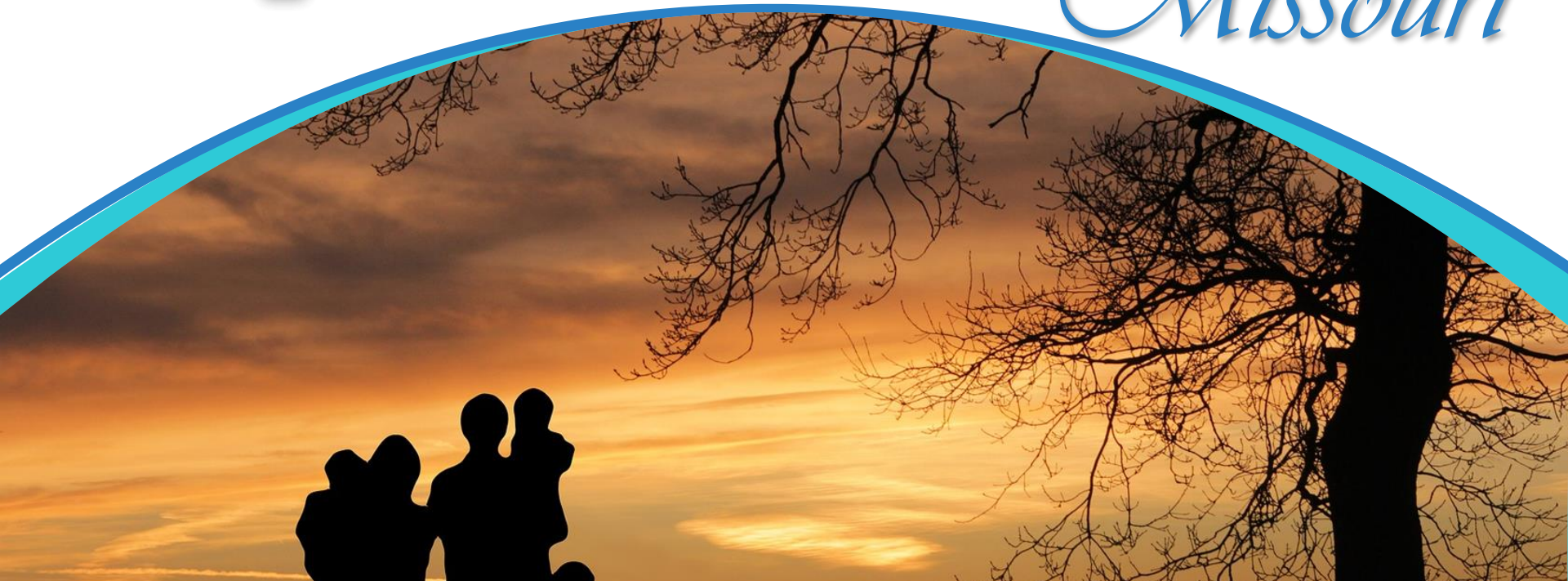




#HealthierMO

Transforming the Future of Public Health in

*Missouri*





## Vision

"This [grassroots](#) initiative seeks to [transform](#) Missouri's [public health system](#) into a stronger, more sustainable, culturally relevant and responsive system that can better meet the challenges of Missouri's [diverse](#) communities. The initiative does not propose a quick fix, but advocates for [long-term, system-wide change](#) that will revitalize public health in order to offer every Missouri resident the [fair opportunity to choose](#) a healthier life."

# Phase 1 Funding

Thank  
You



January 2019 bridge funding provided by:



# Missouri's Public Health System

## Challenges





# Phase 1: Initiative Goals

## 1 Identify Public Health System Stakeholders, Leaders and Vision

- 1.1 Convene stakeholders to identify structure and composition of Advisory Council
- 1.2 Conduct two sessions with the TFPH Advisory Council and three meetings with the TFPH Executive Committee to develop the vision for action planning for the project
- 1.3 Establish Plan for Phase 2's comprehensive system review
- 1.4 Develop a proposal for "Phase 2, Design and Prepare for Implementation"

