

21st Century Public Health System Transformation

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Association of Minnesota Counties

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SCHSAC Retreat, October 2022

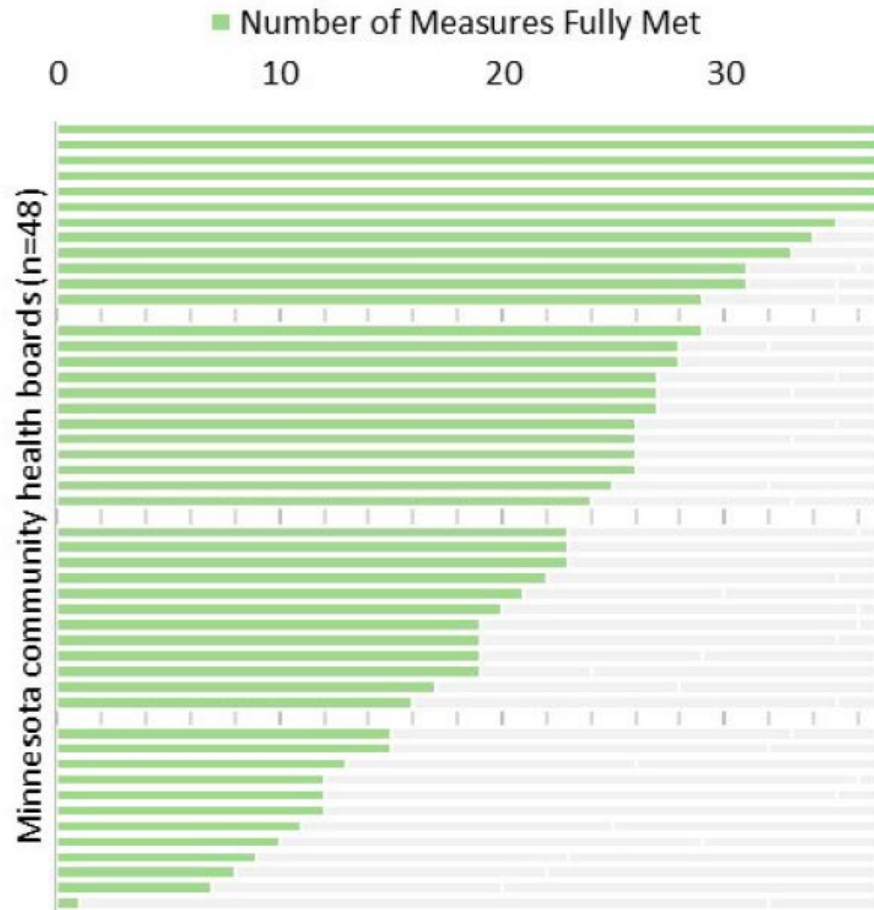


Context and Background

- ▶ Current structure of the system established in 1970s, and largely not revisited since.
- ▶ Over time, eroding funding, emerging health threats, widening health inequities, workforce challenges, and the need for new skills and capabilities has left Minnesota communities at risk.
- ▶ Widely varying public health capacity across the state of Minnesota.

Public Health Capacity Varies Across the State

Variation in Capacity



Each row represents a community health board.

Green = The number of performance measures a community health board can “fully meet”



Next Steps for Strengthening Minnesota's Public Health System

Public health is changing and the state and local partnership needs to adapt and prepare for that change. I look forward to working with you and SCHSAC as these recommended next steps are implemented. Thank you for the excellent work.

Sincerely,

Jan K. Malcolm
Commissioner

Define Basic
Public Health
Responsibilities

Explore and
Test New
Models

Adopt a Plan
for System
Transformation

A Framework for Governmental Public Health in Minnesota

Creating Healthy Communities

DRAFT

Protections and services unique to a community's needs

Foundational public health responsibilities

Must be carried out by governmental public health

Foundational areas

Infectious disease prevention and control



Environmental health



Prevention and population health improvement



Access to health services



Foundational capabilities

- Assessment and planning
- Communications
- Community partnerships
- Data and epidemiology
- Health equity
- Leadership
- Organizational management
- Policy development
- Preparedness and response

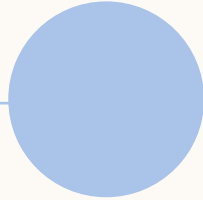


Goals of 21st Century Public Health Work in Minnesota

- ▶ Build capacity and improve performance of Minnesota's statewide public health system (state and local)
- ▶ Create an equitable system so all Minnesotans have access to a strong base of public health services in their community, regardless of where they live
- ▶ Build a greater partnership - we are stronger together
- ▶ Build a structure to share power and decision making
- ▶ Establish a core leadership team to guide the work

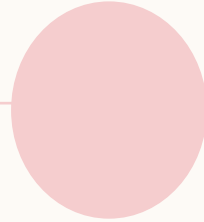


Joint Leadership Team



SCHSAC Representatives

- Comm. Sheila Kiscaden (Olmsted Co. & SCHSAC Chair)
- Comm. Tarryl Clark (Stearns Co. & SCHSAC Vice Chair)
- Comm. Steve Gardner (Kandiyohi Co.)
- Comm. Jim McDonough (Ramsey Co.)



LPHA Representatives

- Sarah Grosshuesch, (Wright Co. & LPHA Chair)
- Maggie Rothstein (Aitkin-Itasca-Koochiching CHB & Incoming Chair)
- Sarah Reese (Polk-Norman-Mahnomen CHB & Immediate Past Chair)
- Kari Oldfield-Tabbert (LPHA Director)



MDH Representatives

- Commissioner Jan Malcolm
- Assistant Commissioner Mary Manning
- Chelsie Huntley (Division Director, Community Health)
- Kim Milbrath (Director, Center for Public Health Practice)

Draft Vision Statement

“We envision co-creating a public health system in which state, local and tribal public health agencies work together as a system to share information and make timely strategic decisions through shared power. This system will help Minnesotans be healthy regardless of where they live.”



