Foundational Public Health Responsibilities (FPHR) Funding Workgroup: Meeting Summary, November 15, 2023

Welcome and opening remarks

The workgroup co-chairs, Nick Kelley and De Malterer, opened the meeting with the following remarks:

- We're in the home stretch now, with two meetings to go, and a lot to cover. We want to ensure we have covered all the details as we prepare to share recommendations with SCHSAC on December 6.
- Two items of focus today as we wrap up the pieces, we need to address that were identified in the statute: defining foundational public health responsibilities; and determining when a CHB can use FPHR funds for local priorities.
- Next meeting will focus on recommendations we need to make for the future: if/when SCHSAC should revisit this formula; and other possible future-focused questions related to the funding.
- We know there are a lot of questions out there about these funds and how they can be used. We can't get ahead of ourselves. Our end goal is to get the big pieces to SCHSAC so that MDH can do what it needs to do to get the money out to you.
- Some of your questions related to implementation may need to wait for MDH to develop program guidance around these funds after our high-level recommendations are approved by SCHSAC and accepted by Commissioner Cunningham.

New Business: Recommendations for definitions of Foundational Public Health Responsibilities (Guest: Linda Kopecky, MDH)

One of the requirements of the new statute language accompanying these funds is that MDH needs to consult with SCHSAC to define foundational public health responsibilities for the use of these funds. Guest presenter Linda Kopecky joined to provide an overview of the history of MN's framework, the Public Health Accreditation Board's (PHAB's) Center for Innovation's definitions associated with the national Framework for Public Health Services, and share proposed definitions for the group's consideration.

- The Joint Leadership Team adopted the national Foundational Public Health Services framework to name and organize foundational public health responsibilities. This is a framework many states are using.
- There are no fundamental differences between the national framework and the old MN framework, but things are organized differently and there are nuances in the language used that are still being worked out.

- In the framework, capabilities are cross-cutting skills, abilities, and knowledge needed in any governmental public health system to provide basic public health protections; Areas are the more familiar topic-specific public health programs or services aimed at improving the health of the population.
- At the national level, PHAB's Center for Innovation has published a fact sheet which includes definitions for each capability and area. MDH staff have cross walked the fact sheet with the definitions that were used for MN's cost and capacity assessment. The cost and capacity assessment's "operational definitions" fit into the national framework and corresponding fact sheet, but they are at a more granular level. MDH believes these definitions are sufficient to help people to understand, at a high level, the areas and capabilities.
    - FPHS-Factsheet-2022.pdf (phaboard.org)

Discussion:

- General agreement with using definitions from PHAB's factsheet. Workgroup members do not want to "recreate the wheel."
- Need to include with these definitions some language not in the document but found elsewhere on PHAB's Center for Innovation's websites about foundational public health responsibilities being population-based. Suggestion to create a separate document that includes more context around the definitions. Another suggestion is to add a memorandum that includes that context.
- These funds are to be used for FPHRs as defined in consultation with SCHSAC; broadly speaking, funds can be used for activities that fall under the definitions this workgroup will recommend to SCHSAC. Specific questions about "can I use funding for this" will be addressed through FAQs and grant guidance on an ongoing basis. The question "how do I know if I'm doing enough?" is not answered by these definitions and needs to be addressed separately.

Decision:

Proposed Recommendation: For the purposes of these funds, MDH should adopt the definitions of foundational public health responsibilities provided by PHAB/PHNCI. Approved (n=9)

Assessing full implementation

The workgroup was asked to discuss and weigh in on handling requests stemming from the language that allows CHBs to use these funds to support local priorities identified in the CHIP if they can demonstrate that FPHRs are fully implemented in their jurisdiction. The only assessment we currently have relating to implementation of the foundational public health responsibilities is the recent cost and capacity assessment, which indicated that no one reported an ability to fully implement FPHRs. With this context, co-chair Nick proposed a recommendation for consideration.

- MDH needs standards to determine achievement of FPHR. These standards don't currently exist, and we don't have a mechanism to monitor.
- Time is needed to develop standards.
- Recommendation to withhold the allowance for use of funds outside of the foundational public health responsibilities until a minimum set of standards are established by SCHSAC. This could be built into annual reporting.

