

Required Local Public Health Activities

This document is intended to respond to requests for clarity about the mandated activities that community health boards must undertake in order to meet statutory obligations under the Local Public Health Act (Minn. Stat. § 145A).

The Local Public Health Act provides specific authorities and responsibilities to community health boards in order to protect and promote health in Minnesota. The statute defines six areas of local public health responsibility:

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This document lays out the minimum or foundational activities that are required of community health boards. These requirements are detailed for each area of public health responsibility on the following pages. These activities represent expectations that must be carried out regardless of whether or not a community health board has grant funds to support them. In addition, community health boards should conduct additional public health activities to address locally identified priorities.

This document is an update of the Essential Local Public Health Activities Framework adopted by the State Community Health Services Advisory Committee (SCHSAC) and the Minnesota Department of Health in 2005. That framework identified the essential activities that are the responsibility of every community health board in Minnesota and was intended to: define a set of public health activities on which Minnesotans can count no matter where they live; provide a consistent framework for describing local public health; and provide a basis for ongoing measurement, accountability, and improvement.

Questions

If you have questions about these activities, please contact either Deb Burns, Director of the Centers for Health Equity and Community Health (651-201-3873, debra.burns@state.mn.us) or Chelsie Huntley, Director of the Center for Public Health Practice (651-201-3882, chelsie.huntley@state.mn.us).

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Assure an Adequate Local Public Health Infrastructure

Assure an adequate local public health infrastructure *“by maintaining the basic foundational capacities to a well-functioning public health system that includes data analysis and utilization; health planning; partnership development and community mobilization; policy development, analysis, and decision support; communication; and public health research, evaluation, and quality improvement.”*

Required Local Public Health Activities

Maintain a local governance structure for public health, consistent with state statutes. At a minimum, the community health board must:

- Have at least five members and must elect a chair and vice-chair;
- Hold at least two meetings per year;
- Appoint, employ or contract with a CHS administrator who meets [personnel requirements](#) to act on its behalf; and
- Appoint, employ, or contract with a medical consultant to provide advice and direction to community health board staff.

At least every five years, **conduct a comprehensive assessment** of the health of the jurisdiction’s population and the broad range of factors that impact health. At a minimum, the community health board must:

- Develop the assessment through a collaborative process that includes a range of community stakeholders who represent a variety of sectors in the jurisdiction and representatives from populations that are at higher health risk or have poorer health outcomes than the general population;
- Include data and information from a variety of sources;
- Describe the demographics of the population, health issues of the population, factors that contribute to health issues, and existing resources that can be mobilized to address them;
- Describe the existence and extent of health inequities and the factors that contribute to them;
- Share the assessment with community stakeholders and make the assessment accessible to the public; and
- Submit the assessment to the commissioner of health.

At least every five years, **develop a community health improvement plan**. At a minimum, the plan must:

- Be developed through a collaborative planning process that includes:
 - A range of community stakeholders who represent a variety of sectors in the jurisdiction and representatives from populations that are at higher health risk or have poorer health outcomes than the general population;
 - Issues and community assets identified by the community and stakeholders; and
 - A process to set health priorities.
- Be informed by the data and information from the community health assessment;

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- Include community health priorities, measurable objectives, improvement strategies, and activities with time-framed targets;
- Include consideration of health inequities and the factors that contribute to them;
- Include policy changes needed to accomplish objectives;
- Designate individuals and organizations responsible for implementing strategies;
- Consider relevant state and national health improvement priorities; and
- Be submitted to the commissioner of health.

Implement, monitor, and revise (as needed) the strategies in the community health improvement plan. At a minimum, the community health board must:

- Track actions taken;
- Assess the feasibility and effectiveness of the strategies no less than annually;
- Make revisions with community stakeholders; and
- Produce an annual report of progress and make it available to the public.

Seek resources for community health issues based on data and/or community priorities. At a minimum, the community health board must:

- Consider the income and expenditures required to meet local public health priorities and statewide outcomes in levying taxes; and
- Provide at least a 75 percent match for the State funds received through the Local Public Health Act grant. Eligible match funds include local property taxes, third party reimbursements, fees, other local funds, donations and non-federal grants.

