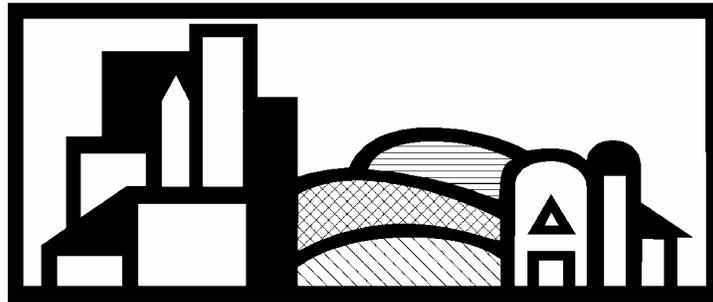


State Community Health Services Advisory Committee

# Assuring Essential Local Public Health Activities Throughout the State Work Group



## Final Report



January 2005





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January 17, 2005

Dianne M. Mandernach, Commissioner  
Minnesota Department of Health  
P.O. Box 64882  
St. Paul, MN 55164-0882

Dear Commissioner Mandernach:

I am pleased to present to you the final report of the Assuring Essential Local Public Health Activities Throughout the State Work Group of the State Community Health Services Advisory Committee (SCHSAC). The SCHAC approved this report at its last meeting on December 17, 2004.

The focus of this report is the development of an operational definition of the public health responsibilities of local government. This has not been done at the national level, or in Minnesota, until now. The impetus for undertaking this effort in Minnesota arose from the multi-year strategic planning process conducted by the SCHSAC and from revisions to the Local Public Health Act, enacted by the Minnesota Legislature in 2003.

The Essential Local Public Health Activities Framework included in this report provides a basis for ongoing measurement, accountability, and quality improvement of the state-local public health partnership in Minnesota. The framework includes the essential (or the basic, indispensable, and necessary) activities that are the responsibility of every Community Health Board in Minnesota, their statutory references, the corresponding MDH contributing activities, and examples of relevant programs at the local level.

The Essential Local Public Health Activities Framework was developed with the input of hundreds of Minnesotans. The work group and its small subgroups represented a vast array of state and local public health professionals. Special efforts were made to obtain input on the framework from tribal governments and communities of color. In addition, a draft of the framework was available for public feedback and comment for a three-month period of time. Comments were received via regional, local advisory committee and MDH-sponsored meetings; feedback forms sent by mail and e-mail; individual and conference phone calls; and from a special web page set up to receive comments electronically.

The report contains several recommendations for the implementation of the framework, two of which are included in the 2005 SCHSAC workplan. The other recommendations describe the

Commissioner Dianne M. Mandernach

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January 17, 2005

context for implementation of the framework, reporting activities, and necessary tools and program and administrative support for implementation.

As a result of this comprehensive approach, the Essential Local Public Health Activities Framework and the report's recommendations for implementation reflect a vision of Minnesota's state-local public health system that is based on good public health practice, responsive to public input, and sets the stage for incremental improvement for years to come. We hope you will accept this report.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Montague". The signature is fluid and cursive, written in a professional style.

Bill Montague, Chair  
State Community Health Services Advisory Committee  
813 Thorndale  
Crookston, MN 56716



*Protecting, maintaining and improving the health of all Minnesotans*

January 24, 2005

Bill Montague, Chair  
State Community Health Services Advisory Committee  
813 Thorndale  
Crookston, MN 56716

Dear Chair Montague:

Thank you for sending me the final report of the Assuring Essential Local Public Health Activities Throughout the State Work Group of the State Community Health Advisory Committee. (SCHSAC). Minnesota is recognized as a national leader for its state and local public health partnership. It is that collaborative work, reflected in this report, that builds upon, improves, and further strengthens our partnership, and keeps Minnesota on the cutting edge of practice.

As you know, I am an ardent advocate for accountability and improvement at both the state and local levels. The Essential Local Public Health Activities Framework will provide a roadmap for the continued improvement of our system over time, as well as the basis for a significant component of the new reporting system, now also in development by SCHSAC.

I applaud the Assuring Essential Local Public Health Activities Throughout the State Work Group for its ability to involve many Minnesotans across the state in the development of this framework and its recommendations for implementation. I also congratulate the work group for its ability to refine a tremendous amount of material and tailor it to fit the unique needs of Minnesotans.

I look forward to working together with you and the SCHSAC in the coming months and years, as we jointly implement the framework, improve the partnership, and promote and protect the public's health.

Sincerely,

A handwritten signature in black ink that reads "Dianne Mandernach". The signature is written in a cursive, flowing style.

Dianne M. Mandernach  
Commissioner  
P.O. Box 64882  
St. Paul, MN 55164-0882



State Community Health Services Advisory Committee

**Assuring Essential Local Public Health  
Activities Throughout the State Work Group**

**Final Report**

*January 2005*

Community and Family Health Division  
Office of Public Health Practice  
Golden Rule Building  
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# Assuring Essential Local Public Health Activities Throughout the State Work Group

## Work Group Charge

- Recommend a purpose, common language and framework for assuring the consistent provision of public health activities across the governmental public health system in Minnesota.
- Identify essential local public health activities that must be available in all parts of the state.
- Recommend a mechanism for putting this framework and these activities into place.

## Work Group Membership

### **Community Health Boards, Local Public Health and Advocates:**

David Benson, County Commissioner, Nobles-Rock CHB  
Bonnie Brueshoff, Deputy Director, Dakota County Public Health Department  
Susan Congrave, Director, Koochiching County Community Health  
Renee Frauendienst, Director, Public Health Division, Stearns County Human Services  
Bonnie Frederickson, Administrator, Nobles-Rock Public Health Service  
Sue Goodew, Director, Winona County Public Health Nursing Service  
Zack Hansen, E.H. Director, Saint Paul-Ramsey Department of Public Health  
Jean Larson, PHN, MS, Representative of the MDH Maternal and Child Health Advisory Task Force  
Cheri Lewer, Administrator, Le Sueur-Waseca Board of Health  
Bill Montague, County Commissioner, Polk County Community Health Board  
Julie Myhre, Administrator, Carlton-Cook-Lake-St. Louis Community Health Board  
Deb Olson, Associate Dean for Public Health Practice Education, University of Minnesota  
Julie Pahlen, Director, Roseau County Home Health Care  
Randy Rehnstrand, Administrator, Aitkin-Itasca-Koochiching Community Health Board  
Peg Sweeney, County Commissioner, Carlton-Cook-Lake-St. Louis Community Health Board  
Diane Thorson, Administrator, Otter Tail County Department of Public Health  
Paul Wilson, County Commissioner, Olmsted County Community Health Board  
Karen Zeleznak, Administrator, Bloomington Division of Public Health

### **MDH Executive Office Liaisons:**

Aggie Leitheiser, Assistant Commissioner  
Carol Woolverton, Assistant Commissioner

**MDH Division Liaisons:**

Elaine Collison, Assistant Division Director, Infectious Disease Epidemiology, Prevention and Control Division

Gretchen Griffin, Manager, Community and Family Health Division

Pati Maier, Assistant Director, Health Promotion and Chronic Disease Division

Rosemarie Rodriguez-Hagar, Latino Health Coordinator, Office of Minority and Multicultural Health

David Wulff, Manager, Environmental Health Division

**MDH Staff to the Work Group:**

Debra Burns, Director, Office of Public Health Practice, Community and Family Health Division

Lee Kingsbury, Supervisor, Office of Public Health Practice, Community and Family Health Division

Gail Gentling, Community Health Planner, Office of Public Health Practice, Community and Family Health Division

SCHSAC Assuring Essential Local Public Health Activities  
Throughout the State Work Group

## Essential Local Public Health Activities Framework

### EXECUTIVE SUMMARY

#### Background

It is widely acknowledged that government has a fundamental responsibility to protect and promote the public's health. Public health responsibilities are shared among local, state and federal governments. Until now, an operational definition of the public health responsibilities of local government has not existed, either at a national level or in Minnesota. The impetus for undertaking such an effort in Minnesota arose from a multi-year strategic planning process conducted by the State Community Health Services Advisory Committee (SCHSAC)<sup>1</sup>, and from revisions to the Local Public Health Act enacted by the Minnesota Legislature in 2003.

In 2004, the SCHSAC appointed a work group to identify essential local public health activities that should be available in all parts of the state. The Essential Local Public Health Activities Framework is intended to:

- Define a set of local public health activities that Minnesotans can count on no matter where in the state they live (i.e., “essential”); and recommend a statewide plan for implementation.
- Provide a consistent framework for describing local public health to state and local policy makers and the public.
- Provide a basis for ongoing measurement, accountability and quality improvement related to the implementation or assurance of essential local activities.

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 describe the roles and contributions expected of the local public health system in working to improve the public's health. Although the essential local activities in this framework are the ultimate *responsibility* of local public health departments in Minnesota, some of the activities may be *carried out* by other partners in the community.

The set of essential local public health activities in this framework does not define a bare minimum level of activities, nor does it represent the ideal. It is future-oriented, achievable, flexible and based on good public health practice. Each local health department can work to improve performance over time.

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<sup>1</sup> The State Community Health Services Advisory Committee (SCHSAC) is a statutorily-defined advisory body to the Commissioner of Health, which consists of one representative from each of Minnesota's 52 Community Health Boards.

The cost of providing public health services is shared by federal, state, and local governments. Therefore, a variety of funding sources will contribute to paying for the essential local activities. These include but are not limited to:

- State dollars in the Local Public Health Act Funding (may be used for any);
- Federal Maternal and Child Health (MCH) and Temporary Assistance for Needy Families (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);
- Preparedness funds (preparedness/disaster response) from the Centers for Disease Control and Prevention; and
- Other categorical funding from the Minnesota Department of Health (MDH) or other entities (to be used to fund particular essential local activities).

## Recommendations for Implementation

These recommendations for the implementation of the Essential Local Public Health Activities Framework will guide the initial implementation of the framework and the local assessment and planning process during the next five years.

1. The MDH and Community Health Boards (CHBs) should adopt an incremental approach to improving the capacity of Minnesota's local public health system to perform the essential local activities.
2. The first five-year cycle (2005 – 2010) should be viewed as a transition period for implementing the framework. During the initial years of implementation, CHBs should be “held harmless” from the provisions of the Local Public Health Act that allow the Commissioner to withhold funds if a CHB has not documented progress on providing essential local activities related to the statewide outcomes. (See Appendix A for relevant portions of the Local Public Health Act.)
3. Adjustments to the essential local activities, statewide outcomes, and reporting data should be made as needed during the transition period. In particular, relevant intermediate outcomes should be added as they are developed. After the five-year transition period, the essential local activities, statewide outcomes and reporting data should be reviewed and updated every five years. (See Appendix B for a draft of a proposed five-year timeline.)
4. During 2005, a SCHSAC work group should recommend additional specificity about the circumstances under which the Commissioner should withhold funding, including the length of time of the “hold-harmless” period.
5. The CHBs should conduct an inventory during 2005 (to be submitted in March 2006) to determine (a) which essential local activities are currently being performed in the community; (b) estimate what additional resources would be necessary to perform all of

the essential local activities; and (c) assess their ability to collect, analyze and report on the intermediate outcomes.

6. The MDH should analyze information from the inventory to identify gaps in the capacity and funding of the state and local public health system, and to seek resources to meet those gaps.
7. Performing the essential local public health activities must be the first priority of the Local Public Health Act funding and local match. However, if the essential local activities are all in place, the Local Public Health Act funding can be used for other local public health priorities established by the CHB.
8. The MDH should develop a visual representation of the essential local activities and their relationship to the statewide and intermediate outcomes.
9. The MDH Contributing Activities listed in the framework have not received the same level of scrutiny and feedback that the essential local activities have. Additional input from state and local public health staff should be obtained this winter and reflected in a document.
10. Action Plans should be based on the Essential Local Public Health Activities Framework. The Six Areas of Public Health Responsibility should be used as the organizing framework rather than the 12 Categories of Public Health.
11. A short-term ad-hoc work group should be convened to develop a format for the Action Plans based on this framework.
12. Local public health agencies must continue to report financial data to MDH; however those data should be collected using the six areas of public health responsibility outlined in this document.
13. The MDH should periodically update the “Strategies for Public Health”, incorporating evidence-based strategies and promising practices for each of the areas of public health responsibility.
14. The MDH should develop communication materials about the Essential Local Public Health Activities Framework that allow for consistent messages across the state, with options for local tailoring and follow up. (See Appendix D for example.)
15. When public health issues receive news coverage (e.g., influenza), the messages given by MDH and local public health agencies should be tied to the essential local public health activities.
16. In developing the framework, the work group has identified a number of issues that need to be addressed in the future including the following:

- a. How do we define “document progress”? Can “maintaining” from year to year be considered “progress”? How do the intermediate outcomes relate to progress?
  - b. Do local agencies do a “self assessment” of the essential local activities, or does the Commissioner decide if they’re being met? If the latter, should standards be developed?
  - c. How do local public health agencies report on the essential local activities if other organizations in the community are providing them?
  - d. How do we use this framework as a quality improvement tool?
17. The Assuring Essential Local Public Health Activities Throughout the State Work Group should be reconvened in 2005 as needed to review the work of the ad-hoc group(s) and forward to SCHSAC any additional recommendations arising out of that work.

## Essential Local Public Health Activities

Based on national work, six broad areas of public health responsibility were defined, with a set of activities needed to address that responsibility. They are listed below.

### 1. Assure an Adequate Local Public Health Infrastructure

- Maintain a local governance structure for public health, consistent with state statutes.
- Assess and monitor community health needs and assets on an ongoing basis for each of the six areas of public health responsibility in this framework.
- Identify community health and prevention priorities every five years with input from community members and key partners, including communities of color, tribal representatives and special populations, ensuring that community wisdom and cultural diversity are used to understand and interpret qualitative and quantitative information.
- Every five years, develop an action plan with evaluation measures and recommended policy options to address essential local activities and local priorities.
- Convene community members and key community partners, including communities of color, tribal representatives and people with special needs to build community collaborations, determine roles, identify and leverage community assets/resources and participate in research that benefits the community, as resources allow.
- Advocate for policy changes needed to improve the health of populations and individuals.
- Lead or participate in efforts to foster healthy physical, economic, and social environments (e.g., participate in community improvement and development decisions).
- Provide annual information to MDH to evaluate progress toward statewide outcomes and local priorities, and to meet federal reporting requirements.
- Meet personnel requirements for the CHS Administrator and the Medical Consultant.
- Designate, recruit, train and retain local public health staff so that every local agency has appropriate expertise in each of the six areas of public health responsibility.
- Recruit local public health staff that culturally and ethnically reflect the community served.

## 2. Promote Healthy Communities and Healthy Behaviors

- Engage the community on an ongoing basis to promote healthy communities and behaviors through activities, including, but not limited to, (a) assessment, prioritization and developing action plans, (b) coalition building, (c) community readiness, (d) empowerment, and (e) decision making.
- Based on community assessment, resources and capacity, develop action plans to promote healthy behaviors (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and the prevention of injury and violence.
- Conduct evidence-based, culturally sensitive programs, and disseminate information on services and resources to promote healthy behaviors and communities (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and/or the prevention of injury and violence.
- Inform and educate different audiences, e.g., general public, providers and policy leaders, about healthy communities and population health status.
- Support the development and enforcement of policies, and encourage cultural norms that promote healthy communities.
- Participate in decisions about community improvement and development to promote healthy behaviors and communities.
- Promote healthy growth, development, aging, and management of chronic diseases across the lifespan.
- Identify and address the needs of vulnerable populations e.g., high-risk pregnant women, mothers and children, frail elderly, persons with mental illness and people experiencing health disparities.

## 3. Prevent the Spread of Infectious Disease

- Work with providers and other community partners to facilitate disease reporting and address problems with compliance.
- Assess immunization levels and practice standards, and promote/provide age-appropriate immunization delivery.
- Assess infectious disease risks in jurisdiction, apprise community of risks and assure appropriate interventions.
- Based on surveillance data, develop strategies and plans to detect and respond to infectious disease problems and outbreaks within jurisdiction/region.
- Assist and/or conduct infectious disease investigations with MDH.
- When surveillance detects an imminent threat of infectious disease outbreak or epidemic, implement appropriate local disease control programs, including, but not limited to, mass treatment clinics, mass immunizations clinics, and isolation and quarantine.

#### **4. Protect Against Environmental Health Hazards**

- Provide the general public and policy leaders with information on health risk, health status, and environmental health needs in the community as well as information on policies and programs regarding environmental health threats to humans.
- Identify the federal, state, tribal or local agencies with regulatory authority and bring people together to address compliance with public health standards.
- Develop public health nuisance policies and plans, and assure enforcement of public health nuisance requirements.
- Monitor the community for significant and emerging environmental health threats, and develop strategies to address these threats.

#### **5. Prepare for and Respond to Disasters, and Assist Communities in Recovery**

- Provide leadership for public health preparedness activities in the community by developing relationships with community partners at the local, regional and state level.
- Conduct or participate ongoing assessments to identify potential public health hazards and the capacity to respond.
- Develop, exercise and periodically review all threats to the public's health.
- Participate in surveillance and monitoring activities to detect patterns of unusual events; implement appropriate actions.
- Participate in an all hazard response and recovery.
- Develop and maintain a system of public health workforce readiness, deployment and response.
- Develop and implement a system to provide timely, accurate and appropriate information in a variety of languages for elected officials and the public, the media and community partners in the event of all types of public health emergencies.

#### **6. Assure the Quality and Accessibility of Health Services**

- Identify gaps in the quality and accessibility of health care services.
- Based on the ongoing community assessment, inform and educate the public and providers on issues related to the quality and accessibility of health care services in the community.
- Lead efforts to establish and/or increase access to personal health services, including culturally competent preventive and health promotion services, as identified in the planning process.
- Promote activities to identify and link people to needed services.

SCHSAC Assuring Essential Local Public Health Activities  
Throughout the State Work Group

## Essential Local Public Health Activities Framework

### INTRODUCTION

#### Background

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 three years Minnesota laid the groundwork for determining essential local public health services throughout the state. In 2004, the State Community Health Services Advisory Committee (SCHSAC) appointed a work group to build on the knowledge, expertise and work that had been previously done and to identify essential local public health activities that should be available in all parts of the state. This report is the product of that work group.

