

Meeting notes: Foundational Public Health Responsibility Workgroup

DATE: 12.4.24

ATTENDANCE

Members present:

Liz Auch (SW), Jodi Lien (WC), DH), Jeff Brown (Metro), and Gabriel McNeal (Metro), Rod Peterson (SCHSAC), Kiza Olson (SC), Joanne Erspamer (NE), Odi Akosionu-DeSouza (MDH) , Ann Zukoski (MDH), Sagar Chowdhury (SE),

Participants present:

Kim Milbrath (MDH), Heather Myhre (MDH)

Workgroup staff:

Ann March

Linda Kopecky

Purpose

Create a recipe for FPHR standards

Decisions made

No formal decisions were made at this meeting.

Action items for members

- Respond to scheduling polls for small working groups.
- Complete padlet exercise for the term “population-based”.
- Share talking points with groups you represent as applicable.
- Next meeting: January 8, 2025, 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/workgroups)
- The workgroup continued reflections on what criteria could be used to distinguish what is foundational. Criteria considered included:

- System Improvement: Foundational work is aimed at improving or maintaining the public health system that serves populations.
- Mandated work: Foundational includes work mandated by state or federal law.
- Universal Applicability Across Jurisdictions: Foundational responsibilities are consistent across regions and throughout the state, though the methods of funding, implementation, and roles and responsibilities to carry out varies functions might vary.
- Capacity Building and Relationships: Foundational work emphasizes building, maintaining, or improving public health capacity and relationships.
- Focus on population health: Population-based work is important criteria for deciding if an activity is foundational. (Noted a need for clarity around what is included in “population-based” work).
- The workgroup continued conversation around several terms they are working towards a shared understanding of: assure/assurance, ensure, provide, and (to) address. The workgroup will talking “population-based” next.
- The workgroup began discussion about components to FPHR standards.
- Two small working groups have met and several more are scheduled. These small group will continue to meet over the course of the next few months.
- The January meeting will continue focus on developing a formula for standards, which will be applied to each foundational responsibility.

Meeting notes

Drafts of foundational work criteria

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)

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.

Take-aways:

- System improvement: Foundational work is aimed at improving or maintaining the public health system that serves populations as a whole, rather than addressing specific programmatic or individual needs. It involves systemic functions like surveillance, assessment, and ensuring core public health infrastructure.
- Mandated work: Foundational includes work mandated by state or federal law. For example, mandated aspects of infectious disease work (e.g., tuberculosis) could align with foundational responsibilities, but direct individual services may not unless mandated by state or federal law.
- Universal Applicability Across Jurisdictions: Foundational responsibilities are consistent across regions and throughout the state, though the methods of funding, implementation, and roles and responsibilities to carry out varies functions might vary. For example, inspections and oversight to protect food is foundational, yet in some places it is the role of MDH and in some places it is the role of local public health through delegation agreements.
- Focus on Capacity Building and Relationships: Foundational work emphasizes building, maintaining, or improving public health capacity and relationships.
- Focus on population health: Population-based work is important criteria for deciding if an activity is foundational. Need for clarity around what is included in “population-based” work. Program work directly with individuals is not foundational if it doesn’t meet one of the above criteria, but there might be work aspects of work that is foundational. Example: In family home visiting, creating new partnerships or referral systems to support the program is foundational, while 1:1 interactions with clients would not be.

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

Terms for Shared Understanding

Workgroup members reviewed synthesis of past discussion of key terms:

- **Assure** as verification something is happening; largely observational and passive (also “Ensure”) Merriam-Webster Dictionary definition: **Assure (v)** to make sure or certain; to make certain the coming or attainment of. **Ensure (v)** to make sure, certain, or safe.

The authors of the fact sheet clarified that the use of "assure" and "ensure" was not a deliberate distinction during its development. The workgroup discussed using one over the other and making that edit. No decision was made during the meeting.
- **Provide** as responsibility to do something; implies a duty to offer concrete resources or actions directly. Merriam-Webster Dictionary definition: **Provide (v)** to supply or make available.
- **(to) Address** as giving attention with/without direct action; recognizing and potentially facilitating action needed but doesn’t imply direct provision or action by the person or agency addressing it. Merriam-Webster Dictionary definition: Address (v) to direct the efforts or attention of (oneself); to deal with.

Before the January meeting, workgroup members will provide thoughts around what the term “population-based” means in the context of governmental public health.

Recipe for FPHR standard

Workgroup members began conversation around what key components should be part of a standard for FPHR.

Take-aways:

- Alignment and Framework

Consider alignment with PHAB standards, national or state regulatory standards, and best practices. (though maybe not in the weeds of national accreditation.)

Examine if the standard focuses on the outcome, the process, or both (e.g., reaching an outcome with flexibility in the manner while considering best practices).

- Setting the Bar

Set a bar that is achievable and aspirational rather than hardly ever achievable.

Standards should reflect community needs (e.g., how many staff/resources are needed to meet the job demands and community needs).

Balance both level (quantity) and quality in the standards.

- Equity and Measurement

Consider where equity fits into the standards and how to measure it effectively.

- Staffing and Resources

Staffing and resources need to be clearly defined and allocated.

Recognize that staffing also equals resources, and ensure the right roles are in place to support standards.

- Evaluation and Review

Consider conducting 360-degree reviews that involve more than just MDH determining if standard is met.

Small Working Groups

Two small working groups of workgroup members and subject matter experts have met for communicable disease control and organizational competencies. Several more are scheduled. These small group will continue to meet over the course of the next few months. These groups are diving deep to review headline responsibilities and activities.