

FINAL REPORT FROM THE SCHSAC MDH TECHNICAL ASSISTANCE AD HOC GROUP

MARCH 2017



CENTER FOR PUBLIC HEALTH PRACTICE



STATE COMMUNITY HEALTH SERVICES
ADVISORY COMMITTEE

Final Report from the SCHSAC MDH Technical Assistance Ad Hoc Group

March 2017

Minnesota Department of Health

Centers for Health Equity and Community Health
Center for Public Health Practice

State Community Health Services Advisory Committee

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This report was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local, and Territorial Support, under Federal Award Identification Number (FAIN) B01OT009029. The content in this report is that of the authors, and does not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.

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Executive Summary

In March of 2016, local public health leaders requested that SCHSAC – *the State Community Health Services Advisory Committee* - begin a conversation about MDH technical assistance (TA) and improved state-local collaboration. SCHSAC responded by establishing the MDH TA Ad Hoc Group. Its charge was threefold: to describe the current level of state-local interaction and technical assistance; to engage in conversations to gain a shared understanding of current capacity and roles; and to identify strategies for moving forward.

The work of the Ad Hoc Group began with key informant interviews of each member. A summary and subsequent discussion of the thirteen interviews revealed several clear themes, resulting in a “Summary of Observations” (Appendix A). While the Ad Hoc Group believes that each of the observations are important, they concluded that focused attention in the following three areas are critical to the success of MN’s state-local public health partnership.

- Variation in local capacity coupled with Community Health Boards that “have” and those that “have not” is an imminent threat to our public health system and ultimately the health of all Minnesotans. The public health infrastructure is crumbling and steps should be taken to reestablish a strong statewide public health infrastructure.
- There are unmet local needs and room for improvement in MDH technical assistance and state-local collaboration in a number of areas. Action should be taken to bolster these areas.
- There are areas where MDH technical assistance and state-local collaboration is strong. Care should be taken to maintain these areas.

Reestablish a Strong Statewide Public Health Infrastructure

The Ad Hoc Group believes that the vision statement, adopted in 2003 by SCHSAC’s strategic planning workgroup, remains relevant.

“The vision for public health is a strong and dynamic partnership of governments fully equipped to address the changing needs of the public’s health.”

Anecdotal information and annual reporting data indicate that parts of the system are not as well “equipped” as they ought to be. Structure and capacity at the local level varies widely and it appears that the gap between the CHBs who “have” and those who “have not” is widening. Evidence for these disparities among local health departments can be seen in four key areas:

- Gaps in capacity to meet national standards;
- Variation in the breadth of programs and services provided;
- Disparities in the number and skills of staff; and
- A wealth gap among local health departments (i.e., availability of financial resources).

The Ad Hoc Group asserts that foundational public health capabilities such as convening partnerships, collecting and analyzing data, and communicating with the public are needed in order to effectively identify and address public health issues. Additionally, targeted efforts to help those that struggle to meet national standards and carry out a broad range of public health activities is needed. The Ad Hoc Group further asserts that access to basic public health services should not be determined by geography. Lack of access to services, based on geography, is an equity issue.

The Ad Hoc Group recognizes that there are insufficient resources at both the state and local level. In particular, there are insufficient resources dedicated to public health infrastructure in order to fully equip our system. The Local Public Health Grant, as the only source of flexible funding that can be used for infrastructure and locally identified needs, is key to the success of Minnesota's public health system.

In order to reestablish a strong statewide public health infrastructure, the Ad Hoc Group recommends:

- SCHSAC establish a set of foundational public health capabilities and expectations in each of the six areas of public health responsibility.
- SCHSAC assess the extent to which the foundational public health capabilities and expectations in each area of public health responsibility are in place across the state.
- SCHSAC develop a plan to fill the gaps identified in the assessment.
- SCHSAC, the Local Public Health Association, MDH and other public health organizations continue efforts aimed at increasing the Local Public Health Act Grant.

