

Meeting notes: Foundational Public Health Responsibility Workgroup

DATE: 2.5.25

ATTENDANCE

Members present:

Liz Auch (SW), Jodi Lien (WC), Jeff Brown (Metro), Gabriel McNeal (Metro), Kiza Olson (SC), Joanne Erspamer (NE), Mary Navara (MDH), Sagar Chowdhury (SE), Katherine Mackedanz (Central), and Sarah Reese (NW), and Ann Zukoski (MDH)

Participants present:

Kim Milbrath (MDH), Heather Myhre (MDH)

Workgroup staff:

Ann March

Linda Kopecky

Purpose

Review first set of draft definitions

Decisions made

No formal decisions made.

Soft endorsement by the majority for a couple terms and definitions (“provide” and “address”). Formal decision will be forthcoming when all terms for shared understanding are voted upon. See notes below.

Soft endorsement by the majority for the criteria to clarify foundational. Formal decision will be forthcoming. See notes below.

Action items for members

- Respond to scheduling polls for small working groups.
- Share talking points with groups you represent as applicable.
- Next meeting: March 5, 2025, 8:30 – 10:00 a.m.

Talking points

- Notes from the FPHR meetings will be posted on the SCHSAC workgroup webpage: [Standing and active SCHSAC workgroups - MN Dept. of Health \(state.mn.us\)](#)
- The workgroup continues to unpack terms for shared understanding. This month conversation focused around the term “population-based” and revisiting the term “assure”.
- Small working groups continue to meet and have been focused on ensuring categories reflect foundational work in Minnesota, and describing how the categories are operationalized.

Meeting notes

Terms and Criteria

Soft endorsement by the majority for the following terms and definitions. Formal decision will be forthcoming when all terms for shared understanding are voted upon.

- **Provide** as responsibility to do something [implies a duty to offer concrete resources or actions directly]
- **(to) Address** as giving attention with/without direct action [recognizing and potentially facilitating action needed but not implying direct action by the person or agency addressing it]

Workgroup wants to continue considerations for the term “assure”. Staff were asked to check in with legal for more information about how that term is interpreted in law.

Workgroup reviewed and discussed the definition of “population-based”, developed based on input they provided. Updates will be made to reflect the changes discussed.

Soft endorsement by the majority for the following criteria to clarify foundational. Formal decision will be forthcoming. Staff shared some tools under development using these criteria to distinguish foundational from community-specific work.

- **System-wide Impact:** Foundational work is aimed at improving or maintaining the public health system as a whole rather than addressing specific programmatic or individual needs. It involves systemic functions like surveillance, assessment, and ensuring core public health infrastructure.
- **Mandated work:** Foundational includes work mandated by state or federal law. For example, mandated aspects of infectious disease work (e.g., tuberculosis) could align with foundational responsibilities, but direct individual services may not unless mandated by state or federal law.
- **Universal Applicability Across Jurisdictions:** Foundational responsibilities are consistent across regions and throughout the state, though the methods of funding, implementation, and roles and responsibilities to carry out functions might vary. For example, inspections and oversight to protect food is foundational, yet in some places it is the role of MDH and in some places it is the role of local public health through delegation agreements.
- **Focus on Capacity Building and Relationships:** Foundational work emphasizes building, maintaining, or improving public health capacity and relationships.
- **Focus on population health:** Population-based work is important criteria for deciding if an activity is foundational. Program work directly with individuals is not foundational if it doesn't meet one of the above criteria, but there might be work aspects of direct service work that is

foundational. Example: In family home visiting, creating new partnerships or referral systems to support the program is foundational, while 1:1 interactions with clients would not be.

Review of Draft Definitions

The workgroup reviewed and discussed draft definitions for Organizational Competencies, developed by a small working group of workgroup members and subject matter experts. Feedback from the workgroup will be brought back to the small working group for edits.

Small Working Groups Update

Small working groups of workgroup members and subject matter experts continue to meet. Almost all meetings have been scheduled. Overall, the workgroups are making substantial progress by condensing, aligning, and clarifying activities, while recognizing areas needing further discussion and refinement. They are identifying terms that need shared understanding, which will be brought back to the full workgroup.