



Foundational Public Health Responsibilities (FPHR) Funding Workgroup

MEETING SUMMARY FOR MEETING 2, AUGUST 28, 2023

Welcome and Meeting 1 Recap

After being welcomed by the workgroup co-chairs, MDH leadership reflected to the group some of the questions and concerns people have raised related to these funds and shared additional context about the legislative language to help address these.

- The legislation requires that these funds support foundational public health responsibilities (FPHRs) which are a subset of the work done by local health departments. FPHRs are population-based (vs individual services) that are focused on prevention and aligned with the concepts of “Public Health 3.0.” A community health board (CHB) must demonstrate those responsibilities are met before they may put the funds toward community health priorities identified through the community health assessment process. These requirements help assure that funds support public health activities.
- In addition, the legislation requires CHBs to provide a local match for these funds. Local jurisdictions will need to demonstrate a shared investment in public health.
- The FPHR Funding Workgroup can make additional recommendations beyond the funding formula to address implementation questions.
 - For example, it could recommend accompanying duties/responsibilities and reporting requirements or that the funding formula be reviewed and updated periodically.
- The workgroup can be creative in its approach within the parameters set by the funding.
 - The funding must go to community health boards for the purposes outlined in statute. The statute does not preclude a CHB or LHDs ability to partner with another CHB/LHD.
 - There are other funding sources—like the Minnesota Public Health Infrastructure Fund—to test new models that operate outside of existing structures.
 - The intent was to have two pots of money: one to be innovative and try different approaches to carrying out foundational public health responsibilities, and another to fill gaps. There is room for creativity and innovation within both funding streams.

Workgroup members are encouraged to continue to share questions and concerns with workgroup co-chairs. Questions pertaining to implementation will be addressed later in the fall.

What would success look like?

At the first workgroup meeting (8/10/23) members were asked, **“What could a successful funding formula achieve for your jurisdiction, for your region, and for our statewide public health system?”**

Workgroup members spent time in small groups discussing the perspectives shared at the previous meeting. A brief summary of those perspectives is shared below, in no particular order.

A successful funding formula could:

- Create conditions in which everyone feels like they have what they need to do the work
- Assure that geography doesn't dictate public health capacity
- Enable local public health to be the chief health strategist for their jurisdiction
- Generate community health board understanding of foundational public health responsibilities and support hiring of staff
- Fill in the patchwork quilt of capacity
- Add staff capacity to move public health work forward
- Reduce inequities across our system
- Help advance health equity in our communities
- Create collaboration, not competition
- Allow enough staff to welcome public health transformation
- Provide enough staff capacity to maintain connections and make new ones
- Support true collaboration across the region
- Address existing gaps in foundational public health areas and capabilities

Funding Principles

After reviewing and discussing the responses to that question, workgroup members talked about what those ideas convey and how they might become guiding principles for the group's decision-making.

Workgroup members shared their views about what is most important for their regions and for our statewide system. The suggestions below reflect the group's initial thinking:

- Reduce extremes in capacity
- Funds should reflect differences in regions and departments (one size doesn't fit all)
- Clear goal of what the funds are intended to achieve, and measures for achievement of that goal
- Funds are for population-based work – for leaning into that work rather than staying with the status quo
- Trust our ability to use the funds for what we need - whatever that might look like
- Recognize that it is harder to be healthy in some areas of the state than it is in others
- Improve the foundational public health in Minnesota, ensuring we move forward as a state
- Don't penalize jurisdictions that have invested in FPHR
- Funds should not be overly restrictive and kept as flexible as possible

The group will continue to work toward a set of guiding principles as it moves forward.

Next steps

The workgroup meets again on September 11, 2023, and September 27, 2023. The co-chairs would like to be able to present initial recommendations for a funding formula to the State Community Health Services Advisory Committee (SCHSAC) at its meeting on September 29, 2023.

On September 11, workgroup members will **continue to refine and coalesce around guiding principles** that reflect the priorities and complexities of our statewide public health system.

- The group will also **begin building a funding formula that reflects those principles**. Members will consider a number of factors, including different approaches to incorporating equity in the funding formula and the variation in capacity across the statewide public health system. Lessons learned at a system level from the cost and capacity assessment will inform these conversations. An individual CHB's self-reported capacity will not be directly linked to the amount of funding they receive.
- **Workgroup members will be requesting feedback from local public health leaders and members of the State Community Health Advisory Committee (SCHSAC) to inform these conversations.** Anyone with ideas to share should do so through the appropriate representative listed below.

Additional meetings will be scheduled for October and November to fulfill the workgroup's charge.

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

MDH Staff Lead: Phyllis Brashler, Supervisor, Center for Public Health Practice
(phyllis.brashler@state.mn.us)

Minnesota Department of Health, Center for Public Health Practice

health.ophp@state.mn.us

www.health.state.mn.us/communities/practice

08/30/2023

To obtain this information in a different format, call: 651-201-3880