

**SCHSAC Assuring Essential Local Public Health Activities
Throughout the State Work Group**

**Essential Local Public Health Activities
Framework**

**Public Health Responsibility:
Assure An Adequate Local Public Health Infrastructure**

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Essential Local Public Health Activities Framework

Public Health Responsibility: Assure An Adequate Local Public Health Infrastructure

Organizational capacity refers to the infrastructure upon which public health activities are built. In order to carry out public health responsibilities, Community Health Boards (CHBs) must have a governance structure and trained culturally competent and culturally sensitive staff. They must have the capacity to monitor the health of the community and identify community health problems (assessment), develop policies and plans to address important health issues (policy development), and make sure that critical public health activities/services are available to community members-- whether or not they actually carry out the activity (assurance). CHBs must meet legal requirements set forth in Minnesota Statute 145A, which is the statute that establishes Minnesota's system of local public health. Finally, participation in this local public health infrastructure must consider tribal government input and collaboration.

Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure

| Essential Local Activities <ul style="list-style-type: none"> ▪ See Appendix D for list ▪ Numbers listed below correspond with appropriate essential local activities | Ten Essential Services <ul style="list-style-type: none"> ▪ Developed at the national level ▪ See Appendix E for list ▪ Numbers listed below correspond with appropriate essential service | Statutory References <ul style="list-style-type: none"> ▪ Must = legislative requirement ▪ May = legislative permission ▪ See Appendices A and F for brief descriptions | MDH Contributing Activities <ul style="list-style-type: none"> ▪ What has to happen at MDH in order for the activity to occur at the local level | Examples From Local Public Health |
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| <p>IN1. Maintain a local governance structure for public health, consistent with state statutes.</p> | | <p>MS 145A.03 subd.1, Establishment and organization (must) MS 144.05, General duties of Commissioner (must)</p> | <ul style="list-style-type: none"> - With SCHSAC and/or other advisory groups, develop statewide guidelines, standards, rules and/or proposed legislative language, as needed to support an effective local public health system. - Provide the administrative and program support required to implement governance responsibilities, guidelines, standards and rules. - Provide consultation and technical assistance on issues related to local governance and system development and maintenance. - Routinely update the Community Health Services Administration Handbook. - Provide or assure leadership and/or training in community participation to develop a constituency for maintaining a local governance structure. - Provide training and support to MDH staff and programs on the Area of Public Health Responsibility and the Essential Local Activities. - Convene gatherings of local public health, American Indians | <ul style="list-style-type: none"> - Implement a Joint Powers agreement between counties in multi-county agencies. - Maintain a Community Health Board and proper organizational structure. - Develop systems within the public health system, e.g., Maternal and Child Health services, Women, Infants and Children services, and services for Children with Special Health Needs. |

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| | | | and populations of color to facilitate the increased understanding of governance issues related to public health. | |
| IN2. Assess and monitor community health needs and assets on an ongoing basis for each of the 6 areas of public health responsibility in this framework. | #1 Monitor health status to identify community health problems. #2 Diagnose and investigate health problems and health hazards in the community. | MS 145A.10 subd.1 , Powers and duties of Community Health Boards (must) MS 144.05 , General duties of Commissioner (must) MS 145.881 , Maternal and Child Health Advisory Task Force (may) MS 145.8821 , Maternal and Child Health Block Grant accountability (must) MS 145A.17, subd.3 , Family Home Visiting Program (must) MS 145.925 , Family Planning Grants (must if grantee) MS 145.882, subd.7 , Maternal and Child Health Block Grant distribution (must) | <ul style="list-style-type: none"> - With SCHSAC and/or other advisory groups, develop and update guidelines for local assessments, action plans and evaluation measures. - Provide county, statewide and/or national health data to support the local assessment process. - Collect, analyze, and distribute data on maternal and child health, and on injury and violence, including county and regional breakdowns. - Share data collected on teen pregnancy rates, immunization, infant mortality, preterm and low birth weight infants. - Serve as a resource for existing MDH data sets. - Provide guidance on evaluating, analyzing and interpreting data. - Monitor trends and needs and produce user-friendly reports. - Synthesize and disseminate results of local assessments, priorities and action plans to | <ul style="list-style-type: none"> - Conduct on-going community assessments. - Track and analyze health data on an on-going basis. - Develop and conduct surveys with the community. - Participate in assessment activities, both at local and regional levels. - Review the most current editions of the Minnesota Populations of Color Health Status Report to identify health disparity areas affecting the populations of color and American Indians in the community. - Assess the health status of populations of color and American Indians in the area. - In consultation with the MDH Office of Minority and Multicultural Health community-specific health coordinators, as needed, develop relationships with racial and ethnic community and tribal leaders. Engage |

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| | | | <p>guide the development of statewide goals and outcomes.</p> <ul style="list-style-type: none"> - Link local agencies to state, federal, tribal and/or international health, environmental, economic and/or agricultural agencies and data. - Identify and address specific data issues and prevention needs relative to American Indians, populations of color, immigrants and/or refugees. - Work with local public health, American Indians, communities of color, immigrants and/or refugees to assure their perspectives can be reflected in the resulting plans and actions. - Work with local public health departments and community groups to identify community assets as part of the community assessment process. - Staff the Maternal and Child Health Advisory Task Force to support meeting their statutory obligation to review and report on MCH related issues and services. | <p>leaders in developing health assessment strategies that are relevant to the community or tribe, and will result in information they want and need.</p> <ul style="list-style-type: none"> - Develop and maintain agency website that includes health data. - Include data and information about complimentary medicine in assessments. - Include jail health, e.g., prisoners as vulnerable populations, in assessments. - Obtain injury and violence data from local health care programs and from MDH, interview local providers of health care and victim service organizations to determine needs. - Obtain data from local schools, community agencies, and human service agencies. - Work collaboratively with area hospitals, clinics, health plans and behavioral health providers. - Work with law enforcement, justice, courts. - Partner with other needs |

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| | | | | assessments and program planning done by social services, health, education, and other community organizations. |
| IN3. Identify community health and prevention priorities every five years with input from community members and key partners, including communities of color, tribal representatives and special populations, ensuring that community wisdom and cultural diversity are used to understand and interpret qualitative and quantitative information. | #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. | MS 145A.10 subd.5a , Powers and duties of Community Health Boards (must) MS 144.05 , General duties of Commissioner (must) MS 145.881 , Maternal and Child Health Advisory Task Force (may) MS 145.8821 , Maternal and Child Health Block Grant accountability (must) | <ul style="list-style-type: none"> - Disseminate templates, worksheets and/or other tools for prioritization and community input. - Assist local health departments with prioritization processes. - Provide consultation, technical assistance and support to local public health, as needed, to assure input is solicited from American Indians, communities of color, immigrants and refugees and that their input and wisdom are reflected in resulting actions. - Work with local public health, American Indians, communities of color, immigrants and/or refugees to provide information, mentoring, consultation, support, etc. to racial and ethnic community members to insure this process happens and the wisdom is authentically reflected. - Together with an advisory committee including local public | <ul style="list-style-type: none"> - Identify long term, 5-year priorities for the years 05-09 Utilize the CHS Advisory Committee to gain community input and to identify health problems and suggested strategies to address problems. - Work with community groups and coalitions to facilitate community input (including communities of color) into the assessment and prioritization process. - In consultation with the MDH Office of Minority and Multicultural Health community-specific health coordinators, as needed, develop relationships with racial and ethnic community and tribal leaders. Together determine how state and local public health can mentor and support participation in these processes so they are relevant and useful in addressing racial and ethnic health disparities. |

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| | | | <p>health and racial, ethnic, and tribal representatives, convene local area health forums focusing on the cultures, traditions, practices, and assets of these partners in the area.</p> <ul style="list-style-type: none"> - Engage local public health and other partners in the mandatory 5-year Title V (MCH and MCSHN) needs assessment to determine state MCH priorities. | <ul style="list-style-type: none"> - Participate in community forums sponsored by MDH Office of Minority and Multicultural Health to bring together state and local public health and representatives of communities of color and American Indians for mutual learning, understanding, and relationship building. - Maintain relationships with racial and ethnic community and tribal leaders, so that these leaders and their community members know about public health affecting their communities. - Engage and join together with communities of color and American Indians in the community to gain input, identify problems and priorities, and determine strategies to work toward improvement, building on community assets. - Incorporate reviews and discussions of Culturally and Linguistically Appropriate Services (CLAS) Standards in this work. |

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| <p>IN4. Every five years, develop an action plan with evaluation measures and recommended policy options to address essential local activities and local priorities.¹</p> | <p>#4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts.</p> | <p>MS 145A.10 subd.5a, Powers and duties of Community Health Boards (must) MS 145.8821, Maternal and Child Health Block Grant accountability (must)</p> | <ul style="list-style-type: none"> - Collect and disseminate information on best practices and proven interventions specific to various communities (e.g. Strategies for Public Health, Public Health Intervention Wheel, lessons learned from the Eliminating Health Disparities Initiative grantees). - When possible, offer funding opportunities through local grants. - Act on statewide problems identified in local community assessments and prioritization processes. - Provide technical assistance and support to local public health, as needed, to assure that input and involvement are solicited from American Indians, communities of color, immigrants and/or refugees and that their involvement is reflected in resulting actions. - Develop and/or provide guidelines and tools to develop action plans and meaningful evaluation. | <ul style="list-style-type: none"> - Identify the activities and strategies that correspond to local priorities and statewide outcomes for the local public health grant. - Develop community/agency action plan. - Identify measurable outcomes. - Develop measures with input from racial and ethnic community and tribal leaders. - Develop a process involving racial and ethnic communities and tribes for collecting and reporting data regarding the evaluation measures. - Develop a process, involving racial and ethnic community and tribal leaders for reviewing the action plan and reporting on results. - Share results of program evaluations to contribute to the evidence base of public health. |

¹ Although planning is an ongoing activity, a five-year cycle has been established to provide statewide consistency.