Bolster MDH Technical Assistance and State-Local Collaboration

The Ad Hoc Group uncovered concerns about MDH TA and state-local collaboration ranging from overarching challenges to specific gaps. The Ad Hoc Group recognized the need to clarify roles, responsibilities and expectations across each of the six areas of public health responsibility. While the Disease Prevention and Control (DP&C) Framework and work between MDH and CHBs seeking national public health accreditation were cited as positive examples, additional clarity is needed.

Communication was also identified as an overarching issue that needs additional attention from each MDH division and/or program. Communication was seen as particularly challenging in areas such as infectious disease prevention and control and environmental health when MDH is providing a function or service at the local level. In these areas, CHBs need frequent and consistent communication so they know what is happening in their jurisdiction.

In addition, the Ad Hoc Group identified environmental health as a specific area of concern as many CHBs have limited capacity (knowledge, skills, resources) to assess and respond to environmental health issues. Currently, there are no environmental health consultants in MDH

district offices and the ability of a CHB to access necessary technical expertise requires some level of knowledge about environmental health issues and/or MDH's organizational structure.

In order to bolster MDH TA and state-local collaboration, the Ad Hoc Group recommends:

- SCHSAC establish a Continuous Improvement Board for Infectious Disease Prevention and Control to provide a forum for regular communication, identification of issues, and joint problem solving. The new Continuous Improvement Board should update the Disease Prevention and Control Framework as outlined earlier in this report.
- MDH convene a team of state and local partners to identify and articulate MDH roles and responsibilities in assisting CHBs to meet the national public health standards and measures adopted by the Public Health Accreditation Board. Clarification of roles and responsibilities will benefit all CHBs, not only those actively involved in the accreditation process.
- MDH consider designating regional points of contact for environmental health so that CHBs can easily access environmental health expertise needed to understand and address environmental concerns raised by the community.

Maintain Areas of Strong MDH Technical Assistance and State-Local Collaboration

The Ad Hoc Group was pleased to find a number of areas where MDH's technical assistance is filling a critical need and issues are being addressed in partnership. In the area of infectious disease prevention and control, the Regional Epidemiologists provide critical services, education and technical consultation that a majority of CHBs rely upon. In addition, the Disease Prevention and Control (DP&C) Framework has been a useful tool for outlining state and local roles in infectious disease prevention and control efforts. In the area of public health infrastructure, the Public Health Nurse Consultants provide tailored technical assistance and support for CHS Administrators and Public Health Directors on foundational public capabilities and serve as a critical liaison between CHBs and MDH.

In the area of environmental public health, the Environmental Health Continuous Improvement Board, which was initially convened in May of 2014 to address challenges related to Food, Pools and Lodging Services (FPLS), has made progress on a number of issues.

In order to maintain these areas of strength, the Ad Hoc Group recommends:

- MDH continue to maintain critical regional positions, specifically the Regional Epidemiologists and the Public Health Nurse Consultants. MDH should also take steps to ensure that these regional positions continue to meet local needs as public health practices evolve over time.
- SCHSAC update the DP&C framework paying particular attention to clarifying roles and communication channels.

- The Environmental Continuous Improvement Board continue to make progress on identified FPLS challenges and engage in broader work to advance environmental public health in MN including the development of an environmental public health framework.

Appendix A

SUMMARY OF OBSERVATIONS

Key Overall Observations

- There are insufficient resources at both the state and local level, particularly resources dedicated to public health infrastructure. There are not enough resources dedicated to foundational aspects of public health's work such as convening partnerships, collecting and analyzing data, and workforce development.
- Anecdotal information and annual reporting data (PPMRS) indicate that structure and capacity at the local level varies widely. It appears that some CHBs are thriving, while others are falling behind. It also appears that the gap between those who "have" and those who have not is widening. Minnesota's local public health system is only as strong as its weakest link; people and diseases do not stay within jurisdictional boundaries. This gap can be seen in the capacity to meet national standards as just presented by the Performance Improvement Steering Committee; in the breadth of programs and services provided; in the number of staff; and in financial resources. More information is needed about the extent of this variation and why it exists.
- As in any partnership relationship, there is need to clarify roles, responsibilities and expectations across areas of responsibility.
- Communication is a perennial issue that needs to be addressed for each area of responsibility and/or at the program level. Communication is of particular importance when MDH is providing a function or service at the local level; CHBs need to know what is happening in their jurisdiction frequently and consistently.
- Many CHBs rely heavily on MDH regional staff to provide technical assistance and support. While others have far less need for TA they still rely on MDH to set the direction and/or provide guidance.

