



Foundational Public Health Responsibilities (FPHR) Funding Workgroup: Meeting Summary, October 26, 2023

Welcome and opening remarks

The workgroup co-chairs, Nick Kelley and De Malterer, opened the meeting with the following remarks:

- We're proud of the decision the workgroup came to at the last meeting for a formula recommendation. The workgroup took a consequential step and stood by its principles.
- We had some hard conversations to arrive at our decision. There are a range of feelings about the recommended formula, both within and outside this workgroup. It's hitting differently in different places.
- Use the meeting summary take home points to share with people the rationale behind the decisions we made.
- We're committed to our principles and to system transformation, which means doing things differently and in new ways.
- The fact that this formula has the highest equity impact of any other funding formula is exciting and will help transform the system.
- We also really took a system-wide view, and thoughtfully considered the needs of our system as a whole and were able to see beyond our self-interest. It's inspirational to do this groundbreaking work together.

New business: Recommendations for reporting

The workgroup has an opportunity to provide guidance on reporting processes that will get developed for these funds. Different levels of government have different legitimate needs for information, and this information would typically be collected through grant reporting. Workgroup members were asked to consider legislative needs, a community health board needs, and MDH needs.

The workgroup suggested that legislators will want to see:

- Stories of impact in the community, such as new community connections and stories from community partners on the important contribution of public health
- Demonstrated impact or progress related to community health or the drivers that affect it
- Examples of how this funding can be leveraged with other funding to work towards common goals
- Stories of how it all ties together: that doing better in one area helps you do better in another

For local public health, workgroup members said that community health boards need a reporting system that:

- Is integrated with existing reporting structures (not something new/separate)
- Is able to generate information about what other community health boards are doing so we can learn from each other

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- Isn't burdensome
- Only asks for information that will be used
- Supports ongoing learning and development—not just to share successes, and not just regulatory.
- Has clear directions about how community health boards should record information (time spent, etc.)
- Doesn't make community health boards check boxes on a grid; the foundational capabilities are too interconnected

As the workgroup considered MDH's role and its needs for information about this funding, workgroup members articulated that MDH needs to be able to:

- Show change in the “patchwork quilt” of ability to implement foundational public health responsibilities—that the system's ability to implement foundational public health responsibilities is improving
- Sell the work we are doing, internally and externally by describing how Minnesota's statewide public health system is making a difference in communities
- Monitor expenditure trends and assure funds are being spent appropriately
- Align the information we have with the stories we are telling about capacity across our system
- Demonstrate that MDH and local public health have fulfilled statutory requirements

One common thread is that each partner wants to be able to answer the question, “how are we better off?”

Through discussion, the workgroup articulated that an effective reporting system will be able to help us identify a few places where we, as a system, can move the needle. A good reporting system is guided by an understanding of the messiness of some of this work and the long arc of system change. Building up foundational public health responsibilities and seeing the impact of those capabilities in community requires a long-term commitment and a long-term perspective.

Workgroup members will solicit input from their peers on these questions and ideas to assure everyone's voice is heard and different perspectives considered in the development of final recommendations.

Communicating about these funds

MDH staff are hearing a lot of questions about these funds. Workgroup members are fielding questions as well. The workgroup hasn't completed its charge yet, and MDH is still in the process of building staff capacity for managing these funds. Even though we can't answer every question right away, there MDH knows it needs to start communicating better about these funds. MDH will be creating an FAQ that will grow over time as we build out the infrastructure around these funds. The workgroup discussed what questions they are hearing, and what should be included in a FAQ.

Suggestions included:

- Information about the local match requirement
- Timelines: What are the next steps? When will the money arrive? Will there be a special SCHSAC meeting or will this be voted on in December?
- Clearly identify the language in the cost and capacity assessment related to the finding about capacity and jurisdiction size (over/under 100,000 population served)

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- Share the message De shared at SCHSAC about the purpose of these funds and the intent to build capacity, not replace existing local investments—the impact and overall purpose of this funding
- Share the national fact sheet that describes what is in the framework

As a reminder:

- The Public Health National Center for Innovations produced a two-page FPHS fact sheet that can be helpful for talking about what foundational public health responsibilities are: [Foundational Public Health Services \(PDF\)](https://phnci.org/uploads/resource-files/FPHS-Factsheet-2022.pdf) (<https://phnci.org/uploads/resource-files/FPHS-Factsheet-2022.pdf>).
- MDH has posted all of the meeting summaries online, where people can find information about the decisions the workgroup has made and the rationale behind those decisions: [Standing and Active SCHSAC Workgroups](https://www.health.state.mn.us/communities/practice/schsac/workgroups.html) (<https://www.health.state.mn.us/communities/practice/schsac/workgroups.html>).

Looking ahead

The workgroup has two more meetings scheduled. Over the next four weeks, they will develop and finalize recommendations related to reporting, how to meet other statutory requirements (e.g., when/how to reexamine the funding formula), and recommendations for the ongoing maintenance and development of this funding source (e.g., if/when/how adjustments to the formula should be made over time). The next meeting is November 15, 2023 at 3:00 p.m.

Workgroup membership

Workgroup co-chairs

Nick Kelley, LPHA Chair-Elect (nkelley@bloomingtonMN.gov);

De Malterer, Commissioner, Waseca County, and SCHSAC Vice-Chair (de.malterer@co.waseca.mn.us)

Workgroup members

Bree Allen, SW/SC LPHA, Brown Nicollet CHB (Jaimee Brand, Brown Nicollet CHB, Alternate)

Susan Michels, NE LPHA, Carlton Cook Lake St. Louis CHB

Dave Lieser, Commissioner, Chippewa County, Countryside CHB

Laurie Halverson, Commissioner, Dakota County

Amy Evans, SE LPHA, Dodge-Steele CHB

Susan Palchick, Metro LPHA, Hennepin County Public Health

Ann Stehn, WC LPHA, Horizon Public Health

Chelsie Huntley, Minnesota Department of Health, Community Health Division Director

Marissa Hetland, NW LPHA, North Country CHB

Samantha Lo, Central Region LPHA, Pine County CHB

Joan Lee, Commissioner, Polk County

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22 November 2023

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