#### Foundational Public Health Responsibilities Overview Minnesota's Public Health System Transformation

Linda Kopecky & Kim Milbrath | MDH Center for Public Health Practice February 2024

DEPARTMENT OF HEALTH

### In This Webinar...

- How we got here: The need to take a systematic approach to strengthening public health in Minnesota
- 2. Digging into the Foundational Public Health Responsibilities – the framework, the capabilities, and the areas
- **3. What's next:** FPHR funding, Innovation funding, and a Community of Practice

# How We Got Here

### Minnesota's Public Health System



51 community healthboards (cities, counties)74 health departments87 counties



11 sovereign tribal nations

4 Dakota communities

7 Ojibwe/Anishinaabe

reservations



MDH District offices



#### How we got here...pre COVID years

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#### How we got here...shifting to a systems approach

1/29/2024



## "We can't TA our way out of this"

#### Shifting to a systems approach





## How we got here...learning phase

1/29/2024

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#### It's a Patchwork

Substantially Implemented4.0Partially Implemented3.0Minimally Implemented2.0Not Implemented1.0Data Missing4

Table 8. Weighted Foundational Responsibility Averages by Agency

Foundational Responsibility	MDH	Greater Than 100,000 Persons Served	50,000-99,999 Persons Served	25,000-49,999 Persons Served Less Than 25,000 Persons Served
A. Assessment and Planning	2.5	<b>4.0</b> 2.5 2.9 3.0 2.8 2.8 2.5 <b>3.5 3.0 3.8</b> 3.0 3.0 2.5	3.0 1.0 3.0 2.5 3.1 3.4 2.8 2.2 3.2	35 25 24 24 25 29 35 20 28 40 27 20 35 20 28 40 27 20 30 20 28 40 27 20 30 20 25 30 25 30 25 23 21 30 23 23 30 31 20 25 20 30 25 20 30 25 20 30 25 20 30 25 20 30 25 30
B. Communications	3.1	3.0 3.0 <b>3.6 3.5</b> 2.5 2.9 2.5 <b>4.0</b> 3.0 <b>3.0</b> 2.5 <b>2.0</b> 2.0	2.7 2.0 2.0 2.2 3.0 <b>3.3</b> 2.6 2.1 2.6	3 23 23 23 24 30 30 32 31 20 24 40 16 25 20 17 25 24 40 16 25 20 17 25 25 30 25 18 25 26 34 26 27 28 21 20 28 27 28 25 25 30 28 33 20 23 25 30 28 33 18 23 28 23 25 25 22 21 34
C. Community Partnerships	2.7	3.0 2.9 3.2 3.5 2.8 2.4 3.0 3.2 2.5 3.3 3.0 3.6 2.0	3.0 2.0 2.8 3.3 2.5 2.9 2.8 3.5 2.5	38 25 38 25 24 25 34 33 26 29 40 25 28 4 33 26 29 40 25 28 24 25 23 33 32 23 20 20 20 27 30 23 30 26 30 22 25 30 24 31 25 26 25 30 33 30 20 23 30 20 23 20 25 20 32 30 27
D. Data and Epidemiology	2.8	4.0 3.1 3.5 2.8 3.1 2.9 3.0 3.3 3.0 3.0 2.3 2.9 2.0	3.0 2.1 2.0 2.3 2.1 2.0 1.8 2.0 2.7	35 22 17 27 20 20 25 29 17 27 20 20 25 29 17 20 40 20 20 25 18 23 25 24 17 20 40 20 25 18 23 25 24 19 17 20 13 20 25 30 10 21 2 10 25 23 20 20 15 17 20 23 12 20 30 28 20 20 20 20 20 20 20 20 20 20 20 20 20
E. Health Equity	2.0	<b>3.1 3.4</b> 2.6 <b>3.2</b> 2.7 3.0 <b>2.0</b> 3.0 3.0 2.8 2.9 2.8 <b>2.0</b>	2.8 2.0 2.0 2.5 2.5 2.3 2.2 2.0 2.1	28 30 20 21 11 20 20 31 22 20 33 25 29 40 25 20 23 30 20 25 30 20 25 40 20 25 40 20 20 40 20 40 20 40 20 40 20 40 20 40 20 40 20 40 20 20 20 20 20 20 20 20 20 20 20 20 20
F.Leadership and Governance	2.5	3.1 2.5 3.5 3.5 3.0 2.7 2.1 4.0 3.0 2.8 2.5 3.5 2.0	3.0 2.0 3.0 <b>3.5</b> 3.0 <b>2.0</b> 2.9 2.9 <b>3.0 4.0</b>	35 26 23 25 37 25 23 35 30 25 40 30 30 25 40 30 30 25 40 30 30 26 32 35 25 32 35 25 31 30 30 25 32 35 26 31 30 30 21 20 25 33 18 23 22 30 33 35 20 20 20 20 20 20 20 30 33 25 20 20 20 20 20 20 20 20 20 20 20 20 20