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| <p>IN5. Convene community members and key community partners, including communities of color, tribal representatives and people with special needs to build community collaborations, determine roles, identify and leverage community assets/resources and participate in research that benefits the community as resources allow.</p> | <p>#4 Mobilize community partnerships to identify and solve health problems.</p> | <p>MS 145A.10 subd.5a, Powers and duties of Community Health Boards (must) MS 145.8821, Maternal and Child Health Block Grant accountability (may) MS 145.925, Family Planning Grants (must if grantee) MS 145.56, Suicide Prevention (must if grantee)</p> | <ul style="list-style-type: none"> - Provide consultation and technical assistance to assure that input and involvement are solicited from American Indians, communities of color, immigrants and/or refugees and that their involvement is reflected in resulting actions. Develop strategies to offer mentoring and support, as needed. - Assure there is a forum or mechanism that does not compromise sovereignty and that allows the input and/or participation of tribal governments. - Work with local public health to develop and maintain good working relationships with state and local partners such as the other units of tribal, state and local government, professional organizations (e.g., MMA, MNA, AAP, ACOG), advocacy and community-based organizations (e.g., March of Dimes, ACS, AHA), service agencies, etc. - Provide information, training and support to local public health to implement activities directed | <ul style="list-style-type: none"> - Convene community partners and stakeholders to collaboratively determine roles, responsibilities and resources - Gather input to be included in the action plan - Include communities of color, American Indians and other special populations - Provide data and expertise to support research that benefits the community. - Provide communications and materials in all languages read and spoken by communities of color and tribes in the area. - Develop and maintain relationships with racial and ethnic community and tribal leaders so that these leaders and their community/tribal members know about public health affecting their communities. |

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| | | | towards the priority issues identified through the Title V needs assessment. | |
| IN6. Advocate for policy changes needed to improve the health of populations and individuals. | #5 Develop policies and plans that support individual and community health efforts. | MS 144.05 , General duties of Commissioner (may) MS 125A.30 , Interagency Early Intervention Committees (must) MS 145.56 , Suicide Prevention (may) MS 145.882, subd.7 , Maternal and Child Health Block Grant distribution (may) | <ul style="list-style-type: none"> - Partner with local health departments and community members, identify those with the power to change policy, and work together to include them in these discussions. - Evaluate impact of state and community policies. - Identify with American Indians, populations of color, immigrants and/or refugees the strategies to initiate needed changes in policies and other factors affecting racial and ethnic health disparities in Minnesota. | <ul style="list-style-type: none"> - Participate in community groups and organizations. - Bring potential policy actions to health board for consideration - Include policy development in action plans. - Include racial and ethnic community and tribal leaders in all policy-related decisions so that barriers to eliminating racial and ethnic health disparities can be identified. Create opportunities for school readiness. - Participate in the local area Interagency efforts e.g. Early Intervention Committee (IEIC), Family Services Collaborative, Mental Health Collaboratives, etc. |
| IN7. Lead or participate in efforts to foster healthy physical, economic, and social environments (e.g., participate in community improvement and development decisions). | #5 Develop policies and plans that support individual and community health efforts. | MS 145.928, subd.2 , Eliminating Health Disparities (may) MS 144.05 , General duties of Commissioner (may) | <ul style="list-style-type: none"> - Disseminate and/or assist in incorporating research findings, best practices and/or issue briefs. - Promote the utilization of community development methods, such as asset-based processes, so that communities | <ul style="list-style-type: none"> - Participate in community conversations that discuss physical, economic or social environments, e.g., in ordinance development. - Participate in/facilitate presentations and discussions |

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| | | | will collaboratively identify and work from their assets. - Serve as facilitators, trainers, and mentors in community development methods. - Convene community-specific health committees to identify and discuss health priorities and health agendas. | with communities of color and American Indians in the area about social determinants of health and the role they play in eliminating racial and ethnic health disparities. - Participate in community forums sponsored by the MDH Office of Minority and Multicultural Health to bring together state and local public health and representatives of communities of color and American Indians for mutual learning, understanding, and relationship building. - Offer best practices and explain public health's role and social determinants of health. |
| IN8. Provide annual information to MDH to evaluate progress toward statewide outcomes and, local priorities, and to meet federal reporting requirements. | | MS 145A.10 subd.5a , Powers and duties of Community Health Boards (must) MS 144.05 , General duties of Commissioner (must) MS 145.881 , Maternal and Child health Advisory Task Force (may) MS 145.8821 , Maternal and Child Health Block Grant accountability (must) | - With SCHSAC and/or other advisory groups, develop and maintain reporting system that reflects the outcomes achieved by the local public health system and/or key organizational processes implemented. - Regularly conduct statewide analysis of reporting data which includes a feedback loop to Community Health Boards and tribal governments. | - Submit annual reports to MDH to meet requirements. - Review the most recent Populations of Color Health Status Report to assess statewide progress in eliminating racial and ethnic health disparities. - With communities of color and tribes develop measures toward the outcomes they recommend as progress toward improving the health status of |

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| | | | <ul style="list-style-type: none"> - Through SCHSAC and/or other advisory groups, convene state and local public health representatives to address issues identified through assessments, priorities, and annual reporting. - Convene an advisory committee of American Indians, people of color, immigrants and/or refugees to establish progress and outcome measures they feel reflect conditions toward eliminating racial and ethnic health disparities. Consider examples from Eliminate Health Disparities Initiative grantees. - Work together to develop measures and tools to evaluate progress. - With the Maternal and Child Health Advisory Task Force, develop and implement a meaningful mechanism to communicate progress on the federal and state Title V performance measures. - Collect and disseminate statewide data on the health status of mothers and children. | <p>their populations and tribes in the community.</p> |

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| IN9. Meet personnel requirements for the CHS Administrator and the Medical Consultant. | | MS 145A.04 subd.3 , Powers and duties of Board of Health (must) MS 145A.10 subd.3 , Powers and duties of Community Health Boards (must) | <ul style="list-style-type: none"> - Hold agencies/Community Health Boards accountable for meeting requirements. - Provide information and training to local agencies regarding personnel requirements and hiring of the administrator and medical consultant. - Provide ongoing, scheduled opportunities for professional development via individual and regional meetings. - Offer, participate in and/or support training and/or academic preparation for American Indians, people of color, immigrants and/or refugees in these requirements so that the local public health workforce becomes more diverse. | <ul style="list-style-type: none"> - Make sure that the Community Health Services Administrator and Medical Consultant meet the requirements in MS 145A. |
| IN10. Designate , recruit, train and retain local public health staff so that every local agency has appropriate expertise in each of the 6 areas of public health responsibility. | #8 Assure a competent public health and personal health care workforce. | MS 144.05 , General duties of Commissioner (must) MS148.191 , Public health occupations - Officers; staff; power (must) MS 148.211 , Licensing (must) MS 148.231 , Registration, failure to register, re-registration, verification (must) MR 6316.0100 , Requirements for registration as a public | <ul style="list-style-type: none"> - Provide ongoing leadership training and/or other opportunities for public health workforce development in Minnesota, in particular for American Indians, people of color, immigrants and/or refugees, so that the local public health workforce becomes more diverse. | <ul style="list-style-type: none"> - Make sure (by working with others to leverage training and resources if necessary) that local public health staff have training and skills in the core competencies of public health, e.g., assessment, community involvement, program design, multi-level interventions, communication, evaluation. |

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| | | <p>health nurse (must) MS214.13 subds.1,3, Human services occupations (must) MR4695.2600, Definitions (must)</p> | <ul style="list-style-type: none"> - Provide “Core Essentials of Public Health” modules training by request. - Provide ongoing orientation, training, competency development, mentorship, leadership development, and/or access to current public health practice tools and research to local and tribal public health. - With SCHSAC and/or other advisory groups, develop or adapt and implement a training module on cultural competency. - Encourage educational institutions to incorporate cultural competency training into curricula and to recruit diverse populations into health and public health professions. - Provide information, training and relevant materials on effective public health strategies. - Assist local health departments in assuring that the programs and services they deliver are culturally appropriate. - Provide designated staff (e.g. infectious disease, environmental health, health promotion) with information, training and minimum expectations. | <ul style="list-style-type: none"> - Partner with educational institutions on training and educational opportunities. Work with nearby academic training institutions and community partners to create opportunities for people from different cultures and ethnicities to enter the public health workforce. - Identify staff to address eliminating health disparities, include this in their job descriptions, and establish contact between them and the MDH Office of Minority and Multicultural Health and other MDH staff for this purpose. - Implement Limited English Plans (LEP). |