Maintain a performance management system to monitor achievement of organizational objectives and apply quality improvement tools and methods. At a minimum the community health board must:

- Set organizational objectives and strategies at all levels of the community health board;
- Measure, monitor, analyze, and share progress towards achieving objectives; and
- Use data to identify and address performance gaps.

Develop and maintain a competent workforce to carry out the required activities in each of the six areas of public health responsibility. This includes recruitment, retention, succession planning, and staff development. At a minimum, the community health board must:

- Consider necessary public health competencies such as the nationally adopted Core Competencies for Public Health Professionals; and
- Recruit a workforce that reflects the demographics (e.g., race, ethnicity, language, etc.) of the jurisdiction.

Annually **report to the commissioner** on a set of performance measures, be prepared to provide documentation of ability to meet the performance measures, and comply with accountability requirements outlined each year.

Promote Healthy Communities and Healthy Behaviors

Promote healthy communities and healthy behaviors *“through activities that improve health in a population, such as investing in healthy families; engaging communities to change policies, systems, or environments to promote positive health or prevent adverse health; providing information and education about healthy communities or population health status; and addressing issues of health equity, health disparities, and the social determinants to health.”*

Required Local Public Health Activities

Maintain an awareness of emerging issues and data trends in the jurisdiction related healthy communities and healthy behaviors. At a minimum, the community health board must monitor each of the following for the overall population and sub-populations within the jurisdiction:

- Leading causes of death and disability;
- Disease rates;
- Birth outcomes;
- Health behaviors; and
- Factors that impact health such as income, education, and employment.

At least annually, **inform policy makers and other stakeholders of emerging issues and data trends** in the jurisdiction (including health inequities), and potential policies or strategies that promote positive health or prevent adverse health.

Identify and address factors that contribute to health inequities. At a minimum the community health board must:

- Use data and input from the community to identify health inequities and the factors that contribute to them;
- Engage with the populations experiencing health inequities to develop and implement strategies; and
- Participate in cross-sector efforts to address the community conditions that contribute to health inequities.

Implement population-based health promotion strategies based on community needs and priorities. At a minimum, the community health board must:

- Engage with population(s) most affected by the health issue(s) to develop and implement the strategy/s;
- Implement evidence-based strategies or in cases where an evidence-base does not exist use promising or emerging practices;
- Implement strategies that focus on social and environmental factors that influence health and health behaviors; and
- Implement strategies in collaboration with stakeholders, partners, and the community.

Contribute to local discussions concerning public policy and its impact on health at least one time per year. This may include providing informational materials (fact sheets and data), public testimony, and/or participation in advisory or work groups tasked with providing advice or influencing policies that impact health.

Protect Against Environmental Health Hazards

Protect against environmental health hazards *“by addressing aspects of the environment that pose risks to human health, such as monitoring air and water quality; developing policies and programs to reduce exposure to environmental health risks and promote healthy environments; and identifying and mitigating environmental risks such as food and waterborne diseases, radiation, occupational health hazards, and public health nuisances.”*

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Include environmental health in the community health board’s comprehensive community health assessment at least once every five years. At a minimum, the community health board must look at the impact of air quality, water quality, the built environment, and food safety on the health of the jurisdiction’s population.

Monitor significant and emerging environmental threats to human health in the jurisdiction. At a minimum, the community health board must maintain an awareness of the following, regardless the community health board’s role in providing environmental health programs:

- Blood lead surveillance data;
- Food-, water-, and vector-borne illness data;
- Safety of food, pools, and lodging establishments;
- Safety of drinking water sources and systems;
- Air quality alerts; and
- Extreme heat or cold events.

Work with partners and stakeholders to **identify and implement strategies to address environmental threats to human health** as needed.

At least annually, **inform policy makers of the environmental threats to human health** in the jurisdiction, the prevention activities already taking place, and additional strategies for mitigating those threats. This may be done in coordination with others but must address human health.

