Foundational Public Health Responsibilities (FPHR) Funding Workgroup: Meeting Summary, November 27, 2023

Welcome and opening remarks

The workgroup co-chairs, Nick Kelley and De Malterer, opened the meeting with the following remarks:

- We've hit an important milestone. This is the last meeting. We're grateful for all the work that has brought us to this point.
- We're proud of the foundation that will help drive change forward to help transform and make an impact on how we do foundational public health in Minnesota.
- Today will be focused on tying up several loose ends and talk about the written report to SCHSAC.

Recommendations for reporting: review and vote

MDH staff synthesized input from workgroup members at a prior meeting (10/13/2023) and presented a draft recommendation for workgroup members to consider.

Workgroup members were supportive of the overall recommendation, with some minor edits to the language and development of a separate recommendations related to the development of standards and coordination with SCHSAC's Performance Measure Workgroup. The final language of the recommendations is below.

Decision:

Recommendation 1: When developing reporting requirements for these funds, MDH should prioritize information that helps maintain legislative support for these funds, facilitates connections and ongoing learning across the state, and demonstrates compliance with statute, with as little reporting burden on community health boards as possible.

Reporting should:

- **Gather stories of impact**. Stories about the impact of this funding should be a key part of the reporting to show the impact on Minnesotans as the system builds capacity.

- **Show that funds are used for foundational public health responsibilities**. To be good stewards of public dollars, MDH needs to be able to demonstrate that the funds are being used as intended by the legislature.
- **Be able to show trends over time**. The purpose of these funds is to build a solid foundation for health from border to border. A reporting process should allow MDH, SCHSAC, and LPHA to monitor trends over time, while also recognizing that it will take time to demonstrate long-term impact.
- **Support a culture of learning**. Information collected from community health boards should be collected in the spirit of learning and development about implementing FPHRs and help community health boards learn from each other.
- **Only collect data that will be used**. MDH should keep in mind the growing administrative burden of additional funding for community health boards and make every effort to limit reporting burden for these funds.
- **Be streamlined and simple**. MDH should leverage existing reporting processes already in place to simplify the reporting process for these funds. Reporting for these funds should align with Local Public Health Act annual reporting to the best extent possible.
- **Have clear expectations and instructions**. MDH should support reporting processes with clear expectations, definitions, and instructions.

Recommendation 2: MDH should work with the SCHSAC's Performance Measure Workgroup to align Local Public Health Act annual reporting with the Foundational Public Health Responsibilities to monitor improvement in Minnesota's ability to implement foundational public health responsibilities.

Both recommendations approved (unanimous).

Additional recommendations

The recommendations we've developed so far have been created at a specific point in time. SCHSAC, MDH, and LPHA are working together toward system transformation (to build a seamless, responsive, publicly supported public health system), and that will develop and evolve over time. We know the conditions in which we're operating will change.

The workgroup co-chairs proposed specific recommendations related to when a workgroup should be reconvened and what future workgroups should do with these recommendations.

Proposed recommendation #1:

1. **Regular review.** A funding workgroup should be reconvened at the request of SCHSAC when there are:
    a. Substantial additional investments in public health infrastructure and/or foundational public health responsibilities;

b. Significant changes or developments that affects the distribution or implementation of these funds, including, but no limited to, the development of standards to assess full implementation of FPHR; or
c. Significant progress is made in the system's ability to fulfill FPHR.
d. If none of the conditions above apply, SCHSAC should reconvene a workgroup in four years to affirm or update these recommendations.

Discussion:

- Do we want to explicitly name changes that might happen at the national level? Members felt this was covered in 1a and 1b.
- General consensus if the first three items don't occur which require a sooner look, a review at the 4-year mark makes sense.
- Want to make sure elected officials are reassured that funding will be available, so someone can be hired.

Recommendation 1 approved.

Proposed recommendation #2:

2. **Future considerations.** When SCHSAC convenes the next funding workgroup, they should:
    a. Prioritize funding stability and avoid decreases in funding for individual CHBs
    b. Start with the guiding principles developed by this workgroup
    c. Consider options for a more precise capacity metric based on new information and data.

