DOMAIN 4 DIRECT AND FIELD SERVICES

Activity Guide

ACTIVITY 4.1

JOB TASK 4.1: PROVIDE DIRECT PUBLIC HEALTH SERVICES IN THE COMMUNITY

Community-Based Care in Practice

Format: Small-group scenario analysis and discussion

Purpose: Apply job task 4.1 by identifying how governmental public health services are delivered directly in community settings and how those services reduce barriers and support access to care.

Instructor Context

Governmental public health direct and field services involve delivering public health services outside traditional healthcare or office-based settings. These services are designed to reduce barriers to care and connect individuals to services, resources, and follow-up support.

Instructions

Participants will be divided into three small groups. Each group will be assigned one of the scenarios below to discuss the guiding questions. After 10-15 minutes, groups will report out to the larger group, as if briefing a supervisor or public health team.

Student role: Students are part of a public health team providing direct services and coordinating follow-up support in the community.

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Scenarios

SCENARIO **A**

Scenario A: Mobile Health Vaccine Clinic - A mobile clinic provides vaccinations and screenings in a rural area with limited transportation and healthcare access.

SCENARIO **B**

Scenario B: Home Visiting Support for New Parents - Public health nurses provide home visits, guidance, referrals, and follow-up support to new families.

SCENARIO **C**

Scenario C: Pop-Up Screening and Service Navigation - Staff provide screenings and connect residents from varied backgrounds to services at a community center.

Discussion Questions:

1. What barriers to care are present?
2. How does the setting of the scenario help overcome those barriers?
3. What services are appropriate to provide directly versus through referral?
4. What professional public health protocols, documentation requirements, and/or safety standards must be followed?
5. How should staff communicate to ensure understanding and informed participation for individuals with different language, literacy, or accessibility needs?

After each group shares out, discuss the similarities and differences between each type of service delivery scenario. Reflect on what specific operational or community-specific considerations may need to be made in each environment.

Key Takeways



Bringing services into communities reduces access barriers

Field-based work requires strong communication and adherence to protocols

Public health staff connect individuals to services and follow-up care

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ACTIVITY 4.2

JOB TASK 4.2: ENSURE BROAD ACCESS TO AND UTILIZATION OF PUBLIC HEALTH SERVICES THROUGH GUIDANCE, REFERRALS, LINKAGE, CASE MANAGEMENT, AND FOLLOW UP

The Access Pathway Challenge

Format: Small-group collaboration

Purpose: Apply job task 4.2 by developing strategies to guide individuals to services, support linkage to services and ensure successful follow-up.

Instructor Context

Governmental public health professionals play a key role in helping individuals navigate public health, healthcare, and community-based services. This includes providing guidance, making referrals, ensuring successful connections and continuity of services.

Instructions

Students will be split up into teams of 3-4 and assigned a client scenario. Teams will develop a plan for guidance, referral, linkage, and follow-up. After initial planning, an additional barrier will be introduced.

Student role: Students are part of a public health team supporting service access, referrals, and follow-up coordination.

Sample Client Scenarios:

1. Immediate Guidance
    a. What would you say, using language that is clear and appropriate for the client's needs, to explain available services?
2. Referral Plan
    a. What services or departments are appropriate?
    b. What eligibility or documentation requirements may affect access?
3. Linkage Plan
    a. How will you ensure the person connects to services?
    b. What additional considerations are needed, related to transportation, language, technology, scheduling, and/or accessibility?
4. Case Management and Follow-Up Plan
    a. Who is responsible for follow-up?
    b. How and when will follow-up occur?
    c. How will follow-up be documented and coordinated?
5. Access and Support Adjustments
    a. What adaptations are needed to support successful service access and follow-up?

Scenarios

SCENARIO **A**

Pregnant Client With Multiple Service Needs
A 24-year-old pregnant client recently moved to the area and has not yet established prenatal care. They are in their second trimester, sometimes run out of food before the end of the month, and are interested in nutrition assistance. The client does not have a car and is unfamiliar with services available in the community.

SCENARIO **B**

Older Adult Experiencing Food and Medication Access Challenges
A 72-year-old adult lives alone and manages several chronic health conditions. They sometimes have to choose between purchasing groceries and paying for medications. They also have difficulty getting to medical appointments and the grocery store.

SCENARIO **C**

Family Facing Housing Instability
A parent with two young children has received notice that the family must leave their current housing within 30 days. The parent works part-time but cannot afford another apartment at current rental prices. One child receives ongoing healthcare services for a chronic condition, and the parent is concerned that losing stable housing will interrupt the child's care.

SCENARIO **D**

Adult With Diabetes and Food Access Needs
A 48-year-old adult with diabetes has been advised by their healthcare provider to make dietary changes. However, they have difficulty affording recommended foods and are unsure how to prepare meals that meet their healthcare needs. They also occasionally miss medical appointments because of an unpredictable work schedule.

SCENARIO **E**

Recently Uninsured Adult Needing Ongoing Care
A 37-year-old adult recently lost employer-sponsored health insurance after losing their job. They take medication for a chronic health condition and need regular healthcare visits but are concerned about the cost of continuing care. They are unsure what health coverage or affordable care options are available.

Key Takeaways



Guidance must be clear, responsive to community needs, and actionable

Barriers to service utilization are often related to systems and resources; they are not individual

"Warm handoffs" are essential for successful linkage

Success can be measured by service utilization and community/individual outcomes

Alignment with CEPH MPH Foundational Competencies

Domain 4 Job Task	Related CEPH MPH Foundational Competencies
4.1 Provide direct public health services in the community	*No direct CEPH MPH Foundational Competency alignment identified.*
4.2 Ensure equitable access to and utilization of public health services through guidance, referrals, linkage, case management, and follow up	**Competency 7:** Assess population needs, assets, and capacities that affect communities' health. **Competency 21:** Integrate perspectives from other sectors and/or professions to promote and advance population health.

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