Foundational Public Health Responsibilities (FPHR) Funding Workgroup: Meeting Summary, September 11, 2023

Welcome and Opening Remarks

The workgroup co-chairs welcomed the group and offered reflections on the important conversations we are having.

- The workgroup's charge is a challenging one. Minnesota's governmental public health system is complex, and our conversations reflect that complexity. We are trying to hold a lot of things together at the same time.
- Each workgroup member knows and understands a piece of a bigger whole. Our job is not to judge each other, but to learn from each other—to bring our perspectives to the table and create deeper understanding.
- This funding is new funding, and it's a great opportunity. Everyone will get new resources from an ongoing, annual appropriation to help build their community health board's capacity. It's also a relatively small amount of money compared with what we know is needed across our system. It is not going to magically fix the many challenges we face in carrying out public health responsibilities—it's just a step towards better.

Funding Principles

Workgroup members revisited the statements they made at the first workgroup meeting that described what a successful funding formula could achieve for our statewide public health system. Based on that vision of success and the collective insights generated at the last meeting, workgroup co-chairs identified three potential principles that relate specifically to the distribution of these funds. Other feedback that has been shared so far continues to underscore the need for specific implementation guidance; these will be considered after a recommendation is reached for the funding formula.

The workgroup co-chairs proposed three initial funding principles to guide the group's decisions.

The following funding principles were discussed and approved by the workgroup:

> Every community health board should get enough to be able to make meaningful progress on Foundational Public Health Responsibilities (FPHRs).

This principle acknowledges that everyone has gaps in their ability to carry out FPHRs and everyone needs a certain level of resource to make a meaningful difference. It also underscores that this funding is a starting place, or a "downpayment," toward what is really needed to fully implement FPHRs statewide.

The funding formula should take into account that not everyone has the same opportunity to be healthy across our state.

This principle is about acknowledging that social conditions play a large role in determining health outcomes. Some community conditions in Minnesota are better or worse for health than others. It is also about applying a health equity lens to everything we do, including how we distribute resources.

The funding formula should help alleviate variation in capacity across our system.

This principle reflects the success factors that were shared in the first meeting and reinforced through regional conversations with workgroup members over the last several weeks. The intent of these funds is to strengthen Minnesota's ability to implement foundational public health responsibilities from border to border. Smaller community health boards are asked to meet the same expectations as others but with far fewer resources. The workgroup wants to assure that these funds take a step towards reducing variation in capacity across our state.

Presentation: Indices for incorporating equity into the funding formula – Dylan Galos, MDH

The second funding principle reflects the workgroup's commitment to health equity. To help workgroup members make informed decisions, Dylan Galos, a research scientist at MDH, was invited to present information to the workgroup about the extensive research he has done to learn about different approaches for measuring the distribution of inequities across Minnesota.

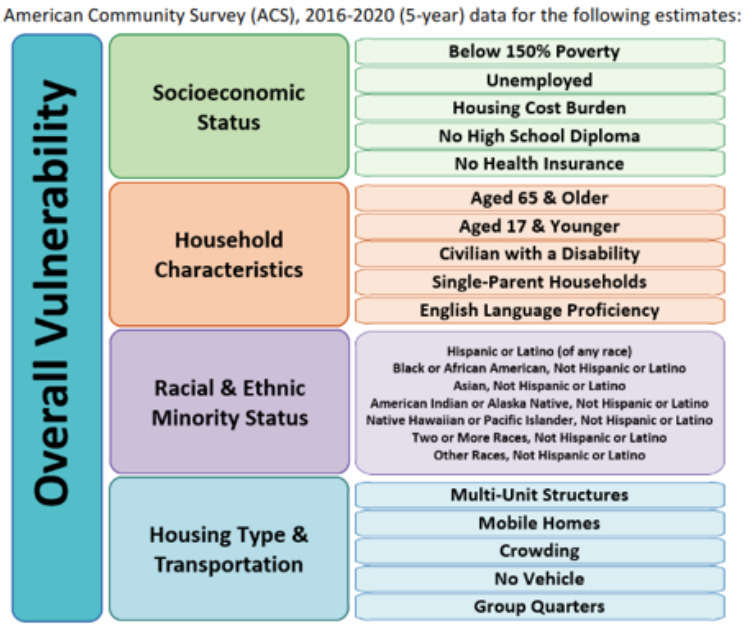
Dylan reviewed research literature and other available information about 14 different indices that measure, in some way, the distribution of factors that affect health outcomes (e.g., socioeconomic status, household characteristics, racial and ethnic minority status, etc.). For the workgroup's purpose, it is most important that an index be available at the county level; have ongoing support for future use; that it has logical components in the index; that the scoring can be clearly understood; and that the scores generally align with what we know to be true about Minnesota based on our experience. After describing his review process, Dylan reviewed the component variables of the index and what the distribution of SVI looks like in Minnesota at the county and census tract level.

