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Disease Prevention and Control Common Activities Framework

**State Community Health Services
Advisory Committee**

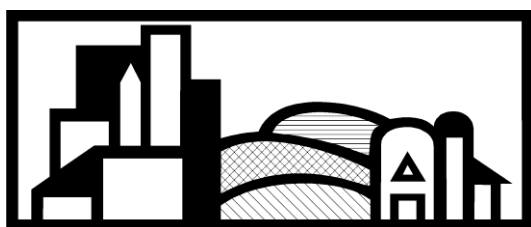
Reapproved July 2015

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Developed Nov. 1999; Rev. Nov. 2001; Rev. Feb. 2003; Rev. Oct. 2012



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Introduction and Preamble



DP&C Common Activities Framework

Preamble developed May 17, 2011, Revised October 3, 2012

Fundamental Public Health Responsibility

Controlling communicable diseases is perhaps the oldest and most fundamental public health responsibility. For decades, it was the primary responsibility of local Boards of Health and, in fact, the main reason for their creation.

In Minnesota, it is a statutory mandate of local boards of health to control communicable diseases in their jurisdiction. Minn. Stat. § 145A.04, subd. 6, outlines those required responsibilities for local Boards of Health by stating, “A board of health shall make investigations and reports and obey instructions on the control of communicable diseases as the commissioner may direct under section [144.12](#), [145A.06, subd. 2](#), or [145A.07](#). Boards of health must cooperate so far as practicable to act together to prevent and control epidemic diseases.”

The Disease Prevention and Control Common Activities Framework, first approved by SCHSAC in 1998, is the foundation for local public health providing disease surveillance, prevention and control resources and services as mandated by Minn. Stat. § 145A, the Local Public Health Act.

Its intent is to provide structure for the infectious disease prevention and control (DP&C) activities of detecting acute and communicable diseases, for developing and implementing prevention of disease transmission, and for implementing control measures during outbreaks. It sets out the minimum roles and expectations for both local public health agencies and the Minnesota Department of Health to meet this mandate.

Minimum Set of DP&C Activities

While intended to allow for flexibility and varied capacity to address communicable disease problems, such broad direction from the statute requires some structure that better defines the respective roles of state and local public health.

Clearly, both the Minnesota Department of Health (MDH) and local Boards of Health have assumed a shared responsibility for conducting public health activities and the intent of the Framework is to provide this needed clarity. (See “History” for more information.)

This Framework lays out a minimum set of DP&C activities that are to be carried out by all local public health agencies and MDH. These activities are to be reflected in state and local community health service (CHS) planning efforts. Those agencies that are currently unable to carry out these activities are expected to strive to reach this minimum level of service.

Agreement of Responsibilities

The Framework specifies that:

- All local public health agencies will provide disease surveillance, prevention and control for tuberculosis (TB) with support from the Minnesota Department of Health as needed

- Responsibilities for all other infectious diseases follow-up will be determined jointly by the local public health agency and staff from the Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division, Minnesota Department of Health, as necessary based on local capacity and other factors
- This Framework also lists disease prevention and control activities that are conducted jointly by MDH and local public health agencies
- The Framework provides suggested activities for clinics/health system partners.

Minnesota Department of Health activities listed in the Framework are to be implemented by MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division staff in support of local public health agency DP&C activities.

Each local public health agency will assign a staff person(s) the responsibility for assuring that all disease surveillance, prevention and control activities as stated in the DP&C Common Activities Framework, and pursuant to Minn. Stat. § 145A, are being performed.

Regional DP&C teams, comprised of local public health staff and MDH field epidemiologists, support the work of the Disease Prevention and Control Common Activities Framework and will hold their members accountable for implementing and maintaining the Framework.

Alignment with National Standards

In the fall of 2011, the national voluntary public health accreditation program began. MDH as well as some CHBs are striving to become accredited in the next few years. As this is an important document used in planning disease prevention and control activities for both CHBs and MDH, it was determined that it should be examined and, if needed, aligned with the voluntary national accreditation standards.

In May 2012, SCHSAC created the DP&C Common Activities Framework Ad Hoc Review Group to complete this work. The group proposed a revised Framework and a set of recommendations that were adopted by SCHSAC on October 3, 2012. See *Appendix E: Recommendations* for more information.

The two recommendations most relevant to meeting the national standards:

- **Recommendation 2:** Amend the annual Assurances and Agreements, beginning in 2013, to formalize the agreement of responsibilities outlined in the DP&C Common Activities Framework, so the framework can be used by MDH and local public health agencies to meet accreditation requirements of the Public Health Accreditation Board.
- **Recommendation 7:** The State Community Health Services Advisory Committee (SCHSAC) will convene a workgroup to review the Disease Prevention and Control Common Activities Framework at least every five years to keep the Framework up-to-date and relevant for the work of MDH and local public health.

Framework



DP&C Common Activities Framework

DESIGNATED STAFF ROLES FOR ALL DP&C ACTIVITIES

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>1. DP&C Coordinator: Each local public health agency will assign a staff person(s) the responsibility of assuring that all infectious disease surveillance, prevention, and control activities as stated in the DP&C Common Activities Framework, and pursuant to Minn. Stat. § 145A, are being performed.</p> <p>The DP&C Coordinator role will assure:</p> <ul style="list-style-type: none"> a) Surveillance activities, and b) Response to Infectious Disease, and c) Maintain their contact information in the Workspace. 	<p>Jointly assure training and current guidelines relating to infectious disease are available to staff who are assigned this role:</p> <ul style="list-style-type: none"> a) Update the roles listed in Workspace to include all designated staff roles for DP&C included in the Framework b) Maintain a current list of contact staff for infectious diseases using Workspace. c) Notification of change in infectious disease contact staff to be provided to each other on a timely basis. 	<p>MDH will assure district epidemiologists and/or other MDH staff are available for consultation and training on Framework activities.</p>	<p>Identify and communicate to local LPH/CHS, a person in the clinic/system as liaison between clinic and LPH/CHS agency. Update the information in Workspace.</p>

DESIGNATED STAFF ROLES FOR ALL DP&C ACTIVITIES

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>2. Assure local staff is responsible for disease surveillance activities.</p> <p>Staff will:</p> <ul style="list-style-type: none"> a) Enter contact information into Workspace b) Submit electronic reporting including MEDSS; c) Maintain current lists of all providers within jurisdiction; d) Assure reporting rules, report cards and MDH toll free reporting phone number (1-877-676-5414) are available to all medical clinics and laboratories, and hospitals; e) Respond to inquiries from reporting sources; and f) Forward any reports of cases or suspect cases to MDH. 	<p>Jointly review data to identify reporting needs and mechanisms.</p>	<p>MDH will assure district epidemiologists and/or other MDH staff are available for consultation and training on Framework activities.</p>	<p>Assure staff is responsible for disease surveillance activities, including but not limited to reporting.</p>