## 2 Public Health Professional Organization Alignment

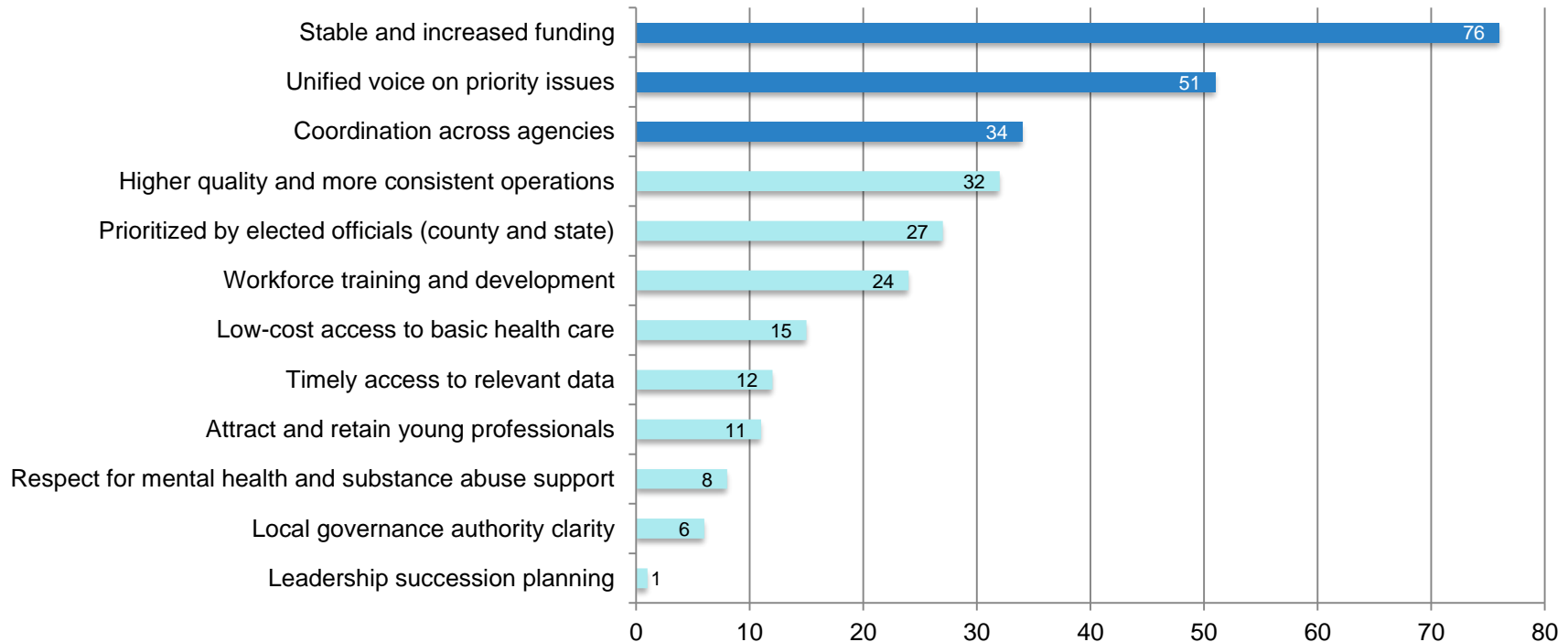
- 2.1 Develop a plan of action for the reorganization of Missouri's professional public health organizations



# Stakeholder Convening Session

# Top Reasons for Transformation

Top 3 Reasons for Transforming Missouri's Public Health System



# Advisory Council



35 diverse members  
10 employed by LPHAs  
1 LPHA Board member





# Professional Organizations

**“We are stronger together than we are individually.”**

Missouri Public Health Association

Missouri Center for Public Health Excellence

Missouri Environmental Health Association

Missouri Association of Local Public Health Agencies

Missouri Council for Public Health Nursing

Missouri Institute for Community Health

Missouri Department of Health and Senior Services

# Professional Organizations



United for Public Health

## Mission

Leading public health collective impact through:

- advocacy,
- collaboration,
- communication, and
- workforce development.

# Communication Strategies

**Goal:** Raise awareness and actively engage stakeholders

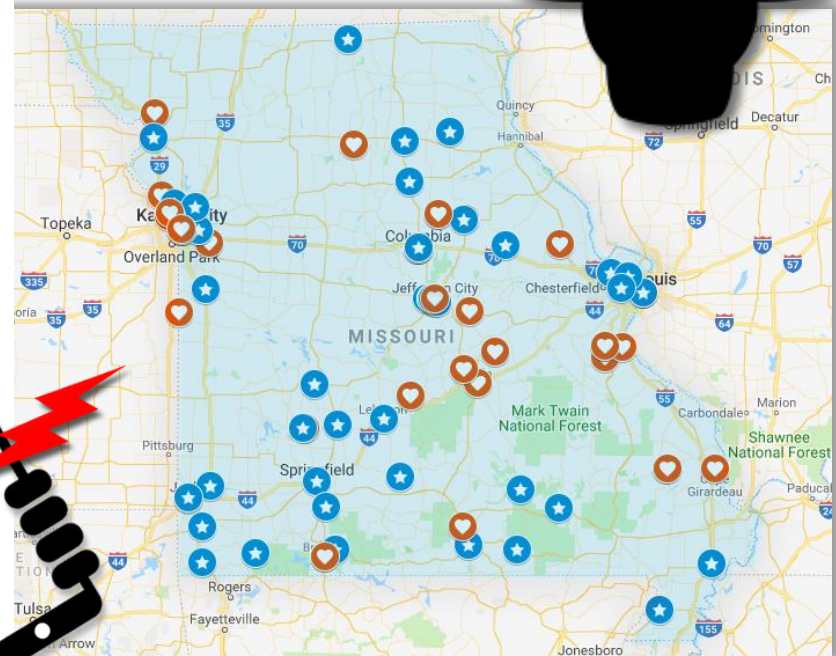
## Challenges:

