Meeting notes: Foundational Public Health Responsibility Workgroup

DATE: 1.8.25

ATTENDANCE

Members present:
Liz Auch (SW), Jodi Lien (WC), Jeff Brown (Metro), Gabriel McNeal (Metro), Rod Peterson (SCHSAC), Kiza Olson (SC), Joanne Erspamer (NE), Odi Akosionu-DeSouza (MDH), Mary Navara (MDH), David Kurtzon (MDH), Sagar Chowdhury (SE), Katherine Mackedanz (Central), and Sarah Reese (NW)

Participants present:
Kim Milbrath (MDH), Heather Myhre (MDH)

Workgroup staff:
Ann March
Linda Kopecky

Purpose

Polishing elements 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: February 5, 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)
- The workgroup reviewed workplan timeline and progress made towards clarifying criteria for foundational work and developing a shared understanding around key terms in the framework categories.

- The workgroup practiced applying their initial standard elements to specific categories to identify necessary adjustments.
- Four 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. They have been focused on ensuring categories reflect foundational work in Minnesota, and describing how the categories are operationalized.

Meeting notes

Progress

Workplan and timeline: Workgroup members reviewed workplan and timeline. Currently on schedule, though small group work may continue into March, but no changes at this time. This will be reviewed again in a few months.

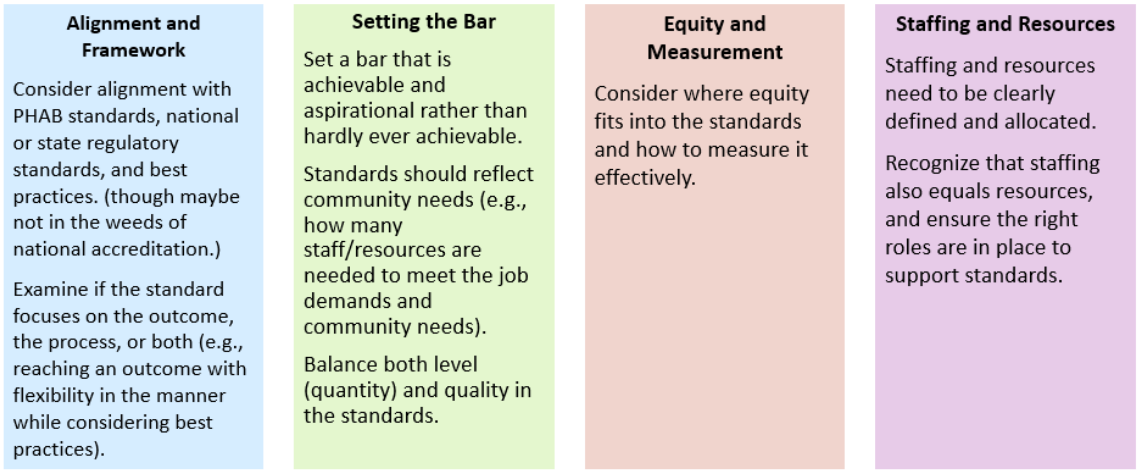
Terms for shared understanding: Members will add clarity around the term "population-based". This was noted as a term that could have varying interpretations depending on context and audience.

Criteria for foundational: Members reviewed edits. Small working group conversations may inform additional criteria or changes.

- **System-wide Impact:** Foundational work is aimed at improving or maintaining the public health system 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 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. 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 direct service 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. Note: Need for clarity around what is included in "population-based" work.

Recipe for FPHR standard

The workgroup practiced applying their initial standard elements to specific categories to identify necessary adjustments and provided feedback on the process. In this process, they considered developing standards based on:



The small working groups will use what elements of a standard generated by the workgroup to formulate draft standards.

Small Working Groups Update

Four small working groups of workgroup members and subject matter experts have met: communicable disease control, organizational competencies, assessment and surveillance, and communications. 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. Overall, the workgroups are making substantial progress by condensing, aligning, and clarifying activities, while recognizing areas needing further discussion and refinement.