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Public Health System Development in Minnesota

Report to the Legislature
March 2019

Public Health Systems Development in Minnesota: Report to the Legislature

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Introduction

This report on the state of Minnesota's local public health system has been published every two years since 1992. The statute that requires this report calls for it to update on how the state's public health system is meeting its responsibility to deliver core public health activities to the people of Minnesota.

In the last report we noted the following challenges to Minnesota's local public health system, including emerging/reemerging threats to the public's health (e.g., vaccine preventable diseases, TB, opioid epidemic), and disparities in local health department capacity and performance.

To address these challenges, the 2017 report made a number of recommendations:

- Increase investment in core public health activities at the local level;
- Undertake additional study to better understand and develop solutions to address the capacity disparities;
- Address performance disparities in the system by:
  - Clarifying the minimum expectations of local health departments;
  - Clarifying roles between the state and local health departments for public health activities;
  - Defining what is needed to create a 21st century public health system.

In this year's report we will provide an update on the current state of Minnesota's local public health system, describe our progress in addressing the above recommendations, and share our plans for future action and ongoing improvement.

Current state of the system

In fall 2017, 100% of local health departments in Minnesota participated in a self-assessment of their ability to carry out a minimum set of expectations. This point-in-time assessment showed that statewide, local public health does not meet these minimum expectations. The stark findings of this capacity assessment were not entirely surprising. Many local public health leaders have been sharing concerns and anecdotes for many years (including the 2017 legislative report). In summary:

- The majority of Minnesota's local public health departments reported they could not carry out several core activities. The largest gaps related to data, collaboration, workforce, and social factors that create health.
- No single activity was carried out by 100% of departments.
- Most departments reported they could fully carry out only about half of the activities.
- A handful of departments reported they could fully carry out most activities, but indicated their strong performance was tenuous and came at high cost (e.g., working extra hours and not attending to other priorities).

- The lowest-ability health departments rated consistently low across all activities, generally resided in rural, and were more likely to be organized within a hospital setting or a human services agency. The lowest-ability departments disproportionately serve small communities, and collectively serve 19 percent of the state's population.

Local health departments most commonly cited inadequate funding and staffing as barriers to higher performance, and staff expertise and board/leadership support as assets. Many departments reported working creatively to maximize resources and meet expectations (e.g., through cross-jurisdictional sharing, partnerships, re-structuring, or by relying on the Minnesota Department of Health).

Taken together, these findings paint a precarious picture of local public health in Minnesota. Communities served by departments that are unable to carry out core activities may be more vulnerable in the event of outbreaks, emergencies, and other emerging public health issues (for example, the opioid crisis). These departments may also rely more heavily on the MDH; adding burden to the state agency and its limited resources. Moreover, if local public health departments in Minnesota cannot cover the basics, it is doubtful they can modernize into a forward-looking, high-performing system.

Progress since the last biennial report

In October 2017, the State Community Health Services Advisory Committee (SCHSAC)[1] convened a Strengthening Public Health in Minnesota Workgroup. This group included stakeholders from both inside and outside public health to identify, examine and recommend a set of promising strategies to assure that: 1) basic local public health activities are in place in all parts of Minnesota; and 2) Minnesota's public health system is evolving to meet modern community health issues.

The result of the workgroup was a set of observations, priority actions and future directions that echo the recommendations of the 2017 Health Systems Development Report.

Workgroup Observations

Each of these observations is complex and has a number of factors that contribute to fully understanding the issues facing Minnesota's public health system.

- Minnesota's governmental public health system has served us well, but much has changed since it was established in 1976.
- The current partnership between MDH and local public health is a major strength of Minnesota's governmental public health system. SCHSAC is an integral aspect of the partnership.

[1] The State Community Health Services Advisory Committee, or SCHSAC, advises the health commissioner and provides guidance on community health services in Minnesota. SCHSAC recommendations influence public health policy, guidelines, and practice throughout Minnesota. Membership consists of one representative from each of Minnesota's community health boards.

- Tribal health departments are an important part of Minnesota's governmental public health system, but are not always considered or fully included.
- Basic public health responsibilities must be carried out in all parts of Minnesota in order to protect and promote the health of the public and prevent disease an injury. However, a number of local health departments do not and cannot realistically carry them out. Further clarification of those responsibilities is both needed and desired.
- Funding for public health is largely categorical and has very limited flexibility.
- The community health board has responsibility for public health in their jurisdiction. To be successful in governing, they must engage a diverse set of individuals and groups including communities and elected officials at all levels.
- It is the role of the community health services (CHS) administrator to be the lead local public health official. Currently, they face many challenges in carrying out this role successfully.
- Public health departments across the state face significant workforce challenges.

Priority Actions

Workgroup members recognize that traditional approaches to improvement alone will not work – system transformation is needed. This transformation will require us to look towards the future, challenge existing assumptions and answer hard questions about where we want to be and how we will get there. The work begins with the two priority actions:

- **Priority Action 1:** Clarify the basic public health responsibilities for Minnesota and identify new ways to carry them out.
- **Priority Action 2:** Take steps to align public health funding and resources with local needs.

From there we can develop a roadmap for system transformation. Steps toward this remaking of the governmental public health system are now underway and are outlined below.