DESIGNATED STAFF ROLES FOR ALL DP&C ACTIVITIES

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>3. Designate staff within the LPH/CHS agency to assure infectious disease responsibilities for</p> <ul style="list-style-type: none"> a) TB b) STD/HIV c) Vaccine-preventable disease surveillance d) Refugee health e) Flu f) IPI visits g) Foodborne/vector borne diseases h) Perinatal Hep B i) Other diseases as deemed necessary by MDH and LPH/CHS. 	<p>Jointly assure training and current guidelines relating to infectious disease are available to staff who are assigned these responsibilities:</p> <ul style="list-style-type: none"> a) Update the roles listed in Workspace to include all designated staff roles for DP&C included in the Framework and any additional roles deemed necessary by MDH and LPH/CHS. b) Maintain a current list of contact staff for infectious diseases using Workspace. c) Notification of change in infectious disease contact staff to be provided to each other on a timely basis. 	<p>Provide LPH/CHS agencies with a list of minimum expectations for the designated LPH/CHS contact persons.</p>	<p>Identify and communicate to local LPH/CHS, a person in the clinic/system as liaison between clinic and LPH/CHS agency. Update the information when appropriate in Workspace.</p>

DISEASE SURVEILLANCE / DATA COLLECTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>1. Promote provider compliance of infectious disease reporting pursuant to Minnesota Reporting Rules Chapter 4605.</p> <p>a) Disseminate guidelines to local providers (e.g., vaccine schedules and recommendations; STD/HIV prevention, testing, and treatment including perinatal; TB prevention, diagnosis, and treatment; food-and waterborne illness).</p>	<p>Promote provider compliance of infectious disease reporting, pursuant to Minnesota Reporting Rules Chapter 4605.</p> <p>a) Jointly conduct training programs and provide consultation for reporting sources regarding issues related to reporting and surveillance systems.</p>	<p>Provide and maintain a centralized statewide infectious disease surveillance system that monitors incidence, demographics, and other appropriate characteristics. Maintain both active and passive surveillance:</p> <p>a) Develop and distribute reporting materials (i.e., rules, report cards, toll-free phone numbers); and</p> <p>b) Provide and maintain current information and resources on surveillance</p> <p>c) Provide leadership and resources for the design, development and implementation of electronic reporting capacity.</p>	<p>Assure infectious diseases are reported to MDH as identified in MN Reporting Rules Chapter 4605.</p> <p>a) Designate who within the provider facility will be responsible for reporting diseases.</p>
<p>2. Share surveillance data with providers at least annually.</p> <p>a) Review surveillance data with staff.</p> <p>b) Identify any local barriers to the reporting process; and</p> <p>c) Assess LPH/CHS program effectiveness.</p> <p>d) May also share data with other interested parties (e.g., CHS board, health advisory board, local legislators),</p>	<p>Jointly review data to determine if additional strategies are needed to stimulate improved reporting.</p> <p>a) Involve the MIIC regional coordinator</p>	<p>Surveillance data are sent at least annually or as requested:</p> <p>a) where applicable, EFS staff will evaluate regional surveillance data and present to regional directors via local public health association (LPHA) or other regional meetings; and</p>	<p>Review surveillance data with LPH/CHS agency and with providers in system.</p> <p>a) identify gaps and barriers to reporting</p> <p>b) work with LPH/CHS agency and MDH to improve reporting</p> <p>c) monitor reporting compliance in provider system</p>

DISEASE SURVEILLANCE / DATA COLLECTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>3. Assess immunization coverage levels:</p> <ul style="list-style-type: none"> a) assess immunization levels in public health clinics, if appropriate, and encourage and support private clinic assessment using MIIC; and b) Share state and local immunization reports with schools, policy makers, providers, regional coordinators, and others such as daycare providers. c) assess gaps and barriers to age-appropriate immunizations as warranted by local immunization coverage data 	<p>Work together with the MIIC Regional Coordinators to interpret and disseminate immunization data for providers using MIIC registry data.</p>	<p>Maintain a statewide system to determine immunization rates that can identify pockets of need.</p> <ul style="list-style-type: none"> a) Disseminate data to the LPH/CHS agency and providers; and also b) provide consultation and training on interpretation and use of data to meet statewide immunization goals. 	<p>Review statewide and local immunization rates</p> <ul style="list-style-type: none"> a) assess client immunization status with each clinic encounter b) review and act on local and clinic specific immunization coverage reports.
<p>4. Assess adherence to immunization practice standards (i.e., Advisory Committee on Immunization Practices recommended schedules) and provide consultation, as needed.</p>	<p>Jointly develop standards and protocols to evaluate and improve immunization practices in private and public clinics. Use data to assess common practice and address barriers to age-appropriate immunizations.</p>	<p>Develop, maintain, and promote standards and protocols for clinic immunization assessment.</p> <ul style="list-style-type: none"> a) Also provide appropriate information to guide providers to assess adherence to immunization practice standards and provide consultation as needed. 	<p>Annually assess adherence to immunization practice standards within the community and provider system.</p> <ul style="list-style-type: none"> a) Collaborate with LPH/CHS to assess practice or parental barriers in community and provider systems

DISEASE SURVEILLANCE / DATA COLLECTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
5. Assess health needs of the population living in the LPH/CHS jurisdiction related to infectious diseases.	Work together to identify health issues and health care access barriers of the population. Provide information and tools to private providers for infectious disease screening.	Assess health needs and access to health care of the population; disseminate information to LPH/CHS agencies.	Collect and provide data to local public health and MDH relating to the population a) work with LPH/CHS agencies to assess specific health issues and barriers of the population utilizing providers in community
6. Review current DP&C literature related to incidence of disease, barriers to health care and other needs of the public and disenfranchised from the health care delivery system.	<i>Intentionally left blank</i>	Review current DP&C literature related to incidence of disease, barriers to health care and other needs of the public and disenfranchised from the health care delivery system.	Review current DP&C literature related to incidence of disease, barriers to health care and other needs of the public and disenfranchised from the health care delivery system.