Discussion:

- Agreement that nobody is currently fully implementing FPHR based on cost and capacity findings.
- Like the idea of putting it on hold until we have a firm grounding of what the standards are.
- Acknowledgment that this shouldn't be a hardship for LPH, that money can be shifted.
- More important area of focus is how to show the legislature this money is making a difference.
- **Suggestion made to modify recommendation to separate out from annual reporting.** Rationale: Depending on how they will need to demonstrate meeting standards set, putting it into annual reporting puts the burden on everyone and we only need to do something if someone wants to use the money for something else. Burden of proof should be on the individual CHBs who want to use the funds for something else. Annual reporting can monitor the patchwork but doesn't need to measure all the things.
- Current finance data from this year's annual reporting shows there is very little funding in infrastructure, and capacity assessment shows us we haven't filled in the gap.
- This could also potentially affect distribution of the capacity-based funds. If a smaller health department wants to spend the funds on something else, should they still receive the capacity allocation?
- With regard to grant reporting: reporting on grant activities is different than demonstrating you meet a standard that would allow for using the funds differently.
- Important to be mindful of burden of annual reporting; not making health departments with limited capacity subject to additional reporting only to confirm they are not meeting capabilities would be appreciated.

Decision:
Proposed adjusted recommendations:

1. **Recommend that MDH withhold allowing using this funding for community health needs, until SCHSAC has adopted a set of minimum standards for FPHS implementation.**
2. **MDH should ensure LPH reporting becomes based on FPHS and coordinate that with the performance measure workgroup.**

Approved (n=8 to both).

75% match

MDH is hearing some questions and concerns from CHBs about the 75% match including that some may need to decline funds because they can't make the match. MDH is interested in hearing what workgroup members are hearing from their regions. How widespread is this concern? What would be helpful to respond to these concerns?

MDH provided information about the intent of the match:

- Funds were written into LPH Act. We see it as similar to the local public health grant, though less flexible than previous funds in that they must go to FPHR first. The required match was extended to this bucket of funding. The match is the way to say there is a state and local commitment to public health.

Discussion:

- Hearing it will be a barrier for some that get very little levy dollars.
- Language is being interpreted differently in terms of what can be used for the match.
- Hearing people wanting examples of what would qualify for matching dollars and clarity of what can and cannot be included in the match.
- Additional support for providing education to county commissioners and elected officials. Need to be able to say what this could look like and the work that could be done with this funding.
- Clarification on if the match needs to be used for foundational public health responsibilities, or can it be from other areas of public health.
- The match wasn't an issue with the 2021 influx of funds because that increase wasn't as substantial as this one is.
- Smaller agencies may need extra assistance identifying appropriate match sources and communicating with CHB leadership.

Future formula review

Workgroup members were asked to provide some very preliminary thoughts around when/if SCHSAC should come back to look at the funding formula. These initial suggestions will inform further discussion at the workgroup's next meeting.

Discussion:

- Initially, many indicated 4-5 years, some indicated 3-5 years
- Other suggestions included:
    - When we get an increase in funding.
    - 5-years to have a moment to say "is this still working?"
    - Not until we know if funds are making a difference.
    - Coming back together should not be limited to re-looking at formula alone.
    - Come back together during the first year to examine what's working and what's not.
    - Think about this as a base to build from.
    - We have to come back when standards are set to inform process MDH will take if a CHB asks to use the money for local priorities.
    - Need to think about reframing this away from "revisiting the formula." There are a couple of reasons for us to come back together, like when MDH starts getting requests to use money for other things, and when new funds get put into the system. We'll want to look at the best ways to distribute funds to reach our goals.
    - Patchwork-increment changes: next time we have funding we need to make changes.
        - If we get 20 million in 2 years, we have to have some way to think about what that looks like. Need to keep equity, and meeting equity will look different from one place to another. We have to come back together and grapple with that.

- We need to get foundational stuff rebuilt to plug holes in the fabric. If everyone's meeting it, go do those local priorities, but not at the disadvantage of foundational public health responsibilities. The goal is to fill in the patchwork. As more money comes in, need to reconvene, we'll have a different conversation because we'll be in a different spot.

Next steps

The workgroup will have its last meeting on Monday, 11/27/2023. At that time, we'll wrap up all the loose ends, including finalizing recommendations related to reporting and recommendations about when to reconvene a workgroup. The workgroup will also have an opportunity to see a draft of the report and provide input.

The workgroup's recommendations will be presented to SCHSAC on December 6, 2023. SCHSAC members will receive the report one week in advance (11/29/2023).

The workgroup closed with acknowledgment of this milestone and appreciation for everyone's contributions.

Workgroup Membership

Workgroup Co-Chairs

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Workgroup Members

Bree Allen, SW/SC LPHA, Brown Nicollet CHB (Jaimee Brand, Brown Nicollet CHB, Alternate)
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