- Broad audience
- Abstract concept
- Lengthy, academic grant title
- Limited budget for communications
- Uncertainty about continued funding



# Communication Successes

- Buy-in and feedback during Convening Session
- Regular e-updates
- Storytelling
- Communications Committee
- E-module
- Partners and Supporters Map
- Roles
- Animations and videos

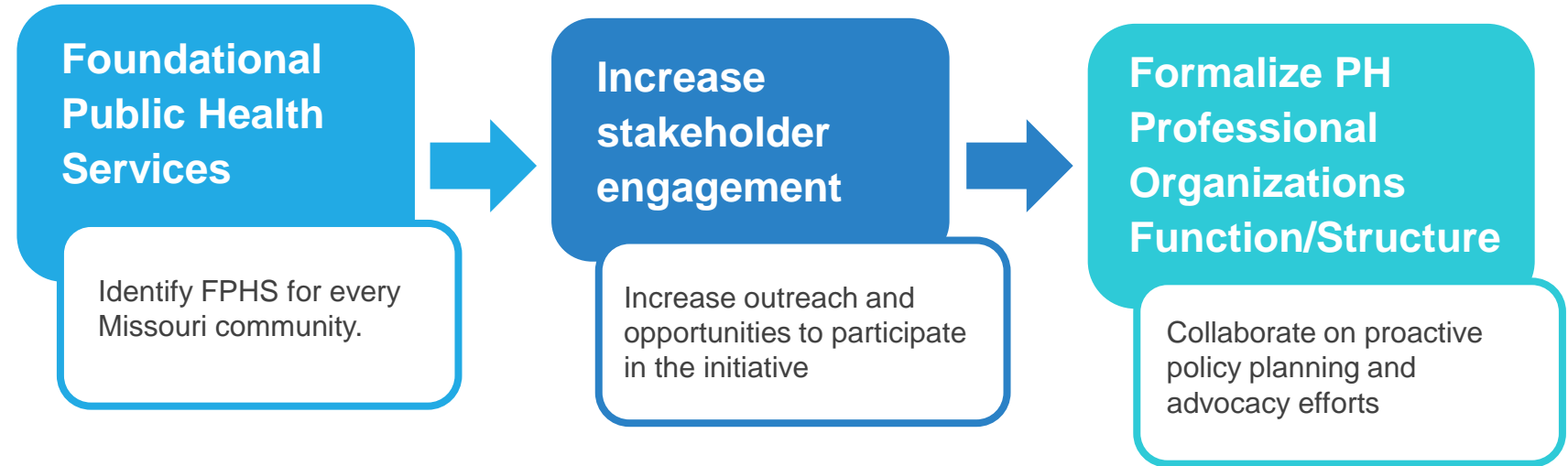


# Phase 2 Funded





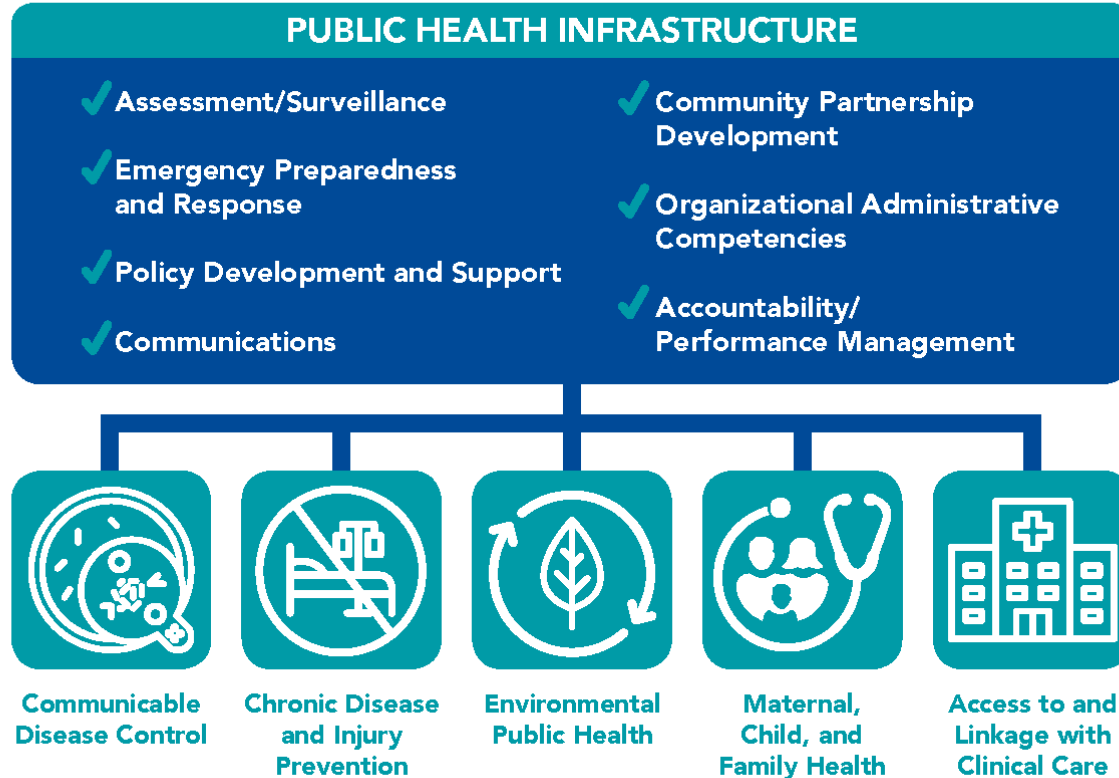
# Phase 2 Plan (Feb 2019 – Jan 2021)