DISEASE SURVEILLANCE / DATA COLLECTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>8. Collaborate on special studies, as warranted, to better understand epidemiology of infectious diseases.</p> <p>a) Identify and/or recruit surveillance sites upon request.</p>	<p>Assess effectiveness of prevention programs and provide results to others, as needed.</p>	<p>Conduct special studies to better understand epidemiology of infectious diseases, effectiveness of prevention programs, and provide results to others, as needed.</p> <p>a) Provide information about these studies to LPH/CHS agencies and provide technical assistance to enhance their ability to interpret the data. These studies could relate to barriers, needs, and outcomes of local populations, such as:</p> <p>b) studies to ascertain behavior of populations at-risk for HIV/STDs, service needs for HIV-infected people, availability of community resources, and prevention programs;</p> <p>c) studies that help define needs of specific populations related to health improvement (e.g., immunization barrier studies); and any additional studies, as supported by community assessment.</p>	<p>Collaborate on special studies, as warranted, to better understand epidemiology of infectious diseases.</p> <p>a) Identify and/or recruit surveillance sites upon request.</p>

DISEASE SURVEILLANCE / DATA COLLECTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
9. Review the environmental health program activities related to food- and waterborne diseases and other infectious diseases with environmental etiology. Communicate surveillance data to the MDH.	Share information about infectious diseases with environmental etiology with appropriate environmental health program	Provide epidemiology support when needed. Communicate surveillance data to appropriate MDH sections. Provide training to environmental health program, as needed.	Assure providers are aware of disease etiology of water and foodborne disease a) report food or waterborne related disease identified in practice to MDH.

DISEASE PREVENTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>1. Maintain current MDH and CDC infectious disease recommendations and protocols.</p> <p>a) develop policies and plans (e.g. All-Hazards, Pandemic) to assure capacity to respond to cases of infectious disease (MN Rule 4605).</p> <p>b) disseminate guidelines to local providers</p>	<p>Jointly develop statewide guidelines and assure training is available to LPH/CHS agencies and providers.</p>	<p>Assure statewide guidelines are developed based on epidemiologic data for the prevention of specific diseases (e.g., Lyme disease, TB, HIV/STDs, and vaccine-preventable diseases) and disseminate such guidelines to CHS agencies, private providers, MDH-funded grant programs, and others:</p> <p>a) review national guidelines on specific diseases and disseminate;</p> <p>b) maintain toll-free telephone numbers for reporting and consultation (immunization, foodborne disease, and acute disease epidemiology hotlines); and</p> <p>c) maintain current, shareable culturally appropriate resources and strategies on web site (www.health.state.mn.us) for the public</p>	<p>Adopt appropriate prevention guidelines received from LPH/CHS and/or MDH relating to infectious diseases.</p>
<p>2. Develop and implement screening and referral strategies for high-risk groups when indicated and clinically appropriate.</p>	<p>Jointly assure that the population receive appropriate screening, diagnosis, and therapy for diseases (e.g., TB), as needed.</p>	<p>Maintain statewide prevention programs that identify priorities and objectives for short- and long-term control of infectious diseases in Minnesota.</p>	<p>Screen high-risk patients for infectious diseases when indicated and clinically appropriate;</p> <p>a) follow CDC recommended treatment guidelines (e.g. antibiotic stewardship and treatment of latent TB infection)</p>

DISEASE PREVENTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>3. Assure vaccines for immunizations are available, viable and properly administered.</p> <p>Establish and manage public immunization clinics, as needed, based on population-based assessment data. Follow best practice vaccine management standards.</p> <p>a) Participate in annual IPI Advisor training.</p> <p>b) Perform MnVFC site visits with MnVFC providers.</p>	<p>Jointly assure that MnVFC providers receive MnVFC site visits to assure immunizations are available, viable, properly administered and providers adhere to best practice standards.</p> <p>Assure professional and consumer education materials are used by providers and meet the information needs of patients.</p>	<p>Maintain a statewide vaccine distribution system for MnVFC providers. Develop and distribute vaccine management standards (MnVFC Policy and Procedure Manual), VISs in all relevant languages, and no-cost professional and consumer materials.</p> <p>State will conduct MnVFC site for local public health and others as needed.</p> <p>Provide training and resources to IPI Advisors to assure IPI standards are met via the MnVFC.</p>	<p>Assure vaccines are available, viable and properly administered by meeting the requirements of the MnVFC program and best practice standards.</p> <p>Participate in MnVFC program.</p>
<p>4. Maintain and provide consumer education information based on community needs to the public and:</p> <p>a) develop local community education programs;</p> <p>b) maintain current lists of local providers and resources for people infected with STD/HIV; and</p> <p>c) develop a communication plan for infectious disease issues</p> <p>d) maintain ability receive and forward health alert information to local health care providers and others, as needed.</p>	<p>Jointly identify local consumer education needs, and develop culturally and linguistically appropriate resources and strategies for the public and media.</p>	<p>Develop and/or identify resources and strategies that can be used by LPH/CHS agencies in community education programs related to the prevention and control of disease.</p>	<p>Implement patient education programs, such as hand washing instructions, and prevention programs, such as flu vaccinations.</p> <p>a) Use culturally and linguistically appropriate resources for the public and media</p> <p>b) participate in local consumer disease education programs with LPH/CHS and the community</p> <p>c) Participate in local immunization information system activities</p>

DISEASE PREVENTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>5. Collaborate regionally on infectious disease prevention efforts:</p> <p>a) identify staff that need training;</p> <p>b) LPH/CHS agencies in a region will exchange information on infectious disease prevention and control activities on a regular basis; and</p> <p>c) maintain contact with regional and state MIIC registry contacts.</p> <p>d) Assure immunization responsibilities are maintained</p>	<p>Support regional planning activities and participate in regional DP&C team meetings.</p> <p>The regional DP&C teams will meet at least twice a year to support the work of the Disease Prevention and Control Common Activities Framework.</p> <ul style="list-style-type: none"> • MDH field epidemiologists together with local public health staff in each region should decide how to meet (by phone or in person) and how often meetings occur. • Participating in these regional meetings is necessary and expected for local public health staff and MDH regional field epidemiologists. 	<p>Provide regional training and consultation on infectious disease prevention issues.</p> <p>Assure regional DP&C meetings are held with LPH to share information and to review and revise the CAF at least every 5 years and to recommend training, distribution and technical assistance on CAF</p>	<p>Collaborate with regional public health DP&C planning efforts and activities. Participate in public health training opportunities in DP&C issues as appropriate.</p> <p>Participate in MIIC registry.</p>