Other important factors played a significant role in the creation of essential local public health activities. These included legislative changes to the Local Public Health Act, conclusions of a 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. (See Appendix A for relevant excerpts of the Local Public Health Act.) Specific changes to the Local Public Health Act sought to increase accountability by establishing a set of statewide outcomes and requiring Community Health Boards (CHBs) to contribute to reaching them by conducting defined essential local activities. In addition, CHBs 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 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

At the same time, the context for the provision of public health activities was shifting dramatically. Tight budgets at the federal, state and local levels require that available funding be stretched to meet competing needs. In an era of sharply decreased funding, public health departments are faced with increased responsibility for emerging health threats, such as emergency preparedness, while still maintaining other fundamental health protection and promotion activities. In this current era and climate, local elected officials have had to make

difficult decisions about public health activities within the context of all county services that must be provided.

## The Purpose of the Essential Local Public Health Activities 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 CHBs 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 CHBs 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 CHBs 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;
  - CHBs 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.

CHBs 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.

### **Governmental Public Health Can't 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.

### **Findings and Recommendations for Implementation**

These findings and recommendations for the implementation of the Essential Local Public Health Activities Framework will guide the initial implementation of the framework and the local assessment and planning process during the next five years.

## Findings

1. *The “essential local public health activities” detailed in this document are activities and processes intended to forward the achievement of the “statewide outcomes”. They describe the roles and contributions expected of the local public health system in working toward the statewide outcomes.*
2. *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 but are not limited to:*
  - a. *State dollars in the Local Public Health Act Funding (may be used for any);*
  - b. *Federal Maternal and Child Health (MCH) and Temporary Assistance for Needy Families (TANF) dollars included in the Local Public Health Act funding (for MCH activities);*
  - c. *Local match and other local resources, including local tax levy, fee-for-service payments, reimbursements and contracts (may be used for any);*
  - d. *Preparedness funds (preparedness/disaster response) from the Centers for Disease Control and Prevention; and*
  - e. *Other categorical funding from MDH or other entities (to be used to fund particular essential local activities).*
3. *Other organizations and groups in the community may perform some of the essential local public health activities in a particular community. However, government has the overall assurance responsibility to make sure that the essential local public health activities are being performed.*

## Recommendations

1. *The MDH and CHBs should adopt an incremental approach to improving the capacity of Minnesota’s local public health system to perform the essential local activities. The essential local activities represent a goal to strive towards, with the expectation that over time, all local public health departments will perform all of the activities.*
2. *The first five-year cycle (2005 – 2010) should be viewed as a transition period for implementing the framework. During the initial years of implementation, CHBs should be “held harmless” from the provisions of the Local Public Health Act that allow the Commissioner to withhold funds if a CHB has not documented progress to meeting essential local activities related to the statewide outcomes. (See Appendix A for relevant excerpts from the Local Public Health Act).*
3. *Adjustments to the essential local activities, statewide outcomes, and reporting data should be made as needed during the transition period. In particular, relevant intermediate outcomes should be added as they are developed. After the five-year transition period, the essential local activities, statewide outcomes and reporting data*

*should be reviewed and updated every five years. (See Appendix B for a draft of a proposed five-year timeline.)*

4. *During 2005, a SCHSAC work group should recommend additional specificity about the circumstances under which the Commissioner should withhold funding, including the length of time of the “hold-harmless” period. The Local Public Health statute provides a broad framework, but additional specificity and operational guidance is needed.*
5. *The CHBs should conduct an inventory during 2005 (to be submitted in March 2006) to determine (a) which essential local activities are currently being performed in the community; (b) estimate what additional resources would be necessary to perform all of the essential local activities; and (c) assess their ability to collect, analyze and report on the intermediate outcomes. Although interim reporting and informal feedback indicate that local health departments are already performing many of these activities, the degree to which they are currently being performed is unknown, as is the total cost. The MDH should assist local public health agencies, as needed, in completing the inventory. The MDH analysis of inventory data should assess the degree to which local health departments are performing the activity to give some sense of “depth” rather than just a yes or no assessment.*
6. *The MDH should analyze information from the inventory to identify gaps in the capacity and funding of the state and local public health system, and to seek resources to meet those gaps. The essential local activity inventory and intermediate outcome data will be useful to individual CHBs in providing a snapshot or baseline for quality improvement purposes, and to the MDH, which is responsible for looking at the public health system as a whole, and identifying technical assistance and financial resources needed and working to leverage those resources.*
7. *Performing the essential local public health activities must be the first priority of the Local Public Health Act funding and local match. However, if the essential local activities are all in place, the Local Public Health Act funding can be used for other local public health priorities established by the CHB. The local priorities are to be developed through the community assessment and prioritization process that is specified in the Local Public Health Act.*
8. *The MDH should develop a visual representation of the essential local activities and their relationship to the statewide and intermediate outcomes. This will be a helpful tool to use with different constituencies of local public health. If possible, the funding sources should be added. Since agencies fund things differently, this visual could be adapted into a template that each local agency could fill out for itself, and which reflects local flexibility in implementing the framework.*
9. *The MDH Contributing Activities listed in the framework have not received the same level of scrutiny and feedback that the essential local activities have. Additional input from state and local public health staff should be obtained this winter and reflected in a document distributed in Spring 2005 to local public health agencies.*

10. *Action Plans should be based on the Essential Local Public Health Activities Framework. The Six Areas of Public Health Responsibility should be used as the organizing framework rather than the 12 Categories of Public Health.* The Local Public Health Act requires that CHBs identify the mechanism by which they will work towards statewide outcomes and local priorities. The mechanism has been defined as an “action plan”. (See Appendix C for crosswalk of the six areas with the 12 Categories of Public Health.)
11. *A short-term ad-hoc work group should be convened to develop a format for the Action Plans based on this framework.* At a minimum, the format should be based on the essential local activities and include intermediate outcomes and budget information. The work of this ad-hoc group should be completed by March 2005 so that the timing and planning for the Action Plans is consistent and compatible with the timing and planning for local agencies’ budgets.
12. *Local public health agencies must continue to report financial data to MDH; however those data should be collected using the six areas of public health responsibility outlined in this document.*
13. *The MDH should periodically update the “Strategies for Public Health”, incorporating evidence-based strategies and promising practices for each of the areas of public health responsibility.* When possible, the Strategies should incorporate guidance that can help local public health agencies determine which strategies to implement when resources are limited.
14. *The MDH should develop communication materials about the Essential Local Public Health Activities Framework that allow for consistent messages across the state, with options for local tailoring and follow up.* (See Appendix D for example.)
15. *When public health issues receive news coverage (e.g., influenza), the messages given by MDH and local public health agencies should be tied to the essential local public health activities.*
16. *In developing the framework, the work group has identified a number of issues that need to be addressed in the future, including the following:*
  - a. How do we define “document progress”? Can “maintaining” from year to year be considered “progress”? How do the intermediate outcomes relate to progress?
  - b. Do local agencies do a “self assessment” of the essential local activities, or does the Commissioner decide if they are being met? If it is the latter, should standards be developed?
  - c. How do local public health agencies report on the essential local activities if other organizations in the community are providing them?
  - d. How do we use this framework as a quality improvement tool?

17. *The Assuring Essential Local Public Health Activities Throughout the State Work Group should be reconvened in 2005, as needed, to review the work of the ad-hoc group(s) and forward to SCHSAC any additional recommendations arising out of that work.*

## 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 expect from their local public health departments. The set of essential local public health activities in this framework do 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 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

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. (See Appendix E for the list of the 10 Essential Services.)
- *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. (See Appendix F for brief descriptions of the statutes in the framework.)
- *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 Isn't

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” is also 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 CHB 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);
  - CDC Preparedness funds (preparedness/disaster response); and
  - Other categorical funding from MDH or other entities (to be used to fund particular essential local activities).

## Measurement and Quality Improvement

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 developed. Local public health departments will use these measures as they strive to improve their ability to implement the framework over time.

Small groups of local and state public health professionals with measurement and content expertise are developing the measures for each area of public health responsibility of the framework. Though statewide outcomes are measured at the state level, local public health departments will report on the essential local activities that contribute to them. These measures provide accountability for the funding from the Local Public Health Act.

## Essential Local Public Health Activities Framework

### **Public Health Responsibility: Assure An Adequate Local Public Health Infrastructure**

**O**rganizational capacity refers to the infrastructure upon which public health activities are built. In order to carry out public health responsibilities, Community Health Boards (CHBs) must have a governance structure and trained culturally competent and culturally sensitive staff. They must have the capacity to monitor the health of the community and identify community health problems (assessment), develop policies and plans to address important health issues (policy development), and make sure that critical public health activities/services are available to community members-- whether or not they actually carry out the activity (assurance). CHBs must meet legal requirements set forth in Minnesota Statute 145A, which is the statute that establishes Minnesota's system of local public health. Finally, participation in this local public health infrastructure must consider tribal government input and collaboration.

**Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure**

<p><b>Essential Local Activities</b></p> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<p><b>Ten Essential Services</b></p> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<p><b>Statutory References</b></p> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<p><b>MDH Contributing Activities</b></p> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<p><b>Examples From Local Public Health</b></p>
<p><b>IN1. Maintain</b> a local governance structure for public health, consistent with state statutes.</p>		<p><b>MS 145A.03 subd.1,</b> Establishment and organization (must)  <b>MS 144.05,</b> General duties of Commissioner (must)</p>	<ul style="list-style-type: none"> <li>- <b>With</b> SCHSAC and/or other advisory groups, develop statewide guidelines, standards, rules and/or proposed legislative language, as needed to support an effective local public health system.</li> <li>- <b>Provide</b> the administrative and program support required to implement governance responsibilities, guidelines, standards and rules.</li> <li>- <b>Provide</b> consultation and technical assistance on issues related to local governance and system development and maintenance.</li> <li>- <b>Routinely</b> update the Community Health Services Administration Handbook.</li> <li>- <b>Provide</b> or assure leadership and/or training in community participation to develop a constituency for maintaining a local governance structure.</li> <li>- <b>Provide</b> training and support to MDH staff and programs on the Area of Public Health Responsibility and the Essential Local Activities.</li> <li>- <b>Convene</b> gatherings of local</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Implement</b> a Joint Powers agreement between counties in multi-county agencies.</li> <li>- <b>Maintain</b> a Community Health Board and proper organizational structure.</li> <li>- <b>Develop</b> systems within the public health system, e.g., Maternal and Child Health services, Women, Infants and Children services, and services for Children with Special Health Needs.</li> </ul>

**Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure**

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			public health, American Indians and populations of color to facilitate the increased understanding of governance issues related to public health.	
<b>IN2. Assess</b> and monitor community health needs and assets on an ongoing basis for each of the 6 areas of public health responsibility in this framework.	<b>#1 Monitor</b> health status to identify community health problems. <b>#2 Diagnose</b> and investigate health problems and health hazards in the community.	<b>MS 145A.10 subd.1</b> , Powers and duties of Community Health Boards (must) <b>MS 144.05</b> , General duties of Commissioner (must) <b>MS 145.881</b> , Maternal and Child Health Advisory Task Force (may) <b>MS 145.8821</b> , Maternal and Child Health Block Grant accountability (must) <b>MS 145A.17, subd.3</b> , Family Home Visiting Program (must) <b>MS 145.925</b> , Family Planning Grants (must if grantee) <b>MS 145.882, subd.7</b> , Maternal and Child Health Block Grant distribution (must)	<ul style="list-style-type: none"> <li>- <b>With</b> SCHSAC and/or other advisory groups, develop and update guidelines for local assessments, action plans and evaluation measures.</li> <li>- <b>Provide</b> county, statewide and/or national health data to support the local assessment process.</li> <li>- <b>Collect</b>, analyze, and distribute data on maternal and child health, and on injury and violence, including county and regional breakdowns.</li> <li>- <b>Share</b> data collected on teen pregnancy rates, immunization, infant mortality, preterm and low birth weight infants.</li> <li>- <b>Serve</b> as a resource for existing MDH data sets.</li> <li>- <b>Provide</b> guidance on evaluating, analyzing and interpreting data.</li> <li>- <b>Monitor</b> trends and needs and produce user-friendly reports.</li> <li>- <b>Synthesize</b> and disseminate results of local assessments,</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Conduct</b> on-going community assessments.</li> <li>- <b>Track</b> and analyze health data on an on-going basis.</li> <li>- <b>Develop</b> and conduct surveys with the community.</li> <li>- <b>Participate</b> in assessment activities, both at local and regional levels.</li> <li>- <b>Review</b> the most current editions of the Minnesota Populations of Color Health Status Report to identify health disparity areas affecting the populations of color and American Indians in the community.</li> <li>- <b>Assess</b> the health status of populations of color and American Indians in the area.</li> <li>- <b>In</b> consultation with the MDH Office of Minority and Multicultural Health community-specific health coordinators, as needed, develop relationships with</li> </ul>

**Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure**

<p><b>Essential Local Activities</b></p> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<p><b>Ten Essential Services</b></p> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<p><b>Statutory References</b></p> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<p><b>MDH Contributing Activities</b></p> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<p><b>Examples From Local Public Health</b></p>
			<p>priorities and action plans to guide the development of statewide goals and outcomes.</p> <ul style="list-style-type: none"> <li>- <b>Link</b> local agencies to state, federal, tribal and/or international health, environmental, economic and/or agricultural agencies and data.</li> <li>- <b>Identify</b> and address specific data issues and prevention needs relative to American Indians, populations of color, immigrants and/or refugees.</li> <li>- <b>Work</b> with local public health, American Indians, communities of color, immigrants and/or refugees to assure their perspectives can be reflected in the resulting plans and actions.</li> <li>- <b>Work</b> with local public health departments and community groups to identify community assets as part of the community assessment process.</li> <li>- <b>Staff</b> the Maternal and Child Health Advisory Task Force to support meeting their statutory obligation to review and report on MCH related issues and services.</li> </ul>	<p>racial and ethnic community and tribal leaders. Engage leaders in developing health assessment strategies that are relevant to the community or tribe, and will result in information they want and need.</p> <ul style="list-style-type: none"> <li>- <b>Develop</b> and maintain agency website that includes health data.</li> <li>- <b>Include</b> data and information about complimentary medicine in assessments.</li> <li>- <b>Include</b> jail health, e.g., prisoners as vulnerable populations, in assessments.</li> <li>- <b>Obtain</b> injury and violence data from local health care programs and from MDH, interview local providers of health care and victim service organizations to determine needs.</li> <li>- <b>Obtain</b> data from local schools, community agencies, and human service agencies.</li> <li>- <b>Work</b> collaboratively with area hospitals, clinics, health plans and behavioral health</li> </ul>

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				<p>providers.</p> <ul style="list-style-type: none"> <li>- <b>Work</b> with law enforcement, justice, courts.</li> <li>- <b>Partner</b> with other needs assessments and program planning done by social services, health, education, and other community organizations.</li> </ul>
<p><b>IN3. Identify</b> community health and prevention priorities every five years with input from community members and key partners, including communities of color, tribal representatives and special populations, ensuring that community wisdom and cultural diversity are used to understand and interpret qualitative and quantitative information.</p>	<p><b>#4 Mobilize</b> community partnerships to identify and solve health problems.</p> <p><b>#5 Develop</b> policies and plans that support individual and community health efforts.</p>	<p><b>MS 145A.10 subd.5a</b>, Powers and duties of Community Health Boards (must)</p> <p><b>MS 144.05</b>, General duties of Commissioner (must)</p> <p><b>MS 145.881</b>, Maternal and Child Health Advisory Task Force (may)</p> <p><b>MS 145.8821</b>, Maternal and Child Health Block Grant accountability (must)</p>	<ul style="list-style-type: none"> <li>- <b>Disseminate</b> templates, worksheets and/or other tools for prioritization and community input.</li> <li>- <b>Assist</b> local health departments with prioritization processes.</li> <li>- <b>Provide</b> consultation, technical assistance and support to local public health, as needed, to assure input is solicited from American Indians, communities of color, immigrants and refugees and that their input and wisdom are reflected in resulting actions.</li> <li>- <b>Work</b> with local public health, American Indians, communities of color, immigrants and/or refugees to provide information, mentoring, consultation, support, etc. to racial and ethnic community members to insure this process happens and the</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Identify</b> long term, 5-year priorities for the years 05-09</li> <li>Utilize the CHS Advisory Committee to gain community input and to identify health problems and suggested strategies to address problems.</li> <li>- <b>Work</b> with community groups and coalitions to facilitate community input (including communities of color) into the assessment and prioritization process.</li> <li>- <b>In</b> consultation with the MDH Office of Minority and Multicultural Health community-specific health coordinators, as needed, develop relationships with racial and ethnic community and tribal leaders. Together</li> </ul>

**Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure**

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			<p>wisdom is authentically reflected.</p> <ul style="list-style-type: none"> <li>- <b>Together</b> with an advisory committee including local public health and racial, ethnic, and tribal representatives, convene local area health forums focusing on the cultures, traditions, practices, and assets of these partners in the area.</li> <li>- <b>Engage</b> local public health and other partners in the mandatory 5-year Title V (MCH and MCSHN) needs assessment to determine state MCH priorities.</li> </ul>	<p>determine how state and local public health can mentor and support participation in these processes so they are relevant and useful in addressing racial and ethnic health disparities.</p> <ul style="list-style-type: none"> <li>- <b>Participate</b> in community forums sponsored by MDH Office of Minority and Multicultural Health to bring together state and local public health and representatives of communities of color and American Indians for mutual learning, understanding, and relationship building.</li> <li>- <b>Maintain</b> relationships with racial and ethnic community and tribal leaders, so that these leaders and their community members know about public health affecting their communities.</li> <li>- <b>Engage</b> and join together with communities of color and American Indians in the community to gain input, identify problems and priorities, and determine strategies to work toward</li> </ul>

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				improvement, building on community assets. <b>- Incorporate</b> reviews and discussions of Culturally and Linguistically Appropriate Services (CLAS) Standards in this work.
<b>IN4.</b> Every five years, develop an action plan with evaluation measures and recommended policy options to address essential local activities and local priorities. <sup>2</sup>	<b>#4 Mobilize</b> community partnerships to identify and solve health problems. <b>#5 Develop</b> policies and plans that support individual and community health efforts.	<b>MS 145A.10 subd.5a</b> , Powers and duties of Community Health Boards (must) <b>MS 145.8821</b> , Maternal and Child Health Block Grant accountability (must)	<ul style="list-style-type: none"> <li>- <b>Collect</b> and disseminate information on best practices and proven interventions specific to various communities (e.g. Strategies for Public Health, Public Health Intervention Wheel, lessons learned from the Eliminating Health Disparities Initiative grantees).</li> <li>- <b>When</b> possible, offer funding opportunities through local grants.</li> <li>- <b>Act</b> on statewide problems identified in local community assessments and prioritization processes.</li> <li>- <b>Provide</b> technical assistance and support to local public health, as needed, to assure that input and involvement are solicited from American Indians, communities of color, immigrants and/or</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Identify</b> the activities and strategies that correspond to local priorities and statewide outcomes for the local public health grant.</li> <li>- <b>Develop</b> community/agency action plan.</li> <li>- <b>Identify</b> measurable outcomes.</li> <li>- <b>Develop</b> measures with input from racial and ethnic community and tribal leaders.</li> <li>- <b>Develop</b> a process involving racial and ethnic communities and tribes for collecting and reporting data regarding the evaluation measures.</li> <li>- <b>Develop</b> a process, involving racial and ethnic community and tribal leaders for reviewing the action plan and reporting on results.</li> </ul>

<sup>2</sup> Although planning is an ongoing activity, a five-year cycle has been established to provide statewide consistency.

**Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure**

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			<p>refugees and that their involvement is reflected in resulting actions.</p> <ul style="list-style-type: none"> <li>- <b>Develop</b> and/or provide guidelines and tools to develop action plans and meaningful evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Share</b> results of program evaluations to contribute to the evidence base of public health.</li> </ul>
<p><b>IN5. Convene</b> community members and key community partners, including communities of color, tribal representatives and people with special needs to build community collaborations, determine roles, identify and leverage community assets/resources and participate in research that benefits the community as resources allow.</p>	<p><b>#4 Mobilize</b> community partnerships to identify and solve health problems.</p>	<p><b>MS 145A.10 subd.5a</b>, Powers and duties of Community Health Boards (must)  <b>MS 145.8821</b>, Maternal and Child Health Block Grant accountability (may)  <b>MS 145.925</b>, Family Planning Grants (must if grantee)  <b>MS 145.56</b>, Suicide Prevention (must if grantee)</p>	<ul style="list-style-type: none"> <li>- <b>Provide</b> consultation and technical assistance to assure that input and involvement are solicited from American Indians, communities of color, immigrants and/or refugees and that their involvement is reflected in resulting actions. Develop strategies to offer mentoring and support, as needed.</li> <li>- <b>Assure</b> there is a forum or mechanism that does not compromise sovereignty and that allows the input and/or participation of tribal governments.</li> <li>- <b>Work</b> with local public health to develop and maintain good working relationships with state and local partners such as the other units of tribal, state and local government, professional organizations (e.g., MMA, MNA, AAP, ACOG), advocacy and</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Convene</b> community partners and stakeholders to collaboratively determine roles, responsibilities and resources</li> <li>- <b>Gather</b> input to be included in the action plan</li> <li>- <b>Include</b> communities of color, American Indians and other special populations</li> <li>- <b>Provide</b> data and expertise to support research that benefits the community.</li> <li>- <b>Provide</b> communications and materials in all languages read and spoken by communities of color and tribes in the area.</li> <li>- <b>Develop</b> and maintain relationships with racial and ethnic community and tribal leaders so that these leaders and their community/tribal members know about public</li> </ul>

**Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure**

<b>Essential Local Activities</b> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<b>Ten Essential Services</b> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<b>Statutory References</b> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<b>MDH Contributing Activities</b> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<b>Examples From Local Public Health</b>
			community-based organizations (e.g., March of Dimes, ACS, AHA), service agencies, etc. <b>- Provide</b> information, training and support to local public health to implement activities directed towards the priority issues identified through the Title V needs assessment.	health affecting their communities.
<b>IN6. Advocate</b> for policy changes needed to improve the health of populations and individuals.	<b>#5 Develop</b> policies and plans that support individual and community health efforts.	<b>MS 144.05</b> , General duties of Commissioner (may) <b>MS 125A.30</b> , Interagency Early Intervention Committees (must) <b>MS 145.56</b> , Suicide Prevention (may) <b>MS 145.882, subd.7</b> , Maternal and Child Health Block Grant distribution (may)	<b>- Partner</b> with local health departments and community members, identify those with the power to change policy, and work together to include them in these discussions. <b>- Evaluate</b> impact of state and community policies. <b>- Identify</b> with American Indians, populations of color, immigrants and/or refugees the strategies to initiate needed changes in policies and other factors affecting racial and ethnic health disparities in Minnesota.	<b>- Participate</b> in community groups and organizations. <b>- Bring</b> potential policy actions to health board for consideration <b>- Include</b> policy development in action plans. <b>- Include</b> racial and ethnic community and tribal leaders in all policy-related decisions so that barriers to eliminating racial and ethnic health disparities can be identified. Create opportunities for school readiness. <b>- Participate</b> in the local area Interagency efforts e.g. Early Intervention Committee (IEIC), Family Services Collaborative, Mental Health Collaboratives, etc.

**Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure**

<b>Essential Local Activities</b> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<b>Ten Essential Services</b> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<b>Statutory References</b> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<b>MDH Contributing Activities</b> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<b>Examples From Local Public Health</b>
<p><b>IN7. Lead</b> or participate in efforts to foster healthy physical, economic, and social environments (e.g., participate in community improvement and development decisions).</p>	<p><b>#5 Develop</b> policies and plans that support individual and community health efforts.</p>	<p><b>MS 145.928, subd.2,</b> Eliminating Health Disparities (may)  <b>MS 144.05,</b> General duties of Commissioner (may)</p>	<ul style="list-style-type: none"> <li>- <b>Disseminate</b> and/or assist in incorporating research findings, best practices and/or issue briefs.</li> <li>- <b>Promote</b> the utilization of community development methods, such as asset-based processes, so that communities will collaboratively identify and work from their assets.</li> <li>- <b>Serve</b> as facilitators, trainers, and mentors in community development methods.</li> <li>- <b>Convene</b> community-specific health committees to identify and discuss health priorities and health agendas.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Participate</b> in community conversations that discuss physical, economic or social environments, e.g., in ordinance development.</li> <li>- <b>Participate</b> in/facilitate presentations and discussions with communities of color and American Indians in the area about social determinants of health and the role they play in eliminating racial and ethnic health disparities.</li> <li>- <b>Participate</b> in community forums sponsored by the MDH Office of Minority and Multicultural Health to bring together state and local public health and representatives of communities of color and American Indians for mutual learning, understanding, and relationship building.</li> <li>- <b>Offer</b> best practices and explain public health’s role and social determinants of health.</li> </ul>
<p><b>IN8. Provide</b> annual information to MDH to evaluate progress toward</p>		<p><b>MS 145A.10 subd.5a,</b> Powers and duties of Community Health Boards (must)</p>	<ul style="list-style-type: none"> <li>- <b>With</b> SCHSAC and/or other advisory groups, develop and maintain reporting system that</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Submit</b> annual reports to MDH to meet requirements.</li> <li>- <b>Review</b> the most recent</li> </ul>

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<p>statewide outcomes and, local priorities, and to meet federal reporting requirements.</p>		<p><b>MS 144.05</b>, General duties of Commissioner (must)  <b>MS 145.881</b>, Maternal and Child health Advisory Task Force (may)  <b>MS 145.8821</b>, Maternal and Child Health Block Grant accountability (must)</p>	<p>reflects the outcomes achieved by the local public health system and/or key organizational processes implemented.</p> <ul style="list-style-type: none"> <li>- <b>Regularly</b> conduct statewide analysis of reporting data which includes a feedback loop to Community Health Boards and tribal governments.</li> <li>- <b>Through</b> SCHSAC and/or other advisory groups, convene state and local public health representatives to address issues identified through assessments, priorities, and annual reporting.</li> <li>- <b>Convene</b> an advisory committee of American Indians, people of color, immigrants and/or refugees to establish progress and outcome measures they feel reflect conditions toward eliminating racial and ethnic health disparities. Consider examples from Eliminate Health Disparities Initiative grantees.</li> <li>- <b>Work</b> together to develop measures and tools to evaluate progress.</li> <li>- <b>With</b> the Maternal and Child Health Advisory Task Force, develop and implement a</li> </ul>	<p>Populations of Color Health Status Report to assess statewide progress in eliminating racial and ethnic health disparities.</p> <ul style="list-style-type: none"> <li>- <b>With</b> communities of color and tribes develop measures toward the outcomes they recommend as progress toward improving the health status of their populations and tribes in the community.</li> </ul>

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			meaningful mechanism to communicate progress on the federal and state Title V performance measures. - <b>Collect</b> and disseminate statewide data on the health status of mothers and children.	
<b>IN9. Meet</b> personnel requirements for the CHS Administrator and the Medical Consultant.		<b>MS 145A.04 subd.3</b> , Powers and duties of Board of Health (must) <b>MS 145A.10 subd.3</b> , Powers and duties of Community Health Boards (must)	- <b>Hold</b> agencies/Community Health Boards accountable for meeting requirements. - <b>Provide</b> information and training to local agencies regarding personnel requirements and hiring of the administrator and medical consultant. - <b>Provide</b> ongoing, scheduled opportunities for professional development via individual and regional meetings. - <b>Offer</b> , participate in and/or support training and/or academic preparation for American Indians, people of color, immigrants and/or refugees in these requirements so that the local public health workforce becomes more diverse.	- <b>Make</b> sure that the Community Health Services Administrator and Medical Consultant meet the requirements in MS 145A.
<b>IN10. Designate</b> , recruit, train and retain local public health staff so that every local agency has appropriate expertise in	<b>#8 Assure</b> a competent public health and personal health care workforce.	<b>MS 144.05</b> , General duties of Commissioner (must) <b>MS148.191</b> , Public health occupations - Officers; staff;	- <b>Provide</b> ongoing leadership training and/or other opportunities for public health workforce development in	- <b>Make</b> sure (by working with others to leverage training and resources if necessary) that local public

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<p>each of the 6 areas of public health responsibility.</p>		<p>power (must)  <b>MS 148.211</b>, Licensing (must)  <b>MS 148.231</b>, Registration, failure to register, re-registration, verification (must)  <b>MR 6316.0100</b>, Requirements for registration as a public health nurse (must)  <b>MS214.13 subds.1,3</b>, Human services occupations (must)  <b>MR4695.2600</b>, Definitions (must)</p>	<p>Minnesota, in particular for American Indians, people of color, immigrants and/or refugees, so that the local public health workforce becomes more diverse.</p> <ul style="list-style-type: none"> <li>- <b>Provide</b> “Core Essentials of Public Health” modules training by request.</li> <li>- <b>Provide</b> ongoing orientation, training, competency development, mentorship, leadership development, and/or access to current public health practice tools and research to local and tribal public health.</li> <li>- <b>With</b> SCHSAC and/or other advisory groups, develop or adapt and implement a training module on cultural competency.</li> <li>- <b>Encourage</b> educational institutions to incorporate cultural competency training into curricula and to recruit diverse populations into health and public health professions.</li> <li>- <b>Provide</b> information, training and relevant materials on effective public health strategies.</li> <li>- <b>Assist</b> local health departments in assuring that the programs and</li> </ul>	<p>health staff have training and skills in the core competencies of public health, e.g., assessment, community involvement, program design, multi-level interventions, communication, evaluation.</p> <ul style="list-style-type: none"> <li>- <b>Partner</b> with educational institutions on training and educational opportunities. Work with nearby academic training institutions and community partners to create opportunities for people from different cultures and ethnicities to enter the public health workforce.</li> <li>- <b>Identify</b> staff to address eliminating health disparities, include this in their job descriptions, and establish contact between them and the MDH Office of Minority and Multicultural Health and other MDH staff for this purpose.</li> <li>- <b>Implement</b> Limited English Plans (LEP).</li> </ul>

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			services they deliver are culturally appropriate. <b>- Provide</b> designated staff (e.g. infectious disease, environmental health, health promotion) with information, training and minimum expectations.	
<b>IN11. Recruit</b> local public health staff that reflect the cultural and ethnic communities served.		<b>MS 144.05</b> , General duties of Commissioner (may) <b>MS 145A.17 subd.3</b> , Family Home Visiting Program (may)	<ul style="list-style-type: none"> <li>- <b>Encourage</b> educational institutions to incorporate cultural competency training into curricula and to recruit diverse populations into health and public health professions.</li> <li>- <b>Provide</b> information, resources, and brief training on Health Literacy to local public health staff, including discussion of how these skills relate to working with populations of color, American Indians, non-English speaking populations, and others with low literacy.</li> <li>- <b>Assist</b> local agencies in recruiting and hiring processes so that local staff reflect the cultures and ethnicities of the communities they serve.</li> <li>- <b>Promote</b>, develop and/or participate in Community Health Worker curricula and programs.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Work</b> with nearby academic training institutions and community partners to create opportunities for people from different cultures and ethnicities to enter the public health workforce.</li> <li>- <b>Review</b> the recommendations of the Immigrant Health Task Force at:  <a href="http://www.health.state.mn.us/divs/idepc/refugee/immigrant/divhelp.html">http://www.health.state.mn.us/divs/idepc/refugee/immigrant/divhelp.html</a> </li> <li>- <b>Determine</b> which of these to pursue in your community and/or with MDH and other entities.</li> <li>- <b>Assure</b> that the Community Health Services Administrator has the skills and abilities to develop relationships with racial and ethnic communities and</li> </ul>

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				<p>American Indian tribes, and/or to support these among Community Health Board staff, leading to the hiring of culturally competent staff and work force diversity.</p> <ul style="list-style-type: none"> <li>- <b>Assure</b> the Medical Consultant has the ability and commitment to learn, accept, and value the traditional health and healing beliefs of racial, ethnic, and American Indian people in the area.</li> <li>- <b>Work</b> with communities of color and American Indians in the area to engage community members in Community Health Worker training currently being piloted in Minnesota.</li> </ul>

## Public Health Responsibility: 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. The essential local activities proposed here apply to behaviors throughout the lifespan as well as to communities and were developed based on best practice guidelines, science-based theories, state/local expertise and the Leading Health Indicators from Healthy People 2010. Seven of the 10 Leading Health Indicators are included in this Area of Public Health Responsibility. They are: physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, and injury and violence. In addition to the Leading Health Indicators, Promote Healthy Communities and Healthy Behaviors focuses on all populations, e.g., the healthy, the vulnerable, the disparate, across the lifespan, e.g., from mothers, infants and children to the elderly.

The health of mothers, infants and children is of critical importance both as a reflection of the current health status of a large segment of the population and particularly as a predictor of the health of the next generation. Young children’s early childhood environments and social experiences have a decisive, long-lasting impact on their ability to learn and their well-being. Infant mortality is an important measure of a nation’s health and a worldwide indicator of health status and social well-being (Healthy People 2010). Therefore local public health has key responsibilities to assure that the needs of women, infants, children and adolescents are adequately addressed. The essential local public health activities listed here, including community engagement as well as services to individuals, should be emphasized in the following areas: healthy pregnancy and positive pregnancy outcomes, infant mortality reduction, child health and development, child spacing and family planning, maternal and child health nutrition, developmental disabilities, and adolescent health and development.

The impact of injury and violence in Minnesota is clear: injury (including violence) is the leading cause of emergency department treatment in Minnesota, is among the leading causes of hospitalization, and is the leading cause of death for all Minnesotans under age 35.

