

The Essential Local Public Health Activities Framework

Introduction

It is widely acknowledged that government has a fundamental responsibility to protect and promote the public's health. Nevertheless, the essential responsibilities for public health at the local level have not been operationally defined, either at a national level or in Minnesota.

Over the last several years Minnesota has been laying the groundwork for determining the local public health services that should be available throughout the state. Several factors in particular played a significant role: legislative changes to Minnesota's Local Public Health Act, the conclusions of a statewide strategic planning effort, and sharply decreasing budgets at the local and state levels.

- **Legislative changes.** In 2003, the Minnesota Legislature made the first significant changes to the Local Public Health Act since the Community Health Services system was created in 1976. Specific changes to the Local Public Health Act sought to increase accountability by establishing a set of statewide outcomes and requiring community health boards to contribute to reaching them by conducting defined essential local activities. In addition, community health boards are required to “document progress” towards the set of essential local activities to maintain continued eligibility for funding.
- **SCHSAC strategic planning.** In 2003, following a multi-year strategic planning process, the State Community Health Services Advisory Committee (SCHSAC) concluded that the time had come for Minnesota to join a growing number of states in identifying a core set of basic public health activities and ensuring their availability throughout the state.
- **Fiscal environment.** Also in 2003, the context for the provision of public health activities began to shift dramatically. Tight budgets at the federal, state and local levels required that available funding be stretched to meet competing needs. In this era of sharply decreased funding, public health departments continue to be faced both with increased responsibility for emerging health threats, such as emergency preparedness, and



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the need to maintain other fundamental health protection and promotion activities. In such a climate, local elected officials have to make difficult decisions about public health activities within the context of all county services that must be provided.

In 2004, the State Community Health Services Advisory Committee (SCHSAC) appointed a work group, building on local and national knowledge, expertise and previous efforts, to identify the essential local public health activities that should be available in all parts of Minnesota. This framework is the product of that work group.

Purpose of the framework

The Essential Local Public Health Activities Framework is intended to:

- *Define a set of “essential” local public health activities that Minnesotans can count on no matter where in the state they live and recommend a statewide plan for implementation.*

Currently, there is tremendous variability in scale, activities and capacity among community health boards around the state. A consequence of this is that not everyone in the state has access to the same basic set of local public health activities. To address this inequity, it is important to clearly articulate a “floor”, or “base”, set of local public health activities that Minnesotans can count on no matter where in the state they live. In this context, the words “base” or “floor” are not used to mean the absolute bare minimum. Nor are they meant to represent an ideal level that community health boards with increased capacity would be expected to provide. The concept of a “base” or “floor” is intended to present a reasonable set of local public health activities that Minnesotans can count on, no matter where they live.
- *Provide a consistent framework for describing local public health to state and local policy makers and the public.*

Public health has been referred to as a well-kept secret, since very few people outside of public health and the public health system know what it is or does. The framework needs to be useful in talking about local public health with county boards, city councils, legislators and the public.
- *Provide a basis for ongoing measurement, accountability and quality improvement related to the implementation or assurance of essential local activities.*

Measurement is necessary in documenting progress on, and trends in, the health status of people and communities, as well as documenting the ability of community health boards to provide and/or assure local public health activities. Without the identification of measurable indicators, communities will not know whether or not they are making progress on health-related goals, and whether or not resources are well-spent.

Accountability occurs at different levels within the public health system. For example, the Minnesota Department of Health (MDH) is accountable to:

 - All Minnesotans for assuring a statewide system of public health activities in Minnesota;

- Community health boards for supporting them in the provision of essential local activities; and
- The Legislature/Governor as a provider of some public health activities in some parts of the state, while those same activities may be provided locally in other parts of the state.

Community health boards are accountable to:

- The MDH for essential local activities that are connected to the Local Public Health Act funding;
- Local elected officials and their communities for the appropriate allocation of local, state and federal resources; and
- Local elected officials and their communities for the appropriate provision and/or assurance of a basic set of local public health activities beyond those connected to the Local Public Health Act.

Quality improvement is a method that can be used by the state and local public health system to improve continuously over time. Using the essential local activities for quality improvement will be important for the long-term viability and strengthening of Minnesota's public health system.

During the fall of 2004, process measures for the essential local activities, intermediate outcomes for each area of public health responsibility, and statewide outcomes were initiated. Work continues to develop outcomes measures. Local public health departments will use these measures as they strive to improve their ability to implement the framework over time.