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| <p>IN11. Recruit local public health staff that reflect the cultural and ethnic communities served.</p> | | <p>MS 144.05, General duties of Commissioner (may) MS 145A.17 subd.3, Family Home Visiting Program (may)</p> | <ul style="list-style-type: none"> - Encourage educational institutions to incorporate cultural competency training into curricula and to recruit diverse populations into health and public health professions. - Provide information, resources, and brief training on Health Literacy to local public health staff, including discussion of how these skills relate to working with populations of color, American Indians, non-English speaking populations, and others with low literacy. - Assist local agencies in recruiting and hiring processes so that local staff reflect the cultures and ethnicities of the communities they serve. - Promote, develop and/or participate in Community Health Worker curricula and programs. | <ul style="list-style-type: none"> - Work with nearby academic training institutions and community partners to create opportunities for people from different cultures and ethnicities to enter the public health workforce. - Review the recommendations of the Immigrant Health Task Force at: http://www.health.state.mn.us/divs/idepc/refugee/immigrant/divhelp.html - Determine which of these to pursue in your community and/or with MDH and other entities. - Assure that the Community Health Services Administrator has the skills and abilities to develop relationships with racial and ethnic communities and American Indian tribes, and/or to support these among Community Health Board staff, leading to the hiring of culturally competent staff and work force diversity. - Assure the Medical Consultant has the ability and commitment to learn, accept, and value the traditional health |

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| | | | | and healing beliefs of racial, ethnic, and American Indian people in the area. - Work with communities of color and American Indians in the area to engage community members in Community Health Worker training currently being piloted in Minnesota. |

Public Health Responsibility: Assure an Adequate Local Public Health Infrastructure

Public Health Responsibility: Promote Healthy Communities and Healthy Behaviors

“Community” can be defined by geography, or as groups of individuals or organizations that share common values, beliefs, social and cultural experiences, and purposes. The essential local activities proposed here apply to behaviors throughout the lifespan as well as to communities and were developed based on best practice guidelines, science-based theories, state/local expertise and the Leading Health Indicators from Healthy People 2010. Seven of the 10 Leading Health Indicators are included in this Area of Public Health Responsibility. They are: physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, and injury and violence. In addition to the Leading Health Indicators, Promote Healthy Communities and Healthy Behaviors focuses on all populations, e.g., the healthy, the vulnerable, the disparate, across the lifespan, e.g., from mothers, infants and children to the elderly.

The health of mothers, infants and children is of critical importance both as a reflection of the current health status of a large segment of the population and particularly as a predictor of the health of the next generation. Young children’s early childhood environments and social experiences have a decisive, long-lasting impact on their ability to learn and their well-being. Infant mortality is an important measure of a nation’s health and a worldwide indicator of health status and social well-being (Healthy People 2010). Therefore local public health has key responsibilities to assure that the needs of women, infants, children and adolescents are adequately addressed. The essential local public health activities listed here, including community engagement as well as services to individuals, should be emphasized in the following areas: healthy pregnancy and positive pregnancy outcomes, infant mortality reduction, child health and development, child spacing and family planning, maternal and child health nutrition, developmental disabilities, and adolescent health and development.

The impact of injury and violence in Minnesota is clear: injury (including violence) is the leading cause of emergency department treatment in Minnesota, is among the leading causes of hospitalization, and is the leading cause of death for all Minnesotans under age 35.

Public Health Responsibility: Promote Healthy Communities and Healthy Behaviors

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| <p>HC1. Engage the community on an on-going basis to promote healthy communities and behaviors through activities including but not limited to (a) assessment, prioritization and developing action plans, (b) coalition building, (c) community readiness, (d) empowerment, and (e) decision making.</p> | <p>#1 Monitor health status to identify community health problems. #3 Inform, educate, and empower people about health issues. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts.</p> | <p>MS 145A.10 subds.1 and 5a, Powers and duties of Community Health Boards (must) MS 144.05, General duties of Commissioner (may) MS 145.882, subd.7, Maternal and Child Health Block Grant distribution (may) MS 145.925, Family Planning Grants (may) MS 145.56, Suicide Prevention (may) MS 145.9255, Minnesota ENABL (may) MS 145A.17, Family Home Visiting Program (may) MS 125A.30, Interagency Early Intervention Committees (must)</p> | <ul style="list-style-type: none"> - Provide Minnesota Health Status Tables and training on their use. - Conduct the annual Statewide Capacity Building Workshop and regional trainings. - Provide best practice tools, recent articles and research and training, e.g., on data collection, data interpretation and analysis, conducting community assessments, building partnerships and coalitions, engaging youth, media advocacy, marketing, evaluation. - Provide opportunities for statewide and regional information sharing. - Provide data, e.g., immunization rates, SIDS, injury, and training on data collection, analysis and interpretation. - Work with local public health and communities to assure American Indians, communities of color, immigrants and/or refugees are involved in this work, and that their traditions, beliefs, and practices are considered. | <ul style="list-style-type: none"> - Convene or participate with community partners and stakeholders and work collaboratively to promote healthy communities and behaviors. - Gather input to be included in assessments and action plans from community members and groups such as Boys and Girls Clubs, faith-based organizations, spiritual leaders, Parent-Teacher Associations, Chambers of Commerce, Lions, Rotary, etc. - Include communities of color, American Indians and other special populations. Participate on the local Interagency Early Intervention Committee (IEIC) to meet federal and state requirements. See 125A.30 for list of IEIC duties and requirements. |

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| | | | <ul style="list-style-type: none"> - Provide specific information about American Indians, communities of color, immigrants and/or refugees related to their health and cultural practices. | |
| <p>HC2. Based on community assessment, resources, and capacity, include the promotion of healthy communities, healthy behaviors (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and the prevention of injury and violence in the five-year action plan.</p> | <p>#3 Inform, educate, and empower people about health issues. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. #6 Enforce laws and regulations that protect health and ensure safety. #9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 145A.10 subd.5a, Powers and duties of Community Health Boards (must) MS 144.05, General duties of Commissioner (may) MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (must) MS 145.56, Suicide Prevention (may) MS 145.925, Family Planning Grants (must if grantee) MS 145.9255, Minnesota ENABL (may) MS 145A.17, Family Home Visiting Program (must) MS 125A.30 (b) (9), Interagency Early Intervention Committees (must)</p> | <ul style="list-style-type: none"> - Provide data, e.g., from the Minnesota Student Survey and the Minnesota Health Status Tables and the MCH Block Grant performance measures and annual report and conduct training on their use. - Conduct the annual Statewide Capacity Building Workshop and regional trainings. - Develop, disseminate and/or train on best practice tools, e.g., effective action plans, Public Health Intervention Wheel, policy advocacy. - Work with local public health and communities to assure American Indians, communities of color, immigrants and/or refugees are involved in this work, and that their traditions, beliefs, and practices are considered. | <ul style="list-style-type: none"> - The inclusion of goals, objectives, strategies and evaluation criteria related to the promotion of healthy communities and healthy behaviors in local public health departments' action plans. - Participate in development of the Interagency Early Intervention Committee Annual Plan. |

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| <p>HC3. Conduct evidence-based, culturally sensitive programs, and disseminate information on services and resources to promote healthy communities and healthy behaviors (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and the prevention of injury and violence.</p> | <p>#3 Inform, educate, and empower people about health issues. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. #7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 144.05, General duties of Commissioner (may) MS 121A.21, School health services (may) MS 125A.30 (b) (2), Interagency Early Intervention Committees (must) MS 145.56, Suicide Prevention (may) 34CFR303, Early Intervention Program (Part C) (must) MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may) MS 145.898, (SIDS) (may) MS 145.925, Family Planning Grants (may) MS 145.9255, Minnesota ENABL (may) MS 145.928, Eliminating Health Disparities (must) MS 145A.17, Family Home Visiting Program (may)</p> | <p>- Partner with statewide organizations and share information about their state and local resources. - Provide training and consultation on best practice tools, recent articles and research and training, e.g., on conducting community assessments, building partnerships and coalitions, engaging youth, media advocacy, marketing, evaluation. - Provide opportunities for statewide and regional information sharing. - Provide Nursing Child Assessment Satellite Training (NCAST). - Provide information from the federal Maternal and Child Health grant report. - Work with local public health to develop relationships with American Indians, communities of color, immigrants and/or refugees to facilitate communication, collaboration and increased knowledge of various cultures and traditions relating to health disparities.</p> | <p>- Conduct home visiting and fire prevention programs/activities. Provide education and information about child passenger seats and seat belts, recreational vehicle safety, falls, firearm injuries, sudden infant death syndrome, and domestic violence. - Conduct health promotion programs/activities, e.g., Shape Up Challenge, 5 A Day, tobacco quit line, Mothers Against Drunk Driving, school clinics, HIV screening, public information campaign on depression. - Conduct/assure screening programs for immigrants and refugees. - Conduct/assure MCH programs/activities, e.g., Healthy Start, Nursing Child Assessment Satellite Training (NCAST) interventions, programs for pregnancy and parenting teens. - Conduct No Shots/No School, preschool screening and <i>Back To Sleep</i> programs.</p> |