Coordinate with others to **provide the public with information on how to protect their health** from or reduce exposure to environmental threats that pose a risk to human health as needed.

Support implementation of state and local laws, regulations, and guidelines that seek to protect the public’s health from environmental health risks.

Comply with state statutes for removal and abatement of public health nuisances (Minn. Stat. § 145A.04, subd. 8).

Follow the Childhood Blood Lead Case Management Guidelines for Minnesota.

Maintain relationships and regular communication with federal, state, tribal, and local agencies with regulatory authority and/or provide environmental health services in the jurisdiction.

Prepare and Respond to Emergencies

Prepare and respond to emergencies *“by engaging in activities that prepare public health departments to respond to events and incidents and assist communities in recovery, such as providing leadership for public health preparedness activities with a community; developing, exercising, and periodically reviewing response plans for public health threats; and developing and maintaining a system of public health workforce readiness, deployment, and response.”*

Required Local Public Health Activities

Conduct or participate in assessments to identify jurisdictional risks and their impact on the public’s health at least every five years. Assessments must be done in conjunction with key stakeholders such as emergency management and healthcare coalitions.

Develop, exercise, and maintain preparedness and response strategies and plans to address public health needs during all types of disasters and emergencies. At a minimum, the community health board must:

- Participate in jurisdiction’s response planning and ensure public health is in the jurisdiction’s all-hazards plan;
- Include access and functional needs of at-risk individuals in plans;
- Maintain public health preparedness plans according to the Center for Disease Control’s public health preparedness guidance as it pertains to the community health board’s role and responsibilities in the jurisdiction;
- Exercise components of response plans with key stakeholders such as emergency management and healthcare coalitions at least twice per year;
- Coordinate plans and exercises with healthcare coalitions; and
- Maintain a local continuity of operations plan.

Respond and support recovery efforts in incidents with an impact to the public’s health. In the case of an incident, the community health board must:

- Activate public health emergency response personnel;
- Coordinate with federal, state, and county emergency managers and other community partners active in the response;
- Operate within, and as necessary lead, the jurisdiction’s incident command system;
- Provide efficient and appropriate situation assessment, determine objectives for the health needs of those affected (including access and functional needs of at-risk individuals), allocate resources to address those needs, and return to routine operations;
- Develop short- and long-term public health goals for recovery operations; and
- Activate plans for mass prophylaxis as indicated by the Commissioner of Health (Minn. Stat. § 144.4197, § 144.4198).

Develop and maintain a system of public health workforce readiness, deployment, and response. The community health board must:

- Follow FEMA’s National Incident Management System (NIMS) for preparedness training;
- Have notification procedures and activation structure for staff and volunteers; and

REQUIRED LOCAL PUBLIC HEALTH ACTIVITIES

- Test call-down of staff at least once per year.

Provide timely, accurate, and appropriate information to elected officials, the public, the media, and community partners in the event of a public health emergency. At a minimum, the community health board must:

- Coordinate with state, local, and tribal partners to ensure unified messaging;
- Provide information to the public in a variety of languages as determined by local need;
- Follow the Health Alert Network (HAN) operational guidelines from MDH; and
- Provide the community with information about how to protect their health.

Enforce emergency health orders as directed by the Commissioner of Health or as needed.

Establish and maintain relationships and regular communication with state and local emergency management, tribal governments, healthcare coalitions, community partners, and state agencies.

Assure Health Services

Assure health services *“by engaging in activities such as assessing the availability of health-related services and healthcare providers in local communities; identifying gaps and barriers in services; convening community partners to improve community health systems; and providing services identified as priorities by the local assessment and planning process.”*

Required Local Public Health Activities

Lead or participate in a collaborative process to assess the availability of healthcare services at least once every five years. At a minimum, the community health board must:

- Collaborate with the healthcare system and other stakeholders;
- Identify barriers to healthcare services and populations that experience them;
- Identify gaps in service and populations that experience them; and
- Consider emerging issues that may impact access to care (e.g. changes in healthcare system structure or healthcare reimbursement).