2021 Investments in Minnesota's Public Health System

- ▶ \$7 million/year increase to the Local Public Health Grant (base funding)
- ▶ \$500,000/year increase to Tribal Health Grants (base funding)
- ▶ \$6 million/year in new Public Health Infrastructure Funds
- ▶ \$1.5 million new Minnesota Department of Health funding for public health system assessment and oversight

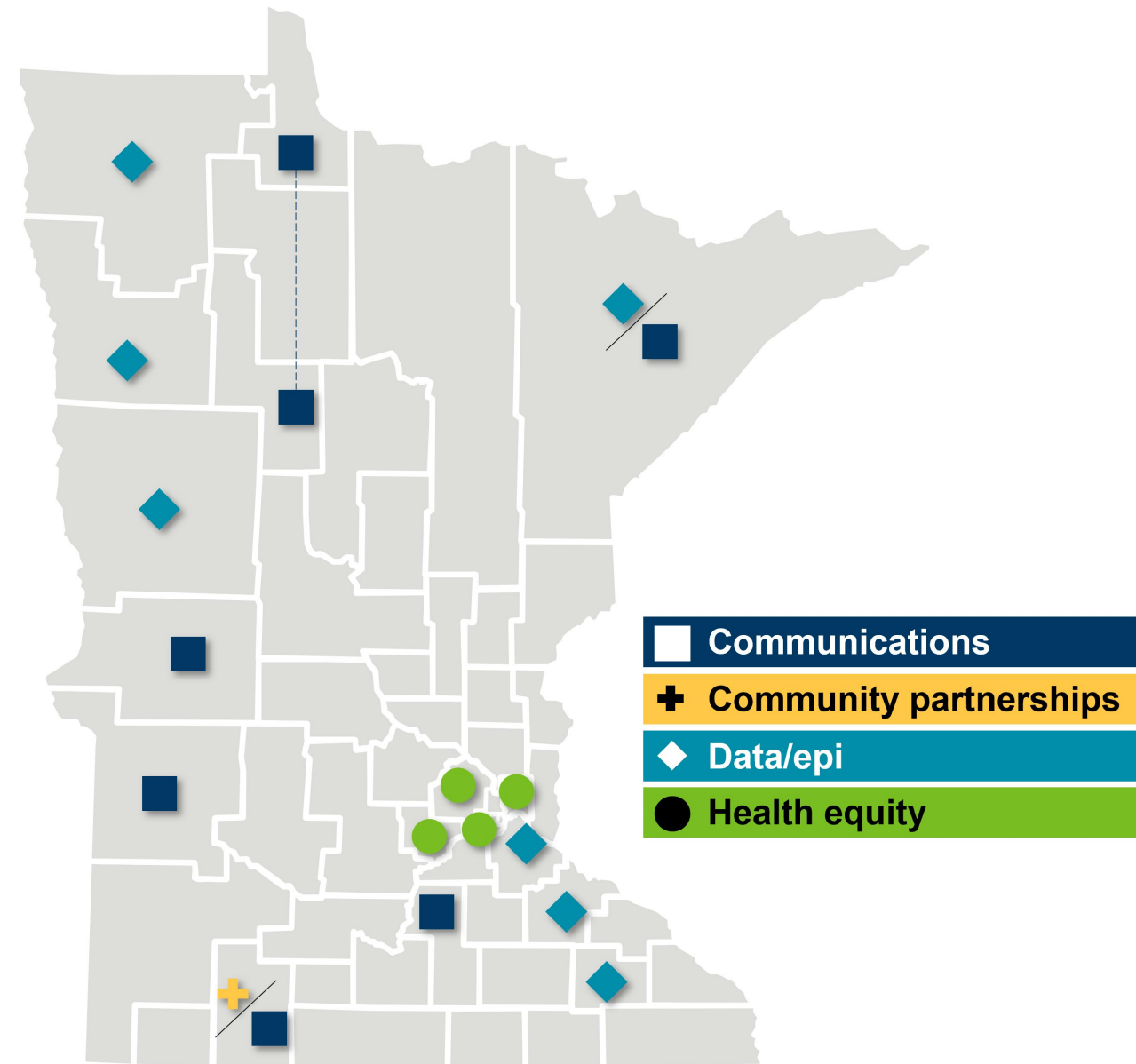
Cost & Capacity Assessment

- Local public health agencies across the state and MDH completed an in-depth assessment of the current capacity of public health services in Minnesota and the cost to fully deliver those services in MN.
- UMN to compile data that will be submitted for a required 2023 report to the legislature.
- Data gathered will inform legislative report due to the legislature in early 2023.
- Information gathered will also inform decisions on funding requests in the 2023 session.

Infrastructure Fund awarded projects, 2022

Infrastructure & Innovation Projects

- ▶ SCHSAC, LPH and MDH representatives selected grantees to test innovative projects across the state
- ▶ 16 projects funded for 2 years (with extension possible)
- ▶ Funded through \$6 million/year appropriation in 2021



Next Steps

- ▶ Tribes will have concurrent conversations on building public health infrastructure
- ▶ Additional conversations about improving and addressing data-related challenges that impact local public health
- ▶ Public health system change assessment
- ▶ Message research for communicating about public health
- ▶ Expansion of core leadership team
- ▶ Legislative session asks

Questions? Contact us!

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