

Meeting notes: Foundational Public Health Responsibility Workgroup

DATE: 10.2.24

ATTENDANCE

Members present:

Samantha Lo (Central), Liz Auch (SW), Jodi Lien (WC), Katherine Mackedanz (Central), Sarah Reese (NW), David Kurtzon (MDH), Ann Zukoski (MDH), Mary Navara (MDH), Odi Akosionu-DeSouza (MDH), Jeff Brown (Metro), and Gabriel McNeal (Metro), Rod Peterson (SCHSAC)

Workgroup staff:

Ann March
Linda Kopecky

Purpose

Decisions made

Workgroup voted unanimously in support of Joanne Erspamer (Carlton County) and Ann Zukoski (MDH) as workgroup co-chairs.

The workgroup voted to modify blended summary (adopt [Fact Sheet](#) and adapt [FPHR Summary](#)) as a starting point for small group work. (91% majority approval)

Action items for members

- Provide names/contact of additional subject matter experts to involve in small working groups, particularly for the capabilities of policy development and support, equity, and organizational competencies.
- Share talking points with groups you represent as applicable.
- Next meeting: November 6, 2024, 8:30 – 10:00 a.m.

Talking points

- Notes from the FPHR meetings will be posted on the SCHSAC workgroup webpage: [Standing and active SCHSAC workgroups - MN Dept. of Health \(state.mn.us\)](#)
- The workgroup will form subgroups for each capability and area. Subject matter experts will be engaged in these subgroup discussions. Subgroups will operate between October 2024 and February 2025.

- The workgroup voted to modify blended summary (adopt [Fact Sheet](#) and adapt [FPHR Summary](#)) as a starting point for small group work.
- The workgroup began reflecting on distinctions between foundational in every community and community-specific activities by looking at topics through the lens of what is foundational as described in the documents and description that accompanied the adopted FPHR framework.

Meeting notes

Starting Point Discussion

Workgroup members continued discussion about the starting point options for developing FPHR Standards. Some recommendations were made, but the workgroup decided they wanted more time to consider options and obtain feedback from regions and partners. The workgroup voted to modify blended summary (adopt [Fact Sheet](#) and adapt [FPHR Summary](#)) as a starting point for small group work. (91% majority approval)

Distinguishing Foundational and Community Specific

The workgroup began reflecting on distinctions between foundational in every community and community-specific activities by looking at and discussing a variety of topics through the lens of what is foundational as described in the documents and description that accompanied the adopted FPHR framework.

The Foundational Public Health Responsibilities (FPHR) articulates the minimum package of public health services that governmental public health should deliver to communities, and that should be available everywhere for public health to work anywhere. The framework includes Foundational Capabilities (cross-cutting skills) and Foundational Areas (broad health topics from across the lifespan) that must be available to all people served by the governmental public health system, and that meet one or more of the following criteria:

- a. services that are mandated by federal or state laws;*
- b. services for which, statewide, the governmental public health system is the only or primary provider of the service; and*
- c. population-based services (versus individual services) that are focused on disease prevention, protection, and health promotion.*

In addition to the Foundational Capabilities (FCs) and Foundational Areas (FAs), the FPHS framework outlines additional, community specific services that are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by community.

The workgroup will continue to explore this nuance at future meetings to contribute to identifying distinguishing criteria.

Terms for Shared Understanding

FPHR WORKGROUP 10.2.24 NOTES

Workgroup members identified some terms that they need to come to a shared understanding around. The following were identified:

- Foundational and community-specific
- Population-based and individual-based
- Assuring, providing, ensuring
- Transformation / Modernization - visit about nationally on a frequent basis
- Accessible
- Sustain

Small Working Groups

The workgroup will form subgroups for each capability and area. Subject matter experts will be engaged in these subgroup discussions. Subgroups will operate between October 2024 and February 2025. Workgroup members reviewed small group assignments based on their identified preferences. Subject matter experts were identified and outreach is in progress.

Name	A&S	CPD	Comm	Equity	PD&S	OC	APM	EPR	CDC	CDIP	EH	MCFH	Access
Facilitator	Ann	Ann	Ann	Linda	Ann	Linda	Ann	Linda	Linda	Ann	Linda	Linda	Ann
Joanne E													
Sam Lo													
Jody Lien													
Katherine M													
Sagar C													
Jeff Brown													
David K													
Ann Z													
Liz Auch													
Kiza Olson													
Rod Peterson													
Odi A-DS													
Mary Navara													
Sarah Reese													
Gabriel McNeal													