Plans for the biennium

The following lays out a high-level work plan for accomplishing Priority Action 1 and Priority Action 2 (above). The work plan includes three phases:

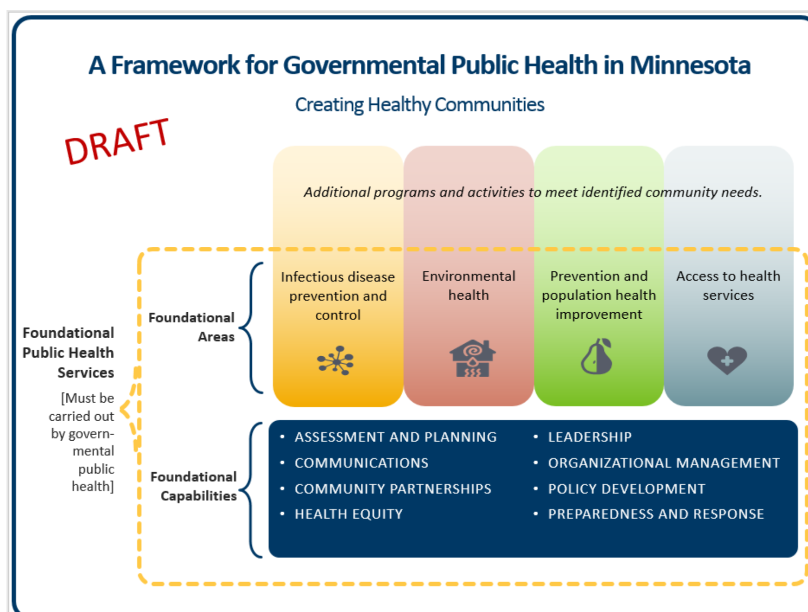
Phase 1: Define basic public health responsibilities for governmental public health in Minnesota (ongoing to early 2019)

A group of technical experts from state and local public health have been working toward the adoption of a set of basic public health responsibilities (foundational public health services) for

governmental (state and local) public health in Minnesota. Work has included consulting with other states that have done this work, coordinating with existing SCHSAC workgroups and adopting language that works for Minnesota. Once these basic responsibilities are adopted, SCHSAC can move into Phase 2.

Some accomplishments of the technical group, to date, include:

- **Defining the foundational public health services for Minnesota.** Foundational Areas and Foundational Capabilities define a comprehensive set of programs and skills for public health. Taken together, these represent the Foundational Public Health Services needed by governmental public health in Minnesota.
  - *Foundational Areas* are topic-specific, core activities and basic protections that we expect to be in place across the state. Examples include: conducting outbreak investigations of infectious diseases; supporting the enforcement of laws and regulations that protect the public (restaurant inspections, well testing); implementing prevention and health promotion policies; providing data and information to support health planning.
  - *Foundational Capabilities* are cross-cutting knowledge and skills that are needed to successfully carryout the work of public health. Examples include: ability to activate the emergency response personnel during an incident that has an impact on the public's health; ability to lead stakeholders to action and to serve as the voice of governmental public health; ability to maintain a competent, diverse workforce; ability to have proper systems in place protect important health information.
- **Developing a framework for governmental public health in Minnesota**. This model illustrates how the Foundational Areas and Foundational Capabilities work together. This model also recognizes that health departments do a lot of important work to meet the specific needs of their community but are not things that must be in place everywhere.



Phase 2: Explore and test new models for funding, carrying out and monitoring the basic public health responsibilities in Minnesota (Spring 2019)

Once the foundational public health services have been adopted, SCHSAC, state and local health officials, and community health boards can explore models for carrying out and funding basic public health responsibilities. Work during this phase will include exploration of options like tiers and cross-jurisdictional sharing; examining what activities are best carried out locally and what activities are best carried out more centrally; and exploring financing options. This phase of work is about asking hard questions, challenging our assumptions and reimagining "how" public health is done in Minnesota. Once these various models or options are further understood, decisions can be made about how to move the state and local governmental system forward.

Phase 3: Develop and implement a long-range strategic plan for the ongoing transformation of Minnesota's governmental public health system (Fall 2019)

Transformation of Minnesota's governmental public health system will take time. This phase of work is about adopting and implementing a planned, phased approach for moving forward and reaching our new vision of "what" and "how." The work of this phase will include determining if transformation should occur in some areas before others, what sources of funding are necessary to support governmental public health, and selecting measures of success and accountability. This phase will also examine any necessary changes to Minnesota's public health statues to implement a future governmental public health system that assures all Minnesotans have access to quality public health services, regardless of where they live.

Conclusion

Minnesota's state-local public health system has attempted to address many of these issues outlined in this report through various workgroups over the past 10 years. The recommendations of these workgroups have been sound, but they do not address underlying issues plaguing the governmental public health system, such as funding, capacity disparities and clarity on who – *whether MDH or local public health departments* - is responsible for particular public health activities.

Many of the challenges discussed in the 2017 report remain. However, this current focus on Strengthening Minnesota's Public Health System highlights that we, as a public health system, agree on the challenges and the path for improvement. Our focus has changed from trying to shore up the old system to "system transformation."

As we more clearly define the foundational public health services, we will be better able to identify what resources are need to address gaps and fully transform Minnesota's governmental public health system.