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<p><b>HC1. Engage</b> the community on an on-going basis to promote healthy communities and behaviors through activities including but not limited to</p> <ul style="list-style-type: none"> <li>(a) assessment, prioritization and developing action plans,</li> <li>(b) coalition building,</li> <li>(c) community readiness,</li> <li>(d) empowerment, and</li> <li>(e) decision making.</li> </ul>	<p><b>#1 Monitor</b> health status to identify community health problems.</p> <p><b>#3 Inform</b>, educate, and empower people about health issues.</p> <p><b>#4 Mobilize</b> community partnerships to identify and solve health problems.</p> <p><b>#5 Develop</b> policies and plans that support individual and community health efforts.</p>	<p><b>MS 145A.10 subds.1 and 5a</b>, Powers and duties of Community Health Boards (must)</p> <p><b>MS 144.05</b>, General duties of Commissioner (may)</p> <p><b>MS 145.882, subd.7</b>, Maternal and Child Health Block Grant distribution (may)</p> <p><b>MS 145.925</b>, Family Planning Grants (may)</p> <p><b>MS 145.56</b>, Suicide Prevention (may)</p> <p><b>MS 145.9255</b>, Minnesota ENABL (may)</p> <p><b>MS 145A.17</b>, Family Home Visiting Program (may)</p> <p><b>MS 125A.30</b>, Interagency Early Intervention Committees (must)</p>	<ul style="list-style-type: none"> <li>- <b>Provide</b> Minnesota Health Status Tables and training on their use.</li> <li>- <b>Conduct</b> the annual Statewide Capacity Building Workshop and regional trainings.</li> <li>- <b>Provide</b> best practice tools, recent articles and research and training, e.g., on data collection, data interpretation and analysis, conducting community assessments, building partnerships and coalitions, engaging youth, media advocacy, marketing, evaluation.</li> <li>- <b>Provide</b> opportunities for statewide and regional information sharing.</li> <li>- <b>Provide</b> data, e.g., immunization rates, SIDS, injury, and training on data collection, analysis and interpretation.</li> <li>- <b>Work</b> with local public health and communities to assure American Indians, communities of color, immigrants and/or refugees are involved in this work, and that their traditions, beliefs, and practices are considered.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Convene</b> or participate with community partners and stakeholders and work collaboratively to promote healthy communities and behaviors.</li> <li>- <b>Gather</b> input to be included in assessments and action plans from community members and groups such as Boys and Girls Clubs, faith-based organizations, spiritual leaders, Parent-Teacher Associations, Chambers of Commerce, Lions, Rotary, etc.</li> <li>- <b>Include</b> communities of color, American Indians and other special populations. Participate on the local Interagency Early Intervention Committee (IEIC) to meet federal and state requirements. See 125A.30 for list of IEIC duties and requirements.</li> </ul>

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			<ul style="list-style-type: none"> <li>- <b>Provide</b> specific information about American Indians, communities of color, immigrants and/or refugees related to their health and cultural practices.</li> </ul>	
<p><b>HC2. Based</b> on community assessment, resources, and capacity, include the promotion of healthy communities, healthy behaviors (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and the prevention of injury and violence in the five-year action plan.</p>	<p><b>#3 Inform</b>, educate, and empower people about health issues.  <b>#4 Mobilize</b> community partnerships to identify and solve health problems.  <b>#5 Develop</b> policies and plans that support individual and community health efforts.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.  <b>#9 Evaluate</b> effectiveness, accessibility, and quality of personal and population-based health services.</p>	<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (must)  <b>MS 145A.10 subd.5a</b>, Powers and duties of Community Health Boards (must)  <b>MS 144.05</b>, General duties of Commissioner (may)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (must)  <b>MS 145.56</b>, Suicide Prevention (may)  <b>MS 145.925</b>, Family Planning Grants (must if grantee)  <b>MS 145.9255</b>, Minnesota ENABL (may)  <b>MS 145A.17</b>, Family Home Visiting Program (must)  <b>MS 125A.30 (b) (9)</b>, Interagency Early Intervention Committees (must)</p>	<ul style="list-style-type: none"> <li>- <b>Provide</b> data, e.g., from the Minnesota Student Survey and the Minnesota Health Status Tables and the MCH Block Grant performance measures and annual report and conduct training on their use.</li> <li>- <b>Conduct</b> the annual Statewide Capacity Building Workshop and regional trainings.</li> <li>- <b>Develop</b>, disseminate and/or train on best practice tools, e.g., effective action plans, Public Health Intervention Wheel, policy advocacy.</li> <li>- <b>Work</b> with local public health and communities to assure American Indians, communities of color, immigrants and/or refugees are involved in this work, and that their traditions, beliefs, and practices are considered.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>The</b> inclusion of goals, objectives, strategies and evaluation criteria related to the promotion of healthy communities and healthy behaviors in local public health departments’ action plans.</li> <li>- <b>Participate</b> in development of the Interagency Early Intervention Committee Annual Plan.</li> </ul>
<p><b>HC3. Conduct</b> evidence-based, culturally sensitive programs, and disseminate</p>	<p><b>#3 Inform</b>, educate, and empower people about health issues.</p>	<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (must)</p>	<ul style="list-style-type: none"> <li>- <b>Partner</b> with statewide organizations and share information about their state and</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Conduct</b> home visiting and fire prevention programs/activities.</li> </ul>

**Public Health Responsibility: Promote Healthy Communities and Healthy Behaviors**

<p><b>Essential Local Activities</b></p> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<p><b>Ten Essential Services</b></p> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<p><b>Statutory References</b></p> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<p><b>MDH Contributing Activities</b></p> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<p><b>Examples From Local Public Health</b></p>
<p>information on services and resources to promote healthy communities and healthy behaviors (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and the prevention of injury and violence.</p>	<p><b>#4 Mobilize</b> community partnerships to identify and solve health problems.  <b>#5 Develop</b> policies and plans that support individual and community health efforts.  <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>	<p><b>MS 144.05</b>, General duties of Commissioner (may)  <b>MS 121A.21</b>, School health services (may)  <b>MS 125A.30 (b) (2)</b>, Interagency Early Intervention Committees (must)  <b>MS 145.56</b>, Suicide Prevention (may)  <b>34CFR303</b>, Early Intervention Program (Part C) (must)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)  <b>MS 145.898</b>, (SIDS) (may)  <b>MS 145.925</b>, Family Planning Grants (may)  <b>MS 145.9255</b>, Minnesota ENABL (may)  <b>MS 145.928</b>, Eliminating Health Disparities (must)  <b>MS 145A.17</b>, Family Home Visiting Program (may)</p>	<p>local resources.  <b>-Provide</b> training and consultation on best practice tools, recent articles and research and training, e.g., on conducting community assessments, building partnerships and coalitions, engaging youth, media advocacy, marketing, evaluation.  <b>- Provide</b> opportunities for statewide and regional information sharing.  <b>- Provide</b> Nursing Child Assessment Satellite Training (NCAST).  <b>- Provide</b> information from the federal Maternal and Child Health grant report.  <b>- Work</b> with local public health to develop relationships with American Indians, communities of color, immigrants and/or refugees to facilitate communication, collaboration and increased knowledge of various cultures and traditions relating to health disparities.  <b>- Collaborate</b> with tribal governments to share information about their injury and violence prevention programs.</p>	<p>Provide education and information about child passenger seats and seat belts, recreational vehicle safety, falls, firearm injuries, sudden infant death syndrome, and domestic violence.  <b>- Conduct</b> health promotion programs/activities, e.g., Shape Up Challenge, 5 A Day, tobacco quit line, Mothers Against Drunk Driving, school clinics, HIV screening, public information campaign on depression.  <b>- Conduct/assure</b> screening programs for immigrants and refugees.  <b>- Conduct/assure</b> MCH programs/activities, e.g., Healthy Start, Nursing Child Assessment Satellite Training (NCAST) interventions, programs for pregnancy and parenting teens.  <b>- Conduct</b> No Shots/No School, preschool screening and <i>Back To Sleep</i> programs  <b>- Conduct</b> HIV case management  <b>- Conduct</b> screening</p>

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<b>Essential Local Activities</b> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<b>Ten Essential Services</b> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<b>Statutory References</b> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<b>MDH Contributing Activities</b> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<b>Examples From Local Public Health</b>
			<ul style="list-style-type: none"> <li>- <b>Provide</b> Ages and Stages Questionnaire and Ages and Stages Questionnaire – Social-Emotional training.</li> </ul>	<p>programs such as Follow Along Program, Early Childhood Screening Program, Child &amp; Teen Checkups, and Home Visiting to assure a comprehensive child find system.</p>
<p><b>HC4. Inform</b> and educate different audiences, e.g., general public, providers and policy leaders, about healthy communities, and population health status.</p>	<p><b>#1 Monitor</b> health status to identify community health problems.  <b>#3 Inform</b>, educate, and empower people about health issues.  <b>#5 Develop</b> policies and plans that support individual and community health efforts.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.</p>	<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (must)  <b>MS 144.05</b>, General duties of Commissioner (may)  <b>MS 125A.30</b>, Interagency Early Intervention Committees (must)  <b>34 CFR 303</b>, Early Intervention Program (Part C) (must)  <b>MS 145.56</b>, Suicide Prevention (may)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)  <b>MS 145.925</b>, Family Planning Grants (may)  <b>MS 145.9255</b>, Minnesota ENABL (may)  <b>MS 145A.17</b>, Family Home Visiting Program (may)</p>	<ul style="list-style-type: none"> <li>- <b>Develop</b> and/or implement a technical assistance plan that includes training, resource development, consultation, connections to other resources.</li> <li>- <b>Hire</b> staff with sufficient expertise to support local activities and provide technical assistance.</li> <li>- <b>Convene</b> meetings of local public health staff to exchange knowledge and expertise and facilitate collaborative efforts.</li> <li>- <b>Gather</b>, analyze and/or disseminate data related to healthy behaviors, including data on/from: infant and maternal birth and mortality, the MN Student Survey, the Minnesota Children with Special Health Needs 5-year survey, and the Maternal and Child Health Advisory Task Force.</li> <li>- <b>Develop</b> and/or share</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Utilize</b> information and data from high risk birth certificates, tracking birth defects, newborn screening to communicate with the community.</li> <li>- <b>Provide</b> public information through media campaigns such as Target Market/anti-smoking campaigns and teen pregnancy prevention campaigns.</li> <li>- <b>Provide</b> and disseminate information through existing programs such as school nutrition programs, WIC (Women, Infants and Children) clinics, programs for pregnant and parenting teens, Child and Teen Checkup outreach, Coordinated School Health, Follow Along Program, Home Visiting, Early</li> </ul>

**Public Health Responsibility: Promote Healthy Communities and Healthy Behaviors**

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			<p>knowledge and understanding of local agency needs, resources and capacity.</p> <ul style="list-style-type: none"> <li>- <b>Conduct</b> statewide communication activities to support local efforts, e.g., websites, newsletters, videoconferences.</li> <li>- <b>Identify</b>, develop and/or disseminate accurate and culturally appropriate materials and resources.</li> <li>- <b>Provide</b> technical assistance on communication strategies and skills, e.g., use of websites, media advocacy, marketing, communications planning, evaluation, meeting with and educating policymakers.</li> <li>- <b>Coordinate</b> the administration of grants, e.g., chronic conditions, Fetal Alcohol Syndrome, smoking, family planning.</li> <li>- <b>Work</b> with local public health and communities to assure American Indians, communities of color, immigrants and/or refugees are involved in this work, and that their traditions, beliefs, and practices are considered.</li> </ul>	<p>Intervention Program.</p> <ul style="list-style-type: none"> <li>- <b>Conduct</b> presentations for the public and targeted populations.</li> <li>- <b>Provide</b> information on website.</li> <li>- <b>Disseminate</b> community health promotion information at health fairs, county fairs.</li> </ul>

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			<ul style="list-style-type: none"> <li>- <b>Convene</b> opportunities for communities and local public health to meet and talk together about what they each offer in this work.</li> </ul>	
<p><b>HC5. Support</b> the development and enforcement of policies and encourage cultural norms that promote healthy communities.</p>	<p><b>#1 Monitor</b> health status to identify community health problems.  <b>#3 Inform</b>, educate, and empower people about health issues.  <b>#4 Mobilize</b> community partnerships to identify and solve health problems.  <b>#5 Develop</b> policies and plans that support individual and community health efforts.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.</p>	<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (must)  <b>MS 144.05</b>, General duties of Commissioner (may)  <b>MS 145.56</b>, Suicide Prevention (may)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)  <b>MS 145.925</b>, Family Planning Grants (may)  <b>MS 145.9255</b>, Minnesota ENABL (may)  <b>MS 145A.17</b>, Family Home Visiting Program (may)</p>	<ul style="list-style-type: none"> <li>- <b>Provide</b> support through the annual statewide Capacity Building Workshop and regional trainings for state and local policies based on solid data, e.g., from the Minnesota Student Survey and the Minnesota Health Status Tables, etc. and on best practices, e.g., from the Public Health Intervention Wheel and the Strategies for Public Health document.</li> <li>- <b>Develop</b> and implement a technical assistance plan that includes training, resource development, consultation, and connections to other resources.</li> <li>- <b>Conduct</b> and/or provide information about trainings on media advocacy, marketing and evaluation.</li> <li>- <b>Hire</b> staff with sufficient expertise to support local activities and provide technical assistance.</li> <li>- <b>Convene</b> meetings of local</li> </ul>	<p>Work with local businesses to develop healthy policies and work settings.  Work with community partners to develop healthy tobacco policies.  Develop walking trails and senior friendly communities.  Advocate for and support tobacco youth access ordinances.  Encourage community system coordination for screening young children.</p>

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			public health staff to exchange knowledge and expertise and facilitate collaborative efforts. - <b>Gather</b> , analyze and/or disseminate data related to healthy behaviors. - <b>Provide</b> and share knowledge and understanding of local agency needs, resources and capacity. - <b>Work</b> together with local public health and American Indians, communities of color, immigrants and/or refugees to identify policies to develop, support, or remove so that cultural norms promoting healthy communities and behaviors are supported and encouraged.	
<b>HC6. Participate</b> in decisions about community improvement and development to promote healthy communities and healthy behaviors.	<b>#3 Inform</b> , educate, and empower people about health issues. <b>#4 Mobilize</b> community partnerships to identify and solve health problems. <b>#5 Develop</b> policies and plans that support individual and community health efforts. <b>#6 Enforce</b> laws and regulations that protect	<b>MS 145A.10 subd.1</b> , Powers and duties of Community Health Boards (must) <b>MS 144.05</b> , General duties of Commissioner (may) <b>MS 145.56</b> , Suicide Prevention (may) <b>MS 145.882 subd.7</b> , Maternal and Child Health Block Grant distribution (may) <b>MS 145.925</b> , Family Planning Grants (may) <b>MS 145.9255</b> , Minnesota	- <b>Provide</b> position papers on housing, education, land use, etc. - <b>Work</b> together with local public health and American Indians, communities of color, immigrants and/or refugees to identify community improvement decisions to develop, support, or remove so that healthy communities and behaviors are supported and encouraged. - <b>Offer</b> opportunities for statewide and regional	- <b>Utilize</b> position papers to facilitate community dialogues about housing, education, physical activity, land use, etc. and their affects on health. - <b>Assure</b> preplanning in community development, e.g., how a new industry may affect injuries or the environment. - <b>Work</b> with other agencies, e.g., law enforcement, school

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	<p>health and ensure safety.  <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>	<p>ENABL (may)  <b>MS 145A.17</b>, Family Home Visiting Program (may)</p>	<p>information sharing.</p>	<p>systems, to improve community wellness.</p>
<p><b>HC7. Promote</b> healthy growth, development, aging, and management of chronic diseases across the lifespan.</p>	<p><b>#3 Inform</b>, educate, and empower people about health issues.  <b>#5 Develop</b> policies and plans that support individual and community health efforts.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.</p>	<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (must)  <b>MS 144.05</b>, General duties of Commissioner (may)  <b>MS125A.30</b>, Interagency Early Intervention Committee (may)  <b>34 CFR 303</b>, Early Intervention Program (Part C) (may)  <b>MS 145.56</b>, Suicide Prevention (may)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)  <b>MS 145.925</b>, Family Planning Grants (may)  <b>MS 145.9255</b>, Minnesota ENABL (may)  <b>MS 145A.17</b>, Family Home Visiting Program (may)</p>	<ul style="list-style-type: none"> <li>- <b>Provide</b> and/or assure training for Child and Teen Checkup, Nursing Child Assessment Satellite Training (NCAST), early childhood screening, Fetal Alcohol Syndrome, etc.</li> <li>- <b>Provide</b> developmental screening, newborn screening (hearing 0-3 years), hearing and vision screening (3-12 years), and newborn assessments.</li> <li>- <b>Provide</b> technical assistance and consultation to local public health departments on issues related to childhood screening and quality indicators.</li> <li>- <b>Work</b> together with local public health and American Indians, communities of color, immigrants and/or refugees to learn about and understand varying growth, development, and aging beliefs, values, traditions, and practices.</li> <li>- <b>Work</b> with the Departments of Education and Human Services</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Conduct</b> pre-admission screenings and long-term care consultations.</li> <li>- <b>Collaborate</b> with social services and others on senior services.</li> <li>- <b>Work</b> with the local Interagency Early Intervention Committee to assure a comprehensive child-find system.</li> <li>- <b>Conduct</b> or assure activities such as Child and Teen Checkups, Nursing Child Assessment Satellite Training (NCAST), early childhood screenings, Fetal Alcohol Syndrome referrals/clinics, school readiness programs, home visiting, Women, Infants and Children clinics, Follow-Along Program, and pregnancy testing</li> <li>- <b>Participate</b> in groups such as senior advisory groups,</li> </ul>

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			<p>and local Interagency Early Intervention Committees to provide information and resources to local areas around child development.</p>	<p>county collaboratives, follow-up to children with special health needs and their families, local Interagency Early Intervention Committees.</p> <ul style="list-style-type: none"> <li>- <b>Coordinate</b> activities with school nurses.</li> <li>- <b>Encourage</b> screening and early detection to limit severity of chronic diseases.</li> <li>- <b>Provide</b> health education to achieve satisfactory control of chronic diseases.</li> <li>- <b>Assure</b> doctors and clinics are aware of latest national guidelines in managing chronic diseases.</li> </ul>
<p><b>HC8. Identify</b> and address the needs of vulnerable populations e.g., high-risk pregnant women, mothers, children; frail elderly, persons with mental illness, and people experiencing health disparities.</p>		<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (must)  <b>MS 144.05</b>, General duties of Commissioner (may)  <b>MS125A.30</b>, Interagency Early Intervention Committees (may)  <b>CFR 303.160</b>, Early Intervention System (may)  <b>CFR 303.165</b>, Child Find requirements (may)  <b>MS 145.56</b>, Suicide Prevention (may)</p>	<ul style="list-style-type: none"> <li>- <b>Collect</b> data and coordinate grants for: Fetal Alcohol Syndrome; Women, Infants and Children clinics; Family Planning; MCH Block Grant; Family Home Visiting; Suicide Prevention; and/or Children With Special Health Care Needs.</li> <li>- <b>Provide</b> training on Child and Teen Checkup, early childhood screening, Ages and Stages Questionnaire and Ages and Stages Questionnaire – Social-</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Conduct/assure</b> Women, Infants and Children Clinics, community clinics, preschool screening, programs for pregnant and parenting teens.</li> <li>- <b>Facilitate</b> Community Alternative Care (CAC) and Community Alternatives for Disabled Individuals (CADI) Waivers.</li> <li>- <b>Participate</b> in Interagency Early Intervention Committees (IEIC).</li> </ul>

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		<p><b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (must)  <b>MS 145.925</b>, Family Planning Grants (may)  <b>MS 145.9255</b>, Minnesota ENABL (may)  <b>MS 145A.17</b>, Family Home Visiting Program (may)  <b>MS 145.893</b>, Women, Infants and Children (may)  <b>MS 145.951</b>, Long term care (may)  <b>MS 626.556 subd.3</b>, Reporting of maltreatment of minors (must)  <b>MS 626.5572, subd.16</b>, Reporting of maltreatment of vulnerable adults; Definitions (must)  <b>Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973</b> (may)  <b>Title V of the Social Security Act</b> (may)</p>	<p>Emotional.  - <b>Work</b> with the Minnesota Department of Education and the Department of Human Services to develop policies and products to address the needs of children with special needs (birth-21).  - <b>Provide</b> data, information, consultation and training on health status and issues for women, children and families, including children with special health needs.  - <b>Provide</b> tools and training to develop plans that meet the unique needs of vulnerable and high-risk populations, including American Indians, populations of color, immigrants and refugees.  - <b>Offer</b> opportunities for statewide and regional information sharing.</p>	<p>- <b>Assure</b> that public health nurses report incidents of vulnerable adult abuse and child maltreatment.  - <b>Participate</b> on child abuse teams and vulnerable adult investigations.</p>

## Public Health Responsibility: Prevent the Spread of Infectious Disease

Controlling communicable or infectious diseases is perhaps the oldest and most fundamental public health responsibility. For decades, it was the primary responsibility of local Boards of Health and, in fact, the main reason for their creation. Currently, immunization is one of the 10 Leading Health Indicators from Healthy People 2010. Infectious disease prevention and control (DP&C) in Minnesota includes activities of detecting acute and communicable diseases, developing and implementing prevention of disease transmission, and implementing control measures during outbreaks.