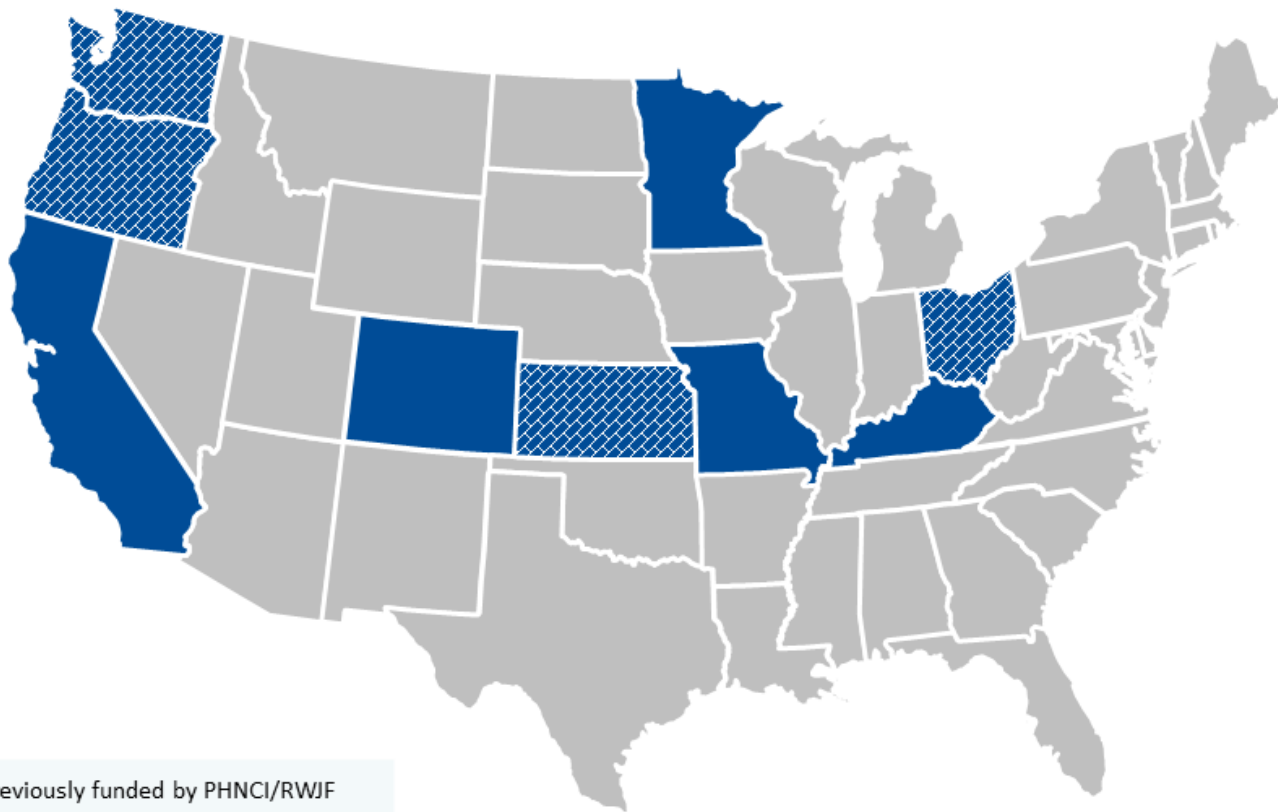
## Phase 1 – Laid a foundation

Introduced initiative • Engaged stakeholders • Drafted multi-year process

# National FPHS Model



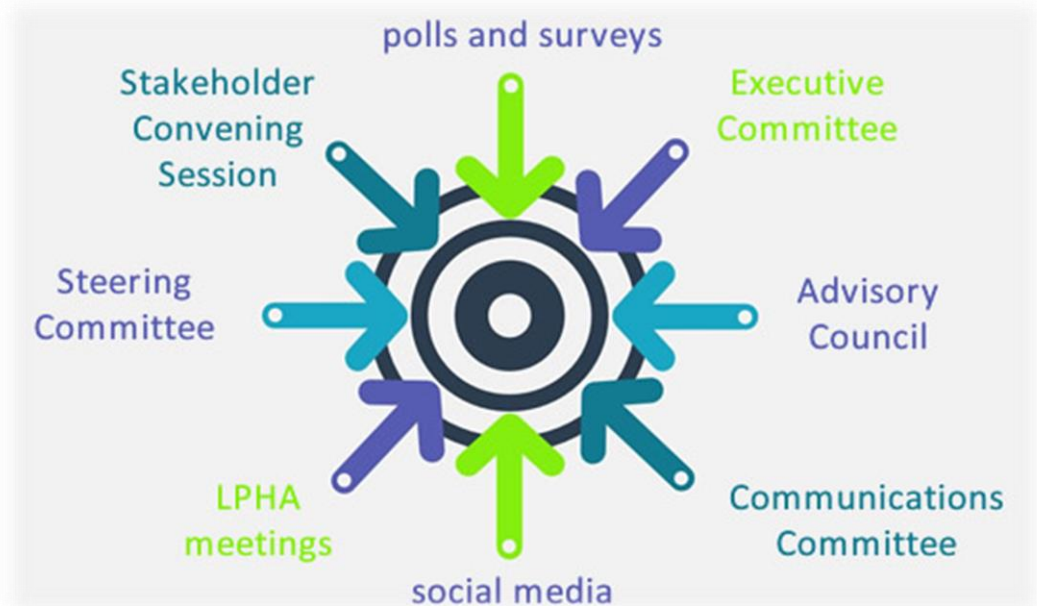
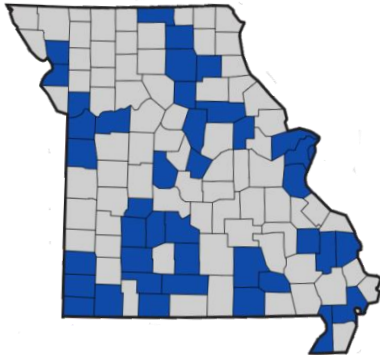
# 21C Learning Community Members



Previously funded by PHNCI/RWJF

# Phase 2 Communication Strategies

- Four primary audiences
- Continue to grow engagement
- Storytelling
- Brand experience
- PHRASES



# Phase 2 Professional Organizations

## Workgroups:

- Advocacy
- Collaboration
- Communication
- Workforce Development

## Goals

- **Formalize structure and bylaws**
- **Increase collaborative efforts**
- **Develop impact plan for next Phase**



# Measurement Matters

## Commitment to Evaluation

- Case Study
- Perceptions Monitoring
- Tracking In-Kind Contributions
- FPHS Model State Review
- Stakeholder Commitment & Communications Model



# Origins of the **FPHS**

Key overarching recommendations from National Academy of Medicine (NAM) 2012 report that minimum package of “foundational” and “programmatic” public health services should be developed

- that protect and promote the health of populations,
- are available and are visible in all communities, and
- serve as a framework for program and financial management



# Foundational Public Health Services

**Suite of skills, programs and activities that must be available in state and local health departments system-wide, includes the foundational capabilities and areas**