DISEASE PREVENTION

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>6. Follow the Health Alert Network (HAN) operational guidelines from MDH, including to:</p> <ul style="list-style-type: none"> a) Receive and promptly acknowledge any Health Alert Network message sent by MDH. b) Review MDH HAN messages in a timely way, adding additional information of local relevance as appropriate, and forwarding the message to local HAN recipients. c) Serve as an information resource to local HAN recipients in response to HAN messages. d) Assure the capacity to initiate a HAN 	<p>Continually evaluate and improve the effectiveness of the Health Alert Network (HAN).</p> <ul style="list-style-type: none"> a) Maintain and coordinate distribution lists of appropriate local recipients of HAN messages. b) Continuously monitor the accuracy of the distribution list, response rate and time. 	<p>Maintain an effective Health Alert Network (HAN) that meets federal requirements and local needs.</p> <ul style="list-style-type: none"> a) Update and disseminate HAN operational guidelines for local agencies. b) Route all urgent and time sensitive messages to LPH through the Health Alert Network. c) Maintain HAN database. d) Maintain public and secure Web site of current health threat information. e) Review CDC health alerts and when appropriate add Minnesota specific information and forward on to local HAN contacts. 	<p>Develop internal communication systems to distribute information received via the Health Alert Network</p> <p>Maintain database (Workspace).</p>

DISEASE CONTROL

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>1. Assist and/or conduct investigations on infectious diseases in collaboration with the MDH and/or refer information related to cases and suspect cases to the MDH.</p>	<p>Jointly identify the lead agency and conduct epidemiological investigations of cases and suspect case of infectious diseases including when there is a potential for an outbreak. This will be done in order to better understand the epidemiology of specific diseases and may include:</p> <ul style="list-style-type: none"> a) public education and outreach programs; b) informing the public and providers about disease control recommendations; c) special clinics for immunizing, treating, or screening people at-risk of disease; d) procedures that limit access to sources of disease (e.g., closing restaurants and/or day care facilities, recommending quarantine); and e) manage the response including outreach, media, etc. f) co-coordinating investigations with environmental health staff. g) clarify roles of those involved in the investigation of an outbreak; and h) For infectious diseases with environmental etiology, coordinate the investigation with the appropriate environmental health agency and assure communication throughout the investigation. 	<p>Provide technical assistance in conducting disease case and outbreak investigations and special studies (e.g., specify epidemiologic methods) or conduct investigations based on joint determination of needs and LPH capacity. Make recommendations for the control of infectious diseases that may include:</p> <ul style="list-style-type: none"> a) notifying LPH/CHS agencies, environmental health, and providers of outbreaks and potential outbreaks; b) assuring providers understand and implement control procedures (such as screening for enteric pathogens/treating people at-risk); c) providing training on outbreak investigations to environmental health programs, as needed; and d) investigating and doing appropriate follow-up on cases of infectious disease 	<p>Support local disease investigations by:</p> <ul style="list-style-type: none"> a) collecting specimens b) providing medical diagnostic evaluation, as needed c) providing treatment and immunization of client populations at risk of or with disease d) assisting with education or control activities

DISEASE CONTROL

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
2. In outbreak situations conduct mass or targeted immunization clinics, arranging for staffing, training, emergency supplies, and other logistical needs.	Jointly assure staffing, supplies, training, etc. are in place for a targeted or mass immunization clinic.	Assure overall coordination exists for outbreak management and control in vaccine-preventable disease outbreak situations, including mass or targeted immunization clinics. Provide adequate vaccines, antibiotics, and prophylaxis if available. Advocate for state funding, if needed	Work closely with local and state public health in understanding and managing an outbreak. Assist with public information efforts
3. Proactively implement local disease control programs, as indicated, from local surveillance data and trends. These programs should then be part of the Framework and included as part of the LPH/CHS Plan.	Work together to provide accurate and timely public communications so that community members understand the risks and preventive actions to be taken. Local providers will be involved.	Develop statewide guidelines based on statewide epidemiologic data for the control of disease and disseminate such guidelines to LPH/CHS agencies, private providers, MDH-funded grant programs, and others.	Collaborate with MDH and LPH/CHS in implementation of disease control programs a) screen clients according to appropriate guidelines
4. LPH/CHS agencies will work with the local emergency management agency and others to develop and maintain a local Emergency Management Plan.	As identified through surveillance, with input from local providers, jointly develop programs to control disease and other health conditions at the local level. Develop and implement policies and protocols for public health outbreak response activities, including media responses.	Implement statewide public health outbreak response protocols (such as pandemic flu and foodborne disease) as a part of the statewide Emergency Management Plan and train county agencies in coordination with the Department of Emergency Management.	Participate with LPH/CHS and MDH in developing and implementing of public health emergency response plans a) Identify internal emergency plan for responding to public health emergencies

DISEASE CONTROL

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
5. Maintain provisions for 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	<i>Intentionally left blank</i>	Maintain provisions for 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	Maintain a contact person and provisions for 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards

TUBERCULOSIS (SUBSECTION OF DISEASE CONTROL)

All LPH/CHS responsible for assuring follow-up for all active and latent TB cases in their jurisdiction.

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
1. Designate staff within the LPH/CHS agency to perform TB control responsibilities.	Jointly assure training and current guidelines relating to TB are available to staff with TB responsibilities Provide each other with current lists of contact staff for TB.	Provide LPH/CHS agencies with a list of minimum expectations for a TB nurse case manager (e.g., contact investigation, TB nurse case management, DOT or other supervision of therapy.	Identify and communicate to local LPH/CHS, a person in the clinic/system as liaison between clinic and LPH/CHS agency. Update the information when appropriate.

TUBERCULOSIS (SUBSECTION OF DISEASE CONTROL)

All LPH/CHS responsible for assuring follow-up for all active and latent TB cases in their jurisdiction.

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>2. Assess health needs of populations living in the LPH/CHS jurisdiction:</p> <p>Assure that immigrants and refugees with overseas chest x-ray findings consistent with possible active TB (i.e., TB Class B1 conditions) receive medical evaluation and follow-up, as needed, after arrival in the LPH/CHS jurisdiction. Report results of evaluations to MDH.</p>	<p>Work together to identify health issues and health care access barriers of population. Provide information and tools to private providers for TB screening.</p>	<p>Assess health needs and access to health care of persons with TB and disseminate information to LPH/CHS agencies.</p> <p>Notify LPH/CHS agencies of all immigrants and refugees with TB Class B1 conditions who designate the LPH/CHS jurisdiction as their destination.</p> <p>Provide technical assistance to LPH/CHS agencies and providers regarding medical evaluation protocols for individuals with TB class B1 conditions.</p> <p>Maintain a database with information on the evaluation and treatment of Class B1 immigrants and refugees; provide summary data to LPH/CHS agencies and providers, as needed.</p>	<p>Collect and provide data to local public health and MDH relating to individuals and populations with TB</p> <p>a) work with LPH/CHS agencies to assess specific health issues and barriers to utilizing providers in community</p>

TUBERCULOSIS (SUBSECTION OF DISEASE CONTROL)

All LPH/CHS responsible for assuring follow-up for all active and latent TB cases in their jurisdiction.

