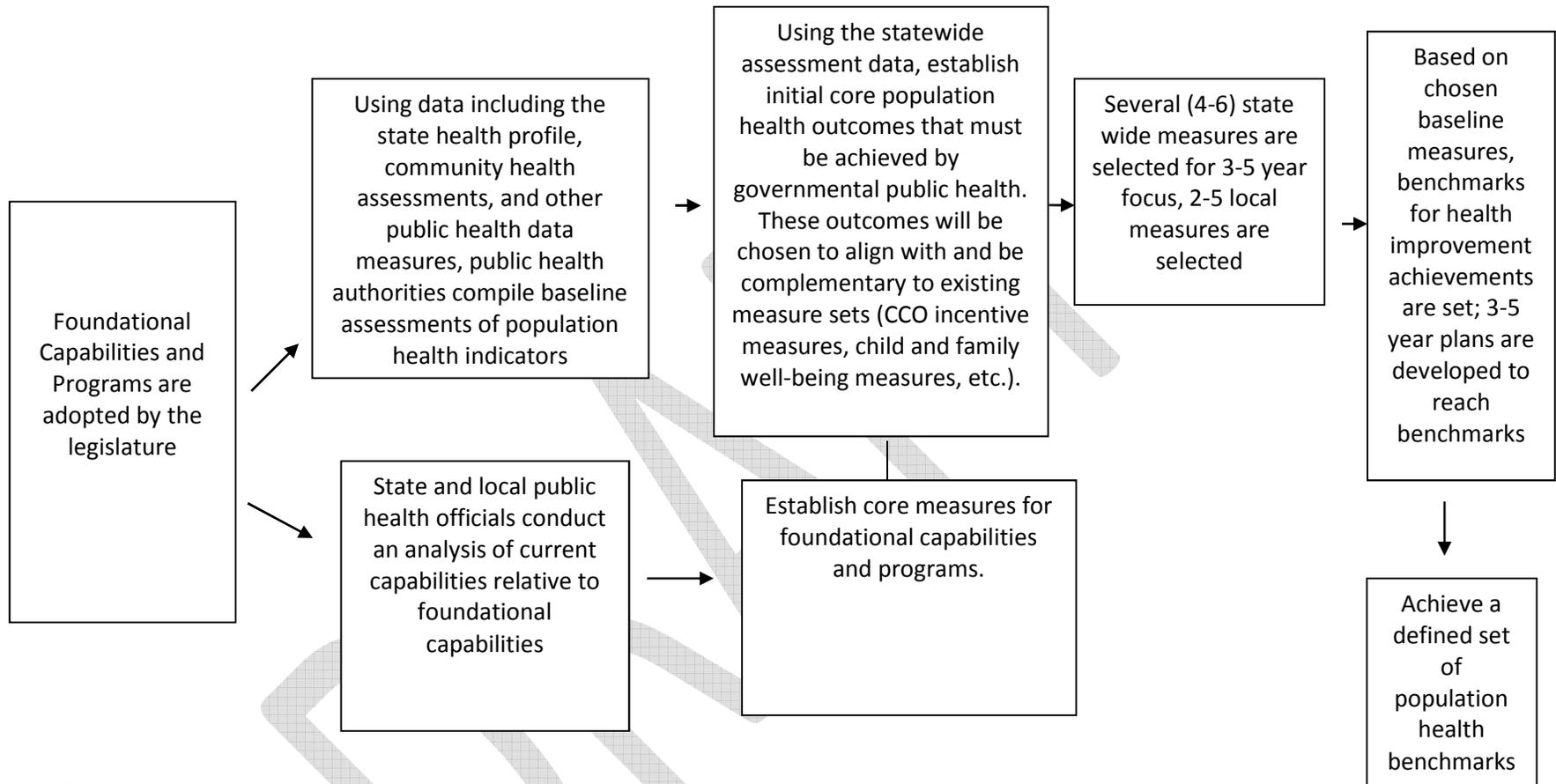


Draft Expression of Framework Delivering Governmental Public Health Services



Assumptions:

- Foundational capabilities and programs are defined to the level of detail whereby it can be clearly assessed whether or not a governmental public health agency has achieved them
- Formal relationship between and role for state and local public health continues to be defined in statute
- Population health outcome measures for governmental public health to achieve are established by an appropriate group of experts.
 - Expert group is multidisciplinary: tech, community, policy experts, etc.
 - Expert panel will take into consideration alignment with existing measure sets (CCO incentive measures, child and family well-being measures, etc.). Sample population health outcomes could include: tobacco use prevalence; obesity prevalence; HPV

vaccination; pregnancy among girls 15-17 years; influenza vaccination; cases of foodborne illness; number of healthcare acquired infections; alcohol abuse prevalence; opioid-related overdose deaths, etc.

- Based on existing data and health assessments, state and local public health establish a process to set 3-5 year benchmarks, and develop plans to achieve benchmarks
 - Strategically choose 3-5 year benchmarks that are:
 - Are SMART - Specific, Measurable, Achievable, Relevant, and Time-bound;
 - Can be addressed primarily through population based/environmental approaches (or in a partnership approach with medical care approaches of CCOs and other partners);
 - Are intuitively important to policy makers and demonstrate value for communities;
 - Are centrist - applying broadly to general population while addressing disparities; and
 - Have a reasonably high likelihood for success based on county health assessment and evidence for effective intervention

DRAFT

Implementation Option Framework