Governmental public health cannot do it alone

The provision of public health is a shared responsibility between local, state and federal governments. This Essential Local Activities Framework is an example of state and local public health agencies working collaboratively to develop statewide policy. Similarly, though the essential local activities in this framework are the ultimate responsibility of local public health departments in Minnesota, it is clear that many of the activities are most effectively achieved through partnerships and collaborations, which is a fundamental public health principle. This is particularly true in collaborating with tribal governments and working with diverse communities to improve the health status of community members. Collaboration is most effective when community members, groups and organizations are understood as assets, rather than problems, and are ennobled in determining solutions to issues that affect them. The basis of collaboration is building relationships and working together for mutual benefit.

Applicability to tribal governments

There are eleven tribal governments in Minnesota and all are sovereign nations with their own laws and governing bodies elected by members of that tribe or band. Each tribal government has a health system in place and is not obligated to participate in the implementation of the essential local activities described 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.

How the framework was developed

The Essential Local Activities Framework was developed by a work group of the State Community Health Services Advisory Committee (SCHSAC) called the SCHSAC Assuring Essential Local Public Health Activities Throughout the State Work Group. It consisted of representatives of local public health departments, community health boards, the University of Minnesota, the Maternal and Child Health Advisory Task Force and the Minnesota Department of Health.

Guiding principles

The work group adopted the following guiding principles to develop the essential local activities framework:

- *Keep it simple.* We will focus on the most fundamental elements, use plain language, and draft documents using a layered approach with varying levels of detail for different audiences.
- *Focus on what every Minnesotan can expect, not on how a local jurisdiction provides or assures essential local activities.* We will develop a framework that articulates specific activities that every Minnesotan can expect, no matter where s/he lives—and does so in a way that enables public health professionals and partners to clearly describe to the public and policymakers what local public health is and what it does. At the same time, our framework will support flexibility on how the specific activities are implemented from community health board to community health board. This is important for three reasons: (1) the differences in communities throughout Minnesota; (2) the differences in capacity among community health boards throughout the state; and (3) the need to be accountable to various stakeholders at the local, state and federal levels for how resources are spent.
- *Consider the trade-off between the essential local activities and the resources available for local priorities.* We acknowledge the tension between the local flexibility to address locally identified needs, which is so highly valued in Minnesota’s public health system, and the primary issue that this work group is trying to address—the identification of a core set of essential local public health activities that must be consistently provided around the state. We want to make explicit that unless specifically funded, every “essential local activity” that is added to the set will result in fewer resources for each activity and therefore less flexibility at the local level, especially with regard to how and on what funds can be spent. Our intent is that these “essential local activities” serve as a guide for the best practices of community health boards in Minnesota. They are not intended to serve as unfunded mandates. Rather, they are consistent with a fundamental premise behind the establishment of Minnesota’s state and local partnership for public health – locally provided services functioning within a system of statewide guidelines and standards.
- *Consider national work (e.g., the ten essential services, national performance standards, core competencies) and other states’ models, and incorporate this work as appropriate.* Our framework will reflect the state of the science as well as the experience of other

states that have already been working in this area. We will incorporate tested methods and best practices that fit for Minnesota into the framework.

- *Consider input from people not on the work group, including the public.*
Recognizing that this framework will have an impact on the lives of all Minnesotans, we will intentionally solicit ongoing input from partners and key groups, e.g., tribal governments, SCHSAC, the Minority and Multicultural Advisory Committee, the Maternal and Child Health Advisory Task Force, the Association of Minnesota Counties, local public health administrators and directors, MDH staff and managers. In addition, we will solicit a broad based review of the draft set of essential local activities by other groups, such as business partners, local advisory committees and consumers.
- *Focus on implementation of the framework as much as – or more than – the development of the framework.* The value of this work will only be realized to the extent that it is implemented. Therefore, rather than spending an inordinate amount of time trying to develop the perfect document, the first set of “essential local activities” will represent a best attempt given the state of public health practice at this time with an understanding that continued evolution and revision will be necessary. After the “essential local activities” have been identified, continued efforts will be critical to assess the extent to which they are currently being performed in Minnesota; to identify gaps in funding and capacity; and to take steps to address the gaps.

Sources of information

The work group used many sources of information to create this framework. National sources as well as those developed by Minnesota and other states include:

- The *Core Functions of Public Health*. This framework does not contrast with or replace the core functions.
- The national *Ten Essential Services*: <http://www.health.gov/phfunctions/public.htm>.
The Essential Local Activities in the framework are consistent with these:
 1. Monitor health status to identify community health problems.
 2. Diagnose and investigate health problems and health hazards in the community.
 3. Inform, educate, and empower people about health issues.
 4. Mobilize community partnerships to identify and solve health problems.
 5. Develop policies and plans that support individual and community health efforts.
 6. Enforce laws and regulations that protect health and ensure safety.
 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
 8. Assure a competent public health and personal health care workforce.
 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
 10. Research for new insights and innovative solutions to health problems.

