



Foundational Public Health Responsibilities (FPHR) Workgroup

Charge

The FPHR Workgroup will develop for consideration and approval by the full State Community Health Services Advisory Committee (SCHSAC) a recommendation to the Commissioner of Health that includes, but is not limited to, a set of minimum standards* by which full implementation of foundational public health responsibilities (areas and capabilities) can be assessed.

The need for a set of minimum standards to assess implementation of foundational public health responsibilities was identified in response to the Minnesota legislature's allocation of new funds to community health boards to fulfill foundational public health responsibilities, and the stipulation that funds can be used for community priorities if a community health board can demonstrate fulfilling foundational public health responsibilities.

These standards will inform the development of a process by which Minnesota Department of Health can determine that foundational public health responsibilities are fully implemented in any given jurisdiction requesting use of funds outside of foundational responsibilities.

Tribes also received funding to fulfill foundational public health responsibilities. SCHSAC does not make recommendations to MDH related to tribes.

* In this context, the term "standard" means a measure of quality or attainment to deem responsibilities fulfilled.

Background

Minnesota has been undergoing efforts to strengthen the public health system and create one equipped to work with communities and carry out foundational public health responsibilities. This work is jointly led by Local Public Health Association (LPHA), the State Community Health Services Advisory Committee (SCHSAC), and the Minnesota Department of Health (MDH) through a Joint Leadership Team. In 2023, the [Joint Leadership Team](#) adopted the national framework of [Foundational Public Health Responsibilities](#) to define what needs to be in place everywhere for Minnesota's public health system to work anywhere, helping move towards a more seamless, responsive, and publicly supported public health system.

In 2023, the Minnesota legislature allocated \$9,844,000 per year, as part of the state's base budget, for community health boards to fulfill Foundational Public Health Responsibilities. (<https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalresponsibilities.html>). This is ongoing, annual funding to strengthen local public health in Minnesota and is for foundational public health responsibilities first.

The legislation permits community health boards to use funds for local priorities developed through the community health assessment and community health improvement planning process if they can demonstrate foundational public health responsibilities are fulfilled.

In December 2023, the Commissioner of Health, in consultation with SCHSAC, decided Community Health Boards should not be allowed to use the 9.8 million in funding for community health priorities until SCHSAC has adopted a set of minimum standards for foundational public health responsibility implementation. In its final report to SCHSAC, the Foundational Public Health Responsibilities Funding Workgroup provided this rationale: *According to the Minnesota Public Health Cost and Capacity Assessment Summative Report*

(<https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202310costcapacity-memoreport-reduced.pdf>), no health departments report full implementation of foundational public health responsibilities in their jurisdictions. In the near term, every community health board should use these funds for foundational public health responsibilities until they can demonstrate that those responsibilities are fully implemented in their community health board.

Despite adopting the national framework for foundational public health responsibilities and having guidance provided through the associated [2022 Factsheet](#), there remains important nuances that need to be resolved before standards are determined. These include, but are not limited to, reviewing current FPHR definitions and clarifying the difference between foundational responsibilities and important, community-specific services.

Methods and Member Commitments

Approach

The FPHR workgroup will carry out its charge to develop recommendations for a set of minimum standards by which full implementation of foundational public health responsibilities can be assessed. Their work will, in part, include:

- Reviewing current FPHR definitions to endorse or edit the related elements.
- Identifying criteria to distinguish between responsibilities that are foundational statewide and those that are community-specific services.
- Consideration of local public health and Minnesota Department of Health roles and responsibilities associated with the foundational responsibilities.
- Engaging in discussion and collaborative decision-making.

Membership Composition

The workgroup will engage people with different perspectives and experience within Minnesota's governmental public health system, including the Local Public Health Association, SCHSAC, and MDH. Membership will include:

- LPH representatives will include at least one CHS administrator, local health director or leader from each of the seven LPHA Regions.
- MDH will have at least 3 representatives (to be identified by MDH leadership), including representatives from the Health Improvement, Health Protection, and Health Systems Bureaus.
- At least 1 member of the workgroup will be current member of the Joint Leadership Team.

Representation will be distributed across the state in a balanced and equitable manner. Subject matter experts from MDH and/or LPH will be called upon to advise on the areas and capabilities, such as members of the Environmental Health Continuous Improvement Board, the Infectious Disease Continuous Improvement Board, and the Public Health Emergency Preparedness Oversight group.

Two members will be appointed as co-chairs, representing MDH and LPH. Membership, inclusive of co-chairs, shall not exceed 15 persons in total. Back-ups can be identified to represent member in their absence. Reappointments may be needed in the case of long-term absence.

Member Expectations

- Attend meetings (Review materials and provide input if a meeting is missed)
- Active participation in discussion (Review of materials as needed outside of meetings to be prepared for discussions)

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- Communicate with represented entities to share information and gather input as needed (SCHSAC, LPHA, MDH, JLT)
- Maintain transparency about the process and challenges.

Workgroup Meetings and Time Commitment

The duration of this workgroup is expected to be approximately 18 months. The workgroup will meet monthly starting in May 2024. Members can expect to spend 1.5-2 hours at each meeting and 1-2 hours a month outside of team meetings.

Workgroup Operations

Guiding principles: To be determined by workgroup members.

Decision-making: To be determined by workgroup members.

Ground rules: To be determined by workgroup members.

Membership

Sarah Reese, Polk County (Polk, Norman, Mahnommen CHB), Northwest Region

Joanne Erspamer, Carlton County (Carlton, Cook, Lake, St. Louis CHB) Northeast Region

Jody Lien, Ottertail County (Partnership 4 Health CHB), West Central Region

Samantha Lo , Pine County CHB, Central Region

Katherine Mackedanz, Todd County (Todd, Morrison, Wadena CHB), Central Region

Elizabeth Auch, Countryside CHB, Southwest Region

Sagar Chowdhury, Olmsted County CHB, Southeast Region

Rodney R. Peterson, Dodge/Steele CHB, SCHSAC

Kiza Olson, Meeker, McLeod, Sibley CHB, South Central Region

Jeff Brown, City of Edina CHB, Metro Region

Gabriel McNeal, Saint Paul-Ramsey County CHB, Metro Region

Mary Navara, MDH, Health Protection Bureau, Environmental Health Division

Ann Zukoski, MDH, Health Improvement Bureau, Health Promotion & Chronic Disease Division

David Kurtzon, MDH, Health Systems Bureau, Health Policy Division

Odi Akosionu-DeSouza, MDH, Health Equity Bureau, Health Equity Strategy & Innovation Division

Staffing

Linda Kopecky, Planner, Center for Public Health Practice

Ann March, Planner, Center for Public Health Practice

Additional staff support and technical expertise from MDH's Community Health Division and Center for Public Health Practice.

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