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>3. Assure 100% of persons with TB disease in LPH/CHS jurisdiction complete TB treatment by providing nurse case management and directly observed therapy (DOT) or other treatment supervision according to CDC/MDH standards.</p> <p>Assure that infectious TB patients residing in the LPH/CHS jurisdiction adhere to appropriate infection control precautions. Notify MDH of individuals who will not adhere to precautions.</p> <p>Notify MDH or LPH/CHS agency of patients who are non-adherent to TB treatment.</p> <p>Notify MDH and refer treatment supervision and case management to another state or county if patient leaves jurisdiction before treatment is completed;</p>	<p>Jointly assure that 100% of active TB cases receive TB nurse case management services and complete therapy.</p>	<p>Notify LPH/CHS agencies of all newly-reported TB cases in their jurisdiction.</p> <p>Provide technical assistance to assure TB case management and treatment:</p> <ul style="list-style-type: none"> a) collect data on treatment and clinical status of all patients with TB disease from CHS agencies and private providers, and maintain a database containing this current information; b) monitor location and treatment status of persons with TB disease statewide and notify CHS agencies of patients in their jurisdiction; c) assure medication is available, without cost, to all persons with active TB statewide; and d) pursue and implement actions pursuant to the TB Health Threat Act, as needed, in order to ensure completion of adequate treatment for potentially infectious TB patients who do not adhere to prescribed therapy and do not respond to less restrictive means. e) Make recommendations to LPH/CHS agencies and providers for improvement of TB case management, as needed, based on analysis of case data. 	<p>Report TB disease per MN statute.</p> <ul style="list-style-type: none"> a) cooperate with local public health and MDH to assure appropriate treatment is initiated and completed for all TB cases and suspected cases , and that patients receive ongoing medical evaluation throughout their course of treatment following current CDC guidelines b) notify MDH or LPH/CHS agency of patients with TB disease who are non-adherent to TB treatment

TUBERCULOSIS (SUBSECTION OF DISEASE CONTROL)

All LPH/CHS responsible for assuring follow-up for all active and latent TB cases in their jurisdiction.

LPH/CHS Agency Activities	MDH and LPH/CHS Agency Collaborative Activities	MDH Activities	Clinic/Health System Activities
<p>4. Conduct contact investigations on infectious TB patients in the LPH/CHS jurisdiction and report results to MDH. Notify other jurisdictions of contacts residing in those jurisdictions (i.e., MN counties). Evaluate and follow-up on contacts to cases that occur in other jurisdictions and who reside in the LPH/CHS jurisdiction and report results to those jurisdictions.</p>	<p>Develop and implement policies and protocols to respond to TB outbreaks.</p>	<p>Provide technical assistance to LPH/CHS agencies to assure a thorough contact investigation is conducted for each infectious TB case.</p> <ul style="list-style-type: none"> a) Collect data on contact follow-up investigations from LPH/CHS agencies and maintain a database on these investigations; make recommendations for improvement of contact follow-up, as needed, based on data generated. Make interstate referrals, as needed, for contacts residing outside of Minnesota. b) Provide technical assistance to local providers on evaluation and treatment protocols for contacts to infectious TB. c) Assure medication is available statewide, without cost, to contacts with latent TB infection. d) Act as lead agency to coordinate response to multi-county or multi-state outbreaks of TB. 	<p>Cooperate with local public health to assure contacts of infectious TB cases are identified, located and evaluated. Assist to assure contacts with latent tuberculosis infections are treated with an adequate course of therapy.</p>

Appendix A: Glossary of Key Terms



Disease Prevention and Control Common Activities Framework

For additional information, visit the Minnesota Department of Health website at www.health.state.mn.us

Advisory Committee on Immunization Practices (ACIP) is a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States. The recommendations stand as public health advice that will lead to a reduction in the incidence of vaccine preventable diseases and an increase in the safe use of vaccines and related biological products. ACIP was established by the CDC under Section 222 of the Public Health Service Act (42 U.S.C. § 217a) and is governed by its charter.

District Epidemiologists, aka Field Services Epidemiologists: Minnesota Department of Health epidemiologists who work closely with local public health to provide advice, guidance, and perform disease investigations as necessary. See the MDH website for a map of districts.

Directly Observed Therapy (DOT) is a treatment method for tuberculosis. A health care worker brings medicine to a patient, watches the patient take it and assesses for side effects.

Health Alert Network (HAN): When an event threatens the health of Minnesotans, fast, efficient, and reliable communication to those responding to the event can prevent illness and save lives. Minnesota's Health Alert Network enables public health staff, tribal governments, health care providers, emergency workers, and others working to protect the public to exchange information during a disease outbreak, environmental threat, natural disaster, or act of terrorism.

Immunization Practices Improvement (IPI) Program is a component of the Immunization Program at the Minnesota Department of Health. IPI merges key aspects of the overall immunization program at the provider level: vaccine management, vaccine accountability, and clinical immunization practices. The IPI Program Advisor, participates in the IPI Program and conducts site visits to the clinics in their area.

Infectious Disease: refers to diseases that spread from person to person, also referred to as “communicable” diseases. As used in the DP&C Common Activities Framework, it also includes reportable diseases, which may or may not be infectious. By law, a number of infectious diseases must be reported to the Minnesota Department of Health pursuant to Minnesota Reporting Rules Chapter 4605.

Latent TB Infection (LTBI) is the latent or inactive phase of infection with tuberculosis (TB) bacteria. A person with LTBI has small amounts of TB bacteria present in the body, has no TB-related symptoms or chest x-ray findings, and is not able to transmit TB to others.

Local Epidemiology Network of Minnesota (LENM): The purpose of LENM is to enhance Disease Prevention & Control (DP&C) activities and services within Minnesota's local health departments, with a primary focus on infectious diseases. LENM membership is open to all Minnesota local health departments; MDH district epidemiologists are ad-hoc members. A record of agency membership is contained on the MDH Workspace.

LPH/CHS Agency: Local public health agency or community health services agencies are operated by Community Health Boards, but may be housed in a variety of organizational and governance structures. For example, the agency may be a stand-alone health department or be part of a larger health and human services structure.