- The National Association of City and County Health Officials (NACCHO) operational definition of a local public health department. The *Essential Local Activities Framework* is consistent with this definition.
- The Leading Health Indicators of *Healthy People 2010* are integrated into the *Essential Local Activities Framework*. They are a set of ten high priority health issues in the United States, and are intended to help everyone more easily understand how healthy we are as a nation. They are the most important health factors we can change to improve our own health as well as the health of our families and communities.
- The *National Standards for Culturally and Linguistically Appropriate Services*.
- *Healthy Minnesotans: Public Health Improvement Goals for 2004*.
- The interim essential local public health activities and statewide outcomes that were developed by the State CHS Advisory Committee in 2003.
- *Public Health Interventions: Applications for Public Health Nursing Practice* (also known as the Public Health Nursing Wheel).
- *Strategies for Public Health: a Compendium of Ideas, Experience and Research from Minnesota's Health Professionals*.
- *A Call To Action: Advancing Social and Economic Change for All Minnesotans*. 2001 Report of the Social Conditions Action Team, Minnesota Health Improvement Partnership.
- Other states' performance measurement tools and systems.

The work group developed the overall structure of the framework and then convened small groups of content experts – one group for each section of the framework – to develop a draft set of essential local activities for that section.

The entire draft framework was then disseminated throughout the state for a three-month period of public comment (see below). Community members submitted their comments and input to their local public health departments, or directly to the MDH via the mail, e-mail, phone calls and the Internet.

Overview of the framework

The work group defined the local activities included in this framework as “essential”. In other words, they are the basic, indispensable and necessary activities that all local public health departments in Minnesota do to protect and promote the health of Minnesotans. They also are what all Minnesotans should expect from their local public health departments. The set of essential local public health activities in this framework does not define a bare minimum level of

activities, nor the ideal. Whether a local health department has one full-time staff person or hundreds, this set of essential activities should be available to Minnesota residents, no matter where in the state they live. The essential local activities are the “what” all local health departments do. Each individual local health department decides “how” it will be done. Clearly, the level at which different activities are performed varies from one department to another.

The “Areas of Public Health Responsibility”

The framework consists of a large grid or table that is divided into six “areas of public health responsibility”. These six areas are:

- Assure an adequate local public health infrastructure.
- Promote healthy communities and healthy behaviors.
- Prevent the spread of infectious disease.
- Protect against environmental health hazards.
- Prepare for and respond to disasters, and assist communities in recovery.
- Assure the quality and accessibility of health services.

AREA: Assure an adequate local public health infrastructure.

Protecting the health of the public is a fundamental, statutory responsibility of government. Local public health departments – city, county, or multi-county – play a key role for health in their communities.

Communities expect their local public health departments to have the capacity to assess and respond to local health issues, including the investigation of health threats and the containment of disease outbreaks. Communities rely on local public health departments to provide them with timely and accurate information so they can make informed decisions about their own health, and find the health services they need. Health providers, schools, faith communities, and local businesses look to local public health departments for direction and partnership for many kinds of health improvement activities.

AREA: Promote healthy communities and healthy behaviors.

“Community” can be defined by geography or as groups of individuals or organizations that share common values, beliefs, social and cultural experiences, and purposes. Communities encompass the healthy, the vulnerable, and the disparate, and include people throughout their lifecycle, from birth to old age.

Healthy communities promote the health of babies, children, adolescents, and adults, support healthy behaviors (like not smoking), work to prevent and manage chronic diseases (like diabetes), provide supports for mental health, and do their best to prevent injury and violence.

Healthy communities look for ways to eliminate disparities in health status among all populations, including people of color, American Indians, immigrants and refugees. In healthy communities, special attention is paid to the social and economic conditions that lead to disparities for all community members.

AREA: Prevent the spread of infectious disease.

The prevention and control of infectious diseases are essential to achieving a healthy population. One of the principal public health accomplishments of the past one hundred years has been a significant reduction in the incidence of selected infectious diseases.

Much of this progress has been a result of improvements in living standards, better hygiene, pasteurization and water treatment. The development and widespread use of vaccines has had a significant impact on the reduction of infectious diseases like measles, mumps, and rubella, and the eradication of smallpox and the virtual elimination of diphtheria in the U.S. And the advent of antimicrobial drugs, starting with penicillin, greatly reduced the morbidity and mortality associated with infection.

Despite these successes, infectious diseases still pose an important public health problem. Maintaining adequate levels of immunization in the population is an ongoing struggle. “Old” diseases, like polio, can reappear. Drug-resistant strains of bacteria (for example, some types of tuberculosis) continue to develop. And potential new diseases (avian influenza) hover in the background, keeping infectious disease issues at the forefront of public health concern.

AREA: Protect against environmental health hazards.

