

Essential Local Public Health Activities Framework – Part 6 of 6

Area of Public Health Responsibility:

Assure the Quality and Accessibility of Health Services

The development of the following proposed essential local activities was guided by consideration of relevant Minnesota State Statutes, state/local expertise, other states' minimum standards, the six main jobs of a public health system as defined by a 1994 Public Health Steering Committee, and the National Association of County and City Health Officials (NACCHO) recent draft operational definition of a functional local public health agency.

Agreement existed in these guidance materials that local health departments should periodically assess the health care capacity of their communities, including the quality of services provided and accessibility to those health services; inform people of the assessment results; and link people to needed services. Access to health care is one of the 10 Leading Health Indicators from Healthy People 2010. Assuring that health services are accessible has led some local health departments to provide health care for people who lack health insurance or to provide services that are not accessible among private providers (e.g. immunization, sexually transmitted disease services, home care and home visiting, dental care for children, and health education and counseling).

Each tribal government in Minnesota has a health system in place and is not obligated to participate in the implementation of the essential local activities in this framework. However, as dual citizens of the tribe and state, all American Indians are entitled to have access to the essential activities in this framework.



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<p>Essential Local Activities</p> <ul style="list-style-type: none"> ▪ See Appendix D for list ▪ Numbers listed below correspond with appropriate essential local activities 	<p>Ten Essential Services</p> <ul style="list-style-type: none"> ▪ Developed at the national level ▪ See Appendix E for list ▪ Numbers listed below correspond with appropriate essential service 	<p>Statutory References</p> <ul style="list-style-type: none"> ▪ Must = legislative requirement ▪ May = legislative permission ▪ See Appendices A and F for brief descriptions 	<p>MDH Contributing Activities</p> <ul style="list-style-type: none"> ▪ What has to happen at MDH in order for the activity to occur at the local level 	<p>Examples From Local Public Health</p>
<p>HS1. Identify gaps in the quality and accessibility of health care services.</p>	<p>#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p>	<p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 125A.30 (b) (8), Interagency Early Intervention Committees (may) MS 144.05, General duties of Commissioner (may) MS 145.56, Suicide Prevention (may) MS 145A.882, subd.7, Maternal and Child health Block Grant distribution (may) MS 145.925, Family Planning Grants (may)</p>	<ul style="list-style-type: none"> - Collect and share county and statewide workforce data. - Collect and share county health profiles data. - Maintain and expand county health profiles data. - Work with data systems to assure health workforce data address racial/ethnic identification, and languages understood and spoken. - Use the Culturally and Linguistically Appropriate Services (CLAS) standards to measure quality and accessibility of health care services for all community members. - Work with local public health and communities to determine ways in which accessibility and quality can be assessed in safe and culturally appropriate ways. - Disseminate the results of any statewide studies that might affect the quality and accessibility of health care services at the local level. - Continue implementation of the Sage Screening Program to provide free breast and cervical 	<ul style="list-style-type: none"> - Monitor publicly reported quality indicators through use of contracts. - Participate in community groups (Families First, Early Childhood Connections, Community Connector’s, local Interagency Early Intervention Committees, Parent Advisory Committees). - Utilize the CHS Advisory Committee to study issues. - Assure that behavioral health services are included in this analysis. - Examine utilization of MDH’s Sage Breast and Cervical Cancer Screening Program for numbers participating and providers involved. - Analyze data and information from such sources as Child and Teen Checkup Outreach efforts, long term care consultations, personal care assessments, the infant follow along program and the kindergarten retrospective survey.

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			<p>cancer screening to low income, uninsured, and underinsured Minnesotans.</p> <ul style="list-style-type: none"> - Provide Child and Teen Checkup training and consultation for private providers and public health agencies. - Continue implementing the Vaccine for Children Program, and building the statewide immunization registry. - Provide technical assistance and consultation for hospitals and clinics on operations, finances, quality of care and patient satisfaction. 	
<p>HS2. Based on the on-going community assessment, inform and educate the public and providers on issues related to the quality and accessibility of health care services in the community.</p>	<p>#3 Inform, educate, and empower people about health issues.</p>	<p>MS 125A.30, Interagency Early Intervention Committees (may) MS 144.05, General duties of Commissioner (may) MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 145.56, Suicide Prevention (may) MS 145.882, subd.7, Maternal and Child Health Block Grant distribution (may)</p>	<ul style="list-style-type: none"> - Continue producing and disseminating Health Economics Reports. - Provide related technical assistance as requested. - Work with local public health departments on appropriate outreach strategies, tracking and follow-up. - Monitor complaint process and provide local public health with trend information. - Work with local public health, communities, and 	<ul style="list-style-type: none"> - Share community assessment findings with the media, policy makers and community, e.g., lack of affordable health care, fragmentation of services. - Encourage changing clinic practices to be less invasive and more acceptable to patients when possible (testing for sexually transmitted infections among young males, rapid HIV testing). - Encourage new testing and diagnostic tools.