Inform policy makers and other stakeholders about gaps in the availability of healthcare services and potential strategies for addressing the identified gaps.

Lead or participate in collaborative efforts to identify and implement strategies to increase access to healthcare services.

Prevent the Spread of Communicable Diseases

Prevent the spread of communicable diseases *“by preventing diseases that are caused by infectious agents through detecting acute infectious diseases, ensuring the reporting of infectious diseases, preventing the transmission of infectious diseases, and implementing control measures during infectious disease outbreaks.”*

Requirements for this area have been developed through SCHSAC and outlined in the [Disease Prevention and Control Common Activities Framework](#) since 1999. The Common Activities Framework was last updated in July 2015; the next update is planned for 2018.

Required Local Public Health Activities

Disease Surveillance/Data Collection

1. Promote provider compliance of infectious disease reporting pursuant to Minn. Rule 4605.
 - a. Disseminate guidelines to local providers (e.g., vaccine schedules and recommendations; STD/HIV prevention, testing, and treatment including perinatal; TB prevention, diagnosis, and treatment; food-and waterborne illness).
2. Share surveillance data with providers at least annually.
 - a. Review surveillance data with staff.
 - b. Identify any local barriers to the reporting process; and
 - c. Assess LPH/CHB program effectiveness.
 - d. May also share data with other interested parties (e.g., community health board, health advisory board, local legislators)
3. Assess immunization coverage levels:
 - a. Assess immunization levels in public health clinics, if appropriate, and encourage and support private clinic assessment using the Minnesota Immunization Information Connection (MIIC); and
 - b. Share state and local immunization reports with schools, policy makers, providers, regional coordinators, and others such as daycare providers.
 - c. Assess gaps and barriers to age-appropriate immunizations as warranted by local immunization coverage data
4. Assess adherence to immunization practice standards (i.e., Advisory Committee on Immunization Practices recommended schedules) and provide consultation, as needed.
5. Assess health needs of the population living in the LPH/CHB jurisdiction related to infectious diseases.
6. Review current DP&C literature related to incidence of disease, barriers to health care and other needs of the public and disenfranchised from the health care delivery system.
7. Collaborate on special studies, as warranted, to better understand epidemiology of infectious diseases.
 - a. Identify and/or recruit surveillance sites upon request.
8. Review the environmental health program activities related to food- and waterborne diseases and other infectious diseases with environmental etiology. Communicate surveillance data to MDH.

Disease Prevention

1. Maintain current MDH and Centers for Disease Control and Prevention (CDC) infectious disease recommendations and protocols.
 - a. Develop policies and plans (e.g. All-Hazards, Pandemic) to assure capacity to respond to cases of infectious disease (Minn. Rule 4605).
 - b. Disseminate guidelines to local providers
2. Develop and implement screening and referral strategies for high-risk groups when indicated and clinically appropriate.
3. Assure vaccines for immunizations are available, viable and properly administered. Establish and manage public immunization clinics, as needed, based on population-based assessment data. Follow best practice vaccine management standards.
 - a. Participate in annual IPI Advisor training.
 - b. Perform Minnesota Vaccines for Children (MnVFC) site visits with MnVFC providers.
4. Maintain and provide consumer education information based on community needs to the public and:
 - a. Develop local community education programs;
 - b. Maintain current lists of local providers and resources for people infected with STD/HIV; and
 - c. Develop a communication plan for infectious disease issues
 - d. Maintain ability receive and forward health alert information to local health care providers and others, as needed.
5. Collaborate regionally on infectious disease prevention efforts:
 - a. Identify staff that need training;
 - b. LPH/CHB agencies in a region will exchange information on infectious disease prevention and control activities on a regular basis;
 - c. Maintain contact with regional and state MIIC registry contacts; and
 - d. Assure immunization responsibilities are maintained.
6. Follow the Health Alert Network (HAN) operational guidelines from MDH, including to:
 - a. Receive and promptly acknowledge any Health Alert Network message sent by MDH.
 - b. Review MDH HAN messages in a timely way, adding additional information of local relevance as appropriate, and forwarding the message to local HAN recipients.
 - c. Serve as an information resource to local HAN recipients in response to HAN messages.
 - d. Assure the capacity to initiate a HAN