Minnesota Electronic Disease Surveillance System (MEDSS): MEDSS is an electronic disease surveillance system that allows public health officials to receive, manage, process, and analyze disease-related data. MEDSS offers new tools for automatic disease reporting, case investigations, and case follow-up within the state of Minnesota. It is an integrative system allowing easy sharing and connecting among MDH, physicians and local public health. The system is not fully operational as of September 2012.

Minnesota Immunization Information Connection (MIIC): MIIC is a network of regional immunization services—health care providers, public health agencies, health plans, and schools working together to prevent disease and improve immunization levels. These services combine high quality immunization delivery with public health assessment and outreach to help ensure children and adults are protected against vaccine-preventable diseases. These regional services use a confidential, computerized information system that contains shared immunization records. This information system—also known as an immunization registry—provides clinics, schools, and parents with secure, accurate, and up-to-date immunization data, no matter where the shots were given.

Minnesota Vaccines for Children Program (MnVFC) is an enhanced version of the federally funded Vaccines for Children (VFC) program. Its goal is to ensure affordable vaccines for all children within their own clinics

Regional DP&C Teams: The Regional DP&C Teams will meet at least twice a year to support the work of the Disease Prevention and Control Common Activities Framework. MDH field epidemiologists together with local public health staff in each region should decide how to meet (by phone or in person) and how often meetings occur. Participating in these regional meetings is necessary and expected for local public health staff and MDH regional field epidemiologists. Currently, the Local Epidemiology Network of Minnesota (LENM) functions as the metro regional team, although its membership is not limited to the metro.

Tuberculosis (TB) is a serious disease caused by *Mycobacterium tuberculosis*. Active TB disease most often affects the lungs, but can involve any part of the body. TB is transmitted through the air; extended close contact with someone with infectious TB disease is typically required for TB to spread. The MDH TB Prevention and Control Program collaborates with clinicians and local health departments to ensure that persons with TB receive effective and timely treatment and that contact investigations are performed to minimize the spread of TB.

TB Health Threat Act: Minn. Stat § 144.4801 to 144.4813 (2011); This statute provides the authority to commit a person who has active tuberculosis or is clinically suspected of having active tuberculosis and is an endangerment to the public health because of refusal or inability to adhere to treatment and/or isolation precautions. The statute states that a licensed health professional must report to the commissioner or a disease prevention officer within 24 hours of obtaining knowledge of a reportable person as specified in subdivision 3, unless the licensed health professional is aware that the facts causing the person to be a reportable person have previously been reported.

Workspace: MDH Workspace is a password protected portal used by MDH staff, local health departments (LHDs), and other emergency preparedness and response partners for planning and response work. The MDH

Workspace is the repository for the Health Alert Network messaging tools, a public health directory of health responders to emergencies, and a document library.

Appendix B: Using the Framework for Accreditation



Disease Prevention and Control Common Activities Framework

The Disease Prevention and Control Common Activities Framework may serve as one piece of documentation to demonstrate a local public health agency's fulfillment of some of the national public health accreditation standards and measures.

- The following table lists possible uses of the Framework.
- It is up to the agency applying for accreditation to determine if and when the Common Activities Framework should be submitted to PHAB as documentation.
- Contact the MDH Public Health Nurse Consultants with questions about accreditation. The Minnesota Department of Health supports local public health agencies in their efforts to meet the measures and is willing to provide additional documentation on disease prevention and control responsibilities if needed.

“The accountability for meeting the measures rests with the health department being reviewed for accreditation...Therefore, even when the state has the primary responsibility to perform a function that is specified in a measure, the local health must still provide documentation that it is being performed. The local health department cannot dismiss its accountability for meeting the measure, even if the state health department is performing the function.”

Excerpt from PHAB National Public Health Department Accreditation Documentation Guidance, Version 1.0

Using the Common Activities Framework as PHAB documentation may require the submission of additional documents to fully meet the measure. These three documents are an example.

1. **Disease Prevention and Control Common Activities Framework:** Assigns responsibilities for specific services and activities related to Disease Prevention, Surveillance/Data Collection, and Control to local public health and the state health department. It assures access to services provided by others.
2. **Assurances and Agreements:** Formalizes the agreement of responsibility in the Common Activities Framework between Community Health Boards and the Minnesota Department of Health. This signed, annual agreement is supplemental to the five-year Master Grant Contracts. You may request copies from the Community and Family Health Division, MDH.
3. **Other:** Documentation that the function specified in the measure was performed.

Local Public Health: Meeting the PHAB Measures

Consider using the DP&C Common Activities Framework to demonstrate the **assignment of responsibilities** or **access to services provided by others** for these PHAB Measures (Version 1.0) related to disease prevention and control activities:

1.2.1 A	Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards
2.1.1 A	Maintain protocols for investigation process
2.1.2 T/L	Demonstrate capacity to conduct an investigation of an infectious or communicable disease
2.1.4 A	Work collaboratively through established governmental and community partnerships on investigations of reportable/disease outbreaks and environmental public health issues Includes: Provision for laboratory testing for notifiable/reportable diseases
2.3.1 A	Maintain provisions for 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards
2.4.1 A	Maintain written protocols for urgent 24/7 communications
6.2.3 A	Provide information or education to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws
10.2.2 A	Maintain access to expertise to analyze current research and its public health implications
12.1.2 A	Maintain current operational definitions and/or statements of the public health governing entity's roles and responsibilities

Appendix C: History of the DP&C Common Activities Framework



Disease Prevention and Control Common Activities Framework

Background

Infectious disease prevention and control (DP&C) includes activities of detecting acute and communicable diseases, developing and implementing prevention of disease transmission, and implementing control measures during outbreaks. Controlling communicable diseases is perhaps the oldest and most fundamental public health responsibility. For decades, it was the primary responsibility of local Boards of Health and, in fact, the main reason for their creation. Yet, the Local Public Health Act (§145A) and the Department of Health Act (§144) are ambiguous about respective state and local authorities for conducting disease prevention and control activities.

Subdivision 6 of the Local Public Health Act states, A board of health shall make investigations and reports and obey instructions on the control of communicable diseases as the commissioner may direct under section 144.12, 145A.06, subd. 2, or 145A.07. Boards of health must cooperate so far as practicable to act together to prevent and control epidemics.

Note that this is a requirement of local boards of health whether or not they form a Community Health Board and receive the CHS subsidy.

While intended to allow for flexibility and varied capacity to address communicable disease problems, such broad direction leaves ambiguity and uncertainty about the respective roles of state and local public health. Clearly, both the Minnesota Department of Health (MDH) and local Boards of Health have assumed a shared responsibility for conducting public health activities.