G. Organizational Management	2.8	3.5 2.7 3.7 3.6 2.9 2.8 3.3 4.0 3.0 3.5 2.4 3.4 2.5	2.4 2.7 2.8 3.3 3.2 2.8 3.2 3.3 3.1	32 29 24 20 30 20 25 40 28 29 40 28 20 40 28 29 40 28 29 40 23 23 29 40 28 20 35 28 31 32 31 32 31 24 25 28 28 27 38 29 24 30 28 20 28 23 24 25 29 28 24 37 22 24 28 30 35 29 20 20 20 20 20 20 20 20 20 20 20 20 20
H. Policy Development	2.3	3.7 2.9 3.3 3.2 2.7 3.0 1.9 4.0 3.0 1.7 3.2 2.1 1.8	<b>3.5</b> 2.2 2.0 2.7 <b>2.0</b> 2.0 2.5 2.5 2.8	35 20 17 25 29 25 22 20 20 20 20 20 20 20 20 20 20 20 20
I. Preparedness and Response	3.6	3.5 3.4 4.0 2.8 3.1 3.4 3.3 4.0 3.0 4.0 2.5 2.9 2.9	3.4 2.2 3.0 3.5 3.0 3.2 3.2 3.0 3.3	35 27 28 27 40 30 27 40 30 27 40 29 30 40 29 30 40 20 25 27 31 24 30 30 30 25 24 29 24 20 28 30 27 20 30 28 25 30 22 20 30 28 29 25 30 30 30 31 30 31 30 31 20 24 20 27 20 20 20 20 20 20 20 20 20 20 20 20 20
J. Infectious Disease Prevention and Control	2.8	4.0 3.0 3.8 2.3 2.9 3.5 2.8 3.4 3.0 3.4 3.0 3.7 2.0	2.9 2.2 2.4 3.3 3.0 2.6 2.8 3.4 2.9 2.1	35 30 23 30 27 31 27 32 28 30 40 17 25 21 28 16 27 28 24 28 30 40 17 25 21 28 16 27 26 24 28 27 28 24 25 21 28 24 25 28 24 25 28 24 25 28 24 24 28 28 24 28 28 24 28 28 28 28 28 28 28 28 28 28 28 28 28
K. Environmental Health	2.3	3.3 3.5 2.4 3.5 3.2 3.0 2.0 3.7 3.0 3.8 1.9 3.0 2.0	4.0 2.8 3.3 2.9 2.0 1.9 3.5 3.8 2.5	3 26 10 20 33 25 26 18 20 24 19 10 20 22 28 25 30 2.1 15 10 20 22 28 25 30 2.1 15 10 12 2 28 25 30 2.1 15 10 2 24 20 2.1 15 10 22 13 18 25 24 29 20 16 20 18 18 20 2.1 20 30
L. Prevention and Population Health Improvement	2.9	3.3 2.3 3.6 3.2 2.9 2.7 1.6 3.6 3.0 1.8 3.0 3.1 2.0	3.0 2.2 <b>3.0</b> 2.6 3.0 <b>3.2</b> 2.3 2.7 2.3	35 25 29 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 20 30 30 25 19 20 20 20 20 20 20 20 20 20 20 20 20 20
M. Access to Health Services	3.4	<b>3.9</b> 2.6 <b>3.3</b> 2.6 2.5 3.0 2.0 3.0 3.0 3.0 3.0 <b>3.3</b> 2.0	2.3 <b>1.6 2.0 3.2 2.9 2.0 2.7 2.9 2.0</b>	28 21 30 25 15 30 20 31 20 31 20 20 31 20 20 35 20 20 20 20 20 20 20 20 20 20 20 20 20



#### How we got here...investments in the system

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# Framework

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#### Population level activities: FPHR Framework



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#### **FPHR Summary**

#### **Capability or area** (as depicted in national framework)

Categories/groupings of activities (from PHAB Center for Innovation factsheet)

#### **Minnesota activities**

(from previous framework, used in the cost and capacity assessment)

#### Assessment and Surveillance

- A. Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
  - 1. Establish metrics and monitor public health issues and access to clinical care services
  - 2. Develop, implement, and maintain a data infrastructure
  - 3. Collect data to guide planning and decision-making
- B. Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
  - 1. Establish metrics and monitor data on public health issues, including root causes
  - 2. Provide or access epidemiological services
  - 3. Analyze data in collaboration with partners, communities, and individuals with lived experience
  - 4. Validate information, data, analysis, and findings



#### Who does what:

The framework, headlines, and activities are agnostic to roles and responsibilities Issues still needing discussion



