

# Meeting notes: Foundational Public Health Responsibility Workgroup

**DATE: 11.6.24**

## ATTENDANCE

Members present:

Liz Auch (SW), Jodi Lien (WC), Katherine Mackedanz (Central), Sarah Reese (NW), David Kurtzon (MDH), Mary Navara (MDH), Jeff Brown (Metro), and Gabriel McNeal (Metro), Rod Peterson (SCHSAC), Kiza Olson (SC), Joanne Erspamer (NE)

Participants present:

Richard Scott (Metro), Kim Milbrath (MDH), Heather Myhre (MDH)

Workgroup staff:

Ann March

Linda Kopecky

## Purpose

Add clarity to the path forward towards developing standards.

## Decisions made

No formal decisions were made at this meeting.

## Action items for members

- Respond to scheduling polls for small working groups.
- Share talking points with groups you represent as applicable.
- Next meeting: December 4, 2024, 8:30 – 10:00 a.m.

## Talking points

- Notes from the FPHR meetings will be posted on the SCHSAC workgroup webpage: [Standing and active SCHSAC workgroups - MN Dept. of Health \(state.mn.us\)](https://state.mn.us/schsac)
- The workgroup continued reflections on distinctions between foundational in every community and community-specific activities. Reflections will be used to begin generating criteria for members to respond to.
- The workgroup contributed ideas to inform definitions and understanding of the following terms: assure/assurance, ensure, provide, and (to) address. The workgroup will continue to unpack terms

that could mean different things to different people, to ensure there is a shared understanding of key terms as the small group work begins.

- The December meeting will focus on developing a formula for standards, which will be applied to each foundational responsibility.

## Meeting notes

### Criteria for foundational work

Workgroup members continued discussion about the criteria for what is foundational through the lens of how foundational is described in the documents and description that accompanied the adopted FPHR framework (below) and listened to an example of criteria one county is testing.

*The Foundational Public Health Responsibilities (FPHR) articulates the minimum package of public health services that governmental public health should deliver to communities, and that should be available everywhere for public health to work anywhere. The framework includes Foundational Capabilities (cross-cutting skills) and Foundational Areas (broad health topics from across the lifespan) that must be available to all people served by the governmental public health system, and that meet one or more of the following criteria:*

- a. services that are mandated by federal or state laws;*
- b. services for which, statewide, the governmental public health system is the only or primary provider of the service; and*
- c. population-based services (versus individual services) that are focused on disease prevention, protection, and health promotion.*

*In addition to the Foundational Capabilities (FCs) and Foundational Areas (FAs), the FPHS framework outlines additional, community specific services that are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by community.*

Take-aways:

- Work that is improving the system is foundational.
- Program work directly with individuals is not foundational if it doesn't meet one of the above criteria.
- Population-based work is important criteria for deciding if an activity is foundational. Need for clarity around what is included in "population-based" work.
- Examples of foundational work is important, and examples should stay within the guidelines of what is foundational.
- Workflow or series of questions to assist in making decisions about what is foundational would be helpful.
- Uncertainty around if some community priorities could be foundational, and where to put provision of service if public health is a last resort provider because nobody else is locally providing that service.

- Concern was expressed about funding to do work outside of what is foundational, the challenge in braiding funding to provide services outside of the guidelines of foundational, and the need for flexibility in funding.

The workgroup will continue to explore this nuance at future meetings to contribute to identifying distinguishing criteria.

## Terms for Shared Understanding

Workgroup members unpacked four terms for shared understanding: assure/assurance, ensure, provide, and (to) address. Prior to the meeting, workgroup members reviewed terms in the context of the FPHR fact sheet. Take-aways from the discussion include:

**Assure as verification:** The concept of "assure" aligns with a verification process—assessing and confirming that specific conditions or services are in place. It is largely observational and passive, seeking to determine that something is present and functioning as intended.

It was noted that historically “assurance” as a core public health function was interpreted to involve verifying or stepping in to deliver services if others weren’t doing so.

**Ensure as action:** The concept of "ensure" is more action-oriented. If something is lacking or identified as a gap, then "ensuring" it involves taking steps to correct or fill the gap, effectively making certain it becomes available or functional.

**Provide as responsibility:** The concept “Provide” implies a duty to offer concrete resources or actions directly.

**(To) Address as giving attention with/without direct action:** “address” involves giving attention to a specific area or issue, indicating a focus without necessarily being the entity performing the action; addressing an issue means recognizing it and potentially facilitating action but doesn’t imply direct provision or action by the person or agency addressing it. Address could be short-term and specific response, such as tackling emerging needs or “hot topics,” which could be urgent and situational.

## Small Working Groups

Small workgroups for each capability and area are in the process of being finalized and first meetings scheduled. The small group process will include the following 4 steps:

FPHR WORKGROUP 11.6.24 NOTES

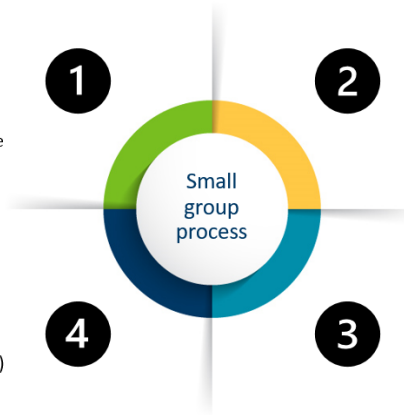
**Start with summary document**

Wording for categories/headlines:  
Wordsmith? Adopt?

Does this reflect how we understand this work?

**Draft standards**

Use ingredients or formula developed by large group  
(December 4 meeting)



**Move to activities**

Are there gaps?

Areas of confusion or duplication?

Wordsmith, modify, shift activities across responsibilities.

**Consider**

Roles

Accountability

Foundational and community specific