In 1989, the MDH DP&C Division and the State Community Health Services Advisory Committee (SCHSAC) formed a workgroup to review roles and responsibilities for conducting DP&C activities at the state and local levels. The outcome was a DP&C cooperative agreement that formalized some of MDH relationships with local public health.

Communicable DP&C Common Activities Framework

In 1996, another SCHSAC workgroup was formed, which abolished the old agreement and redefined expected roles and responsibilities for DP&C. The final report of the workgroup was released in 1998. This report, which was approved by SCHSAC, set standards for DP&C activities to be carried out at the state and local levels as contained in the initial version of the Communicable DP&C Framework of Common Activities. **This Framework lays out a minimum set of DP&C activities that are to be carried out by all local public health agencies and MDH.** These activities are to be reflected in state and local community health service (CHS) planning efforts. Those agencies that are currently unable to carry out these activities are expected to strive to reach this level. MDH activities listed in the Framework are to be implemented by MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division staff in support of local public health agency DP&C activities.

The 1998 version of the Framework also listed suggested activities for private health care providers and health plans in support of DP&C public health efforts. The Framework as revised (May 2001) focuses on local public health agency and MDH DP&C activities.

The Framework may be used as the foundation for a DP&C work plan for both MDH and local public health agencies. Yet to be determined is how local public health and MDH can measure their progress in maintaining and improving DP&C activities as contained in the Framework.

DP&C Leadership Team

Another recommendation to enhance the partnership between state and local public health for disease prevention and control that was made by the SCHSAC workgroup in the 1998 report was to create a DP&C Leadership Team.

This Team was comprised of members representing regional and job specific categories from local public health agencies, a representative from each of the sections within the IDEPC Division, as well as a representative from the MDH Community Health Services Division. The DP&C Leadership Team meetings were intended to provide an ongoing forum for the review and discussion of how DP&C activities are implemented at the state and local level. The Team met about five times a year. One co-chair represented local public health; the other co-chair represented MDH.

The DP&C Leadership Team revised the Communicable DP&C Framework of Common Activities in February 2003, in preparation for the development of local public health 2004-2007 CHS Plans. The DP&C Leadership Team disbanded in 2006 per the Team's own recommendations.

Alignment with National Standards

In the fall of 2011, the national voluntary accreditation program began. MDH as well as some CHBs are striving to become accredited in the next few years. As this is an important document used in planning disease prevention and control activities for both CHBs and MDH, it was determined that it should be examined and if needed aligned with the voluntary national accreditation standards. In May 2012, SCHSAC created the DP&C Common Activities Framework Ad Hoc Review Group to complete this work. The group proposed a revised Framework and a set of recommendations that were adopted by SCHSAC on October 3, 2012.

Appendix D: 2012 SCHSAC Ad Hoc Group



Disease Prevention and Control Common Activities Framework

Charge

The SCHSAC DP&C Common Activities Ad Hoc Review Group will:

- Review the activities in the DP&C Common Activities framework.
- Examine the National Public Health Accreditation Standards.
- Align the Framework with the national accreditation standards.
- Make recommendations for distribution, training and technical assistance.

Background

Infectious disease prevention and control (DP&C) includes activities of detecting acute and communicable diseases, developing and implementing prevention of disease transmission, and implementing control measures during outbreaks. Controlling communicable diseases is perhaps the oldest and most fundamental public health responsibility. Yet, the Local Public Health Act (Chapter 145A) and the Department of Health Act (Chapter 144) are ambiguous about respective state and local authorities for conducting disease prevention and control activities.

In 1989, the MDH DP&C Division and SCHSAC formed a workgroup to review roles and responsibilities for conducting disease prevention and control activities at the state and local levels. The outcome was a disease prevention and control cooperative agreement that formalized some of MDH relationships with local public health.

In 1996, another SCHSAC workgroup was formed, which abolished the old agreement and redefined expected roles and responsibilities for disease prevention and control. The final report of the workgroup was approved and released in 1998. This report set standards for disease prevention and control activities to be carried out at the state and local levels in the Communicable DP&C Framework of Common Activities. It also listed suggested activities for private health care providers and health plans in support of public health efforts in the areas of disease prevention and control.

This framework lays out a minimum set of disease prevention and control activities that are to be carried out by all local public health agencies and MDH. These activities are to be reflected in state and local community health assessment and planning efforts. Those agencies that are currently unable to carry out these activities are expected to strive to increase their capacities to do so. MDH activities listed in the framework are to be implemented by MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division staff in support of local public health agency disease prevention and control activities. This framework also lists disease prevention and control activities that are conducted jointly by MDH and local public health agencies.

In the fall of 2011, the national voluntary accreditation program began. MDH as well as some CHBs are striving to become accredited in the next few years. As this is an important document, used in planning disease prevention

and control activities for both CHBs and MDH, it should be examined and if needed aligned with the voluntary national accreditation standards.

Methods

A SCHSAC Ad Hoc review group will meet two or three times to review and revise the framework to bring it into alignment with the voluntary national accreditation standards.

Products

A revised and updated version of the framework.

Resources

MDH staff with expertise in disease prevention and control will serve as the primary resource for this work, with assistance from the MDH Office of Performance Improvement.

Membership

Local Public Health

Fred Anderson, Washington County Community Health Board
Renee Frauendienst, Stearns Community Health Board
Gloria Tobias, Countryside Community Health Board

Minnesota Department of Health

Linda Bauck, Office of Performance Improvement
Kris Ehresmann, Infectious Disease Epidemiology, Prevention and Control
Amy Westbrook, Infectious Disease Epidemiology, Prevention and Control
Claudia Miller, Infectious Disease Epidemiology, Prevention and Control
Terry Ristinen, Infectious Disease Epidemiology, Prevention and Control

Minnesota Department of Health Staff to Workgroup

Becky Buhler, Office of Performance Improvement

Appendix E: 2012 Recommendations as Approved by SCHSAC



Disease Prevention and Control Common Activities Framework

Recommendations approved by SCHSAC on October 3, 2012.

Recommendation 1

SCHSAC should reaffirm that the Disease Prevention and Control Common Activities Framework is the foundation for local public health agency providing disease surveillance, prevention and control resources and services as mandated by Minn. Stat. § 145A, the Local Public Health Act.

145A.04 POWERS AND DUTIES OF BOARD OF HEALTH.

Subd. 6. Investigation; reporting and control of communicable diseases. A board of health shall make investigations and reports and obey instructions on the control of communicable diseases as the commissioner may direct under section [144.12](#), [145A.06, subdivision 2](#), or [145A.07](#). Boards of health must cooperate so far as practicable to act together to prevent and control epidemic diseases.