**FPHS operationalizes public health activities to allow for the costing out of public health services**

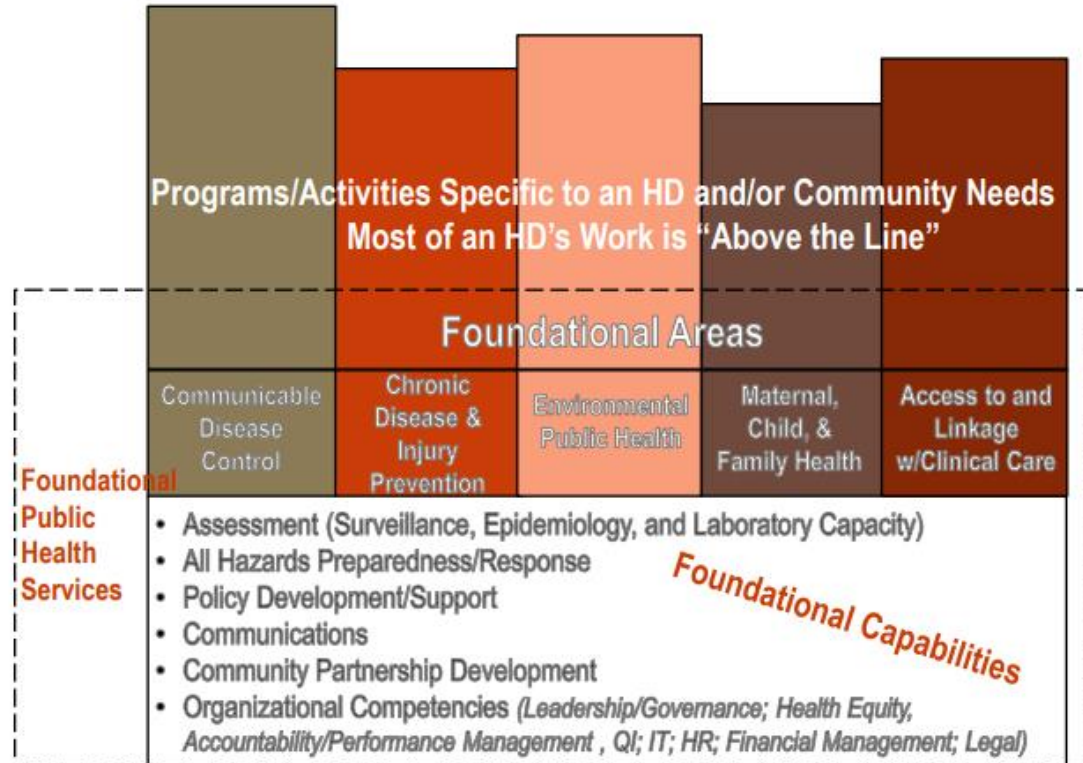
FPHS framework is **not meant to replace the Ten Essential Services**, but offers a more concise explanation of daily activities and the ability to estimate costs

Includes:

- Foundational Capacities
- Foundational Areas
- Programs and Activities Specific to a Health Dept and/or Community Needs