Disease Control

1. Assist and/or conduct investigations on infectious diseases in collaboration with the MDH and/or refer information related to cases and suspect cases to the MDH.
2. In outbreak situations conduct mass or targeted immunization clinics, arranging for staffing, training, emergency supplies, and other logistical needs.
3. Proactively implement local disease control programs, as indicated, from local surveillance data and trends. These programs should then be part of the Framework and included as part of the LPH/CHB Plan.

REQUIRED LOCAL PUBLIC HEALTH ACTIVITIES

4. LPH/CHB agencies will work with the local emergency management agency and others to develop and maintain a local Emergency Management Plan.
5. Maintain provisions for 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards

Tuberculosis

1. Designate staff within the LPH/CHB agency to perform TB control responsibilities.
2. Assess health needs of populations living in the LPH/CHB jurisdiction:
 - a. Assure that immigrants and refugees with overseas chest x-ray findings consistent with possible active TB (i.e., TB Class B1 conditions) receive medical evaluation and follow-up, as needed, after arrival in the LPH/CHB jurisdiction. Report results of evaluations to MDH.
3. Assure 100% of persons with TB disease in LPH/CHB jurisdiction complete TB treatment by providing nurse case management and directly observed therapy (DOT) or other treatment supervision according to CDC/MDH standards.
 - a. Assure that infectious TB patients residing in the LPH/CHB jurisdiction adhere to appropriate infection control precautions. Notify MDH of individuals who will not adhere to precautions.
 - b. Notify MDH or LPH/CHB agency of patients who are non-adherent to TB treatment.
 - c. Notify MDH and refer treatment supervision and case management to another state or county if patient leaves jurisdiction before treatment is completed.
4. Conduct contact investigations on infectious TB patients in the LPH/CHB jurisdiction and report results to MDH. Notify other jurisdictions of contacts residing in those jurisdictions (i.e., Minnesota counties). Evaluate and follow-up on contacts to cases that occur in other jurisdictions and who reside in the LPH/CHB jurisdiction and report results to those jurisdictions.

Designate Staff Roles for all Disease Prevention & Control Activities

1. Each local public health agency will assign a staff person(s) the responsibility of assuring that all infectious disease surveillance, prevention, and control activities as stated in the DP&C Common Activities Framework, and pursuant to Minn. Stat. § 145A, are being performed. The DP&C Coordinator role will assure:
 - a. Surveillance activities, and
 - b. Response to Infectious Disease, and
 - c. Maintain their contact information in the Workspace.
2. Assure local staff is responsible for disease surveillance activities. Staff will:
 - a. Enter contact information into Workspace
 - b. Submit electronic reporting including the Minnesota Electronic Disease Surveillance System (MEDSS);
 - c. Maintain current lists of all providers within jurisdiction;

REQUIRED LOCAL PUBLIC HEALTH ACTIVITIES

- d. Assure reporting rules, report cards and MDH toll free reporting phone number (1-877-676-5414) are available to all medical clinics and laboratories, and hospitals;
 - e. Respond to inquiries from reporting sources; and
 - f. Forward any reports of cases or suspect cases to MDH.
3. Designate staff within the local public health (LPH)/CHB agency to assure infectious disease responsibilities for
- a. Tuberculosis (TB)
 - b. Sexually transmitted disease (STD)/HIV
 - c. Vaccine-preventable disease surveillance
 - d. Refugee health
 - e. Flu
 - f. Immunization Practices Improvement (IPI) visits
 - g. Foodborne/vector borne diseases
 - h. Perinatal Hepatitis B
 - i. Other diseases as deemed necessary by MDH and LPH/CHB.