Discussion:

- This recommendation reflects values of the workgroup raised throughout the process
- Be open to the possibility that principles could change and may need a re-look.

Recommendation 2 approved.

Proposed recommendation #3:

3. **Adapting to change.** Until a new workgroup convenes, if there are changes to the number of CHBs and/or a significant change in funding for FPHRs, then:
    a. Option 1: the percentages allocated to base, SVI, and capacity allocations should remain consistent. OR
    b. Option 2: the base remains $115,000 and SVI and capacity allocations follow currently recommended percentages.

Discussion:

- Question raised about if additional funding (state/fed) received, would all parts of the formula increase

- Any new investment in state funds should be looked at by SCHSAC
- Bring back to the principles, and option 1 feels more true to the principles. Keeping $115,000 base means money taken away from equity and capacity metrics.
- Reality is the funds will go out, and there is going to be an inevitable change in the number of CHBs (1 CHB is in the process)
- Running the numbers of a CHB split, if there was one more CHB, lowers the base from couple thousand less to a couple hundred more (option 1).
- Option 2 means based on changing number of CHBs means money will be pulled away from where they need it the most (equity and capacity).
- People are planning and making cases to their boards, if I know if it's 115,000 that gives leg to stand on before the board. Fluctuation may impact a board's willingness.
- Question raised about what to do if CHB chooses not to take the funding, and how those extra funds would be dispersed. (MDH needs to take a closer look at statute and language to clarify this).
- If there are more CHBs, the money is coming from somewhere, so the question is, do want it to come out the base allocation (option 1), or do we want it to come out of the SVI and capacity allocation (option 2)?
- The key will be in the messaging. I'm looking for consistency - needing to reassure boards that we will continue to have ongoing, despite minor fluctuations. Don't want it to jeopardize potential hiring.
- Suggestion to minimize angst by putting a note about change in CHBs under the recommended funding formula conversation rather than a standalone recommendation.

Decision:

After discussion, the proposed recommendation was revised to reflect only changes in the number of CHBs. Considerations for future funding are accounted for in recommendation 1.

Amended recommendation approved (see final text below). 7 yes, 1 neutral.

Final recommendation: If the number of community health boards changes before a future workgroup convenes to reconsider the recommendations in this report, MDH should maintain these original formula percentages when allocating funds. (59.6% to base funding for all CHBs, 24.3% according to social vulnerability of the CHB, 16.2% to CHBs serving fewer than 100,000 people).

Wrap up and Next Steps

The workgroup celebrated the conclusion of its final meeting. Workgroup members reviewed all of the recommendations they developed to date and reaffirmed those recommendations with a final vote of approval. While not everyone agreed with every recommendation, every workgroup member that participated in this meeting agreed that they could stand behind these recommendations.

The workgroup co-chairs and MDH staff conveyed their deep appreciation for the work this group has done together. We look forward to seeing everyone who is able to attend at the SCHSAC meeting on December 6, 2023.

MDH will continue to work on sharing timely communications and resources related to this funding. When the final report is ready for SCHSAC, MDH staff will send it to workgroup members as well so that it can be distributed to local health directors in advance of the SCHSAC meeting.

Thank you again to everyone who participated in this work. We did hard work, together, on behalf of Minnesota's statewide public health system.

Workgroup Membership

Workgroup Co-Chairs

Nick Kelley, LPHA Chair-Elect (nkelley@bloomingtonMN.gov;)
De Malterer, Commissioner, Waseca County, and SCHSAC Vice-Chair (de.malterer@co.waseca.mn.us)

Workgroup Members

Bree Allen, SW/SC LPHA, Brown Nicollet CHB (Jaimee Brand, Brown Nicollet CHB, Alternate)
Susan Michels, NE LPHA, Carlton Cook Lake St. Louis CHB
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Laurie Halverson, Commissioner, Dakota County
Amy Evans, SE LPHA, Dodge-Steele CHB
Susan Palchick, Metro LPHA, Hennepin County Public Health
Ann Stehn, WC LPHA, Horizon Public Health
Chelsie Huntley, Minnesota Department of Health, Community Health Division Director
Marissa Hetland, NW LPHA, North Country CHB
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