

SCHSAC Strengthening Public Health in Minnesota Action Plan

Background

In October 2017, SCHSAC convened the Strengthening Public Health Workgroup in response to mounting concerns about persistent resource constraints and wide variability among community health boards related to performance. The workgroup, consisting of members from both inside and outside public health, analyzed the current state of Minnesota's public health system, including information on organization, governance, basic public health responsibilities, funding, leadership, and workforce issues.

The result of the workgroup was a set of observations, priority actions and future directions. In May 2018, SCHSAC approved the workgroup report. The SCHSAC Executive Committee committed to providing leadership to ensure implementation of the recommendations; focusing first on the following priorities for action:

Priority Action 1: Clarify the basic public health responsibilities for Minnesota and identify new ways to carry them out.

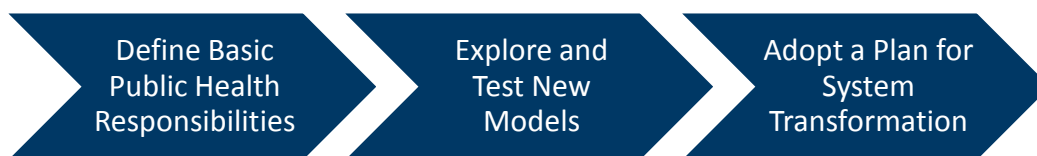
Priority Action 2: Take steps to align public health funding and resources with local needs.

Priority Action 3: Take a comprehensive and multisectoral approach to public health workforce development.

In response to SCHSAC's approval of the Strengthening Public Health Workgroup report and recommendations, MDH staff met several times with the SCHSAC Executive Committee, local public health members of the workgroup, and the Local Public Health Association to explore ways of moving the priorities for action forward. MDH has heard clearly and consistently that many CHS Administrators and local public health directors are stretched beyond their ability to be effective. The challenges for some are real, they affect the entire system, and they are getting worse; action is needed.

Next Steps

While SCHSAC, LPHA and MDH recognize additional funding is needed, they also recognize that more money, additional technical assistance, clearer communication, and other traditional approaches to improvement alone will not work. We need to transform our system. This transformation will require us all to look towards the future, challenge existing assumptions and answer hard questions about where we want to be and how we will get there. The work begins with being clear about the things governmental public health must do; things that need to be in place across the state. From there we can reimagine how public health could or should be carried out, funded and monitored; and develop a roadmap for system transformation. The following lays out a high-level work plan for accomplishing Priority Action 1 and Priority Action 2 (above). Additional work is occurring to carryout Priority Action 3 and additional directions outlined by the Strengthening Public Health Workgroup. While not addressed in this work plan, additional conversations need to occur with Tribal Nations about their interest in a similar process. The work plan includes three phases:



Phase 1: Define basic public health responsibilities for governmental public health in Minnesota.

Timeline: Fall 2018

Summary: This phase of work is about being clear about the “what” public health should be doing. A group of technical experts from state and local public health will agree on a set of basic public health responsibilities that should be in place across the state. Work will include consulting with other states that have done this work, coordinating with existing SCHSAC workgroups, adopted language that works for Minnesota, and ultimately answering the questions – how do we define governmental public health and what is the work of governmental public health in Minnesota. Once these basic responsibilities are adopted, SCHSAC can move into Phase 2 – Explore and test new models for funding, carrying out and monitoring these responsibilities.

Phase 2: Explore and test new models for funding, carrying out and monitoring the basic public health responsibilities in Minnesota.

Tentative Timeline: Winter 2018 and Spring 2019

Summary: Once the basic public health responsibilities are adopted, SCHSAC, state and local health officials, and community health board members can explore models for carrying out and funding basic public health responsibilities. Work during this phase will include continuing to exploring options like tiers and cross-jurisdictional sharing; examining what activities are best carried out locally and what activities are best carried out more centrally; and exploring financing options. This phase of work is about asking hard questions, challenging our assumptions and reimagining “how” public health is done in Minnesota. Once these various models or options are further understood, decisions can be made about how to move the state and local governmental system forward.

Phase 3: Develop a long-range strategic plan for the ongoing transformation of Minnesota’s governmental public health system.

Tentative Timeline: Fall 2019

Summary: Transformation of Minnesota’s governmental public health system will take time. This phase of work is about adopting a planned, phased approach for moving forward and reaching our new vision of “what” and “how.” The work of this phase will include determining if transformation should occur in some areas of responsibility before others, what sources of funding are necessary to fully, reliably and consistently support governmental public health, and measures of success and accountability. This phase will also recommend or examine any necessary changes to Minnesota’s public health statutes to implement a future governmental public health system that assures all Minnesotans have access to quality public health services, regardless of where they live.