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| | | | <ul style="list-style-type: none"> - Collaborate with tribal governments to share information about their injury and violence prevention programs. - Provide Ages and Stages Questionnaire and Ages and Stages Questionnaire – Social-Emotional training. | <ul style="list-style-type: none"> - Conduct HIV case management. - Conduct screening programs such as Follow Along Program, Early Childhood Screening Program, Child & Teen Checkups, and Home Visiting to assure a comprehensive child find system. |
| <p>HC4. Inform and educate different audiences, e.g., general public, providers and policy leaders, about healthy communities, and population health status.</p> | <p>#1 Monitor health status to identify community health problems. #3 Inform, educate, and empower people about health issues. #5 Develop policies and plans that support individual and community health efforts. #6 Enforce laws and regulations that protect health and ensure safety.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 144.05, General duties of Commissioner (may) MS 125A.30, Interagency Early Intervention Committees (must) 34 CFR 303, Early Intervention Program (Part C) (must) MS 145.56, Suicide Prevention (may) MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may) MS 145.925, Family Planning Grants (may) MS 145.9255, Minnesota ENABL (may)</p> | <ul style="list-style-type: none"> - Develop and/or implement a technical assistance plan that includes training, resource development, consultation, connections to other resources. - Hire staff with sufficient expertise to support local activities and provide technical assistance. - Convene meetings of local public health staff to exchange knowledge and expertise and facilitate collaborative efforts. - Gather, analyze and/or disseminate data related to healthy behaviors, including data on/from: infant and maternal birth and mortality, the MN Student Survey, the Minnesota Children with Special Health Needs 5-year survey, and the Maternal and | <ul style="list-style-type: none"> - Utilize information and data from high risk birth certificates, tracking birth defects, newborn screening to communicate with the community. - Provide public information through media campaigns such as Target Market/anti- smoking campaigns and teen pregnancy prevention campaigns. - Provide and disseminate information through existing programs such as school nutrition programs, WIC (Women, Infants and Children) clinics, programs for pregnant and parenting teens, Child and Teen Checkup outreach, Coordinated School Health, Follow Along Program, Home Visiting, Early Intervention Program. |

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| | | MS 145A.17 , Family Home Visiting Program (may) | Child Health Advisory Task Force. - Develop and/or share knowledge and understanding of local agency needs, resources and capacity. - Conduct statewide communication activities to support local efforts, e.g., websites, newsletters, videoconferences. - Identify , develop and/or disseminate accurate and culturally appropriate materials and resources. - Provide technical assistance on communication strategies and skills, e.g., use of websites, media advocacy, marketing, communications planning, evaluation, meeting with and educating policymakers. - Coordinate the administration of grants, e.g., chronic conditions, Fetal Alcohol Syndrome, smoking, family planning. - Work with local public health and communities to assure American Indians, communities of color, immigrants and/or refugees are involved in this | <ul style="list-style-type: none"> - Conduct presentations for the public and targeted populations. - Provide information on website. - Disseminate community health promotion information at health fairs, county fairs. |

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| | | | <p>work, and that their traditions, beliefs, and practices are considered.</p> <ul style="list-style-type: none"> - Convene opportunities for communities and local public health to meet and talk together about what they each offer in this work. | |
| <p>HC5. Support the development and enforcement of policies and encourage cultural norms that promote healthy communities.</p> | <p>#1 Monitor health status to identify community health problems. #3 Inform, educate, and empower people about health issues. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. #6 Enforce laws and regulations that protect health and ensure safety.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 144.05, General duties of Commissioner (may) MS 145.56, Suicide Prevention (may) MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may) MS 145.925, Family Planning Grants (may) MS 145.9255, Minnesota ENABL (may) MS 145A.17, Family Home Visiting Program (may)</p> | <ul style="list-style-type: none"> - Provide support through the annual statewide Capacity Building Workshop and regional trainings for state and local policies based on solid data, e.g., from the Minnesota Student Survey and the Minnesota Health Status Tables, etc. and on best practices, e.g., from the Public Health Intervention Wheel and the Strategies for Public Health document. - Develop and implement a technical assistance plan that includes training, resource development, consultation, and connections to other resources. - Conduct and/or provide information about trainings on media advocacy, marketing and evaluation. - Hire staff with sufficient expertise to support local | <ul style="list-style-type: none"> - Work with local businesses to develop healthy policies and work settings. - Work with community partners to develop healthy tobacco policies. - Develop walking trails and senior friendly communities. Advocate for and support tobacco youth access ordinances. - Encourage community system coordination for screening young children. |

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| | | | activities and provide technical assistance. <ul style="list-style-type: none"> - Convene meetings of local public health staff to exchange knowledge and expertise and facilitate collaborative efforts. - Gather, analyze and/or disseminate data related to healthy behaviors. - Provide and share knowledge and understanding of local agency needs, resources and capacity. - Work together with local public health and American Indians, communities of color, immigrants and/or refugees to identify policies to develop, support, or remove so that cultural norms promoting healthy communities and behaviors are supported and encouraged. | |
| HC6. Participate in decisions about community improvement and development to promote healthy communities and healthy behaviors. | #3 Inform , educate, and empower people about health issues. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. | MS 145A.10 subd.1 , Powers and duties of Community Health Boards (must) MS 144.05 , General duties of Commissioner (may) MS 145.56 , Suicide Prevention (may) MS 145.882 subd.7 , Maternal and Child Health | <ul style="list-style-type: none"> - Provide position papers on housing, education, land use, etc. - Work together with local public health and American Indians, communities of color, immigrants and/or refugees to identify community improvement decisions to | <ul style="list-style-type: none"> - Utilize position papers to facilitate community dialogues about housing, education, physical activity, land use, etc. and their affects on health. - Assure preplanning in community development, e.g., how a new industry may affect injuries or the environment. |

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| | <p>#6 Enforce laws and regulations that protect health and ensure safety.</p> <p>#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> | <p>Block Grant distribution (may)</p> <p>MS 145.925, Family Planning Grants (may)</p> <p>MS 145.9255, Minnesota ENABL (may)</p> <p>MS 145A.17, Family Home Visiting Program (may)</p> | <p>develop, support, or remove so that healthy communities and behaviors are supported and encouraged.</p> <p>- Offer opportunities for statewide and regional information sharing.</p> | <p>- Work with other agencies, e.g., law enforcement, school systems, to improve community wellness.</p> |
| <p>HC7. Promote healthy growth, development, aging, and management of chronic diseases across the lifespan.</p> | <p>#3 Inform, educate, and empower people about health issues.</p> <p>#5 Develop policies and plans that support individual and community health efforts.</p> <p>#6 Enforce laws and regulations that protect health and ensure safety.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must)</p> <p>MS 144.05, General duties of Commissioner (may)</p> <p>MS125A.30, Interagency Early Intervention Committee (may)</p> <p>34 CFR 303, Early Intervention Program (Part C) (may)</p> <p>MS 145.56, Suicide Prevention (may)</p> <p>MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may)</p> <p>MS 145.925, Family Planning Grants (may)</p> <p>MS 145.9255, Minnesota ENABL (may)</p> <p>MS 145A.17, Family Home Visiting Program (may)</p> | <p>- Provide and/or assure training for Child and Teen Checkup, Nursing Child Assessment Satellite Training (NCAST), early childhood screening, Fetal Alcohol Syndrome, etc.</p> <p>- Provide developmental screening, newborn screening (hearing 0-3 years), hearing and vision screening (3-12 years), and newborn assessments.</p> <p>- Provide technical assistance and consultation to local public health departments on issues related to childhood screening and quality indicators.</p> <p>- Work together with local public health and American Indians, communities of color, immigrants and/or refugees to learn about and understand varying growth, development, and aging beliefs, values, traditions, and practices.</p> | <p>- Conduct pre-admission screenings and long-term care consultations.</p> <p>- Collaborate with social services and others on senior services.</p> <p>- Work with the local Interagency Early Intervention Committee to assure a comprehensive child-find system.</p> <p>- Conduct or assure activities such as Child and Teen Checkups, Nursing Child Assessment Satellite Training (NCAST), early childhood screenings, Fetal Alcohol Syndrome referrals/clinics, school readiness programs, home visiting, Women, Infants and Children clinics, Follow-Along Program, and pregnancy testing</p> |