The State Community Health Services Advisory Committee (SCHSAC) Disease Prevention and Control (DP&C) Issues Team is charged with the responsibility of strengthening state local and tribal public health relationships by making policy recommendations to the SCHSAC and Commissioner of Health on joint state-local infectious disease prevention and control issues; and by promoting and fostering the consistent implementation and application of the Communicable DP&C Framework of Common Activities.

Development of the Communicable DP&C Framework of Common Activities began in 1996 and supercedes the old 'DP&C agreement.' The DP&C framework sets standards for DP&C activities to be carried out at the state and local levels. The essential local activities in the chart below were based on this long-established DP&C framework by a subgroup of the SCHSAC Disease Prevention and Control (DP&C) Issues Team.

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<b>Essential Local Activities</b> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<b>Ten Essential Services</b> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<b>Statutory References</b> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<b>MDH Contributing Activities</b> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<b>Examples From Local Public Health</b>
<p><b>ID1. Work</b> with providers and other community partners to facilitate infectious disease reporting and address problems with compliance.</p>	<p><b>#1 Monitor</b> health status to identify community health problems.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.</p>	<p><b>MS 145A.04</b>, Local Public Health Boards (must)  <b>MS 144.05</b>, General duties of Commissioner (must)  <b>Minn. Rules Chptr. 4605</b>, Reportable diseases (must)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)</p>	<ul style="list-style-type: none"> <li>- <b>Maintain</b> statewide infectious disease surveillance system.</li> <li>- <b>Maintain</b> up-to-date infectious disease reporting rules.</li> <li>- <b>Make</b> reporting requirements known.</li> <li>- <b>Provide</b> local public health information by disease reporting sources in their jurisdictions.</li> <li>- <b>Provide</b> information and/or training that describe Minnesota’s centralized reporting system and how prompt reporting by providers can aid in detection and control of outbreaks.</li> <li>- <b>Produce</b> and disseminate fact sheets and other related materials on the diagnosis, treatment and reporting of infectious diseases.</li> <li>- <b>Provide</b> grant monies to local public health departments to provide vaccinations, with relevant roles and information for providers.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Meet</b> with clinics and hospitals for local assurance of disease reporting (with MDH help).</li> <li>- <b>Educate</b> providers about Minnesota’s disease surveillance system and the benefits of timely disease reporting consultations.</li> <li>- <b>Make</b> providers aware of MDH’s 24/7 disease reporting consultation number.</li> <li>- <b>Make</b> providers aware of MDH’s food borne illness hotline number for providers or patients to call when food borne illness is suspected.</li> </ul>
<p><b>ID2. Assess</b> immunization levels and practice standards, and promote/provide age appropriate immunization delivery.</p>	<p><b>#1 Monitor</b> health status to identify community health problems.  <b>#3 Inform</b>, educate, and empower people about health issues.  <b>#4 Mobilize</b> community</p>	<p><b>MS 145A.04</b>, Local Public Health Boards (must)  <b>MS 144.05</b>, General duties of Commissioner (must)  <b>MS 144.3351</b>, Immunization data (must)  <b>MS 121A.15</b>, Health standards,</p>	<ul style="list-style-type: none"> <li>- <b>Promote</b> and maintain a statewide immunization information system to determine immunization rates that can identify pockets of need.</li> <li>- <b>Disseminate</b> data to local public health/Community Health</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Participate</b> in Immunization Registries.</li> <li>- <b>Participate</b> in Immunization Practices Improvement Surveys with clinics.</li> <li>- <b>Meet</b> with school nurses,</li> </ul>

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<p><b>Essential Local Activities</b></p> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<p><b>Ten Essential Services</b></p> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<p><b>Statutory References</b></p> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<p><b>MDH Contributing Activities</b></p> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<p><b>Examples From Local Public Health</b></p>
	<p>partnerships to identify and solve health problems.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.  <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>	<p>immunizations, school children (must)  <b>Minn. Rules 4604</b>, Immunization (must)  <b>MS 144.3441, 2 (continued)</b>, Hepatitis B vaccination (minors may give consent) (must)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)</p>	<p>Services Agencies and providers.</p> <ul style="list-style-type: none"> <li>- <b>Provide</b> consultation and training on interpretation and use of data to meet statewide immunization goals.</li> <li>- <b>Promote</b> and support immunizations through Child and Teen Checkups.</li> <li>- <b>Maintain</b> system for distribution of vaccines received from federal government.</li> <li>- <b>Provide</b> vaccination guidelines and recommendations.</li> <li>- <b>Maintain</b> School Child Care law.</li> <li>- <b>Maintain</b> a system for creating and disseminating consumer and professional education materials that address varying levels of knowledge among community members, and varying cultural practices regarding immunizations.</li> <li>- <b>Provide</b> technical assistance, training and grant funds to local public health departments for immunization practice improvement visits to private providers to promote immunization best practices.</li> </ul>	<p>day care providers, regarding roles and responsibilities.  <b>- Participate</b> in MN Vaccine for Children’s Program.</p>

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<b>Essential Local Activities</b> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<b>Ten Essential Services</b> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<b>Statutory References</b> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<b>MDH Contributing Activities</b> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<b>Examples From Local Public Health</b>
			<ul style="list-style-type: none"> <li>- <b>Provide</b> training on immunization assessment software and analysis for private clinics with grant funds to conduct assessments.</li> <li>- <b>Conduct</b> periodic conference calls on timely issues.</li> </ul>	
<p><b>ID3. Assess</b> infectious disease risks in jurisdiction, apprise community of risks and assure appropriate interventions.</p>	<p><b>#1 Monitor</b> health status to identify community health problems.  <b>#2 Diagnose</b> and investigate health problems and health hazards in the community.  <b>#3 Inform</b>, educate, and empower people about health issues.  <b>#4 Mobilize</b> community partnerships to identify and solve health problems.  <b>#5 Develop</b> policies and plans that support individual and community health efforts.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.  <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise</p>	<p><b>MS 145A.04</b>, Local Public Health Boards (must)  <b>MS 144.05</b>, General duties of Commissioner (must)  <b>MS 144.065</b>, Prevention and treatment of sexually transmitted infections (may)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)</p>	<ul style="list-style-type: none"> <li>- <b>Maintain</b> statewide infectious disease surveillance system and analyze data.</li> <li>- <b>Provide</b> data and results of analyses to local public health, Community Health Services agencies and Tribal Governments as soon as possible.</li> <li>- <b>Work</b> with local public health and all communities to assure information provided to community members is understandable to all.</li> <li>- <b>Develop</b> a list of local public health contacts that are responsible for information disposition and updates.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Identify</b> key staff with this expertise and these responsibilities.</li> <li>- <b>Maintain</b> ongoing communication with providers.</li> <li>- <b>Develop</b> relationships with local media.</li> <li>- <b>Develop</b> risk communication messages with help of MDH (includes the Health Alert Network).</li> <li>- <b>Work</b> with clinics and medical providers regarding recommended treatment.</li> <li>- <b>Provide</b> day care consultations.</li> </ul>

**Public Health Responsibility: Prevent the Spread of Infectious Disease**

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	unavailable. <b>#9 Evaluate</b> effectiveness, accessibility, and quality of personal and population-based health services.			
<b>ID4. Based</b> on surveillance data, develop strategies and plans to detect and respond to infectious disease problems and outbreaks within jurisdiction/region.	<b>#1 Monitor</b> health status to identify community health problems. <b>#2 Diagnose</b> and investigate health problems and health hazards in the community. <b>#3 Inform</b> , educate, and empower people about health issues. <b>#4 Mobilize</b> community partnerships to identify and solve health problems. <b>#5 Develop</b> policies and plans that support individual and community health efforts. <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable. <b>#8 Assure</b> a competent public health and personal health care workforce.	<b>MS 145A.04</b> , Local Public Health Boards (must) <b>MS 144.05</b> , General duties of Commissioner (must) <b>MS 144.065</b> , Prevention and treatment of sexually transmitted infections (may) <b>MS 144.343 subd.1</b> , Minor’s consent (for STD-related health services); 144.346, Information to parents (may) <b>MS 144.4171</b> , Health threat procedures (must) <b>MS 144.3351</b> , Immunization data (must) <b>MS 121A.15</b> , Health standards, immunizations, school children; Minn. 5) (continued) (must) Rules 4604, Immunization (must) <b>MS 145.882 subd.7</b> , Maternal and Child Health Block Grant distribution (may)	<ul style="list-style-type: none"> <li>- <b>Maintain</b> statewide prevention programs that identify priorities and objectives.</li> <li>- <b>Develop</b> and/or maintain current strategies for public health interventions and outbreak control.</li> <li>- <b>Implement</b> statewide public health outbreak response protocols (such as Severe Acute Respiratory Syndrome (SARS), pandemic flu and foodborne disease) as a part of the statewide Emergency Management Plan.</li> <li>- <b>Provide</b> information and training on the utilization of such protocols.</li> <li>- <b>Work</b> with local public health and all communities to assure strategies and essential information are understandable by all.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Maintain</b> public health preparedness activities that include surveillance, detection and response to infectious diseases.</li> <li>- <b>Continue</b> development of the public health annex.</li> <li>- <b>Work</b> with MDH and regional partners.</li> <li>- <b>Review</b> the Disease Prevention and Control Common Activities Framework.</li> </ul>

**Public Health Responsibility: Prevent the Spread of Infectious Disease**

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<p><b>ID5. Assist</b> and/or conduct infectious disease investigations with MDH.</p>	<p><b>#2 Diagnose</b> and investigate health problems and health hazards in the community.  <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>	<p><b>MS 145A.04</b>, Local Public Health Boards (see 145A.04.subd. 6) (must)  <b>MS 144.05</b>, General duties of Commissioner (must)  <b>Minn. Rules Chptr. 4605</b>, Reportable diseases (must)</p>	<p><b>Support</b> local disease investigations by:</p> <ul style="list-style-type: none"> <li>- <b>Assume</b> epidemiologic lead and/or provide consultation during investigation, analyzing and sharing results, taking into consideration other jurisdictions.</li> <li>- <b>Assure</b> that laboratory services and analysis of test results are available. Collect specimens as needed.</li> <li>- <b>Provide</b> consultation (e.g., medical, clinical, zoonotic, veterinary), diagnostic evaluation as needed.</li> <li>- <b>Based</b> on epidemiological analysis, recommend and/or provide treatment, and immunization of client populations at risk of or with disease.</li> <li>- <b>Assist</b> with education or control activities.</li> <li>- <b>Provide</b> technical assistance and medications, if needed, to assure tuberculosis case treatment and to assure a thorough contact investigation is conducted for each infectious tuberculosis patient.</li> <li>- <b>Take</b> appropriate action in cases</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Conduct</b> tuberculosis investigation and control.</li> <li>- <b>Conduct</b> follow-up activities for Perinatal Hepatitis B, food borne illnesses, tuberculosis skin testing, other communicable diseases follow-up.</li> <li>- <b>Provide</b> education for medical providers.</li> <li>- <b>Conduct/assure</b> refugee health assessments.</li> </ul>

**Public Health Responsibility: Prevent the Spread of Infectious Disease**

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			of patient noncompliance. - <b>Develop</b> culturally-appropriate messages and strategies to improve understanding and assure compliance with needed treatment regimens. - <b>Conduct</b> culturally appropriate investigations.	
<b>ID6. When</b> surveillance detects an imminent threat of infectious disease outbreak or epidemic, implement appropriate local disease control programs, including but not limited to mass treatment clinics, mass immunizations clinics, and isolation and quarantine.	<b>#2</b> Diagnose and investigate health problems and health hazards in the community. <b>#4</b> Mobilize community partnerships to identify and solve health problems. <b>#5</b> Develop policies and plans that support individual and community health efforts.	<b>MS 145A.04</b> , Local Public Health Boards (must) <b>MS 144.05</b> , General duties of Commissioner (must) <b>MS 144.3351</b> , Immunization data (must) <b>MS 144.065</b> , Prevention and treatment of sexually transmitted infections (must) <b>MS 144.343 subd.1</b> , Minor’s consent (for STD-related health services) (may) <b>MS 144.346</b> , Information to parents (may) <b>MS Section 12.03, 12.21, 12.31, 12.311, 12.312, 12.32, 12.34, 12.38, 12.39, 13.3806, 144.419, 144.4195</b> , MN Emergency Health Powers Act of 2002 (must) <b>MS 145.882 subd.7</b> , Maternal and Child Health Block Grant distribution (may)	- <b>Develop</b> and provide mass clinic protocol templates for use by local public health/Community Health Boards. - <b>Assure</b> overall coordination exists for all parties including tribal governments for outbreak management and control in disease outbreak situations, including mass or targeted immunization clinics. - <b>Provide</b> adequate vaccines, antibiotics, and prophylaxis, as needed. - <b>Advocate</b> for state funding, if needed. - <b>Assist</b> and support local public health in addressing cultural and religious or spiritual implications of strategies.	- <b>Develop</b> a Mass Clinic Plan for area distribution node. - <b>Continue</b> work on Isolation and Quarantine policies and activities. - <b>Work</b> with MDH, area clinics and hospitals.

## **Public Health Responsibility: Protect Against Environmental Health Hazards**

**E**nvironmental quality is one of the 10 Leading Health Indicators from Healthy People 2010. The essential local activities for environmental health as defined in this framework for Minnesota are based on a work product of the Environmental Health Leadership Team entitled, "The Universe of Environmental Health Activities." They fall into five areas: Clean Air, Clean Water and Sanitation, Safe Food, Healthy Communities, and Preparation for Disasters.

The activities listed are intentionally broad and are for statewide application. Each activity offers flexibility in the way they are implemented and the level of effort in accomplishing them. In several cases, an activity can be carried out by communications between an MDH regional office or a consulting sanitarian. Some activities may be carried out by agencies other than a local or tribal health department or Community Health Board. An activity may be carried out, for example, by a Planning and Zoning Office that administers an Individual Sewage Treatment System (ISTS) program or tribal environmental health services.

These activities emphasize the partnership between state, local and tribal public health agencies in working on environmental health activities, and underscore the need for MDH and local and tribal health agencies to work together. They are designed for state, local and tribal public health programs to hold one another jointly accountable.

**Public Health Responsibility: Protect Against Environmental Health Hazards**

<p><b>Essential Local Activities</b></p> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<p><b>Ten Essential Services</b></p> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<p><b>Statutory References</b></p> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<p><b>MDH Contributing Activities</b></p> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<p><b>Examples From Local Public Health</b></p>
<p><b>EH1. Provide</b> the general public and policy leaders with information on health risk, health status, and environmental health needs in the community as well as information on policies and programs regarding environmental health threats to humans.</p>	<p><b>#3 Inform</b>, educate, and empower people about health issues.</p>	<p><b>MS145A.10, subd.5a</b>, Powers and duties of Community Health Boards (must)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)</p>	<ul style="list-style-type: none"> <li>- <b>Provide</b> environmental health education and other information and materials.</li> <li>- <b>Provide</b> direct services to citizens as appropriate.</li> <li>- <b>Assist</b> in the referral of citizens to environmental health services provided by local, state or federal agencies.</li> </ul>	<p>- <b>For</b> some agencies, these activities are shared responsibilities with other state and local agencies: clean air, safe food, clean water and sanitary conditions, public health nuisances, lead poisoning, and hazardous and solid waste.</p>
<p><b>EH2. Identify</b> the federal, tribal, state, or local agencies with regulatory authority and bring people together to address compliance with public health standards.</p>	<p><b>#6 Enforce</b> laws and regulations that protect health and ensure safety.</p>	<p><b>MS145A.10, subd.5a</b>, Powers and duties of Community Health Boards (must)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)</p>	<ul style="list-style-type: none"> <li>- <b>Assist</b> in the identification of the regulatory authority. Provide information on regulatory activities where MDH is the regulatory authority.</li> </ul>	<p>- <b>Public</b> health regulatory services include those regarding clean air, safe food, clean water and sanitary conditions, public health nuisances, lead poisoning and other hazardous and solid waste issues.</p>
<p><b>EH3. Develop</b> public health nuisance policies and plans, and assure enforcement of public health nuisance requirements.</p>	<p><b>#5 Develop</b> policies and plans that support individual and community health efforts.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.</p>	<p><b>MS 144.05</b>, General duties of Commissioner (must)  <b>M.S. 145A.04, subd.8</b>, Powers and duties of Board of Health (must)  <b>MS 145A.05, subd.7</b>, Local ordinances (must)</p>	<ul style="list-style-type: none"> <li>- <b>Maintain</b> public health nuisance guidance currently available on the MDH website. Consult as requested.</li> <li>- <b>Maintain</b> environmental health enforcement training manual currently available on the MDH website. Consult as requested.</li> <li>- <b>Provide</b> consultation as requested on public health nuisance guidance and/or the environmental health enforcement training manual.</li> </ul>	<p>- <b>Minnesota</b> Statutes 145A, subdivision 17 defines a public health nuisance as “any activity or failure to act that adversely affects the public’s health.” Examples can include garbage houses, animal hoarding, abandoned methamphetamine drug labs and abandoned water wells.</p>

**Public Health Responsibility: Protect Against Environmental Health Hazards**

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<p><b>EH4. Monitor</b> the community for significant and emerging environmental health threats, and develop strategies to address these threats.</p>		<p><b>MS 144.05</b>, General duties of Commissioner (must)  <b>MS145A.10, subd.5a</b>, Powers and duties of Community Health Boards (must)  <b>MS 145.882 subd.7</b>, Maternal and Child Health Block Grant distribution (may)</p>	<ul style="list-style-type: none"> <li>- <b>Maintain</b> childhood lead poisoning case management and clinical treatment guidelines currently available on the MDH website.</li> <li>- <b>Provide</b> direct services to citizens affected by lead poisoning as appropriate.</li> <li>- <b>Consult</b> with or train local agency staff as requested.</li> <li>- <b>Provide</b> information, education and other materials on emerging environmental health threats.</li> <li>- <b>Link</b> local agencies to regional, state, tribal, federal or international programs or models.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Human</b> activities or changing environments can bring communities in contact with new environmental health hazards capable of causing disease or injury. Newly recognized threats include illegal use of pesticides, abandoned methamphetamine labs, the rapidly increasing incidence of asthma, and the threat of terrorist attacks with chemicals or radioactive materials.</li> </ul>

## Public Health Responsibility: Prepare For and Respond To Disasters, and Assist Communities in Recovery

**M**innesota's local public health system must be prepared to respond to disasters and assist communities in recovering from disasters. Whether the event is a flood, tornado, infectious disease, or manmade disaster such as terrorism, public health issues are inherent. The essential local activities in this area revolve around public health preparedness and planning to respond to disasters. The critical importance of these public health responsibilities has been highlighted during the past few years, and they are an area of intense focus at this time.