## How much/to what extent:

The headlines and activities are general statements, without values to identify how much means they are completely fulfilled

### Capabilities



#### Assessment & Surveillance



Collect foundational data to guide planning and decision making

Collect, assess, analyze, interpret, and use data from a variety of sources



Analyze and assess disparities and inequities in distribution of disease and SDOH



Prioritize and respond to data requests, translate data into information and reports



Conduct a collaborative community or statewide health assessment



support surveillance

systems for rapid

detection

Access 24/7 laboratory services for rapid detection Participate in or

Work with community partners to collect, report, and use public health data

#### Community Partnership Development





Create, convene, support and sustain relationships in the community Leverage and engage partnerships in equity solutions Establish and maintain trust, authentically engage with those most impacted by inequities



Convene across governmental agencies



Engage community members in health improvement process

#### Equity



Strategically address social and structural determinants of health



Systematically integrate equity into each aspect of the FPRH, priorities, and metrics Work collaboratively across the department and the community towards a shared understanding of equity



Develop and support staff to address equity



Create a shared understanding of what creates health and what produces inequities

#### **Organizational Competencies**



#### Leadership & Governance

Lead to consensus; face of PH

Engage in health policy development; define strategic direction

Prioritize/implement Diversity, Equity and Inclusion internally

Engage around PH legal authorities and emerging laws or policies

Ensure diverse representation on PH boards and councils



Information Technology Services, incl. Privacy & Security

Maintain/procure hardware and software to support operations and data analysis

Support, use, maintain communication technologies

Have proper systems and controls in place for confidentiality and security



Workforce Development & Human Resources

Develop and maintain a diverse and inclusive workforce

Manage recruitment, retention, succession planning, training, performance review, and accountability



Financial Management, Contract & Procurement Services, incl. Facilities & Operations

Establish budgeting, auditing, billing, and financial system

Secure grants and other funding

Procure, maintain, manage facilities and operations

Leverage funding and ensure resources for equity and SDOH



Legal Services & Analysis

Access and appropriately use legal services

### Policy Development & Support



Act as a subject matter expert in policies related to health – to include researching, analyzing, costing out, and articulating the impact



Inform and influence policies being considered by other governmental and non-governmental agencies – Health in All Policies



MISSION RS

RESTAURANT INSPECTION TIPS



Promote and support compliance and regulation Build equity into all policies

#### Accountability & Performance Management



Perform according to all

business and national

standards, laws and policies



Maintain a performance management system





Maintain an organizationwide culture of quality; using quality improvement tools and methods

#### Emergency Preparedness & Response



Develop, exercise, and maintain preparedness and response strategies/plans



Integrate SDOH and address inequities



Lead the *Emergency Support Function 8:* assess and coordinate scope and responsibility for PH response

Activate emergency response personnel and communications systems



Ability to maintain and execute a continuity of operations plan

Establish community readiness and preparedness



Issue and enforce emergency health orders

Be notified of and respond to events 24/7



Access and use Laboratory Response Network Reference lab

#### Communications



strategy



#### Communicable Disease Control

#### Areas

Basic, topic-specific public health programs and services

Aimed at improving the health of the community

Minimum level of service to be available in all communities





**Chronic Disease & Injury** 

Prevention

Environmental Public Health

Y,

Maternal, Child & Family Health

Access to & Linkage to Care

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#### Communicable Disease Control



disease control

### **Environmental Health**



accurate, relevant information related to environmental health Identify partners, develop a plan, seek and secure funding Conduct mandated EH testing, inspections, and oversight, manage waste streams, identify PH hazards

Protect workers and public from chemical and radiation hazards Participate in broad land use planning and development Coordinate and integrate categorically funded services

#### Chronic Disease & Injury Prevention



Provide timely, accurate, relevant information related to chronic disease and injury prevention



Identify partners, develop a plan, seek and secure funding



Reduce statewide and community rates of commercial tobacco use







Coordinate and integrate categorically funded services

### Maternal, Child, & Family Health



Provide timely, accurate, relevant information related to maternal, child, and family health





artners, a plan, secure ng

Identify, disseminate, and promote evidencebased interventions for prenatal and early childhood period Assure newborn screening, including wraparound services, following back, and service engagement



Coordinate and integrate categorically funded services

#### Access to & Linkages to Care



Provide timely, accurate, relevant information related to access and linkage to clinical care



Inspect and license healthcare facilities; license, monitor, and discipline healthcare providers



Collaboratively identify healthcare partners and competencies, developing prioritized plans, seek funding

# What's next?

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### Where do we go from here?







#### What's next? Grant webinars February 5 and 12



#### What's next? Request for Proposals coming soon



#### What's next? Launch meeting February 15 9-10:30 a.m.



# Thank You!

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