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| | | | <ul style="list-style-type: none"> - Work with the Departments of Education and Human Services and local Interagency Early Intervention Committees to provide information and resources to local areas around child development. | <ul style="list-style-type: none"> - Participate in groups such as senior advisory groups, county collaboratives, follow-up to children with special health needs and their families, local Interagency Early Intervention Committees. - Coordinate activities with school nurses. - Encourage screening and early detection to limit severity of chronic diseases. - Provide health education to achieve satisfactory control of chronic diseases. - Assure doctors and clinics are aware of latest national guidelines in managing chronic diseases. |
| <p>HC8. Identify and address the needs of vulnerable populations e.g., high-risk pregnant women, mothers, children; frail elderly, persons with mental illness, and people experiencing health disparities.</p> | | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must)</p> <p>MS 144.05, General duties of Commissioner (may)</p> <p>MS125A.30, Interagency Early Intervention Committees (may)</p> <p>CFR 303.160, Early Intervention System (may)</p> <p>CFR 303.165, Child Find requirements (may)</p> | <ul style="list-style-type: none"> - Collect data and coordinate grants for: Fetal Alcohol Syndrome; Women, Infants and Children clinics; Family Planning; MCH Block Grant; Family Home Visiting; Suicide Prevention; and/or Children With Special Health Care Needs. - Provide training on Child and Teen Checkup, early childhood screening, Ages and Stages Questionnaire and Ages and | <ul style="list-style-type: none"> - Conduct/assure Women, Infants and Children Clinics, community clinics, preschool screening, programs for pregnant and parenting teens. - Facilitate Community Alternative Care (CAC) and Community Alternatives for Disabled Individuals (CADI) Waivers. - Participate in Interagency Early Intervention Committees (IEIC). |

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| | | <p>MS 145.56, Suicide Prevention (may)</p> <p>MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (must)</p> <p>MS 145.925, Family Planning Grants (may)</p> <p>MS 145.9255, Minnesota ENABL (may)</p> <p>MS 145A.17, Family Home Visiting Program (may)</p> <p>MS 145.893, Women, Infants and Children (may)</p> <p>MS 145.951, Long term care (may)</p> <p>MS 626.556 subd.3, Reporting of maltreatment of minors (must)</p> <p>MS 626.5572, subd.16, Reporting of maltreatment of vulnerable adults; Definitions (must)</p> <p>Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973 (may)</p> <p>Title V of the Social Security Act (may)</p> | <p>Stages Questionnaire – Social-Emotional.</p> <ul style="list-style-type: none"> - Work with the Minnesota Department of Education and the Department of Human Services to develop policies and products to address the needs of children with special needs (birth-21). - Provide data, information, consultation and training on health status and issues for women, children and families, including children with special health needs. - Provide tools and training to develop plans that meet the unique needs of vulnerable and high-risk populations, including American Indians, populations of color, immigrants and refugees. - Offer opportunities for statewide and regional information sharing. | <ul style="list-style-type: none"> - Assure that public health nurses report incidents of vulnerable adult abuse and child maltreatment. - Participate on child abuse teams and vulnerable adult investigations. |

Public Health Responsibility: Promote Healthy Communities and Healthy Behaviors

Public Health Responsibility: Prevent the Spread of Infectious Disease

Controlling communicable or infectious 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. Currently, immunization is one of the 10 Leading Health Indicators from Healthy People 2010. Infectious disease prevention and control (DP&C) in Minnesota includes activities of detecting acute and communicable diseases, developing and implementing prevention of disease transmission, and implementing control measures during outbreaks.

The State Community Health Services Advisory Committee (SCHSAC) Disease Prevention and Control (DP&C) Issues Team is charged with the responsibility of strengthening state local and tribal public health relationships by making policy recommendations to the SCHSAC and Commissioner of Health on joint state-local infectious disease prevention and control issues; and by promoting and fostering the consistent implementation and application of the Communicable DP&C Framework of Common Activities.

Development of the Communicable DP&C Framework of Common Activities began in 1996 and supercedes the old 'DP&C agreement.' The DP&C framework sets standards for DP&C activities to be carried out at the state and local levels. The essential local activities in the chart below were based on this long-established DP&C framework by a subgroup of the SCHSAC Disease Prevention and Control (DP&C) Issues Team.

Public Health Responsibility: Prevent the Spread of Infectious Disease

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| <p>ID1. Work with providers and other community partners to facilitate infectious disease reporting and address problems with compliance.</p> | <p>#1 Monitor health status to identify community health problems. #6 Enforce laws and regulations that protect health and ensure safety.</p> | <p>MS 145A.04, Local Public Health Boards (must) MS 144.05, General duties of Commissioner (must) Minn. Rules Chptr. 4605, Reportable diseases (must) MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may)</p> | <ul style="list-style-type: none"> - Maintain statewide infectious disease surveillance system. - Maintain up-to-date infectious disease reporting rules. - Make reporting requirements known. - Provide local public health information by disease reporting sources in their jurisdictions. - Provide information and/or training that describe Minnesota’s centralized reporting system and how prompt reporting by providers can aid in detection and control of outbreaks. - Produce and disseminate fact sheets and other related materials on the diagnosis, treatment and reporting of infectious diseases. - Provide grant monies to local public health departments to provide vaccinations, with relevant roles and information for providers. | <ul style="list-style-type: none"> - Meet with clinics and hospitals for local assurance of disease reporting (with MDH help). - Educate providers about Minnesota’s disease surveillance system and the benefits of timely disease reporting consultations. - Make providers aware of MDH’s 24/7 disease reporting consultation number. - Make providers aware of MDH’s food borne illness hotline number for providers or patients to call when food borne illness is suspected. |
| <p>ID2. Assess immunization levels and practice standards, and promote/provide age appropriate immunization delivery.</p> | <p>#1 Monitor health status to identify community health problems. #3 Inform, educate, and empower people about health issues.</p> | <p>MS 145A.04, Local Public Health Boards (must) MS 144.05, General duties of Commissioner (must) MS 144.3351, Immunization data (must)</p> | <ul style="list-style-type: none"> - Promote and maintain a statewide immunization information system to determine immunization rates that can identify pockets of need. | <ul style="list-style-type: none"> - Participate in Immunization Registries. - Participate in Immunization Practices Improvement Surveys with clinics. |

Public Health Responsibility: Prevent the Spread of Infectious Disease

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|---|--|--|---|---|
| | <p>#4 Mobilize community partnerships to identify and solve health problems.</p> <p>#6 Enforce laws and regulations that protect health and ensure safety.</p> <p>#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> | <p>MS 121A.15, Health standards, immunizations, school children (must)</p> <p>Minn. Rules 4604, Immunization (must)</p> <p>MS 144.3441, 2 (continued), Hepatitis B vaccination (minors may give consent) (must)</p> <p>MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may)</p> | <ul style="list-style-type: none"> - Disseminate data to local public health/Community Health Services Agencies and providers. - Provide consultation and training on interpretation and use of data to meet statewide immunization goals. - Promote and support immunizations through Child and Teen Checkups. - Maintain system for distribution of vaccines received from federal government. - Provide vaccination guidelines and recommendations. - Maintain School Child Care law. - Maintain a system for creating and disseminating consumer and professional education materials that address varying levels of knowledge among community members, and varying cultural practices regarding immunizations. - Provide technical assistance, training and grant funds to local public health departments for immunization practice improvement visits to private providers to promote immunization best practices. | <ul style="list-style-type: none"> - Meet with school nurses, day care providers, regarding roles and responsibilities. - Participate in MN Vaccine for Children’s Program. |

Public Health Responsibility: Prevent the Spread of Infectious Disease

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| | | | <ul style="list-style-type: none"> - Provide training on immunization assessment software and analysis for private clinics with grant funds to conduct assessments. - Conduct periodic conference calls on timely issues. | |
| <p>ID3. Assess infectious disease risks in jurisdiction, apprise community of risks and assure appropriate interventions.</p> | <p>#1 Monitor health status to identify community health problems. #2 Diagnose and investigate health problems and health hazards in the community. #3 Inform, educate, and empower people about health issues. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. #6 Enforce laws and regulations that protect health and ensure safety. #7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> | <p>MS 145A.04, Local Public Health Boards (must) MS 144.05, General duties of Commissioner (must) MS 144.065, Prevention and treatment of sexually transmitted infections (may) MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may)</p> | <ul style="list-style-type: none"> - Maintain statewide infectious disease surveillance system and analyze data. - Provide data and results of analyses to local public health, Community Health Services agencies and Tribal Governments as soon as possible. - Work with local public health and all communities to assure information provided to community members is understandable to all. - Develop a list of local public health contacts that are responsible for information disposition and updates. | <ul style="list-style-type: none"> - Identify key staff with this expertise and these responsibilities. - Maintain ongoing communication with providers. - Develop relationships with local media. - Develop risk communication messages with help of MDH (includes the Health Alert Network). - Work with clinics and medical providers regarding recommended treatment. - Provide day care consultations. |