Definition: When 'threats to the public's health' and 'an all hazards approach' are used in this document, it will be understood that these terms mean and include terrorism, outbreaks of infectious diseases, natural and human-made disasters and other public health threats, emergencies and unusual events. An unusual event is: (1) any situation or occurrence that overwhelms and exhausts the resources of the local public health agency and the community, city/county or region; or (2) the unexpected occurrence of diseases; e.g., deaths from upper respiratory illness in 20 year olds, or diagnosing a disease that is no longer seen in the community, such as smallpox.

For all preparedness activities, it is understood that planning cannot and should not occur in isolation. Therefore it is necessary to establish and maintain regular contact with others in the community. Who is involved may differ to some degree in communities, but should minimally try to include: elected officials, law enforcement, tribal governments, city/county administration or other city/county departments, Emergency Medical Services (fire/rescue/ambulance services), emergency management, tribal governments, hospitals, medical clinics, schools, communities of color, faith communities, other formal and informal community leaders such as elders and clan leaders.

**Public Health Responsibility: Prepare for and Respond to Disasters, and Assist Communities in Recovery**

<b>Essential Local Activities</b> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<b>Ten Essential Services</b> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<b>Statutory References</b> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<b>MDH Contributing Activities</b> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<b>Examples From Local Public Health</b>
<p><b>EP1. Provide</b> leadership for public health preparedness activities in the community by developing relationships with community partners and tribal governments at the local, regional, and state levels.</p>	<p><b>#4 Mobilize</b> community partnerships to identify and solve health problems.  <b>#5 Develop</b> policies and plans that support individual and community health efforts.  <b>#6 Enforce</b> laws and regulations that protect health and ensure safety.  <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable.  <b>#10 Research</b> for new insights and innovative solutions to health problems.</p>	<p><b>MS12.03 subd.9a,</b> Definitions  Emergency Powers and Chap 9.061, Additional powers; emergencies (may)  <b>MS 145A.10 subd.5a,</b> Powers and duties of Community Health Boards (may)</p>	<ul style="list-style-type: none"> <li>- <b>Clearly</b> delineate key preparedness roles within MDH.</li> <li>- <b>Maintain</b> regular communication with local governments about MDH preparedness activities through the SCHSAC.</li> <li>- <b>Develop</b> and maintain relationships with partners at the state, tribal and regional/cross-border levels.</li> <li>- <b>Participate</b> in the development, implementation and evaluation of training to build leadership capacity.</li> <li>- <b>Meet</b> regionally with stakeholders on issues related to public health emergencies, e.g., mental health.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Assign</b> staff with key preparedness roles and maintain contact information on the MDH Workspace.</li> <li>- <b>Maintain</b> public health emergency advisory committee.</li> <li>- <b>Make</b> reports, as needed, on public health preparedness activities to local elected officials.</li> <li>- <b>Develop</b> roles and responsibilities with local and regional partners (e.g., other public health agencies, hospitals, emergency managers, clinics, first responders).</li> </ul>
<p><b>EP2. Conduct</b> or participate ongoing assessments to identify potential public health hazards and the capacity to respond.</p>	<p><b>#1 Monitor</b> health status to identify community health problems.  <b>#2 Diagnose</b> and investigate health problems and health hazards in the community.  <b>#4 Mobilize</b> community partnerships to identify and solve health problems.  <b>#8 Assure</b> a competent public health and personal health care workforce.  <b>#9 Evaluate</b> effectiveness,</p>	<p><b>MS 145A.10 sub.1,</b> Powers and duties of Community Health Boards (must)</p>	<ul style="list-style-type: none"> <li>- <b>Working</b> with local public health representatives, develop assessment instruments and provide data analysis.</li> <li>- <b>Provide</b> feedback and training on assessment tools and techniques.</li> <li>- <b>Utilize</b> the Health Alert Network Workspace to provide a localized center for information exchange.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Throughout</b> planning, continually assess the local public agency’s ability to respond to emergencies.</li> <li>- <b>Participate</b> in or support assessments that are conducted by other local, state or federal agencies.</li> <li>- <b>Participate</b> in the identification of potential local or regional hazards.</li> </ul>

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	accessibility, and quality of personal and population-based health services. <b>#10 Research</b> for new insights and innovative solutions to health problems.			
<b>EP3. Develop</b> , exercise and periodically review comprehensive plans for all threats to the public's health.	<b>#2 Diagnose</b> and investigate health problems and health hazards in the community. <b>#4 Mobilize</b> community partnerships to identify and solve health problems. <b>#5 Develop</b> policies and plans that support individual and community health efforts. <b>#6 Enforce</b> laws and regulations that protect health and ensure safety. <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable. <b>#8 Assure</b> a competent public health and personal health care workforce. <b>#9 Evaluate</b> effectiveness, accessibility, and quality of personal and population-based health services. <b>#10 Research</b> for new insights and innovative solutions to	<b>MS 12.29 subd.2</b> , Local emergency response and recovery (must)	<ul style="list-style-type: none"> <li>- <b>Develop</b> an MDH all hazard response plan.</li> <li>- <b>Provide</b> protocols, templates, and technical assistance for planning,</li> <li>- <b>Identify</b> needs for additional templates, protocols, procedures and guidance and develop and disseminate tools to meet the needs.</li> <li>- <b>Establish</b> and maintain a collaborative atmosphere for public health with health care institutions.</li> <li>- <b>Participate</b> in local and regional exercises as requested.</li> <li>- <b>Develop</b> guidance for intra-state and cross-regional (interstate and international) planning.</li> <li>- <b>Develop</b> isolation and quarantine protocols and templates.</li> <li>- <b>Provide</b> training opportunities for isolation and quarantine issues.</li> <li>- <b>Develop</b> Strategic National</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Participate</b> in the development of the city/county emergency operations plan.</li> <li>- <b>Develop</b>, maintain, and exercise agency operations plans to carry out public health roles in city/county emergency plans.</li> <li>- <b>City/county</b> operations plans should be developed and exercised in coordination with regional and state plans.</li> <li>- <b>Understand</b> the local role in the MDH All Hazard Plan.</li> <li>- <b>Where</b> appropriate, incorporate cross-border issues into the local operational plan.</li> <li>- <b>Prepare</b> isolation and quarantine plans. The CHB must participate in the identification and development of the local public health role in patient care coordination.</li> </ul>

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	health problems.		Stockpile (SNS) guidance and templates.	
<b>EP4. Participate</b> in surveillance and monitoring activities to detect patterns of unusual events; implement appropriate actions.	<b>#1 Monitor</b> health status to identify community health problems. <b>#2 Diagnose</b> and investigate health problems and health hazards in the community. <b>#4 Mobilize</b> community partnerships to identify and solve health problems. <b>#6 Enforce</b> laws and regulations that protect health and ensure safety. <b>#10 Research</b> for new insights and innovative solutions to health problems.	<b>MS 144.05</b> , General duties of Commissioner (must) <b>145A MN Rules 4605.7500</b> , Disease investigations (must)	<ul style="list-style-type: none"> <li>- <b>Provide</b> ongoing outbreak response training.</li> <li>- <b>Provide</b> ongoing training about how to increase provider disease reporting.</li> <li>- <b>Provide</b> communication about ongoing disease investigations.</li> <li>- <b>Secure</b>, facilitate and/or provide guidance on isolation and quarantine.</li> <li>- <b>Provide</b> guidance on state and local roles in surveillance, developed with local public health and tribal governments' input.</li> <li>- <b>Maintain</b> the Health Alert Network system.</li> <li>- <b>Provide</b> guidance and training on Health Alert Network expansion and education.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Implement</b> disease-reporting protocols, as outlined in the DP&amp;C Common Activities Framework.</li> <li>- <b>Maintain</b> communication with local partners through HAN and personal contacts.</li> <li>- <b>Participate</b> in training provided by the MDH as needed.</li> </ul>
<b>EP5. Participate</b> in an all hazard response and recovery.	<b>#2 Diagnose</b> and investigate health problems and health hazards in the community. <b>#3 Inform</b> , educate, and empower people about health issues. <b>#4 Mobilize</b> community partnerships to identify and solve health problems. <b>#5 Develop</b> policies and plans	<b>MS 12.29, subd.2</b> , Local emergency response and recovery (must)	<ul style="list-style-type: none"> <li>- <b>Assist</b> in identification of roles of state, regional and local public health staff in county, regional and statewide responses.</li> <li>- <b>Provide</b> current scientific information about hazards to local public health and tribal governments.</li> <li>- <b>Promote</b> Incident Command training for state and local staff.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Respond</b> to events of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, according to the established plan.</li> </ul>

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	<p>that support individual and community health efforts.</p> <p><b>#6 Enforce</b> laws and regulations that protect health and ensure safety.</p> <p><b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> <p><b>#8 Assure</b> a competent public health and personal health care workforce.</p> <p><b>#9 Evaluate</b> effectiveness, accessibility, and quality of personal and population-based health services.</p> <p><b>#10 Research</b> for new insights and innovative solutions to health problems.</p>		<p><b>- Participate</b> in exercises.</p>	
<p><b>EP6. Develop</b> and maintain a system of public health workforce readiness, deployment and response.</p>	<p><b>#4 Mobilize</b> community partnerships to identify and solve health problems.</p> <p><b>#8 Assure</b> a competent public health and personal health care workforce.</p> <p><b>#10 Research</b> for new insights and innovative solutions to health problems.</p>	<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (may)</p>	<p><b>- Implement</b> the recommendations outlined in the “Minnesota Emergency Preparedness Education and Training Plan for preparing the Local Public Health Work Force.”</p> <p><b>- Initiate</b> and maintain the MN Responds! volunteer database and workforce registry.</p> <p><b>- Work</b> with local public health and American Indians, communities of color, immigrants</p>	<p><b>- Participate</b> in the development and implementation of local and/or regional training plans.</p> <p><b>- Develop</b> or refine a system to deploy the workforce necessary to respond to a public health emergency.</p> <p><b>- Develop</b> a process of identifying and recruiting a surge capacity workforce that can be called upon during a</p>

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			and/or refugees to assure a diverse deployment workforce. - <b>Facilitate</b> discussions of needed staff and the skills and training staff need for their jobs/roles. - <b>Provide</b> trainings for public health staff by agency, county or region.	public health emergency.
<b>EP7. Develop</b> and implement a system to provide timely, accurate and appropriate information in a variety of languages for elected officials and the public, the media, and community partners including tribal governments in the event of all types of public health emergencies.	<b>#3 Inform</b> , educate, and empower people about health issues. <b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable. <b>#8 Assure</b> a competent public health and personal health care workforce.		<ul style="list-style-type: none"> <li>- <b>Continue</b> to employ an MDH communication/public information officer.</li> <li>- <b>Arrange</b> for risk communication training and include advanced training.</li> <li>- <b>Provide</b> guidance on the development of county and regional risk communication plans.</li> <li>- <b>Maintain</b> the Health Alert Network and utilize MDH Workspace for preparedness communication.</li> <li>- <b>Work</b> with American Indians, communities of color, immigrants and/or refugees to develop communication systems and strategies appropriate to their communities.</li> <li>- <b>Develop</b> or provide assistance in developing pre-event outreach plans for the public and the media.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>During</b> business hours, reply to all health alert messages within two hours of receipt.</li> <li>- <b>Transmit</b> MDH health alert messages to local health alert contacts (when appropriate) within two hours of receipt.</li> <li>- <b>Participate</b> in 24/7 alerting tests and maintain 24/7 alerting capacity.</li> <li>- <b>Test</b> local HAN primary and backup systems at least twice a year</li> <li>- <b>Complete</b> risk communication assessment tool provided by the state.</li> <li>- <b>Maintain</b> and exercise risk communication component of response plan.</li> <li>- <b>Risk</b> communication plan should include strategies for communicating with special populations.</li> </ul>

## 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><b>HS1. Identify</b> gaps in the quality and accessibility of health care services.</p>	<p><b>#9 Evaluate</b> effectiveness, accessibility, and quality of personal and population-based health services.</p>	<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (must)  <b>MS 125A.30 (b) (8)</b>, Interagency Early Intervention Committees (may)  <b>MS 144.05</b>, General duties of Commissioner (may)  <b>MS 145.56</b>, Suicide Prevention (may)  <b>MS 145A.882, subd.7</b>, Maternal and Child health Block Grant distribution (may)  <b>MS 145.925</b>, Family Planning Grants (may)</p>	<ul style="list-style-type: none"> <li>- <b>Collect</b> and share county and statewide workforce data.</li> <li>- <b>Collect</b> and share county health profiles data.</li> <li>- <b>Maintain</b> and expand county health profiles data.</li> <li>- <b>Work</b> with data systems to assure health workforce data address racial/ethnic identification, and languages understood and spoken.</li> <li>- <b>Use</b> the Culturally and Linguistically Appropriate Services (CLAS) standards to measure quality and accessibility of health care services for all community members.</li> <li>- <b>Work</b> with local public health and communities to determine ways in which accessibility and quality can be assessed in safe and culturally appropriate ways.</li> <li>- <b>Disseminate</b> the results of any statewide studies that might affect the quality and accessibility of health care services at the local level.</li> <li>- <b>Continue</b> implementation of the Sage Screening Program to provide free breast and cervical cancer screening to low income,</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Monitor</b> publicly reported quality indicators through use of contracts.</li> <li>- <b>Participate</b> in community groups (Families First, Early Childhood Connections, Community Connector’s, local Interagency Early Intervention Committees, Parent Advisory Committees).</li> <li>- <b>Utilize</b> the CHS Advisory Committee to study issues.</li> <li>- <b>Assure</b> that behavioral health services are included in this analysis.</li> <li>- <b>Examine</b> utilization of MDH’s Sage Breast and Cervical Cancer Screening Program for numbers participating and providers involved.</li> <li>- <b>Analyze</b> 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.</li> </ul>

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			uninsured, and underinsured Minnesotans. - <b>Provide</b> Child and Teen Checkup training and consultation for private providers and public health agencies. - <b>Continue</b> implementing the Vaccine for Children Program, and building the statewide immunization registry. - <b>Provide</b> technical assistance and consultation for hospitals and clinics on operations, finances, quality of care and patient satisfaction.	
<b>HS2. Based</b> 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.	<b>#3 Inform</b> , educate, and empower people about health issues.	<b>MS 125A.30</b> , Interagency Early Intervention Committees (may) <b>MS 144.05</b> , General duties of Commissioner (may) <b>MS 145A.10 subd.1</b> , Powers and duties of Community Health Boards (must) <b>MS 145.56</b> , Suicide Prevention (may) <b>MS 145.882, subd.7</b> , Maternal and Child Health Block Grant distribution (may) <b>MS 145.925</b> , Family Planning Grants (may)	- <b>Continue</b> producing and disseminating Health Economics Reports. - <b>Provide</b> related technical assistance as requested. - <b>Work</b> with local public health departments on appropriate outreach strategies, tracking and follow-up. - <b>Monitor</b> complaint process and provide local public health with trend information. - <b>Work</b> with local public health, communities, and providers to develop and implement strategies to assure	- <b>Share</b> community assessment findings with the media, policy makers and community, e.g., lack of affordable health care, fragmentation of services. - <b>Encourage</b> 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). - <b>Encourage</b> new testing and diagnostic tools. - <b>Encourage</b> practices to improve access for special

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			the Culturally and Linguistically Appropriate Services (CLAS) standards are met for all.	populations, populations of color and American Indians. - <b>Participate</b> in need assessments and program planning activities conducted by Head Start, local social services, health, education and other community agencies. - <b>Include</b> Head Start, Human Services, education and other agencies that serve children with special health needs in the assessment process.
<b>HS3. Lead</b> 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.	<b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable.	<b>MS 145A.10 subd.1</b> , Powers and duties of Community Health Boards (must) <b>MS 144.05</b> , General duties of Commissioner (may) <b>MS 145.56</b> , Suicide Prevention (may) <b>MS 145.882, subd.7</b> , Maternal and Child Health Block Grant distribution (may) <b>MS 145.925</b> , Family Planning Grants (may)	<ul style="list-style-type: none"> <li>- <b>Work</b> with communities and local public health to assure health care providers and services include a diverse, appropriate, and trained workforce.</li> <li>- <b>Work</b> with communities and local public health to make best use of foreign-trained providers in health education and translator roles.</li> <li>- <b>Work</b> to create statewide use of community health workers from diverse communities to provide outreach and health education services.</li> <li>- <b>Provide</b> consultation on jail health.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Conduct</b> 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).</li> <li>- <b>Pilot</b> new delivery systems.</li> <li>- <b>Provide</b> family planning/reproductive health for men and women of childbearing age.</li> </ul>

