

# Meeting Notes: Foundational Public Health Responsibility Workgroup

**DATE: 7.9.25**

## ATTENDANCE

Members present:

Joanne Erspamer (NE), Jody Lien (WC), Mary Navara (MDH), Katherine Mackedanz (Central), Rod Peterson (SCHSAC), Kiza Olson (SC), Ann Zukoski (MDH), Jeff Brown (Metro), and David Kurtzon (MDH).

Participants present:

Kim Milbrath (MDH), Heather Myhre (MDH)

Workgroup staff:

Ann March

Linda Kopecky

## Purpose

Work on standards

## Decisions made

No formal decisions made

## Action items for members

- LPH workgroup members should be sharing talking points and the regional slides with regions to bring them up to speed on the FPHR workgroup, our charge and process. Ann and Linda are available to support and assist you if you'd like. Once all the definitions are reviewed by the workgroup, they should be brought to your region for feedback for points of clarity, red flags, and reactions.
- Next meeting: August 6, 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 \(state.mn.us\)](https://state.mn.us/schsac)
- Members will be providing information from the workgroup to regions and interested in points of confusion, red flags, or general reactions.

- The group finalized their review of draft definitions. They plan to finalize by August meeting.
- The group continued to explore potential standards (thresholds) by which to demonstrate fulfillment of foundational responsibilities. The FPHR grant cannot be used for community priorities at this time (until standards (thresholds) are developed. The legislative language permits this if a CHB can demonstrate fulfillment of the responsibilities. The task of this workgroup is to make a recommendation of standards (thresholds) by which to measure fulfillment for CHBs who want to spend grant funds outside of foundational work.

## Meeting notes

### Definition Walk

Members had opportunity to comment, clarify, and identify red flags for definition work. Workgroup members should share these in regions to identify any red flags or places where clarification is needed. Members would like to wrap these up soon as they are getting requests for final definitions.

### Standards/Threshold Discussion

The workgroup reviewed discussion from June meeting, where they looked at prioritized standards emerging from small groups and pathway measures from public health accreditation board.

Members are leaning toward not requiring one standard (threshold) per category, in favor of priority standards (thresholds) for each responsibility. Observations/discussion:

- Having one or more for each category would be a lot, since some responsibilities have 8 categories.
- There are likely standards (thresholds) that are important “pre-requisites” for each responsibility to be strong.
- Capabilities are more aligned with the existing pathway measures. There's not a strong or direct connection between pathway measures and the foundational areas.
- Standards tied to areas may be more actionable, while standards tied to organizational competencies or broad capabilities might be too generic or difficult to meet.
- Language clarity and friendliness is important. Suggestions were made to use simpler, more approachable language, for example, phrasing questions like “How do you include equity in decision-making?” instead of rigid requirements. The term “*evidence*” was flagged as potentially confusing or overly formal; “*examples*” or “*documentation*” might be more appropriate.
- Suggestion to embed “evidence” in threshold language for clarity and consistency. There was discussion about whether thresholds should explicitly include examples or types of evidence to avoid varied interpretation.
- Participants emphasized the need for thresholds to be clear, specific, and understandable across different agencies.

#### Proposed Next Steps:

- Combine thresholds, examples/evidence, and aligned pathway measures into a **single view/tool** for each responsibility and area.

- Prepare these materials for the next meeting to support decision-making.

## Feedback Loops

Workgroup members asked to provide updates and gather input with partners.

## Reflections

Members present provided reflections on this work and their experience. Highlights:

- Participants highlighted the co-creation process between MDH and local public health as a unique and valuable aspect of the work.
- Emphasized the shared learning, mutual respect, and partnership across different roles and agencies.
- Acknowledgment that the work may feel slow-moving, but it's important to focus on the long-term impact.
- The approach doesn't need to be perfect immediately—there's room for iteration and improvement over time.
- Despite the complexity, many felt the group had made significant progress.
- Recognition that the final product is coming together well.
- Several members expressed admiration for the collaborative leadership style and the deep engagement of smart, committed people across the system.
- The process has helped participants better understand each other, build trust, and create a sense of shared purpose.
- There's excitement about having something concrete to share with leadership, even if it's not final or fully polished.
- Members agreed the product should be useful, adaptable, and evolving—not perfect or rigid.