Public Health Responsibility: Prevent the Spread of Infectious Disease

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| | #9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services. | | | |
| ID4. Based on surveillance data, develop strategies and plans to detect and respond to infectious disease problems and outbreaks within jurisdiction/region. | #1 Monitor health status to identify community health problems. #2 Diagnose and investigate health problems and health hazards in the community. #3 Inform , educate, and empower people about health issues. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. #7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable. #8 Assure a competent public health and personal health care workforce. | MS 145A.04 , Local Public Health Boards (must) MS 144.05 , General duties of Commissioner (must) MS 144.065 , Prevention and treatment of sexually transmitted infections (may) MS 144.343 subd.1 , Minor’s consent (for STD-related health services); 144.346, Information to parents (may) MS 144.4171 , Health threat procedures (must) MS 144.3351 , Immunization data (must) MS 121A.15 , Health standards, immunizations, school children; Minn. 5) (continued) (must) Rules 4604, Immunization (must) MS 145.882 subd.7 , Maternal and Child Health Block Grant distribution (may) | <ul style="list-style-type: none"> - Maintain statewide prevention programs that identify priorities and objectives. - Develop and/or maintain current strategies for public health interventions and outbreak control. - Implement statewide public health outbreak response protocols (such as Severe Acute Respiratory Syndrome (SARS), pandemic flu and foodborne disease) as a part of the statewide Emergency Management Plan. - Provide information and training on the utilization of such protocols. - Work with local public health and all communities to assure strategies and essential information are understandable by all. | <ul style="list-style-type: none"> - Maintain public health preparedness activities that include surveillance, detection and response to infectious diseases. - Continue development of the public health annex. - Work with MDH and regional partners. - Review the Disease Prevention and Control Common Activities Framework. |

Public Health Responsibility: Prevent the Spread of Infectious Disease

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| <p>ID5. Assist and/or conduct infectious disease investigations with MDH.</p> | <p>#2 Diagnose and investigate health problems and health hazards in the community. #7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> | <p>MS 145A.04, Local Public Health Boards (see 145A.04.subd. 6) (must) MS 144.05, General duties of Commissioner (must) Minn. Rules Chptr. 4605, Reportable diseases (must)</p> | <p>Support local disease investigations by:</p> <ul style="list-style-type: none"> - Assume epidemiologic lead and/or provide consultation during investigation, analyzing and sharing results, taking into consideration other jurisdictions. - Assure that laboratory services and analysis of test results are available. Collect specimens as needed. - Provide consultation (e.g., medical, clinical, zoonotic, veterinary), diagnostic evaluation as needed. - Based on epidemiological analysis, recommend and/or provide treatment, and immunization of client populations at risk of or with disease. - Assist with education or control activities. - Provide technical assistance and medications, if needed, to assure tuberculosis case treatment and to assure a thorough contact investigation is conducted for each infectious tuberculosis patient. - Take appropriate action in cases of patient noncompliance. | <ul style="list-style-type: none"> - Conduct tuberculosis investigation and control. - Conduct follow-up activities for Perinatal Hepatitis B, food borne illnesses, tuberculosis skin testing, other communicable diseases follow-up. - Provide education for medical providers. - Conduct/assure refugee health assessments. |

Public Health Responsibility: Prevent the Spread of Infectious Disease

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| | | | <ul style="list-style-type: none"> - Develop culturally-appropriate messages and strategies to improve understanding and assure compliance with needed treatment regimens. - Conduct culturally appropriate investigations. | |
| <p>ID6. When surveillance detects an imminent threat of infectious disease outbreak or epidemic, implement appropriate local disease control programs, including but not limited to mass treatment clinics, mass immunizations clinics, and isolation and quarantine.</p> | <p>#2 Diagnose and investigate health problems and health hazards in the community. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts.</p> | <p>MS 145A.04, Local Public Health Boards (must) MS 144.05, General duties of Commissioner (must) MS 144.3351, Immunization data (must) MS 144.065, Prevention and treatment of sexually transmitted infections (must) MS 144.343 subd.1, Minor’s consent (for STD-related health services) (may) MS 144.346, Information to parents (may) MS Section 12.03, 12.21, 12.31, 12.311, 12.312, 12.32, 12.34, 12.38, 12.39, 13.3806, 144.419, 144.4195, MN Emergency Health Powers Act of 2002 (must) MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may)</p> | <ul style="list-style-type: none"> - Develop and provide mass clinic protocol templates for use by local public health/Community Health Boards. - Assure overall coordination exists for all parties including tribal governments for outbreak management and control in disease outbreak situations, including mass or targeted immunization clinics. - Provide adequate vaccines, antibiotics, and prophylaxis, as needed. - Advocate for state funding, if needed. - Assist and support local public health in addressing cultural and religious or spiritual implications of strategies. | <ul style="list-style-type: none"> - Develop a Mass Clinic Plan for area distribution node. - Continue work on Isolation and Quarantine policies and activities. - Work with MDH, area clinics and hospitals. |

Public Health Responsibility: Prevent the Spread of Infectious Disease

Public Health Responsibility: Protect Against Environmental Health Hazards

Environmental quality is one of the 10 Leading Health Indicators from Healthy People 2010. The essential local activities for environmental health as defined in this framework for Minnesota are based on a work product of the Environmental Health Leadership Team entitled, "The Universe of Environmental Health Activities." They fall into five areas: Clean Air, Clean Water and Sanitation, Safe Food, Healthy Communities, and Preparation for Disasters.

The activities listed are intentionally broad and are for statewide application. Each activity offers flexibility in the way they are implemented and the level of effort in accomplishing them. In several cases, an activity can be carried out by communications between an MDH regional office or a consulting sanitarian. Some activities may be carried out by agencies other than a local or tribal health department or Community Health Board. An activity may be carried out, for example, by a Planning and Zoning Office that administers an Individual Sewage Treatment System (ISTS) program or tribal environmental health services.

These activities emphasize the partnership between state, local and tribal public health agencies in working on environmental health activities, and underscore the need for MDH and local and tribal health agencies to work together. They are designed for state, local and tribal public health programs to hold one another jointly accountable.

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|---|---|--|---|---|
| EH1. Provide the general public and policy leaders with information on health risk, health status, and environmental health needs in the community as well as information on policies and programs regarding environmental health threats to humans. | #3 Inform , educate, and empower people about health issues. | MS145A.10, subd.5a , Powers and duties of Community Health Boards (must) MS 145.882 subd.7 , Maternal and Child Health Block Grant distribution (may) | <ul style="list-style-type: none"> - Provide environmental health education and other information and materials. - Provide direct services to citizens as appropriate. - Assist in the referral of citizens to environmental health services provided by local, state or federal agencies. | <ul style="list-style-type: none"> - For some agencies, these activities are shared responsibilities with other state and local agencies: clean air, safe food, clean water and sanitary conditions, public health nuisances, lead poisoning, and hazardous and solid waste. |
| EH2. Identify the federal, tribal, state, or local agencies with regulatory authority and bring people together to address compliance with public health standards. | #6 Enforce laws and regulations that protect health and ensure safety. | MS145A.10, subd.5a , Powers and duties of Community Health Boards (must) MS 145.882 subd.7 , Maternal and Child Health Block Grant distribution (may) | <ul style="list-style-type: none"> - Assist in the identification of the regulatory authority. Provide information on regulatory activities where MDH is the regulatory authority. | <ul style="list-style-type: none"> - Public health regulatory services include those regarding clean air, safe food, clean water and sanitary conditions, public health nuisances, lead poisoning and other hazardous and solid waste issues. |
| EH3. Develop public health nuisance policies and plans, and assure enforcement of public health nuisance requirements. | #5 Develop policies and plans that support individual and community health efforts. #6 Enforce laws and regulations that protect health and ensure safety. | MS 144.05 , General duties of Commissioner (must) M.S. 145A.04, subd.8 , Powers and duties of Board of Health (must) MS 145A.05, subd.7 , Local ordinances (must) | <ul style="list-style-type: none"> - Maintain public health nuisance guidance currently available on the MDH website. Consult as requested. - Maintain environmental health enforcement training manual currently available on the MDH website. Consult as requested. - Provide consultation as requested on public health nuisance guidance and/or the environmental health enforcement training manual. | <ul style="list-style-type: none"> - Minnesota Statutes 145A, subdivision 17 defines a public health nuisance as “any activity or failure to act that adversely affects the public’s health.” Examples can include garbage houses, animal hording, abandoned methamphetamine drug labs and abandoned water wells. |
| EH4. Monitor the community | | MS 144.05 , General duties of | <ul style="list-style-type: none"> - Maintain childhood lead | <ul style="list-style-type: none"> - Human activities or |

Public Health Responsibility: Protect Against Environmental Health Hazards

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| <p>for significant and emerging environmental health threats, and develop strategies to address these threats.</p> | | <p>Commissioner (must) MS145A.10, subd.5a, Powers and duties of Community Health Boards (must) MS 145.882 subd.7, Maternal and Child Health Block Grant distribution (may)</p> | <p>poisoning case management and clinical treatment guidelines currently available on the MDH website. - Provide direct services to citizens affected by lead poisoning as appropriate. - Consult with or train local agency staff as requested. - Provide information, education and other materials on emerging environmental health threats. - Link local agencies to regional, state, tribal, federal or international programs or models.</p> | <p>changing environments can bring communities in contact with new environmental health hazards capable of causing disease or injury. Newly recognized threats include illegal use of pesticides, abandoned methamphetamine labs, the rapidly increasing incidence of asthma, and the threat of terrorist attacks with chemicals or radioactive materials.</p> |

Public Health Responsibility: Prepare For and Respond To Disasters, and Assist Communities in Recovery

Minnesota's local public health system must be prepared to respond to disasters and assist communities in recovering from disasters. Whether the event is a flood, tornado, infectious disease, or manmade disaster such as terrorism, public health issues are inherent. The essential local activities in this area revolve around public health preparedness and planning to respond to disasters. The critical importance of these public health responsibilities has been highlighted during the past few years, and they are an area of intense focus at this time.