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<b>Essential Local Activities</b> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<b>Ten Essential Services</b> <ul style="list-style-type: none"> <li>▪ Developed at the national level</li> <li>▪ See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<b>Statutory References</b> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<b>MDH Contributing Activities</b> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<b>Examples From Local Public Health</b>
				<ul style="list-style-type: none"> <li>- <b>Facilitate</b> 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.</li> </ul>
<p><b>HS4. Promote</b> activities to identify and link people to needed services.</p>	<p><b>#7 Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>	<p><b>MS 145A.10 subd.1</b>, Powers and duties of Community Health Boards (must)  <b>CFR 303.160, CFR 303.165</b>, (part C early intervention for infants and toddlers) (may)  <b>MS 125A.30</b>, Interagency Early Intervention Committees (may)  <b>MS 125A.027</b>, (Coordination with children with disabilities) (may)  <b>MS 144.05</b>, General duties of Commissioner (may)  <b>MS 145.56</b>, Suicide Prevention (may)  <b>MS 145.882, subd.7</b>, Maternal and Child Health Block Grant distribution (may)  <b>MS 145.925</b>, Family Planning Grants (may)  <b>MS 145A.17</b>, Family Home Visiting Program (may)</p>	<ul style="list-style-type: none"> <li>- <b>Develop</b> uniform materials and/or conduct statewide media campaigns for outreach.</li> <li>- <b>Work</b> with other statewide serving organizations to assure support for local outreach activities.</li> <li>- <b>Work</b> 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.</li> <li>- <b>Provide</b> training on funding options for families.</li> <li>- <b>Provide</b> training, technical assistance and consultation for local public health departments and health care providers on screening program promotion and implementation, payment issues, follow-up and health</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Provide</b> services such as Child and Teen Outreach, Follow Along Program, Women, Infant and Children clinic referrals to health care</li> <li>- <b>Act</b> as navigator and advocate to help people get through the system, e.g., case manager for special needs child.</li> <li>- <b>Provide</b> information and referral services, e.g., physical and mental health services.</li> <li>- <b>Coordinate</b> interagency system for children birth – 21, including those with disabilities.</li> <li>- <b>Provide</b> Long Term Care Consultation assessments.</li> <li>- <b>Represent</b> public health interests by participating on community and health-related collaboratives.</li> <li>- <b>Advocate</b> for every person to have a primary health care provider (Medical Home).</li> </ul>

**Public Health Responsibility: Assure the Quality & Accessibility of Health Services**

<b>Essential Local Activities</b> <ul style="list-style-type: none"> <li>▪ See Appendix D for list</li> <li>▪ Numbers listed below correspond with appropriate essential local activities</li> </ul>	<b>Ten Essential Services</b> <ul style="list-style-type: none"> <li>▪ Developed at the national level ▪</li> <li>See Appendix E for list</li> <li>▪ Numbers listed below correspond with appropriate essential service</li> </ul>	<b>Statutory References</b> <ul style="list-style-type: none"> <li>▪ Must = legislative requirement</li> <li>▪ May = legislative permission</li> <li>▪ See Appendices A and F for brief descriptions</li> </ul>	<b>MDH Contributing Activities</b> <ul style="list-style-type: none"> <li>▪ What has to happen at MDH in order for the activity to occur at the local level</li> </ul>	<b>Examples From Local Public Health</b>
			professional education, e.g., Sage screening, Child and Teen Check screening,	<ul style="list-style-type: none"> <li>- <b>Make</b> sure people in the community get good health services.</li> <li>- <b>Provide</b> a county resource directory, information and referral activities/services.</li> <li>- <b>Develop</b> and maintain a county website.</li> </ul>

## How the Essential Local Activities 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. The following guiding principles were used by the work group to develop this 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.

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 10 Essential Services. See Appendix E for additional information about the national 10 Essential Services. The Essential Local Activities in the framework are consistent with them. They are:
  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 10 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 SCHSAC 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.
- Other states' performance measurements

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 3-month period of public comment. 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. Input was received (see summaries in Appendix G) from the public, community and advocacy groups, social services, environmental health, Head Start, Community Education, local public health staff, local WIC staff, populations of color, American Indians and Tribal Health Directors, Community Health Boards, Community Health Services Advisory Committees, the University of Minnesota, the Local Public Health Association, the MDH, the Maternal and Child Health Advisory Task Force, and the State Community Health Services Advisory Committee.

# Appendices





# Appendix A

## Relevant Provisions of MN Statutes Chapter 145A

145A.12 subd. 7 (e) By December 31, 2004, and every five years thereafter, the commissioner, in consultation with the state community health advisory committee established under section 145A.10, subdivision 10, paragraph (a) and the maternal and child health advisory task force established under section 145.881, shall develop statewide outcomes for the local public health grant established under section 145A.131, based on state and local assessment data regarding the health of Minnesota residents, the essential public health services under section 145A.10, and current Minnesota public health goals established under section 62J.212.

145A.131 subd. 3 Accountability.

- (a) Community health boards accepting local public health grants must document progress toward the statewide outcomes established in section 145A.12, subdivision 7, to maintain eligibility to receive the local public health grant.
- (b) In determining whether or not the community health board is documenting progress toward statewide outcomes, the commissioner shall consider the following factors:
  1. whether the community health board has documented progress toward meeting essential local activities related to the statewide outcomes, as specified in the grant agreement;
  2. the effort put forth by the community health board toward the selected statewide outcomes;
  3. whether the community health board has previously failed to document progress toward selected statewide outcomes under this section;
  4. the amount of funding received by the community health board to address the statewide outcomes; and
  5. other factors as the commissioner may require, if the commissioner specifically identifies the additional factors in the commissioner's written notice of determination.
- (c) If the commissioner determines that a community health board has not by the applicable deadline documented progress toward the selected statewide outcomes established under section 145.8821 or 145A.12, subdivision 7, the commissioner shall notify the community health board in writing and recommend specific actions that the community health board should take over the following 12 months to maintain eligibility for the local public health grant.
- (d) During the 12 months following the written notification, the commissioner shall provide administrative and program support to assist the community health board in taking the actions recommended in the written notification.
- (e) If the community health board has not taken the specific actions recommended by the commissioner within 12 months following written notification, the commissioner may

determine not to distribute funds to the community health board under section 145A.12, subdivision 2, for the next fiscal year.

- (f) If the commissioner determines not to distribute funds for the next fiscal year, the commissioner must give the community health board written notice of this determination and allow the community health board to appeal the determination in writing.
- (g) If the commissioner determines not to distribute funds for the next fiscal year to a community health board that has not documented progress toward the statewide outcomes and not taken the actions recommended by the commissioner, the commissioner may retain local public health grant funds that the community health board would have otherwise received and directly carry out essential local activities to meet the statewide outcomes, or contract with other units of government or community-based organizations to carry out essential local activities related to the statewide outcomes.
- (h) If the community health board that does not document progress toward the statewide outcomes is a city, the commissioner shall distribute the local public health funds that would have been allocated to that city to the county in which the city is located, if that county is part of a community health board.
- (i) The commissioner shall establish a reporting system by which community health boards will document their progress toward statewide outcomes. This system will be developed in consultation with the state community health services advisory committee established in section 145A.10 subdivision 10, paragraph (a) and the maternal and child health advisory committee established in section 145.881.

## Appendix B

### Timeline for Implementation of the Essential Local Activities Framework

	Local Public Health	Minnesota Department of Health	Together
2005	Submit local priorities Submit annual report Develop 5-year Action Plans Inventory essential local activities Conduct essential local activities	Develop web-based data collection system Conduct survey on MDH contributing activities Develop materials and provide training on the action plan format Conduct regional meetings to discuss implementing the framework Develop reporting forms Update Strategies for Public Health	Develop format for Action Plans Recommend additional specificity about the circumstances under which the Commissioner should withhold funding from the Local Public Health Act Update Healthy Minnesotan's Public Health Goals incorporating the Essential Local Activities Framework
2006	Submit annual report including an inventory of the essential local activities Conduct essential local activities	Analyze information from the inventory of the essential local activities Provide technical assistance on the essential local activities	Develop presentations on the information and gaps analysis of the essential local activities Write the System Development Report
2007	Submit annual report Conduct ongoing assessment Conduct essential local activities	Disseminate information and gaps analysis of the essential local activities	Review the Action Plan format, framework, reporting and planning processes and adjust as necessary
2008	Submit annual report Conduct ongoing assessment	Develop and conduct training on adjustments	Review the Action Plan format, framework, reporting and planning processes and adjust as necessary
2009	Submit annual report Prepare assessment for prioritization Involve the community in the identification of priorities	Develop and conduct trainings on the planning process and adjustments	

## Appendix C

### Cross-Walk Between the 6 Areas of Public Health Responsibility and the 12 Categories of Public Health

6 Areas of Public Health Responsibility  12 Categories of Public Health	Assure an Adequate Local Public Health Infrastructure	Promote Healthy Communities and Healthy Behaviors	Prevent the Spread of Infectious Diseases	Protect Against Environmental Health Hazards	Prepare For and Respond To Disasters, and Assist Communities in Recovery	Assure the Quality and Accessibility of Health Services
Alcohol, Tobacco and Other Drugs	X	X				
Child and Adolescent Growth and Development	X	X				X
Chronic/Noninfectious Disease	X	X				X
Disability-Decreased Independence	X	X				X
Environmental Conditions	X			X	X	
Infectious Disease	X		X		X	
Mental Health	X	X				X
Pregnancy and Birth	X	X		X		
Service Delivery System	X				X	X
Unintended Pregnancy	X	X				
Unintentional Injury	X	X				
Violence	X	X				

# Essential Local Public Health Activities

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## Assure An Adequate Local Public Health Infrastructure

- IN1. Maintain a local governance structure for public health, consistent with state statutes.
- IN2. Assess and monitor community health needs and assets on an ongoing basis for each of the 6 areas of public health responsibility in this framework.
- IN3. Identify community health and prevention priorities every five years with input from community members and key partners, including communities of color, tribal representatives and special populations, ensuring that community wisdom and cultural diversity are used to understand and interpret qualitative and quantitative information.
- IN4. Every five years, develop an action plan with evaluation measures and recommended policy options to address essential local activities and local priorities.
- IN5. Convene community members and key community partners, including communities of color, tribal representatives and people with special needs to build community collaborations, determine roles, identify and leverage community assets/resources and participate in research that benefits the community, as resources allow.
- IN6. Advocate for policy changes needed to improve the health of populations and individuals.
- IN7. Lead or participate in efforts to foster healthy physical, economic, and social environments (e.g., participate in community improvement and development decisions).
- IN8. Provide annual information to MDH to evaluate progress toward statewide outcomes and local priorities, and to meet federal reporting requirements.
- IN9. Meet personnel requirements for the CHS Administrator and the Medical Consultant.
- IN10. Designate, recruit, train and retain local public health staff so that every local agency has appropriate expertise in each of the 6 areas of public health responsibility.
- IN11. Recruit local public health staff that culturally and ethnically reflect the community served.

## Promote Healthy Communities and Healthy Behaviors

- HC1. Engage the community on an on-going basis to promote healthy communities and behaviors through activities including but not limited to (a) assessment, prioritization and developing action plans, (b) coalition building, (c) community readiness, (d) empowerment, and (e) decision making.
- HC2. Based on community assessment, resources, and capacity, develop action plans to promote healthy communities, healthy behaviors (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and the prevention of injury and violence.
- HC3. Conduct evidence-based, culturally sensitive programs, and disseminate information on services and resources to promote healthy communities and healthy behaviors (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and the prevention of injury and violence.
- HC4. Inform and educate different audiences, e.g., general public, providers and policy leaders, about healthy communities and population health status.
- HC5. Support the development and enforcement of policies, and encourage cultural norms that promote healthy communities.
- HC6. Participate in decisions about community improvement and development to promote healthy communities and healthy behaviors.
- HC7. Promote the optimum quality of life, e.g., healthy growth, development, aging, and management of chronic diseases across the lifespan.
- HC8. Identify and address the needs of vulnerable populations e.g., high-risk pregnant women, mothers, children, frail elderly, persons with mental illness and people experiencing health disparities.

## Prevent the Spread of Infectious Disease

- ID1. Work with providers and other community partners to facilitate infectious disease reporting and address problems with compliance.
- ID2. Assess immunization levels and practice standards, and promote/provide age appropriate immunization delivery.

## Essential Local Public Health Activities

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ID3. Assess infectious disease risks in jurisdiction, apprise community of risks and assure appropriate interventions.

ID4. Based on surveillance data, develop strategies and plans to detect and respond to infectious disease problems and outbreaks within jurisdiction/region.

ID5. Assist and/or conduct infectious disease investigations with MDH.

ID6. When surveillance detects an imminent threat of infectious disease outbreak or epidemic, implement appropriate local disease control programs, including but not limited to mass treatment clinics, mass immunizations clinics, and isolation and quarantine.

### Protect Against Environmental Health Hazards

EH1. Provide the general public and policy leaders with information on health risk, health status, and environmental health needs in the community as well as information on policies and programs regarding environmental health threats to humans.

EH2. Identify the federal, state, tribal or local agencies with regulatory authority and bring people together to address compliance with public health standards.

EH3. Develop public health nuisance policies and plans, and assure enforcement of public health nuisance requirements.

EH4. Monitor the community for significant and emerging environmental health threats, and develop strategies to address these threats.

### Prepare For and Respond To Disasters, and Assist Communities in Recovery

EP1. Provide leadership for public health preparedness activities in the community by developing relationships with community partners and tribal governments at the local, regional, and state levels.

EP2. Conduct or participate ongoing assessments to identify potential public health hazards and the capacity to respond.

EP3. Develop, exercise and periodically review comprehensive plans for all threats to the public's health.

EP4. Participate in surveillance and monitoring activities to detect patterns of unusual events; implement appropriate actions.

EP5. Participate in an all hazard response and recovery.

EP6. Develop and maintain a system of public health workforce readiness, deployment and response.

EP7. Develop and implement a system to provide timely, accurate and appropriate information in a variety of languages for elected officials and the public, the media, and community partners, including tribal governments in the event of all types of public health emergencies.

### Assure the Quality and Accessibility of Health Services

HS1. Identify gaps in the quality and accessibility of health care services.

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.

HS3. Lead efforts to establish and/or increase access to personal health services, including culturally competent preventive and health promotion services, as identified in the planning process.

HS4. Promote activities to identify and link people to needed services.

To see the complete framework with statutory references and examples of the kinds of programs that fit in each activity, please see <http://www.health.state.mn.us/divs/chs/framework.html>

## Appendix E



Vision:

*Healthy People in Healthy Communities*

Mission:

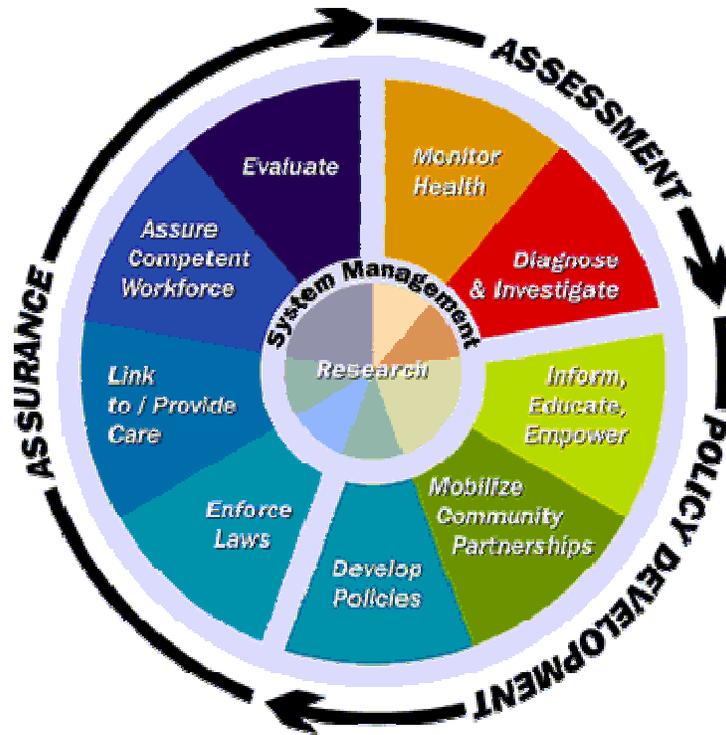
*Promote Physical and Mental Health and Prevent Disease,  
Injury, and Disability*

### **Public Health**

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

### **Essential Public Health Services**

- #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



Adopted: Fall 1994, Source: Public Health Functions Steering Committee, Members (July 1995):  
 American Public Health Association·Association of Schools of Public Health·Association of State and Territorial Health Officials·Environmental Council of the States·National Association of County and City Health Officials·National Association of State Alcohol and Drug Abuse Directors·National Association of State Mental Health Program Directors·Public Health Foundation·U.S. Public Health Service --*Agency for Health Care Policy and Research·Centers for Disease Control and Prevention·Food and Drug Administration·Health Resources and Services Administration·Indian Health Service·National Institutes of Health·Office of the Assistant Secretary for Health·Substance Abuse and Mental Health Services Administration*

## Appendix F

### Brief Descriptions of Statutes and Rules Referenced in the Essential Local Public Health Activities Framework

#### **Minnesota Statutes**

MS 9.061 - Additional powers; emergencies; outlines authority and powers of the Executive Council (Governor, lieutenant governor, secretary of state, state auditor, and attorney general) to prevent disaster and/or provide relief in an emergency.

MS 12.03, Subd. 9a - Definitions, Public Health Emergency; defines what constitutes a public health emergency.

MS 12.21 - Governor; outlines authority of the Governor during an emergency.

MS 12.29, subd 2 - Local Emergency response and recovery; requires that local governments invoke the appropriate response and recovery components of their local disaster plans when a local disaster is declared.

MS 12.31 - National security or peacetime emergency; declaration; outlines procedures for declaring an emergency, including a public health emergency.

MS 12.311 - Declaration due to public health emergency; additional details on procedures for declaring a public health emergency.

MS 12.312 - Termination of declaration; public health emergency; outlines timeline for termination and renewal of emergencies, including public health emergencies.

MS 12.32 - Governor's orders and rules, effect; states that any orders or rules promulgated by the Governor during an emergency, including a public health emergency, have the full force and effect of law, for the duration of the emergency.

MS 12.34 - Assistance required; compensation for property taken; penalty; outlines emergency powers that Governor and appropriately approved and filed designees may take regarding personnel and supplies during an emergency, including a public health emergency, in order to save life, property or the environment.

MS 12.38 - State agencies; temporary waiver of fees; states that during an emergency, state agencies with the approval of the Governor may waive fees normally charged for services within a presidentially declared disaster area.