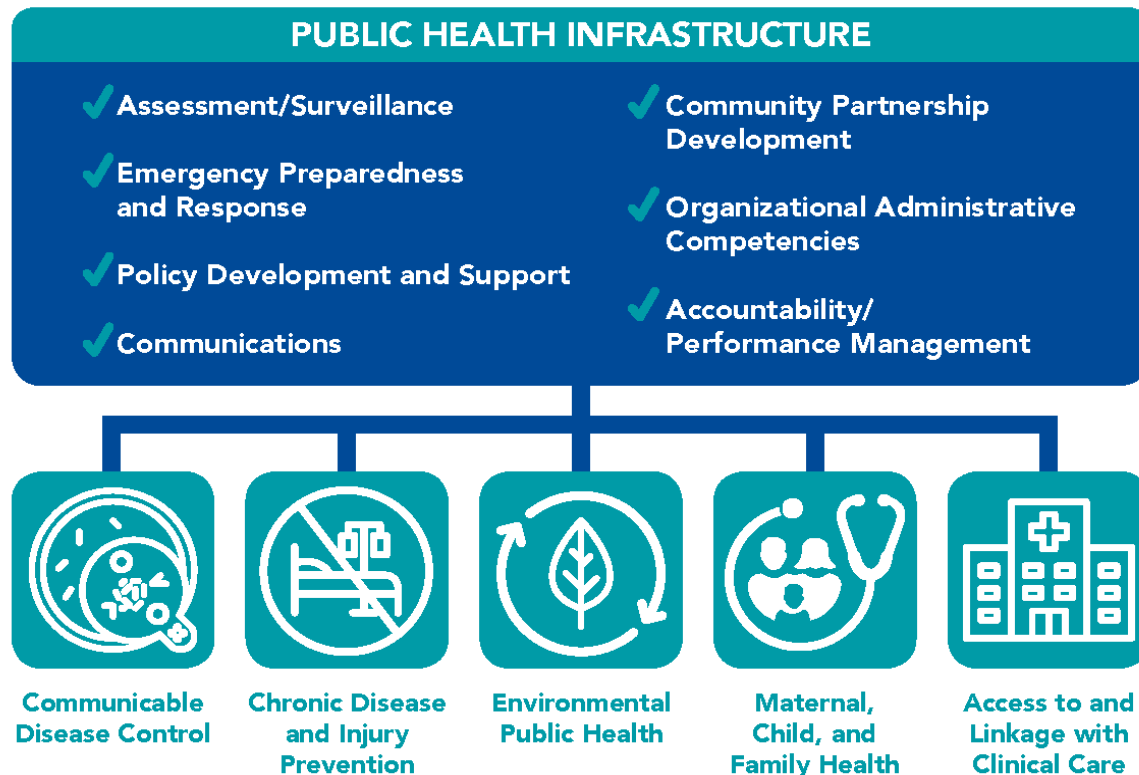
# Original FPHS Model

Definitions and Constitution Working Group Framework Conceptualization



# FPHS

## Foundational Capabilities





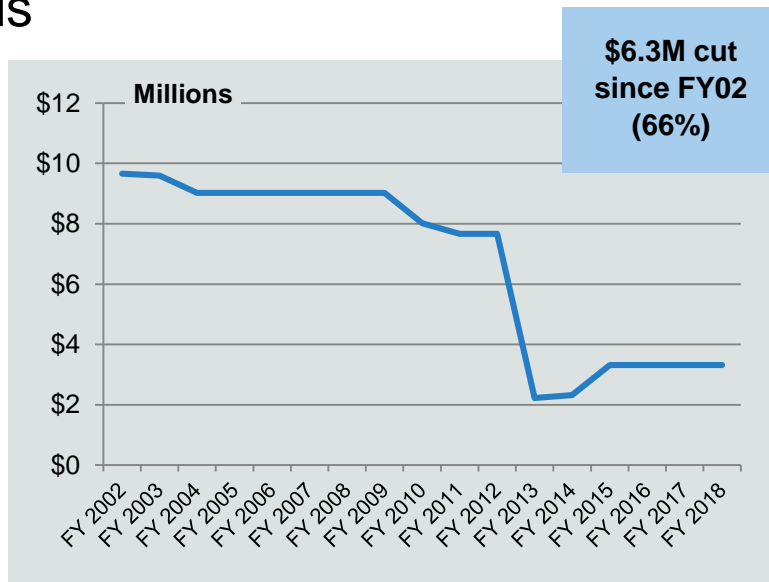
# Why are **FPHS** Needed?



# Need for FPHS

## 1 Capacity Disparity and Lack of Dedicated Funding

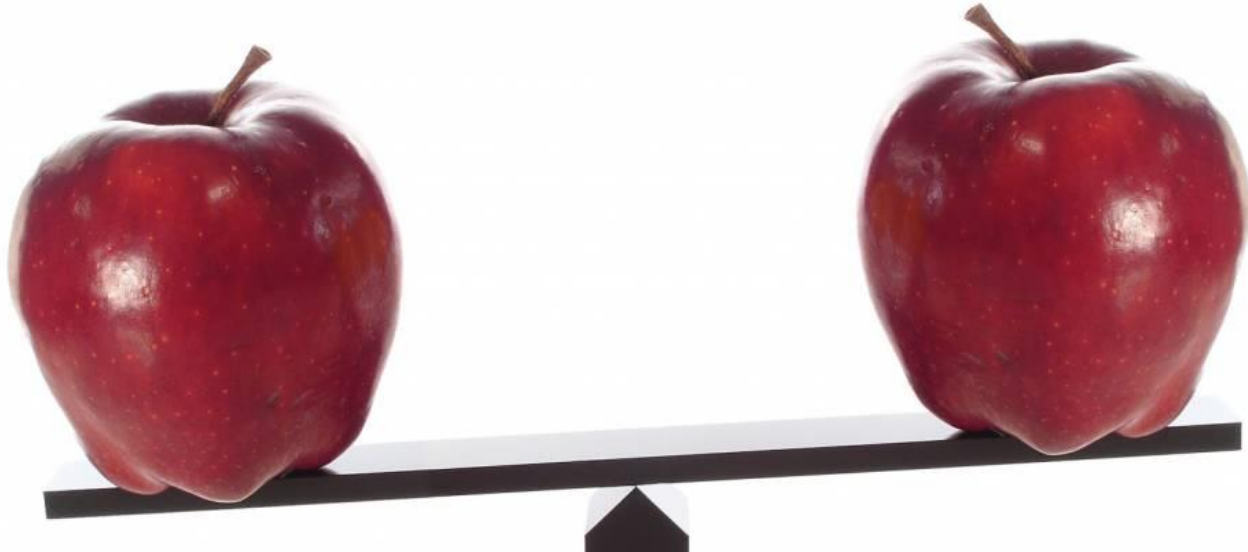
- Not specifically funded through budget line items or not funded
- Insufficient funding to address needs
- Inefficient and ineffective funding
- Cobbled funding streams



Move from **patchwork** public health system to consistent levels of fundamental capacity (FPHS)