Definition: When 'threats to the public's health' and 'an all hazards approach' are used in this document, it will be understood that these terms mean and include terrorism, outbreaks of infectious diseases, natural and human-made disasters and other public health threats, emergencies and unusual events. An unusual event is: (1) any situation or occurrence that overwhelms and exhausts the resources of the local public health agency and the community, city/county or region; or (2) the unexpected occurrence of diseases; e.g., deaths from upper respiratory illness in 20 year olds, or diagnosing a disease that is no longer seen in the community, such as smallpox.

For all preparedness activities, it is understood that planning cannot and should not occur in isolation. Therefore it is necessary to establish and maintain regular contact with others in the community. Who is involved may differ to some degree in communities, but should minimally try to include: elected officials, law enforcement, tribal governments, city/county administration or other city/county departments, Emergency Medical Services (fire/rescue/ambulance services), emergency management, tribal governments, hospitals, medical clinics, schools, communities of color, faith communities, other formal and informal community leaders such as elders and clan leaders.

Public Health Responsibility: Prepare for and Respond to Disasters, and Assist Communities in Recovery

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|---|---|--|--|---|
| <p>EP1. Provide leadership for public health preparedness activities in the community by developing relationships with community partners and tribal governments at the local, regional, and state levels.</p> | <p>#4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. #6 Enforce laws and regulations that protect health and ensure safety. #7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable. #10 Research for new insights and innovative solutions to health problems.</p> | <p>MS12.03 subd.9a, Definitions Emergency Powers and Chap 9.061, Additional powers; emergencies (may) MS 145A.10 subd.5a, Powers and duties of Community Health Boards (may)</p> | <ul style="list-style-type: none"> - Clearly delineate key preparedness roles within MDH. - Maintain regular communication with local governments about MDH preparedness activities through the SCHSAC. - Develop and maintain relationships with partners at the state, tribal and regional/cross-border levels. - Participate in the development, implementation and evaluation of training to build leadership capacity. - Meet regionally with stakeholders on issues related to public health emergencies, e.g., mental health. | <ul style="list-style-type: none"> - Assign staff with key preparedness roles and maintain contact information on the MDH Workspace. - Maintain public health emergency advisory committee. - Make reports, as needed, on public health preparedness activities to local elected officials. - Develop roles and responsibilities with local and regional partners (e.g., other public health agencies, hospitals, emergency managers, clinics, first responders). |
| <p>EP2. Conduct or participate ongoing assessments to identify potential public health hazards and the capacity to respond.</p> | <p>#1 Monitor health status to identify community health problems. #2 Diagnose and investigate health problems and health hazards in the community. #4 Mobilize community partnerships to identify and solve health problems. #8 Assure a competent public</p> | <p>MS 145A.10 sub.1, Powers and duties of Community Health Boards (must)</p> | <ul style="list-style-type: none"> - Working with local public health representatives, develop assessment instruments and provide data analysis. - Provide feedback and training on assessment tools and techniques. - Utilize the Health Alert Network Workspace to provide a localized center for information exchange. | <ul style="list-style-type: none"> - Throughout planning, continually assess the local public agency’s ability to respond to emergencies. - Participate in or support assessments that are conducted by other local, state or federal agencies. - Participate in the |

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| | health and personal health care workforce. #9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services. #10 Research for new insights and innovative solutions to health problems. | | | identification of potential local or regional hazards. |
| EP3. Develop , exercise and periodically review comprehensive plans for all threats to the public's health. | #2 Diagnose and investigate health problems and health hazards in the community. #4 Mobilize community partnerships to identify and solve health problems. #5 Develop policies and plans that support individual and community health efforts. #6 Enforce laws and regulations that protect health and ensure safety. #7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable. #8 Assure a competent public health and personal health care workforce. | MS 12.29 subd.2 , Local emergency response and recovery (must) | <ul style="list-style-type: none"> - Develop an MDH all hazard response plan. - Provide protocols, templates, and technical assistance for planning, - Identify needs for additional templates, protocols, procedures and guidance and develop and disseminate tools to meet the needs. - Establish and maintain a collaborative atmosphere for public health with health care institutions. - Participate in local and regional exercises as requested. - Develop guidance for intra-state and cross-regional (interstate and international) planning. - Develop isolation and quarantine protocols and templates. - Provide training opportunities for isolation and quarantine issues. - Develop Strategic National Stockpile (SNS) guidance and | <ul style="list-style-type: none"> - Participate in the development of the city/county emergency operations plan. - Develop, maintain, and exercise agency operations plans to carry out public health roles in city/county emergency plans. - City/county operations plans should be developed and exercised in coordination with regional and state plans. - Understand the local role in the MDH All Hazard Plan. - Where appropriate, incorporate cross-border issues into the local operational plan. - Prepare isolation and quarantine plans. The CHB must participate in the identification and development of the local public health role in patient care coordination. |

Public Health Responsibility: Prepare for and Respond to Disasters, and Assist Communities in Recovery

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| | <p>#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p> <p>#10 Research for new insights and innovative solutions to health problems.</p> | | <p>templates.</p> | |
| <p>EP4. Participate in surveillance and monitoring activities to detect patterns of unusual events; implement appropriate actions.</p> | <p>#1 Monitor health status to identify community health problems.</p> <p>#2 Diagnose and investigate health problems and health hazards in the community.</p> <p>#4 Mobilize community partnerships to identify and solve health problems.</p> <p>#6 Enforce laws and regulations that protect health and ensure safety.</p> <p>#10 Research for new insights and innovative solutions to health problems.</p> | <p>MS 144.05, General duties of Commissioner (must)</p> <p>145A MN Rules 4605.7500, Disease investigations (must)</p> | <ul style="list-style-type: none"> - Provide ongoing outbreak response training. - Provide ongoing training about how to increase provider disease reporting. - Provide communication about ongoing disease investigations. - Secure, facilitate and/or provide guidance on isolation and quarantine. - Provide guidance on state and local roles in surveillance, developed with local public health and tribal governments' input. - Maintain the Health Alert Network system. - Provide guidance and training on Health Alert Network expansion and education. | <ul style="list-style-type: none"> - Implement disease-reporting protocols, as outlined in the DP&C Common Activities Framework. - Maintain communication with local partners through HAN and personal contacts. - Participate in training provided by the MDH as needed. |
| <p>EP5. Participate in an all hazard response and recovery.</p> | <p>#2 Diagnose and investigate health problems and health hazards in the community.</p> | <p>MS 12.29, subd.2, Local emergency response and recovery (must)</p> | <ul style="list-style-type: none"> - Assist in identification of roles of state, regional and local public health staff in county, regional and | <ul style="list-style-type: none"> - Respond to events of bioterrorism, other infectious disease outbreaks, and other |

Public Health Responsibility: Prepare for and Respond to Disasters, and Assist Communities in Recovery

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| | <p>#3 Inform, educate, and empower people about health issues.</p> <p>#4 Mobilize community partnerships to identify and solve health problems.</p> <p>#5 Develop policies and plans that support individual and community health efforts.</p> <p>#6 Enforce laws and regulations that protect health and ensure safety.</p> <p>#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> <p>#8 Assure a competent public health and personal health care workforce.</p> <p>#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p> <p>#10 Research for new insights and innovative solutions to health problems.</p> | | <p>statewide responses.</p> <ul style="list-style-type: none"> - Provide current scientific information about hazards to local public health and tribal governments. - Promote Incident Command training for state and local staff. - Participate in exercises. | <p>public health threats and emergencies, according to the established plan.</p> |
| <p>EP6. Develop and maintain a system of public health workforce readiness,</p> | <p>#4 Mobilize community partnerships to identify and solve health problems.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health</p> | <ul style="list-style-type: none"> - Implement the recommendations outlined in the “Minnesota Emergency Preparedness Education | <ul style="list-style-type: none"> - Participate in the development and implementation of local and/or |

Public Health Responsibility: Prepare for and Respond to Disasters, and Assist Communities in Recovery

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| deployment and response. | <p>#8 Assure a competent public health and personal health care workforce.</p> <p>#10 Research for new insights and innovative solutions to health problems.</p> | Boards (may) | and Training Plan for preparing the Local Public Health Work Force.” - Initiate and maintain the MN Responds! volunteer database and workforce registry. - Work with local public health and American Indians, communities of color, immigrants and/or refugees to assure a diverse deployment workforce. - Facilitate discussions of needed staff and the skills and training staff need for their jobs/roles. - Provide trainings for public health staff by agency, county or region. | regional training plans. - Develop or refine a system to deploy the workforce necessary to respond to a public health emergency. - Develop a process of identifying and recruiting a surge capacity workforce that can be called upon during a public health emergency. |
| <p>EP7. Develop and implement a system to provide timely, accurate and appropriate information in a variety of languages for elected officials and the public, the media, and community partners including tribal governments in the event of all types of public health emergencies.</p> | <p>#3 Inform, educate, and empower people about health issues.</p> <p>#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> <p>#8 Assure a competent public health and personal health care workforce.</p> | | - Continue to employ an MDH communication/public information officer. - Arrange for risk communication training and include advanced training. - Provide guidance on the development of county and regional risk communication plans. - Maintain the Health Alert Network and utilize MDH Workspace for preparedness communication. | - During business hours, reply to all health alert messages within two hours of receipt. - Transmit MDH health alert messages to local health alert contacts (when appropriate) within two hours of receipt. - Participate in 24/7 alerting tests and maintain 24/7 alerting capacity. - Test local HAN primary and backup systems at least twice a year - Complete risk communication assessment tool provided by the state. |