MS 12.39 - Individual testing or treatment; notice, refusal, consequence; states that individuals may refuse testing or treatment during an emergency, including a public health emergency; commissioner may order individuals who refuse to be placed in isolation or quarantine under specified circumstances and in accordance with statutory procedures.

MS 13.3806 - Public health data coded elsewhere; outlines data practices for data collected under death investigations during a public health emergency (subd. 1), under a health directive (subd. 10), or an isolation or quarantine directive (subd. 10a) issued by the Commissioner of Health.

MS 121A.15 - Health standards, immunizations, school children; outlines standards, requirements and provisions for immunization of school-aged children.

121A.17 - School board responsibilities; outlines responsibilities and standards for early childhood preschool screening.

MS 121A.21 - School health services; states that every school board must provide services to promote the health of its pupils. Those with 1000 pupils or more must comply by either hiring qualified personnel or contracting with a qualified private or public agency.

MS 125A.023 - Interagency Services for Children with Disabilities Act. Requires state and local agencies to develop and implement a coordinated, multidisciplinary, interagency intervention service system for children ages three to 21 with disabilities. Included in the programs or initiatives administered by state or local agencies are the maternal and child health program under title V of the Social Security Act and the Local Public Health Act under chapter 145A.

MS 125A.027 - Interagency Services for Children with Disabilities Act. Coordinated Interagency System for Children with Disabilities three to 21. Requires county boards (public health and human services) and school boards to develop and implement interagency policies and procedures to coordinate services at the local level for children with disabilities ages three to 21 under guidelines established by the state interagency committee. It also requires that school and county boards coordinate, provide, and pay for appropriate services, and to facilitate payment for services from public and private sources.

MS 125A.30 - Interagency Early Intervention Committee. Requires public health agencies to work collaboratively with education and human services to establish and participate on an Interagency Early Intervention Committee for children with disabilities under age five and their families to implement an Early Intervention System in the local area.

MS125A.30 (b) (2) - Interagency Early Intervention Committees must implement interagency child find systems designed to actively seek out, identify, and refer infants and young children with or at risk of disabilities and their families (e.g. Follow Along Program, Child & Teen Checkup outreach, Early Childhood Screening, WIC, etc.).

MS125A.30 (b)(8) - Interagency Early Intervention Committees must identify the current services and funding being provided within the community for children with disabilities under age five and their families.

MS125A.30 (b) (9) - Interagency Early Intervention Committees must develop a plan for allocation and expenditure of additional state and federal early intervention funds under United States Code, title 20, section 1474 et seq. (Part C, Public Law 102-119) and United States Code, title 20m section 631, et seq. (Chapter I, Public Law 89-113).

MS125A.30 (c) - Interagency Early Intervention Committees must participate in needs assessment and program planning activities conducted by local social services, health and education agencies.

MS 125A.31 - Requirements for public health if they are the local primary agency.

MS 144.05 - General duties of commissioner; gives authority to Commissioner of Health to develop and maintain an organized statewide system of programs and services to protect, maintain and improve the health of Minnesotans. This includes authority to collect data, prevent disease and disability, establish and enforce health standards, train health professionals, coordinate local, state and federal programs, assess and evaluate the effectiveness and efficiency of health service systems and public health programs in the state, and advise the governor and legislature on matters relating to the public's health.

MS 144.065 - Prevention and Treatment of Sexually Transmitted Infections. Requires that the Commissioner of Health assist local health agencies and organizations throughout the state with the development and maintenance of services for the detection and treatment of sexually transmitted infections, including services such as research, screening and diagnosis, treatment, case finding, investigation, and the dissemination of appropriate educational information.

MS 144.3351 - Immunization Data; states that certain providers may share immunization data without a patient's consent.

MS 144.343 subd. 1 - Minor's Consent (for STD-related health services). Any minor may give effective consent for medical, mental and other health services, including STD-related health services, and the consent of no other person is required.

MS 144.3441, 2) - Hepatitis B Vaccination (minors may give consent). A minor may give effective consent for a hepatitis B vaccination. The consent of no other person is required.

MS 144.346 - Information to Parents. A professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the professional, failure to inform the parent or guardian would seriously jeopardize the health of the minor patient.

MS 144.4171 - Health Threat Procedures. The commissioner shall proceed according to state statues with respect to persons who pose a health threat (defined term) to others or who engage in noncompliant behavior.

MS 144.419 - Isolation and quarantine of persons. Defines fair treatment, terms, requirements, timeframe, and the right to refuse treatment regarding isolations and quarantine of persons considered a health threat.

MS 144.4195 - Due process for isolation or quarantine of persons; outlines legal procedure for isolation or quarantine of persons.

MS 145.56 - Suicide Prevention. Authorizes the commissioner to implement the state's suicide prevention plan, including grants to community-based programs.

MS 145.881 - Maternal and Child Health Advisory Task Force. Authorizes the commissioner to establish an advisory task force, which includes representative of Community Health Boards, to make recommendations on issues impacting maternal and child health populations.

MS 145.882, subd. 7 - Maternal and Child Health Block grant distribution. Outlines how Community Health Boards can use maternal and child health block grant funds.

MS 145.8821 - Maternal and Child Health Block Grant Accountability. Coordinating with accountability measures outlined in section 145A.131, Community Health Boards must select up to two statewide maternal and child health outcomes every five years.

MS 145.893 - Nutritional supplement program; defines the scope and eligibility for participation in the WIC program.

MS 145.894 - State commissioner of health; duties, responsibilities; authorizes the Commissioner of Health to develop a comprehensive state plan for the delivery of nutritional supplements to pregnant and lactating women, infants, and children including contracting with existing local public or private nonprofit organizations for the administration of the distribution of nutritional supplements; and authorizes local public health agencies to distribute vouchers and provide nutrition education.

MS 145.898 - Sudden infant death. The Department of Health shall develop uniform investigative guidelines and protocols for coroners and medical examiners conducting death investigations and autopsies of children under two years of age.

MS 145.891 - Maternal and Child Nutrition Act of 1975. Authorizes the commissioner to implement the WIC program and to contract with local health agencies for the direct administration of the program.

MS 145.925 - Family Planning Grants. Authorizes the commissioner to make grants to cities, counties, groups of cities or counties, or nonprofit corporations to provide pre-pregnancy family planning services.

MS 145.9255 - MN ENABL (Minnesota Education Now And Babies Later). Authorizes the commissioner to implement an abstinence education program targeted to adolescents ages 12 to 14.

MS 145.928, subd. 2 - Eliminating health disparities; authorizes the commissioner, in partnership with culturally based community organizations, to develop and implement a comprehensive, coordinated plan to reduce health disparities in health disparity priority areas.

MS 145.951 - Children helped in long-term development; implementation plan; establishes a statewide program to assist families in developing the full potential of their children. The

program must be designed to strengthen the family, to reduce the risk of abuse to children, and to promote the long-term development of children in their home environments. The program must also be designed to use volunteers to provide support to parents, and to link parents with existing public health, education, and social services as appropriate.

MS 145A.03 subd.1 - Establishment and organization. The governing body of a city or county must undertake the responsibilities of a board of health or establish a board of health and assign to it the powers and duties of a board of health.

MS 145A.04, subd. 1 - Requires local boards of health to enforce laws within its jurisdictional area.

MS 145A.04, subd. 3 - Powers and duties of board of health; permits a board of health to contract with a medical consultant.

MS 145A.04, subd. 6 - Powers and duties of board of health; instructs that a board of health shall make investigations and reports and obey instructions on the control of communicable diseases as the Commissioner of Health may direct; and that boards of health must cooperate so far as practicable to act together to prevent and control epidemic diseases.

MS 145A.04, subd. 8 - Powers and duties of board of health. The board of health shall order an owner or occupant to remove and abate public health nuisances within 10 days if such a threat to the public health is found on any property.

MS 145A.05, subd. 7 - Local ordinances. A county board may adopt ordinances to define public health nuisances and to provide for their prevention or abatement.

MS 145A.10 subd.1 - Powers and duties of community health boards; references the powers and duties of a community health board, including the general responsibility for development and maintenance of an integrated system of community health services.

MS 145A.10 subd. 3 - Powers and duties of community health boards. The community health board must appoint, employ, or contract with a medical consultant to ensure appropriate medical advice and direction for the board of health and assist the board and its staff in the coordination of community health services with local medical care and other health services.

MS 145A.10 subd. 5a - Powers and duties of community health boards; outlines that community health boards must establish local public health priorities based on an assessment of community health needs and assets; and determine the mechanisms by which the community health board will address the local public health priorities. Also stipulates that community health board shall seek public input or consider the recommendations of the community health advisory committee and the essential public health services (monitor health status; diagnose and investigate problems; inform, educate, and empower people; mobilize community partnerships; develop policies and plans; enforce laws and regulations; link people to services; ensure a competent workforce; evaluate effectiveness, accessibility, and quality of services; and research for new insights and innovative solutions).

MS 145A.17 - Family Home Visiting Program. Authorizes the commissioner to distribute funding to community health boards and tribal governments for home visiting programs designed to foster a healthy beginning for children in families at or below 200 percent of federal poverty guidelines.

MS 148.211 - Licensing; outlines the requirements for professional licensure as a registered nurse or licensed practical nurse.

MS 148.231 - Registration, failure to register, re-registration, verification; outlines the requirements to register as a registered or licensed practical nurse, etc.

MS 626.556 subd. 3 - Reporting of maltreatment of minors; outlines who is mandated to report maltreatment of minors.

MS 626.5572, subd. 16 - Reporting of maltreatment of vulnerable adults; definitions; outlines who is mandated to report maltreatment of vulnerable adults.

### **Minnesota Rules**

MR 2911.5800 - Availability of medical and dental resources; states that, under the direction of a health authority, correctional facilities shall develop a written policy and procedure which provides for the delivery of health care services, including medical, dental, and mental health services.

MR 4604 - Immunization; establishes rules regarding immunization, specifically of school-aged children.

MR 4605 - Reportable Diseases; establishes rules regarding communicable disease, including persons required to report disease, required reporting information, reports to state and local boards of health, and disease investigations.

MR4695.2600 - Definitions; outlines requirements for environmental health specialist/sanitarian in Minnesota.

MR 6316.0100 - Requirements for registration as a public health nurse; outlines requirements for registration as a public health nurse in Minnesota.

### **Federal Statutes**

34CFR303 - Early Intervention Program For Infants And Toddlers With Disabilities; requires states to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families (Part C). In Minnesota this system is implemented at the local level. (MS 125A.30)

34CFR303.160 - Minimum components of a statewide early intervention system.

34CFR303.165 - The Minnesota Departments of Health, Human Services and Education and local Interagency Early Intervention Committees shall ensure a comprehensive, coordinated child find system through Maternal and Child Health programs under title V of the Social Security Act; Early and Periodic Screening, Diagnosis and Treatment; Developmental Disabilities Assistance and Bill of Rights Act; Head Start Act; and Social Security Income Program under Title XVI of the Social Security Act.



# Appendix G

## Overview of Feedback Received on Essential Local Activities Draft

### 1. The vast majority of the comments affirmed the framework and content:

- This fits; these are the right areas; this make sense; excellent framework (many)
- This follows good public health practice (many)
- It is reasonable; we are already implementing many of these (many)
- Good example of state/local working together, not state telling locals what to do
- Framework is broad enough so that counties can maintain their individuality

### 2. However, concerns were expressed (some of which were conflicting):

- Flexibility is good, but it has been our problem; if these are “essential” they should be more than a “guide” or wish list; what is needed is a mandate; these should all be done; they should all be tied to the local public health act funding; selecting a subset that must be done implies that the others are not actually essential (many)
- Must we do these activities before we work on local priorities? We need local flexibility; let us determine based on our priorities which ones to do.
- This is a “floor” and could negatively impact those now doing more
- Discomfort with word assure (several), particularly in Quality and Access
- Preparedness—what if BT funding goes away? Do we still do these things?
- How will the framework address emerging issues and innovative projects?
- The framework is broad/academic
  - “How could I not agree with the list? It is broad enough to take in everything—akin to wanting world peace.” (Advisory Committee Member)

### 3. Several areas needing additional emphasis or visibility were identified:

- MCH/Family Health (many comments) *specific language suggested*
- Diversity (many comments) diverse populations/workers/CLAS standards
- Management of chronic diseases (several) *specific language suggested*
- Prevention/population focus (several)
- Mental health/mental health early intervention (several)
- Community collaboration/partnerships (several)
- Educating the public and others about public health (several)
- Others mentioned include: Jail health; Aging population/senior services; Policy development; Social conditions that affect health (such as school readiness); Health literacy; Promotion of good nutrition; Home health care; Childhood injury; Staff competencies on key public health concepts

### 4. Specific suggestions to remove/revise content were made:

- Injury should be combined with “Healthy Behaviors” section (multiple comments)
- Delete mandated reporting (multiple comments) which applies to many workers
- Divide the staffing infrastructure into several activities

- Add an activity to infrastructure “Adapt CLAS standards for agency practice to contribute to the elimination of racial and ethnic health disparities”
- Reorder headings to put healthy behaviors after infrastructure
- Add more examples; across lifespan, relevant to different sized agencies
- Add examples to short (2 page) version (multiple comments)
- Add leading health indicators under each applicable area
- Short version too simple (several comments); too complex (one time)
- Many suggestions were made for information to include in introduction (e.g. intervention wheel, individual/community/systems levels of intervention, primary, secondary, tertiary prevention)

5. A number of implementation themes were identified as needing to be addressed

- Clarify **implementation roles**, including state and local interagency partnerships
- Clarify **planning process**; timeline/how state and local planning activities link
- Undertake **communications** at agency, county, and state to gain support/buy in
- Provide **training** for local staff; develop training resources; put resources on web
- Develop **measures, accountability and monitoring mechanisms**
  - How will we know when we achieve these?
  - Reporting form should be attached to LPH grant to gather statistics on improvement/completion/document progress
  - Add statewide outcome for each area of responsibility
  - Need to ensure that MDH activities are done—need state action plan too
  - Set up assurance mechanism for seeing that state and local activities are done. Identify who is responsible, how often accountability must be demonstrated, or what the consequence is for failure
  - Flexibility is important, but we need parameters and a degree of monitoring. There is too much interpretation at the local level
- Address **technical assistance** needs
  - No standardized process for TA—who provides/how paid for/coordinated
- Suggest **possible uses of framework**
  - Match current programs w/framework; look at whether they are effective
  - Use in budget discussions (although two who tried said it wasn’t helpful)
  - Before implementing new programs make sure they fit an area of responsibility
- Identify **next level of specificity**
  - Clarify (via strategies) how large vs. small counties can carry out these activities differently
  - In some cases it may make sense for one agency to serve as regional resource on some activities rather than each county doing
  - This framework is really important but if the “how” differs from county to county this will not provide any consistency statewide and could be used against us (e.g. you are not doing what next county is doing)
- Identify/address **barriers to implementation** such as: lack of funding; workforce shortages; lack of health insurance; IT capacity/ lack of uniform data system

6. Suggestions for which ELA's should be tied to LPH Act funding:

- All of them are essential; we should be doing all of them; don't tie a subset to funding (multiple)
- We should do the ones that are a priority in our county (several)
- Every county select a set to work on for a few years
- Activities for which other funding is not available
- Keep the same ones that are currently supported by the act
- Specific ELAs suggested: Infrastructure (several); Disease prevention/Immunizations (several); EH (several); Promote healthy behaviors (several); Nutrition other than WIC (several); Access and quality



## Essential Local Activities Who Provided Feedback and How

### Web-based Comments

18 web comments (12 from public health staff and six from partners and the general public) were received from the following counties/cities: Waseca, Blue Earth, Bloomington, Minneapolis, Le Sueur, Carlton, Ramsey, Lake, Stearns, Northeast Region, Steele, and Hennepin.

General Public/Partners

Minneapolis Department of Health and Family Support Advisory Committee

Stearns County Community Group Meeting (22 people)

Stearns County Community Members

Mental Health

Environmental Health

Community Member

Public Health Staff

Le Sueur County (all staff)

Stearns County Staff

Environmental Health

Public Health Nursing

Home Health Aides

Managers

Supervisors

Directors

### E-mail Comments

Comments were emailed from the following:

State and Local Public Health Staff

Washington County

Minnesota Department of Health District Offices (3)

Minneapolis Department of Health and Family Support

Nobles County Public Health

Ottertail County WIC staff

### Other

Several comments or edits were provided by:

The University of Minnesota School of Public Health (Maternal and Child Health)

Hennepin County Medical Center (Physician)

### Regional, Advisory Committee and Minnesota Department of Health Meetings

Work Group staff attended discussions at the following meetings:

Maternal and Child Health Advisory Task Force (2 meetings)

Metro Local Public Health Association

Southeast District Local Public Health Association

Southwest/South Central Local Public Health Association

Northeast Local Public Health Association  
Northwest Local Public Health Association  
West Central Local Public Health Association  
Central District Local Public Health Association  
Minnesota Department of Health/Family Health Division  
Minnesota Department of Health/Office of Public Health Practice  
Minnesota Department of Health/Local Public Health Act Technical Assistance Meeting  
Minnesota Department of Health/Office of Minority and Multicultural Health  
State Community Health Services Advisory Committee  
    Disease Prevention and Control Issue Team  
State Community Health Services Advisory Committee Meeting  
Metro Maternal and Child Health Coordinators

### **Collection Forms**

Completed forms were received from:

Crow Wing County Health Department (all staff)  
Waseca County Public Health (staff meeting—nurses, environmental health, support staff)  
Ottertail County Public Health Department (R.N.s, Dietitian, PHNs, WIC Program)  
Mille Lacs County Public Health (staff, Board of Health and CHS Advisory Committee)  
Dakota County Public Health  
Ottertail County CHS Advisory Committee Member  
MDH Asthma Program  
Western Community Action Head Start Program  
Ridgeview Medical Center (Waconia) Community Education Coordinator

### **Other**

Written comments were provided by:

Olmsted County Public Health  
Goodhue County Board Chair (letter to Commissioner Mandernach)

A conference call with Tribal Health representatives and the MDH Tribal Health Coordinator (White Earth, Grand Portage, Leech Lake) occurred. A Fond du Lac Reservation representative attended the NE LPHA meeting.

Individual phone calls were made to the Office of Minority and Multicultural Health Minority Health Steering Committee members.





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