

A new framework for governmental public health in Minnesota

Time to strengthen public health in Minnesota

Governmental public health has a unique responsibility for protecting and promoting the health of the public. While Minnesota's nationally recognized state-local public health partnership has served Minnesotans well since it was established in 1976, many state and local health officials have serious concerns about their ability to fulfill that responsibility. A number of challenges have left us all at risk—increasing demands on decreasing resources, the changing role of public health from providing direct services to broader population-based prevention activities, new health threats, disparities in health status, decreasing budgets, and hiring challenges—to name a few.

A framework for governmental public health in Minnesota

A group of local and state public health leaders developed a framework for what Minnesotans should expect from their state and local public health partnership. This framework outlines a set of foundational public health responsibilities that are grounded by a core value: where you live should not determine your level of public health protection. The framework also recognizes that diseases and disasters do not distinguish geographic boundaries. The framework is intentionally forward-looking and focused on what should be instead of what is.

The framework represents the work governmental public health **must** do, and the important work governmental public health does, to meet the unique needs of communities across the state.

Moving forward: An invitation

Responding to concerns and strengthening public health in Minnesota is a top priority of the State Community Health Services Advisory Committee (SCHSAC). SCHSAC laid out three phases of work:

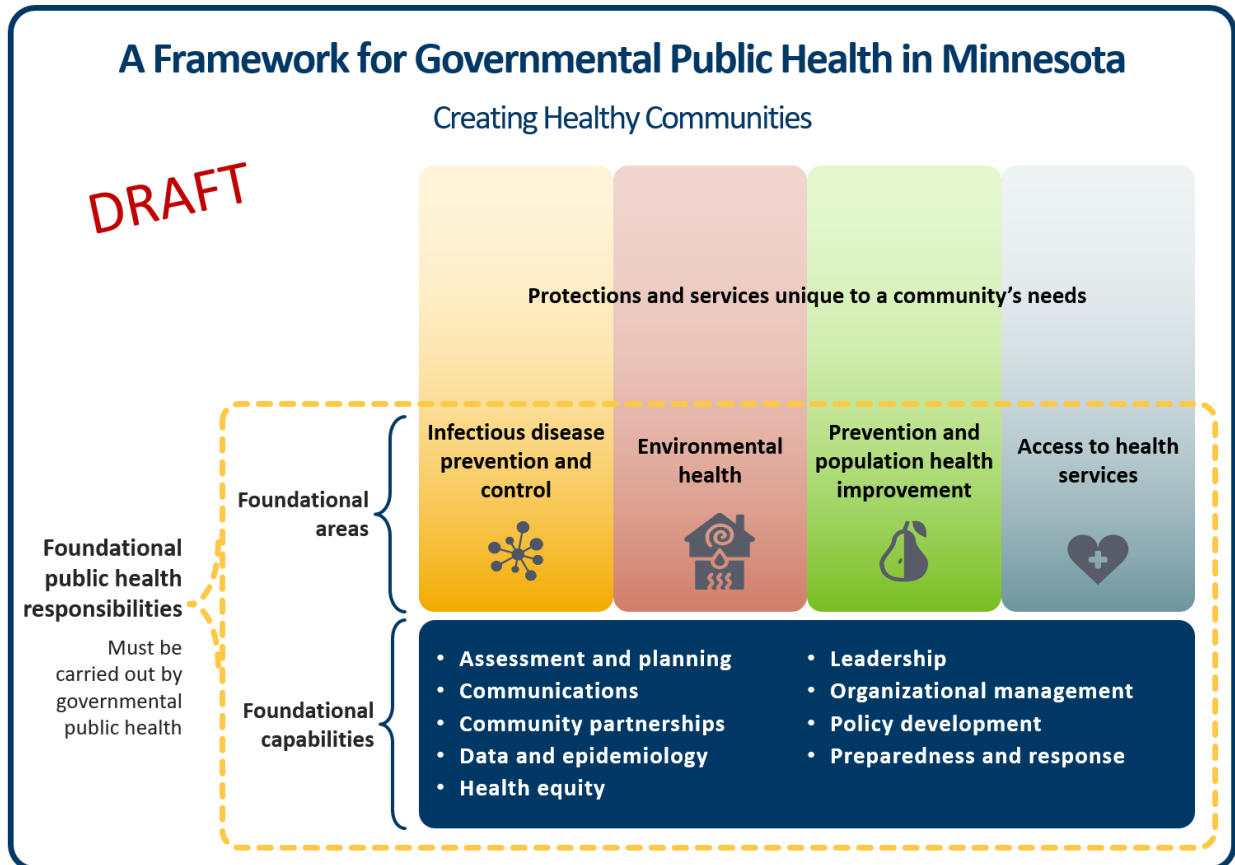
- Define foundational public health responsibilities
- Explore and test new models of delivery
- Adopt a plan for system transformation

With the completion of a framework that outlines the foundational public health responsibilities, we are ready to move into phase two. SCHSAC, along with MDH's Commissioner of Health, acknowledges that it is time to reimagine how we carry out the important work of public health in Minnesota moving forward.

Implementing this framework will not become reality without broad, statewide participation of public health leaders and decision-makers at the state and local level. Next steps include:

- Share the framework and foundational public health responsibilities
- Refine and clarify the foundational public health responsibilities, including roles and expectations
- Establish a leadership council to provide direction for strengthening the public health system
- Identify and test new ways of doing business
- Determine the gap between our current state and the foundational public health responsibilities

- **Foundational capabilities** represent the foundation: All houses need a strong foundation in order for the rest of the house to function properly.
- **Foundational areas** represent the rooms: We expect a house will have a kitchen, bathroom, bedrooms, etc.
- **Protections and services unique to a community's needs** represent the unique needs and decisions of each homeowner, like furniture, paint color, fixtures, etc. They are still very important, but are not the same in every house.