Based on his review, MDH recommends using the Social Vulnerability Index in the FPHR funding formula.

- It has a straightforward computation; it includes a broad set of indicators; and it correlates very strongly with other measures. It is also available and easily applicable statewide.
- In the existing research literature, SVI has been associated with higher rates of mortality for people experiencing cardiovascular disease; variation in access to health care; pediatric firearm violence in urban areas; and exposure to wildfire smoke.
- Other indices had significant limitations. In some cases they were unavailable at the county level; in other cases the scoring system and/or the component variables did not align with Minnesota-specific demographics. In a few cases, the metric being considered would require additional computation and may not be feasible within the desired timeline for distributing these funds.

- Some different alternatives were lifted up in the workgroup's discussion, including ACP50, a metric developed by the Metropolitan Council to identify Areas of Concentrated Poverty where 50% or more of residents are people of color. This metric is not widely available statewide, and given the distribution of population across Minnesota, it could potentially mask other powerful patterns of inequities across Greater Minnesota.
- While SVI is not perfect, after rigorous review, it is recommended as the best option we have right now. It is also being used in other grant formulas; this would bring the FPHR Funding in alignment with other funding sources across the agency.
- MDH does not have the capacity to build a new index.
- The use of SVI for the FPHR funding formula could be revisited in the future if the workgroup recommends periodically assessing and updating the formula.
- The workgroup will discuss the degree to which SVI should be taken into account in the formula.

Social Vulnerability Index



FPHR Funding Formula: Identifying the Elements

Workgroup co-chairs presented an initial approach to identifying the elements of a funding formula to generate discussion and inform future decision-making. The idea presented included three variables: a base level of funding for all community health boards, an equity metric, and a capacity-related metric. The workgroup affirmed these elements in concept and raised additional possible considerations.

Workgroup members discussed:

- the purpose of base funding
- how to operationalize a capacity-based metric
- different experiences of single-county and multi-county community health boards
- different approaches to weighing each variable within the formula

The recent cost and capacity assessment conducted by the University of Minnesota can inform this work at a high level—at the system level—but the final funding formula will not tie an individual community health board's reported capacity to its allocation. For example, the University of Minnesota found a significant difference in capacity for community health boards that serve jurisdictions of more than 100,000 people. That could provide some direction to how the workgroup thinks about the capacity-based variable of the funding formula. More communications about the high-level takeaways from the cost and capacity assessment will be forthcoming in the next several weeks.

Next steps

Between this meeting and the next, the co-chairs will work with MDH staff to develop funding formula scenarios for the workgroup to discuss at its next meeting. Ideally, the workgroup will vote on a formula to recommend to SCHSAC on September 29, 2023.

After the workgroup approves a recommended funding formula, it will discuss implementation guidance. That is, the group will develop recommendations related to the use of funds, reporting requirements, and other considerations. Workgroup co-chairs will work with the Performance Measure workgroup to identify how best to align the work of each group. Three additional meetings have been scheduled for October and November to develop additional recommendations to the December 6 SCHSAC meeting.

Workgroup Membership

Workgroup Co-Chairs

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Workgroup Members

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