

Foundational Public Health Responsibilities

Final draft of definitions for categories and activities

All activities in the Foundational Public Health Responsibilities are agnostic of the person, persons, agency, or decision-making level roles and responsibilities.

Glossary:

Address: giving attention with or without direct action; recognizing and potentially facilitating action needed. For the purposes of the FPHR, address does not imply direct provision or action by the person or agency recognizing it.

Administrative and Budget Preparedness: also, ABP, a plan specific to emergency preparedness and response activities that is outlined and described in guidelines from the Centers for Disease Control and Prevention

All-Hazards: an approach that is a comprehensive strategy in emergencies that is wide-ranging and focusing on core capabilities.

Assure: verification that something is happening; largely observational and passive. For the purposes of the FPHR, assure does not include doing the actual service.

Capacity: the skills, knowledge, resources, relationships, and abilities – both individual and collective – that enable action and drive change. They encompass elements such as personnel, expertise, tools, and partnerships needed to effectively accomplish goals.

Clinical care/Health care: clinical care (also medical care) is the direct provision of health care services by professionals; health care encompasses prevention, diagnosis, treatment, and restoration of health. For the purposes of the FPHR, health care is the preferred, broader term to be used in address access and linkages.

Collaborate: work in partnership with colleagues, partners, or the community to plan, decide, implement or evaluate shared work.

Communicable disease: a subset of infectious disease, these are transmitted from person to person.

Community: a unified body of individuals that share common characteristics, such as geography, interests, culture, or history.

Community-driven: an approach that gives planning, implementation, and decision-making to community groups.

Community engagement: a strategy and process of actively involving community members in discussions, decision-making, and activities that relate to or impact their collective status and well-being.

Continuity of Operations: also, COOP, a plan specific to emergency preparedness and response activities that is outlined and described in guidelines from the Centers for Disease Control and Prevention.

Convene: a tool within a community engagement strategy to intentionally bring people and partners together for a common goal or issue.

Crisis and Emergency Risk Communications: a framework for developing communication during disasters and public health emergencies.

Emergency Support Function 8: guidelines specific to emergency preparedness and response, developed by the Federal Emergency Management Administration, related to planning and coordination of the public health and medical response.

Evidence-informed: includes evidence-based, promising, and theory-based or research-informed practices.

Foundational: for the purposes of the FPHR; population-based, universally applicable across the system, mandated for public health, impacting the system, and focusing on capacity building and relationships.

High-quality data: accurate, complete, consistent, relevant and essential information that can be used in making decisions or developing plans.

Infectious disease: the broader term for illnesses that are spread through bacteria, viruses, fungi, or parasites; these are not all spread from person to person.

Infrastructure: facilities or systems that serve a community or organization where physical components are required.

Laboratory Response Network: the collaborative and integrated network of laboratories across a geographic area that is charged with responding to biological or chemical threats, or emerging infectious disease; the LRN is a tiered structure and was established by the Centers for Disease Control and Prevention.

Organizational culture: shared values, beliefs, and practices shaping how the people within an organization behave and work together.

Partners: groups, communities, and organizations with whom or with which one associates and collaborates.

Patient Centered Medical Homes: also, PCMH, refers to the national model for patient-centered, whole-person, and coordinated care. In Minnesota, this is known as “Minnesota Health Care Homes”.

Population-based: approaches, programs, or interventions that aim to improve health outcomes for entire groups rather than individuals, address the collection condition and systems that influence health outcomes, and involve collaboration and use of data to inform action.

Protective factors: behaviors or conditions helping to prevent the onset or increasing severity of disease or injury.

Provide: a responsibility to do something; implies a duty to offer concrete resources or actions directly.

Quantitative data: involves measurable numerical information; anything that can be counted or measured; can answer “how many”, “how often”, or “how much” questions.

Qualitative data: involves descriptive information that cannot be measured or counted; expressed with words and describes feelings, colors, or experiences; can answer “why”, or “how” questions.

Risk factors: behaviors or conditions increasing the chances of developing a disease or injury.

Social determinants of health: also, structural conditions of health, the conditions in which people are born, grow, live, work, and age that influence health and well-being. These include factors such as housing, education, income, access to nutritious food, transportation, social connections, and the surrounding policies, systems, and environments.

Technical assistance: a tool that may or may not be within a community engagement strategy to help meet requirements or work on initiatives; may be required in a regulatory situation.

Validate: check for accuracy; demonstrate, affirm, or support the truth therein.

Violence: includes sexual violence, human trafficking, traumatic brain injury, falls and motor vehicle crashes, occupational health hazards, sudden infant death and sudden death in the young, and forms of violent death including suicide and homicide.

Whole Community: an approach specific to emergency preparedness that implies the involvement of everyone, not just the government, in activities related to preparedness. This includes, but is not limited to, families, businesses, faith communities, schools, and all levels of government.