWW representatives work together this spring and early summer for a more detailed proposal to be presented to the Mayor and City Council for approval in time to open a Warming Shelter by the end of October, 2025.

More information may be obtained from The Building a Welcoming Watertown Housing Subcommittee. Please contact the Warming Shelter Campaign Coordinator, the Rev. Dr. Christopher Ross, Pastor of First Congregational United Church of Christ of Watertown, at [rev.fatmoses@gmail.com](mailto:rev.fatmoses@gmail.com)

*This proposal was adopted and endorsed by the Building a Welcoming Watertown Organization on June 1, 2025 The proposal drafted by The Rev Monica Burkert-Brist, Attorney at Law State Bar No. 1009882*

# Foundational Public Health Services



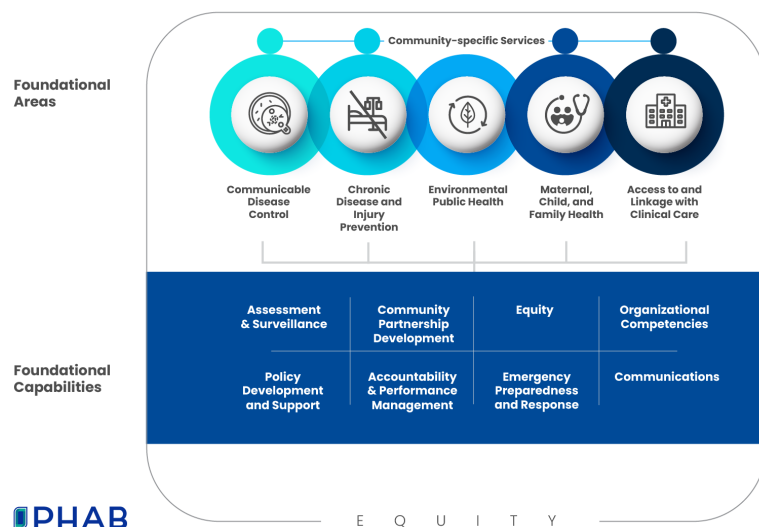
Item C.

Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.

## Foundational Public Health Services Framework



**Community-specific Services** are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

### Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

### Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

# Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

## Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

## Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant

federal, Tribal, state, and local government agencies; elected and non-elected officials.

- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.
- 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 community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

## Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity.
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

## Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.

- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

## Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

## Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.



## Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 — Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- 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.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

## Communications

- 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.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences.
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

# Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all activities.

## Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other 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.
- Coordinate and integrate categorically-funded communicable disease programs and services.

## Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.

- 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 exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

## Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

## Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

## Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, 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.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.