This Framework lays out a minimum set of DP&C activities that are to be carried out by all local public health agencies and MDH. The Framework specifies that:

- All local public health agencies will provide disease surveillance, prevention and control for tuberculosis (TB) with support from MDH.
- Responsibilities for all other infectious diseases follow-up, other than TB, will be determined jointly by the local public health agency and staff from the Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division, Minnesota Department of Health, as necessary based on local capacity and other factors.
- This Framework also lists disease prevention and control activities that are conducted jointly by MDH and local public health agencies

Recommendation 2

MDH should amend the annual Assurances and Agreements, beginning in 2013, to formalize the agreement of responsibilities outlined in the DP&C Common Activities Framework. This formal agreement between partners is a requirement of the Public Health Accreditation Board. It will enable MDH and local public health agencies to use the Framework as accreditation documentation if they choose.

Addition to Assurances and Agreements will state:

The Agency will use the Disease Prevention and Control Common Activities Framework, as adopted by the State Community Health Services Advisory Committee (SCHSAC), as the foundation for providing resources and services in keeping with its responsibilities as set forth in the framework.

Recommendation 3

The Minnesota Department of Health will continue to support and use regional DP&C teams to communicate information between local public health and the Minnesota Department of Health.

The regional DP&C teams will meet at least twice a year to support the work of the Disease Prevention and Control Common Activities Framework.

- MDH field epidemiologists together with local public health staff in each region should decide how to meet (by phone or in person) and how often meetings occur.
- Participating in these regional meetings is necessary and expected for local public health staff and MDH regional field epidemiologists.

Note: Currently, the Local Epidemiology Network of Minnesota (LENM) functions as the metro regional team, although its membership is not limited to the metro.

Recommendation 4

MDH (IDEPC Division) will involve the Local Epidemiologists of Minnesota Network (LEMN), MDH district epidemiologists, the Regional DP&C Teams and appropriate MDH program staff in the development and implementation of the following items related to responsibilities in the DP&C Common Activities Framework:

1. A protocol for active and latent tuberculosis (TB) case management for local public health, and
2. A communications protocol between local public health, the Minnesota Department of Health, and community partners
 - The guidance will include a general description of roles and how to share information through health alerts and with the media.
 - A template intake form for general infectious disease information will be developed.
 - The Workspace will be updated to include all designated staff roles in the DP&C Common Activities Framework.
3. Standard reports that can be produced using MEDSS, when the system is fully operational.

Recommendation 5

Local public health agencies will assure that the responsibilities for disease surveillance, prevention and control activities as stated in the DP&C Common Activities Framework, and pursuant to Minn. Stat. § 145A, are being performed.

The local public health agencies will:

- Assign a staff person(s) the responsibility for assuring that all disease surveillance, prevention and control activities as stated in the DP&C Common Activities Framework, and pursuant to Minn. Stat. § 145A, are being performed.
- Local public health will take responsibility to work with their local clinics and other providers about their suggested responsibilities in the Framework.

Recommendation 6

The Minnesota Department of Health will assure that the responsibilities for disease surveillance, prevention and control activities as stated in the DP&C Common Activities Framework, and pursuant to Minn. Stat. § 145A, are being performed

The Minnesota Department of Health will:

- Include the Framework in orientation for new employees in the Infectious Disease Epidemiology, Prevention and Control Division at MDH and review annually with division staff.
- Request MDH Regional epidemiologists review the Framework annually with local public health leadership and staff and include it in orientation for new leaders.
- Take responsibility to communicate with Health Plans about their suggested responsibilities in the Framework.

Recommendation 7

To keep the Framework up-to-date and relevant for the work of MDH and local public health, The State Community Health Services Advisory Committee (SCHSAC) will:

- Convene a workgroup to review the Disease Prevention and Control Common Activities Framework at least every 5 years due to emerging infectious diseases, changing pressures in the local public health system, and to meet accreditation documentation requirements.
- Ask the SCHSAC Public Health Emergency Preparedness Oversight Group and the MDH Office of Emergency Preparedness to:
 - a. Consider using the Framework as a tool for coordination as emergency preparedness begins to align more with hospitals and other health system partners.
 - b. Provide guidance to local public health on using the Framework to fulfill the Public Health Preparedness Capabilities as described in CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning when necessary.

Appendix F: Framework Reapproved by SCHSAC Executive Committee



Disease Prevention and Control Common Activities Framework

Framework reapproved by SCHSAC Executive Committee on July 15, 2015.

The SCHSAC Executive Committee consists of representatives from each SCHSAC region. Each region also has an alternate to the Executive Committee. The Executive Committee may act in the name of the State Community Health Services Advisory Committee under special circumstances.

On July 8, 2015, SCHSAC Chair Karen Ahmann requested that the SCHSAC Executive Committee consider re-approving the Disease Prevention and Control Common Activities Framework, October 2012. No changes would be made to the existing Framework except an addition to the appendix documenting the re-approval process.

The Disease Prevention and Control Common Activities Framework was last revised in 2012 with the purpose of aligning with the national voluntary public health accreditation standards. At that time, it was thought that a review every five years would meet PHAB documentation needs. According to PHAB, the document needs to be reviewed and approved more frequently, every 24 months. Immediate action by the SCHSAC Executive Committee was necessary to assist Minnesota Community Health Boards currently in the process of seeking voluntary national accreditation.

On July 15, 2015, the SCHSAC Executive Committee reapproved the Disease Prevention and Control Common Activities Framework.

2015 SCHSAC Executive Committee Members

Chair: Karen Ahmann (Polk-Norman-Mahnomen), Northwest Region

Chair-Elect: Doug Huebsch (Partnership4Health), West Central Region

Past Chair: Larry Kittelson (Horizon), West Central Region

Northeast Region

Loren Bergstedt (Carlton-Cook-Lake-St.Louis)

Alt: Betsy Johnson (Aitkin-Itasca-Koochiching)

Northwest Region

Betty Younggren (Quin)

Alt: Helene Kahlstorf (North Country)

West Central Region

Bev Bales (Horizon)

Alt: Don Skarie (Partnership4Health)

Central Region

Susan Morris (Isanti-Mille Lacs)

Alt: Warren Peschl (Benton)

Metro Region

Nancy Schouweiler (Dakota)

Alt: Cynthia Bemis Abrams (Bloomington)

Southeast Region

Marcia Ward (Winona)

Alt: Ted Seifert (Goodhue)

South Central Region

Bill Groskreutz (Faribault-Martin)

Alt: Amy Roggenbuck (LeSueur-Waseca)

Southwest Region

Rosemary Schultz (Des Moines Valley)

Alt: Jenna Wiese (Countryside)