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| | | | <ul style="list-style-type: none"> - Work with American Indians, communities of color, immigrants and/or refugees to develop communication systems and strategies appropriate to their communities. - Develop or provide assistance in developing pre-event outreach plans for the public and the media. | <ul style="list-style-type: none"> - Maintain and exercise risk communication component of response plan. - Risk communication plan should include strategies for communicating with special populations. |

Public Health Responsibility: Prepare for and Respond to Disasters, and Assist Communities in Recovery

Public Health Responsibility: Assure the Quality and Accessibility of Health Services

The development of the following proposed essential local activities was guided by consideration of relevant Minnesota State Statutes, state/local expertise, other states' minimum standards, the six main jobs of a public health system as defined by a 1994 Public Health Steering Committee, and the National Association of County and City Health Officials (NACCHO) recent draft operational definition of a functional local public health agency.

Agreement existed in these guidance materials that local health departments should periodically assess the health care capacity of their communities, including the quality of services provided and accessibility to those health services; inform people of the assessment results; and link people to needed services. Access to health care is one of the 10 Leading Health Indicators from Healthy People 2010. Assuring that health services are accessible has led some local health departments to provide health care for people who lack health insurance or to provide services that are not accessible among private providers (e.g. immunization, sexually transmitted disease services, home care and home visiting, dental care for children, and health education and counseling).

Each tribal government in Minnesota has a health system in place and is not obligated to participate in the implementation of the essential local activities in this framework. However, as dual citizens of the tribe and state, all American Indians are entitled to have access to the essential activities in this framework.

Public Health Responsibility: Assure the Quality & Accessibility of Health Services

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| <p>HS1. Identify gaps in the quality and accessibility of health care services.</p> | <p>#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 125A.30 (b) (8), Interagency Early Intervention Committees (may) MS 144.05, General duties of Commissioner (may) MS 145.56, Suicide Prevention (may) MS 145A.882, subd.7, Maternal and Child health Block Grant distribution (may) MS 145.925, Family Planning Grants (may)</p> | <ul style="list-style-type: none"> - Collect and share county and statewide workforce data. - Collect and share county health profiles data. - Maintain and expand county health profiles data. - Work with data systems to assure health workforce data address racial/ethnic identification, and languages understood and spoken. - Use the Culturally and Linguistically Appropriate Services (CLAS) standards to measure quality and accessibility of health care services for all community members. - Work with local public health and communities to determine ways in which accessibility and quality can be assessed in safe and culturally appropriate ways. - Disseminate the results of any statewide studies that might affect the quality and accessibility of health care services at the local level. - Continue implementation of the Sage Screening Program to provide free breast and cervical cancer screening to low income, | <ul style="list-style-type: none"> - Monitor publicly reported quality indicators through use of contracts. - Participate in community groups (Families First, Early Childhood Connections, Community Connector’s, local Interagency Early Intervention Committees, Parent Advisory Committees). - Utilize the CHS Advisory Committee to study issues. - Assure that behavioral health services are included in this analysis. - Examine utilization of MDH’s Sage Breast and Cervical Cancer Screening Program for numbers participating and providers involved. - Analyze data and information from such sources as Child and Teen Checkup Outreach efforts, long term care consultations, personal care assessments, the infant follow along program and the kindergarten retrospective survey. |

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| | | | <p>uninsured, and underinsured Minnesotans.</p> <ul style="list-style-type: none"> - Provide Child and Teen Checkup training and consultation for private providers and public health agencies. - Continue implementing the Vaccine for Children Program, and building the statewide immunization registry. - Provide technical assistance and consultation for hospitals and clinics on operations, finances, quality of care and patient satisfaction. | |
| <p>HS2. Based on the on-going community assessment, inform and educate the public and providers on issues related to the quality and accessibility of health care services in the community.</p> | <p>#3 Inform, educate, and empower people about health issues.</p> | <p>MS 125A.30, Interagency Early Intervention Committees (may) MS 144.05, General duties of Commissioner (may) MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 145.56, Suicide Prevention (may) MS 145.882, subd.7, Maternal and Child Health Block Grant distribution (may) MS 145.925, Family Planning Grants (may)</p> | <ul style="list-style-type: none"> - Continue producing and disseminating Health Economics Reports. - Provide related technical assistance as requested. - Work with local public health departments on appropriate outreach strategies, tracking and follow-up. - Monitor complaint process and provide local public health with trend information. - Work with local public health, communities, and providers to develop and implement strategies to assure | <ul style="list-style-type: none"> - Share community assessment findings with the media, policy makers and community, e.g., lack of affordable health care, fragmentation of services. - Encourage changing clinic practices to be less invasive and more acceptable to patients when possible (testing for sexually transmitted infections among young males, rapid HIV testing). - Encourage new testing and diagnostic tools. |

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| | | | <p>the Culturally and Linguistically Appropriate Services (CLAS) standards are met for all.</p> | <ul style="list-style-type: none"> Encourage practices to improve access for special populations, populations of color and American Indians. Participate in need assessments and program planning activities conducted by Head Start, local social services, health, education and other community agencies. Include Head Start, Human Services, education and other agencies that serve children with special health needs in the assessment process. |
| <p>HS3. Lead efforts to establish, maintain and/or improve access to personal health services, including culturally competent preventive and health promotion services, as identified in the planning process.</p> | <p>#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) MS 144.05, General duties of Commissioner (may) MS 145.56, Suicide Prevention (may) MS 145.882, subd.7, Maternal and Child Health Block Grant distribution (may) MS 145.925, Family Planning Grants (may)</p> | <ul style="list-style-type: none"> Work with communities and local public health to assure health care providers and services include a diverse, appropriate, and trained workforce. Work with communities and local public health to make best use of foreign-trained providers in health education and translator roles. Work to create statewide use of community health workers from diverse communities to provide outreach and health education services. | <ul style="list-style-type: none"> Conduct or assure programs and activities such as: home care (skilled nursing, physical therapy/occupational therapy, home health aide/home maker), jail health, school-based clinics, early identification and intervention, case management with Family Services, foot care clinics, public health nurse clinics for mental health clients, immunization clinics (Vaccine For Children and flu). Pilot new delivery systems. |

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| | | | <ul style="list-style-type: none"> - Provide consultation on jail health. | <ul style="list-style-type: none"> - Provide family planning/reproductive health for men and women of childbearing age. - Facilitate the management of chronic diseases, e.g., encourage changing clinic practices and systems to provide better care and to help patients better manage chronic diseases. |
| <p>HS4. Promote activities to identify and link people to needed services.</p> | <p>#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p> | <p>MS 145A.10 subd.1, Powers and duties of Community Health Boards (must) CFR 303.160, CFR 303.165, (part C early intervention for infants and toddlers) (may) MS 125A.30, Interagency Early Intervention Committees (may) MS 125A.027, (Coordination with children with disabilities) (may) MS 144.05, General duties of Commissioner (may) MS 145.56, Suicide Prevention (may) MS 145.882, subd.7, Maternal and Child Health Block Grant distribution (may)</p> | <ul style="list-style-type: none"> - Develop uniform materials and/or conduct statewide media campaigns for outreach. - Work with other statewide serving organizations to assure support for local outreach activities. - Work with local public health, communities, and statewide organizations to assure availability of outreach and health education materials and other resources appropriate to the languages and cultures of Minnesota’s diverse communities. - Provide training on funding options for families. - Provide training, technical assistance and consultation for local public health departments | <ul style="list-style-type: none"> - Provide services such as Child and Teen Outreach, Follow Along Program, Women, Infant and Children clinic referrals to health care - Act as navigator and advocate to help people get through the system, e.g., case manager for special needs child. - Provide information and referral services, e.g., physical and mental health services. - Coordinate interagency system for children birth – 21, including those with disabilities. - Provide Long Term Care Consultation assessments. - Represent public health interests by participating on |

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| | | <p>MS 145.925, Family Planning Grants (may) MS 145A.17, Family Home Visiting Program (may)</p> | <p>and health care providers on screening program promotion and implementation, payment issues, follow-up and health professional education, e.g., Sage screening, Child and Teen Check screening,</p> | <p>community and health-related collaboratives. - Advocate for every person to have a primary health care provider (Medical Home). - Make sure people in the community get good health services. - Provide a county resource directory, information and referral activities/services. - Develop and maintain a county website.</p> |