# Equitable comparison of cost of delivery of public health services



# Need for **FPHS**

## **2** Cost Analysis to Inform Resource Allocation and Funding Requests



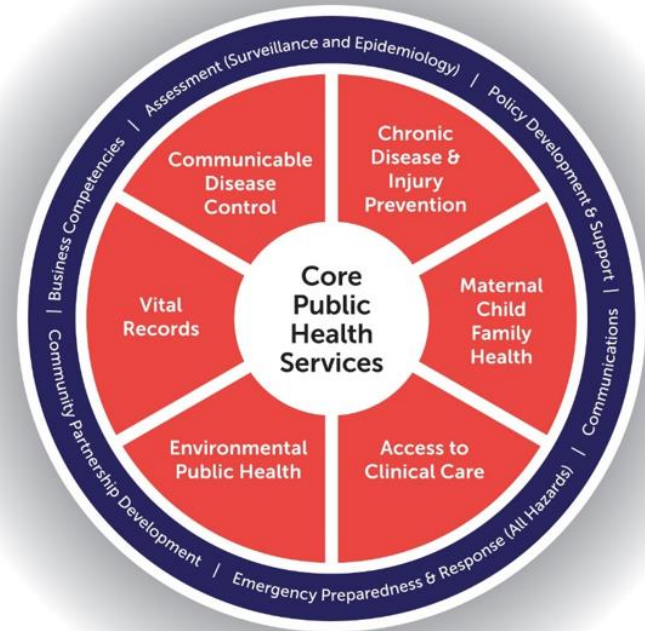
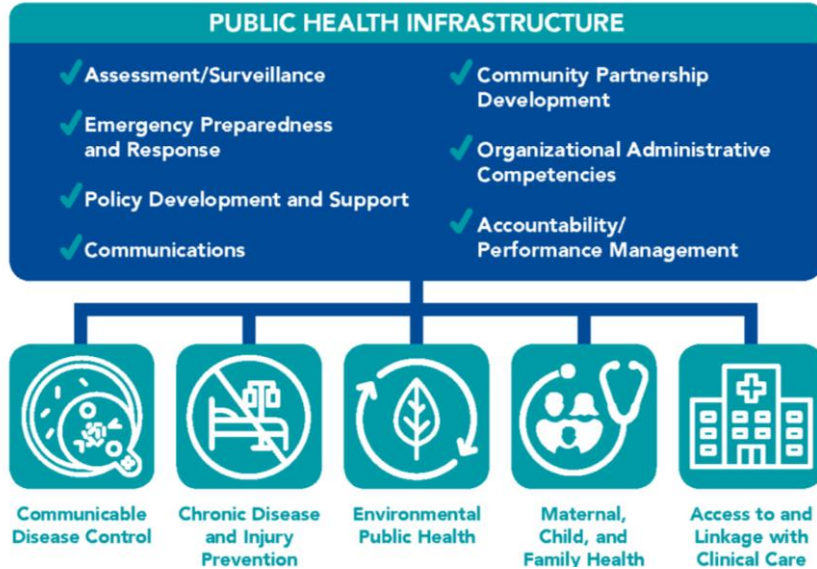


# Benefits of an FPHS Model

- More concise operating structure
- Allows for future universal cost comparison
- Solid framework to support funding requests
- Demonstrates what public health dollars buy



# Washington FPHS Model



PROGRAMS



CAPABILITIES



MEETING LOCAL NEEDS



# Participate Actively

- Regional FPHS focus groups (spring/summer 2019)
- Brand focus groups (May 2019)
- Surveys
- Roles
- Story bank submissions
- Systems thinking



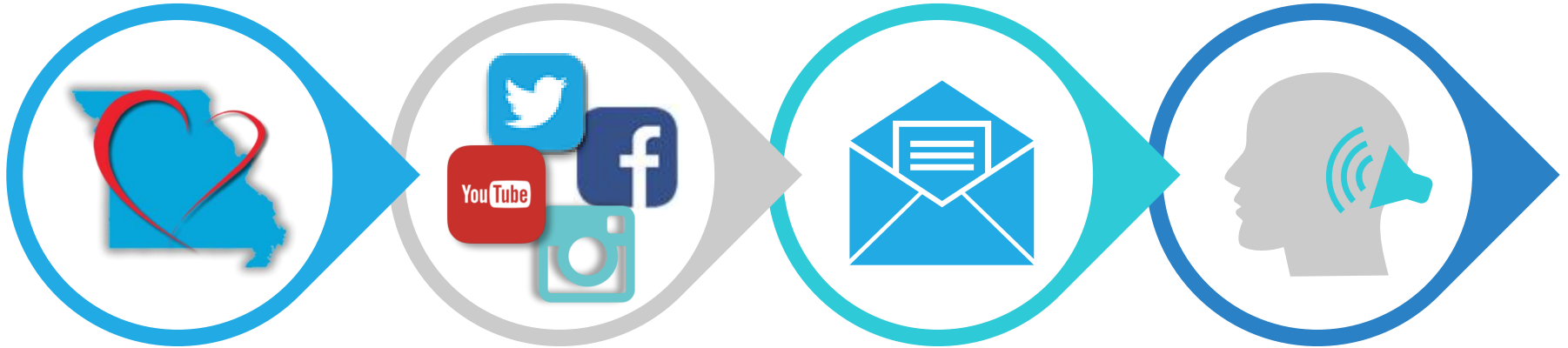
Matchmaker



Best Friend

**Choose your role**

# Join the Initiative



**HealthierMO.org**

**@HealthierMO**  
**#aHealthierMO**  
**#HealthierMOPhase2**

**Monthly  
E-Update**

**#contactUs**