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		<p>MS 145.925, Family Planning Grants (may)</p>	<p>providers to develop and implement strategies to assure the Culturally and Linguistically Appropriate Services (CLAS) standards are met for all.</p>	<ul style="list-style-type: none"> Encourage practices to improve access for special populations, populations of color and American Indians. Participate in need assessments and program planning activities conducted by Head Start, local social services, health, education and other community agencies. Include Head Start, Human Services, education and other agencies that serve children with special health needs in the assessment process.
<p>HS3. Lead efforts to establish, maintain and/or improve access to personal health services, including culturally competent preventive and health promotion services, as identified in the planning process.</p>	<p>#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>	<p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 144.05, General duties of Commissioner (may) MS 145.56, Suicide Prevention (may) MS 145.882, subd.7, Maternal and Child Health Block Grant distribution (may) MS 145.925, Family Planning Grants (may)</p>	<ul style="list-style-type: none"> Work with communities and local public health to assure health care providers and services include a diverse, appropriate, and trained workforce. Work with communities and local public health to make best use of foreign-trained providers in health education and translator roles. Work to create statewide use of community health workers from diverse communities to provide outreach and health education services. 	<ul style="list-style-type: none"> Conduct or assure programs and activities such as: home care (skilled nursing, physical therapy/occupational therapy, home health aide/home maker), jail health, school-based clinics, early identification and intervention, case management with Family Services, foot care clinics, public health nurse clinics for mental health clients, immunization clinics (Vaccine For Children and flu). Pilot new delivery systems. Provide family planning/reproductive health

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			<ul style="list-style-type: none"> - Provide consultation on jail health. 	<p>for men and women of childbearing age.</p> <ul style="list-style-type: none"> - Facilitate the management of chronic diseases, e.g., encourage changing clinic practices and systems to provide better care and to help patients better manage chronic diseases.
<p>HS4. Promote activities to identify and link people to needed services.</p>	<p>#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>	<p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) CFR 303.160, CFR 303.165, (part C early intervention for infants and toddlers) (may) MS 125A.30, Interagency Early Intervention Committees (may) MS 125A.027, (Coordination with children with disabilities) (may) MS 144.05, General duties of Commissioner (may) MS 145.56, Suicide Prevention (may) MS 145.882, subd.7, Maternal and Child Health Block Grant distribution (may) MS 145.925, Family Planning Grants (may)</p>	<ul style="list-style-type: none"> - Develop uniform materials and/or conduct statewide media campaigns for outreach. - Work with other statewide serving organizations to assure support for local outreach activities. - Work with local public health, communities, and statewide organizations to assure availability of outreach and health education materials and other resources appropriate to the languages and cultures of Minnesota’s diverse communities. - Provide training on funding options for families. - Provide training, technical assistance and consultation for local public health departments and health care providers on 	<ul style="list-style-type: none"> - Provide services such as Child and Teen Outreach, Follow Along Program, Women, Infant and Children clinic referrals to health care - Act as navigator and advocate to help people get through the system, e.g., case manager for special needs child. - Provide information and referral services, e.g., physical and mental health services. - Coordinate interagency system for children birth – 21, including those with disabilities. - Provide Long Term Care Consultation assessments. - Represent public health interests by participating on community and health-related collaboratives.

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		<p>MS 145A.17, Family Home Visiting Program (may)</p>	<p>screening program promotion and implementation, payment issues, follow-up and health professional education, e.g., Sage screening, Child and Teen Check screening,</p>	<ul style="list-style-type: none"> - Advocate for every person to have a primary health care provider (Medical Home). - Make sure people in the community get good health services. - Provide a county resource directory, information and referral activities/services. - Develop and maintain a county website.