Key Disease Prevention and Control Observations

- The DP&C Framework has been a useful tool for outlining state and local roles in infectious disease prevention and control efforts. The framework could be updated to reflect new and emerging public health roles and channels of communication. The framework could also be used more consistently throughout the partnership.
- The role of the MDH regional epidemiologists is extremely valuable to and necessary for a majority of CHBs. They provide critical education and technical consultation upon which many locals rely. MDH is committed to maintaining this regional service.
- Capacity for infectious disease prevention and control activities at the local level varies. Some CHBs do not have the resources they need to respond to present and emergent issues.

- CHBs need to receive information about what is going on related to infectious diseases in their jurisdiction from MDH in a timely and consistent manner.

Key Environmental Health Observations

- The scope of environmental health is broad and not universally defined. Environmental health activities vary widely from county to county and are provided by a mix of MDH, CHBs, other city/county departments, and other state agencies.
- Many CHBs have limited capacity (knowledge, skills, resources) to assess and respond to environmental health issues. Those without a Food, Pools, Lodging and Services (FPLS) delegation agreement are extremely limited in they don't have staff (i.e. sanitarians) with technical knowledge.
- Currently, there are no environmental health consultants in MDH district offices, yet there is a need for on-the-ground regional access to this expertise.
- CHBs rely on information from MDH related to environmental health issues and MDH activities in their jurisdiction. CHBs need to know what is happening in their jurisdictions and who to contact at MDH for additional expertise and/or support.
- The Environmental Health Continuous Improvement Board has made progress on a number of issues related to Food, Pools and Lodging Services (FPLS), such as program re-evaluation and better communication. Additional improvements are needed including, timeliness of MDH FPLS technical assistance and greater standardization across FPLS programs.

Key Maternal and Child Health Observations

- Current funding and resources are not sufficient to address Maternal and Child Health needs statewide. Areas that are funded (geographic areas or program areas) become more robust, those that are underfunded fall behind.
- Evidence based family home visiting services are not currently available statewide. Access to services determined by geography is an equity issue.
- The family home visiting models that are currently funded and or supported by MDH do not work for every jurisdiction.
- Training and technical assistance needs related to family home visiting vary across the State. All CHBs, regardless of funding (e.g. MIECHV grantee, HFA) or program status (e.g. evidence based, promising practice) need some level of guidance and technical assistance from MDH.
- Collection and reporting of family home visiting data is burdensome and resulting reports should be more useful for decision-making.

Key Infrastructure Observations

- Regional public health nurse consultants provide a critical service to CHBs as they provide locally tailored technical assistance and support for public health foundational capabilities. In addition, they serve as a critical liaison between CHBs and MDH.

- Many CHBs, particularly those that are small and/or in greater MN, rely on MDH to assist them with collection and interpretation of data. Effective communication and use of data is a growing need for which there is not currently MDH TA. Additional local capacity is needed in this area.
- Local public health use numerous information systems, electronic and paper-based, to meet their agency needs and report to MDH and other state agency programs. Currently public health IT infrastructure, policy, and staffing decisions and investments are being made (or not made) at the local level without consistent, statewide vision, guidance, and investment.
- CHBs have made progress adopting electronic health records and other information systems, but use of these systems is minimal and not meeting the need for the sharing health information; participating in accountable care; and supporting community health. CHBs need additional resources and technical assistance.
- MDH assists CHBs in developing their internal capacity by mentoring and growing public health leaders. More needs to be done to engage new leaders in conversations about the core areas of public health responsibilities.

Appendix B

AD HOC GROUP MEMBERS AND MDH STAFF

Workgroup Members

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