Many human-made and naturally occurring substances, including biological, physical, chemical, and radiological agents, are or can become environmental health hazards. Exposures to these hazards may occur in the workplace, home, natural environment or public facility, or because of a natural disaster or industrial accident.

Environmental health activities are designed to protect the public’s health by assuring that risks from exposure to environmental hazards are both minimized and controlled. These activities include a variety of regulatory, consultative, informational and educational programs. Environmental health activities protect communities from environmental hazards by ensuring that they have clean drinking water, safe food, sanitary lodgings, and protection from hazardous materials in the environment. These activities also protect people from the hazards resulting from floods, landfill fires, chemical spills, contaminated wells and other environmental disasters.

AREA: Prepare for and respond to disasters and assist communities in recovery.

Public health issues are present in all kinds of emergencies and disasters, including natural disasters such as floods or tornados, infectious disease outbreaks, or manmade disasters such as chemical spills or acts of terrorism. The critical importance of public health responsibilities in emergency response has been highlighted frequently in the past few years.

Public health planning for disasters and emergencies takes place as part of a broader system of emergency preparedness and response. Regular connections by public health with elected officials, emergency managers, law enforcement officials, tribal governments, city/county administrators, fire/rescue services, hospitals and medical clinics, schools, communities of color, faith communities, and other formal and informal community leaders (e.g., elders and clan leaders) enhance the ability of all to respond quickly and effectively no matter what may come.

AREA: Assure the quality and accessibility of health services.

In every community, some people have difficulty getting the health care they need. Lack of health insurance continues to be a key issue, but sometimes discrimination, a lack of ready transportation, difficulty navigating the system, cultural or language differences, or just a need for better understanding can create roadblocks to appropriate and timely health services.

When individuals who face these kinds of barriers finally get medical care, it is often for costly intensive treatment necessitated by the absence of routine and preventive services. These more intensive health care services create a greater health risk to individuals and a greater financial burden to individuals, the health care system, and the community.

Health care quality also affects the outcome of health services. Cultural competence on the part of providers has been shown to make a significant difference in the success of interventions. Services designed to reach high-risk populations cannot be successful without effective outreach strategies. And having good comparative information about the services available in a community can help everyone work to improve the quality of those services.

Structure of the framework

Within each area of public health responsibility, the framework contains:

- *An introduction.* Each area of public health responsibility has an introduction specific to that area.
- *A list of essential local activities pertinent to that specific area of responsibility.* These are the activities that all residents of Minnesota should expect from their local public health departments no matter where they live.
- *The national Ten Essential Services.* Nearly all of Minnesota's essential local activities correspond to at least one of the national Ten Essential Services, and this designation is included in the framework.
- *The statutory references* for the essential local activities. Where applicable, existing Minnesota statute(s) and/or rule(s) are listed that authorize(s) a particular essential local activity.
- *The MDH contributing factors.* These are things that MDH needs to do in order for the activity to occur at the local level.
- *Local examples* for each essential local activity. Examples from local health departments are listed for each essential local activity to illustrate how local public health departments in Minnesota implement the essential local activities.

What the framework is and what it is not

This set of essential local activities is:

- *Future-oriented* – Increasing the capacity of the local public health system to perform the essential local activities is a goal to work towards. The MDH will tailor technical assistance to assist local governments in working toward this goal.
- *Achievable* – Many, but not all, local health departments are already undertaking these activities. The set is not so large as to be unobtainable.

- *Flexible* – The essential local activities are broad statements of “what” should be in place. The “how” is a local decision, and will vary depending on the level of resources available. The “who” also is a local decision. For example, some local health departments may develop expertise in an area of public health responsibility that is shared across a region, as opposed to each community health board developing the expertise.
- *A tool for quality improvement* – The essential local activities in the framework are based on good public health practice. By conducting inventories of the essential local activities, each local health department can work to improve performance over time.

This set of essential local activities is not:

- *An unfunded mandate* – Because the cost of providing public health services is shared by federal, state and local governments, a variety of funding sources will contribute to paying for the essential local activities. These include:
 - State dollars in the Local Public Health Act Funding (may be used for any).
 - Federal Maternal and Child Health (MCH) and TANF dollars included in the Local Public Health Act funding (for MCH activities).
 - Local match and other local resources, including local tax levy, fee for service payments, reimbursements and contracts (may be used for any).
 - The federal Centers for Disease Prevention and Control preparedness funds (preparedness/disaster response).
 - Other categorical funding from the MDH or other entities (to be used to fund particular essential local activities).

To view the essential local activities under each area of public health responsibility, go to <http://www.health.state.mn.us/divs/chs/framework.html>.

For more information about Minnesota’s Essential Local Public Health Activities Framework, please contact:

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