

Meeting notes: Foundational Public Health Responsibility Workgroup

DATE: 7.2.24

ATTENDANCE

Members present:

Sagar Chowdhury (SE), Joanne Erspamer (NE), Jeff Brown (Metro), Rod Peterson (SCHSAC), Samantha Lo (Central), Liz Auch (SW), Jodi Lien (WC), Odi Akosionu-DeSouza (MDH), Mary Navara (MDH), Ann Zukoski (MDH), Katherine Mackedanz (Central), Gabriel McNeal (Metro), Sarah Reese (NW),

Participants present:

Richard Scott (Metro)

Workgroup staff:

Ann March

Linda Kopecky

Purpose

This meeting was focused on organizing as a newly formed SCHSAC workgroup, specifically co-creating how members will work and make decisions together. Members were also grounded in the history of the foundational public health responsibility framework and purpose of the workgroup.

Decisions made

No formal decisions at this meeting

Action items

- If interested is serving as a co-chair, reach out to Ann or Linda before our August meeting.
- Share talking points with groups you represent as applicable.
- Next meeting: August 7, 8:30 – 10:00 a.m. The focus will be on establishing vision and milestones

Talking points

- The first meeting of the SCHSAC FPHR workgroup was held. The meeting was focused on organizing as a newly formed SCHSAC workgroup.
- This workgroup is charged with developing recommendations for SCHSAC on a set of minimum standards by which full implementation of foundational public health responsibilities can be assessed. The need for standards is due to the stipulation that the new FPHR funds

allocated to local public health dedicated to foundational responsibilities cannot be used on community priorities until standards for implementation are determined.

- This workgroup will be reviewing and refining current FPHR definitions and clarifying the difference between foundational responsibilities and important, community-specific services.
- The workgroup will meet for the next 18 months.

Meeting notes

History

Workgroup staff, Linda Kopecky (PHP-MDH) provided members an overview of the history of how the national framework came to be adopted in Minnesota. Key points include:

- 2015-2016 formation of the SCHSAC Strengthening Public Health (SPH) workgroup, assessment conducted revealing varied capabilities, and recommendations to SCHSAC for system transformation.
- 2017-2018 Development of a report and work plan by the SPH workgroup, influenced by the national 21st Century Public Health framework. Minnesota developed its own framework, joining a national learning community.
- 2018-2023 Differences in Minnesota's framework from national. MN framework emphasized health equity, prevention, and “responsibilities” over “services.” Cost and capacity assessments conducted using MN framework. The assessment and tools were developed in collaboration with the University of Minnesota.
- The adoption of a revised national framework occurred in 2023, after seeing revision aligning more closely with Minnesota's priorities, including equity more pronounced and maternal and child health separated.
- There continues to be influence between Minnesota's work and national standards.

Workgroup Purpose, Scope, and Deliverables

Workgroup staff, Ann March (PHP-MDH) provided members reviewed the purpose of the workgroup and scope of work, along with anticipated deliverables. Key points include:

- The 9.8 million ongoing funding allocated by the Minnesota legislature as part of the state’s base budget, is ongoing, annual funding to strengthen local public health in Minnesota and is for foundational public health responsibilities first.
- The legislation permits community health boards to use funds for local priorities developed through the community health assessment and community health improvement planning process if they can demonstrate foundational public health responsibilities are fulfilled.
- Community Health Boards cannot use the 9.8 million in funding for community health priorities until SCHSAC has adopted a set of minimum standards for foundational public health responsibility implementation. [Building a Strong Foundation for Health from Border](#)

[to Border: Final Report of the SCHSAC Foundational Public Health Responsibilities Funding Workgroup \(state.mn.us\)](#)

- The FPHR workgroup charge: develop recommendations for a set of minimum standards by which full implementation of foundational public health responsibilities can be assessed.
- Despite adopting the national framework for foundational public health responsibilities and having guidance provided through the associated [2022 Factsheet](#), there remains important nuances that need to be resolved before standards are determined. These include, but are not limited to, reviewing current FPHR definitions and clarifying the difference between foundational responsibilities and important, community-specific services.
- While not primary, we imagine we'll uncover some roles/responsibilities (state/local) We will capture what we learn but recognize that work is longer in duration.

Workgroup deliverables

- FPHR definitions updated and recorded.
- Criteria determined (foundational statewide vs. community-specific)
- Recommendation provided (to SCHSAC) on minimum standards for foundational public health responsibility implementation (by December 2025)
- Other guidance or materials developed based on learnings.

Our Ways of Being

Workgroup members participated in sharing about how best to work together to accomplish the charge of the workgroup. Considered was attendance, how we show up, how we communicate/share, respect, how we align with the purpose. The following concepts emerged from the conversation:

- Embrace diverse perspectives
- Communicate honestly and assume positive intent
- Represent your organization and the bigger picture
- Create a safe space
- Apply an equity lens
- Aim for progress, not perfection
- Exhibit kind and constructive behavior

The conversation also provided insights into workgroup needs for engagement and participation:

- Virtual and In-person meetings
- Flexible participation
- Clear goals and scope
- Resource sharing, examples and learning

- Celebrate progress
- Communicate in plain language

Themes will be brought back to the workgroup for review.

Decision-making

Workgroup members participated in discussion about elements to incorporate or guide the workgroup's decision-making process. The following ideas emerged from the conversation:

- Always communicate openly and truthfully.
- Ensure that actions align with words.
- Foster a respectful and supportive environment.
- Listen actively and consider new perspectives.
- Approach discussions without biases or preconceived notions.
- Recognize limitations that may impact decision-making.
- Clarify who has the final decision-making authority; transparency about what aspects of the decision are within the group's control.
- Use data to inform decisions, but do not become paralyzed by it; balance data with practical considerations and insights.
- Ensure decisions are informed by relevant subject matter experts.
- Seek continuous feedback and input throughout the process; adjusting as we go.
- Adhere to the principle of "Nothing about us without us."; recognize that people support what they help create, enhancing the success of decisions.
- Take the time needed to make decisions.
- Build trust within the group to ensure commitment to decisions, even if they are not universally favored.
- Lean into not taking dissenting discussions or decisions personally.
- Cultivate a sense of collective responsibility.
- Focus on the collective goal rather than individual preferences.

These ideas will be synthesized into decision-making guidelines and used to establish a decision-making process.

Communication and Transparency

Tabled to August meeting