Foundational public health responsibilities

Governmental public health must carry out the foundational public health responsibilities, and the foundational responsibilities must be present in every community across the state in order to efficiently and effectively promote and protect the health of all people in Minnesota.

Foundational capabilities

Foundational capabilities are the knowledge, skills, and abilities needed to successfully implement the basic public health protections key to ensuring the community's health and achieving equitable health outcomes. The foundational capabilities include:

- **Assessment and planning:** The ability to examine the health of the community, identify priorities, and implement a plan to address those priorities
- **Communications:** The ability to reach the public effectively with timely, science-based information
- **Community partnerships:** The ability to connect and align community resources and partners to advance the health of all members of the community

- **Data and epidemiology:** The ability to track the health of a community through data, case-finding, and laboratory tests, with particular attention to those most at risk
- **Health equity:** The ability to identify and respond to health inequities to assure the highest level of health for all populations through policies, programs, and strategies that respond to cultural factors affecting health
- **Leadership:** The ability to lead internal and external stakeholders to consensus and action
- **Organizational management:** The ability to apply business practices that assure efficient use of resources, achieve desired outcomes, and foster a continuous learning environment
- **Policy development:** The ability to translate public health science into appropriate policy and regulation
- **Preparedness and response:** The capacity to respond to emergencies of all kinds—from natural disasters to bioterrorist attacks

Foundational areas

Foundational areas are those basic public health, topic-specific responsibilities aimed at improving the health of people and communities. The foundational areas include:

- **Infectious disease prevention and control:** Preventing and controlling the spread of infectious disease, and assuring that everyone is protected from infectious disease threats
- **Environmental health:** Preventing and reducing exposure to environmental hazards, and supporting healthier built and natural environments
- **Prevention and population health improvement:** Preventing harm and improving health across the lifespan through policy, systems, and environmental change
- **Access to health services:** Working as an active partner with medical, oral, and behavioral health care to improve health care quality, reduce health care costs, and improve population health

Protections and services unique to a community’s needs

There are many protections and services beyond the foundational public health responsibilities that are crucial to achieving population health goals. These protections and services are critical to a specific community’s health. This work is very important, but unique to a given community. These can be provided at the state and/or local level by governmental public health or other partners.

Example: Foundational public health responsibilities, protections and services unique to a community’s needs

Foundational public health responsibilities	Unique protections and services
Governmental public health promotes immunizations to prevent the spread of disease in all communities. This is a foundational public health service.	There are many resources within the community where citizens can receive immunizations. Therefore, governmental public health may not need to provide this service. In a community without ample providers, it may be important and valuable for public health to provide this unique protection or service.
Governmental public health is responsible for monitoring the rates and locations of radon in homes. Governmental public health is also responsible for providing accurate information to citizens about the dangers of radon and radon exposure.	Providing radon test kits to citizens is not a foundational public health responsibility. In areas where radon is prevalent, governmental public health may provide radon kits and testing as a unique protection or service.

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Foundational public health responsibilities	Unique protections and services
<p>Governmental public health must know data and emerging trends related to maternal and child health in the community—such as infant mortality rates, rates of disparity in birth outcomes, infant mortality and child health, and other indicators of the health of mothers and children.</p>	<p>Providing home visiting services to at-risk families is not a foundational public health responsibility. While vital and important to communities, there may be other providers in the community that are able to provide family home visiting services. In many communities, the only provider of this unique protection or service is governmental public health.</p>
<p>Governmental public health is responsible for knowing the demographics of people receiving WIC services, knowing where WIC services are available, and knowing if there are enough providers of WIC services to meet the community’s needs.</p>	<p>In communities where there are no agencies available to provide WIC services, it is important for public health to do so. In some communities there may be providers who are able to provide this cost-effective, evidence-based prevention service, and there may be no need for public health to serve as a WIC provider.</p>
<p>Governmental public health is responsible for knowing the youth smoking rates in communities and providing information to state and local policy makers about the impact of policies such as raising the tobacco age on youth smoking and the long-term health implications.</p>	<p>Compliance check of local tobacco retailers may be provided by governmental public health, but could be provided by local law enforcement. Local public health may provide the unique protection or service of providing smoking cessation classes, but there may be other providers of this service in the community.</p>
<p>Governmental public health is responsible for working with hospitals, clinics, and other health system partners to identify services that are needed in the community to meet the health care needs of the elderly, mentally ill, or disabled.</p>	<p>Other providers in the community (hospitals, home care agencies) can provide home care services to the elderly, mentally ill, or disabled. In places where other providers are not available, public health may provide this unique protection or service.</p>
<p>Governmental public health must conduct an assessment of the health of their communities and the state. The significant impact of opioid use on the overall health of the community is identified through the assessment process.</p>	<p>Governmental public health is not responsible for treating people with addiction. Opioid treatment services may be available in area hospitals or treatment programs. Governmental public health would work with local stakeholders to know about the availability of those services.</p>
<p>Governmental public health must know the rates of measles in their communities and in the state. Governmental public health is responsible for conducting disease investigations to find the source of the outbreak, and providing accurate information to the community on preventing further spread.</p>	<p>Providing medical treatment to a child with measles is not a governmental foundational public health responsibility.</p>

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