



BELTRAMI COUNTY

MEETING AGENDA

Beltrami County Community Health Board
April 16, 2024
2:00 p.m.

Meeting to be held in the County Board Room
County Administration Building, 701 Minnesota Avenue NW
Bemidji, MN

Agendas and approved Minutes can be found on the County Website.
<https://www.co.beltrami.mn.us/our-government/community-health-board/>

1. **Call to Order and Roll Call - 2:00 p.m.**
2. **Approval of the Agenda (Additions/Corrections/Deletions) – 2:00 p.m.**
3. **Approval of Minutes 2:05 p.m.**
4. **New Funding Sources – 2:10 p.m.**
 - 4a. MDH – Allocation of Response Sustainability Grant (RSG)
 - 4b. MDH – Allocation of Foundational Public Health Responsibilities
 - 4c. Overall 2024-2025 Funding plan
5. **Opioid Remediation Education and Uses 2:30 p.m.**
6. **Community Health Assessment (CHA/CHIP) – 2:45 p.m.**
7. **Commissioners' comments and agenda additions for next meeting – 250: p.m.**
8. **Adjourn – 2:55 p.m.**



Date: April 16, 2024
Beltrami County
Community Health Board

AGENDA BILL

SUBJECT: Approval of the Minutes

RECOMMENDATIONS: Approval, as presented

DEPARTMENT OF ORIGIN: HHS, Public Health Division

CONTACT PERSON (Name and Phone Number): Amy Bowles, CHS Administrator, 333-8116

DATE SUBMITTED: April 10, 2024

CLEARANCES: N/A

BUDGET IMPACT: N/A

EXHIBITS: Minutes from January 16, 2024

SUMMARY STATEMENT:

Copies of the minutes of past meetings are presented for the review and approval of the Community Health Board.

**MINUTES OF THE PROCEEDINGS
OF THE BELTRAMI COUNTY COMMUNITY HEALTH BOARD
January 16, 2024**

The Beltrami County Community Health Board met in regular session on January 16, 2024, at the County Board Room, County Administration Building, Bemidji, Minnesota.

CALL TO ORDER

Chair John Carlson, called the meeting to order at 2:00 p.m. Board Members Craig Gaasvig, Joe Gould, Tim Sumner and Richard Anderson were present.

GENERAL COMMENTS - BOARD CHAIR

None.

APPROVAL OF AGENDA

No additions or corrections were made to the agenda.

GENERAL BUSINESS

Approved Agenda and Amendments

A motion to approve the Agenda with no Amendments was made by Board Member Anderson, seconded by Board Member Sumner, and unanimously carried.

Approved Minutes

A motion was made by Board Member Gaasvig, and seconded by Board Member Anderson, to approve the October 17, 2023 Community Health Board Minutes. Unanimously carried.

REGULAR AGENDA

New Funding Streams

Due to 2023 legislation, the MN Department of Health has awarded two new funding streams to Beltrami County Public Health:

1. The Community Health Board (CHB) was awarded \$109,022.99 in annual base funding to support emergency preparedness.
2. The CHB was also awarded \$220,548 in annual base funding to support the foundational public health framework and foundational capabilities.

Public Health will be assessing the use and grant requirements for the funding. These are new funds, not included in the 2024 budget.

New Grant Application

There is the possibility of new funding from the MN Department of Health through a grant to support Foundational Capabilities. This funding would be to support School Health Services. The grant name is MN New and Emerging SchoolBased Health Center Grant.

The project would include nursing support in the Blackduck School System, Trek North, and Schoolcraft Learning Community.

Community Health Assessment/Community Health Improvement Plan: CHA/CHIP

Amy Bowles, Public Health Director, is requesting the Board to appoint a Board Member to be a part of the countybased work group focused on completing the 2024 Community Health Assessment (CHA).

Ms. Bowles also introduced, Grace Imholte, a BSU intern who will be working on this project, assisting in gathering and compiling data.

A motion was made by Board Member Anderson, and seconded by Board Member Gaasvig, to appoint Tim Sumner as delegate to the work group for the Community Health Assessment, and Joe Gould as the alternate. Unanimously carried.

Review Upcoming Meeting Schedule

The next Community Health Board Meeting will be held on Tuesday, April 16, 2024 at 2:00 pm, in the Board Room of the County Administration Building.

A motion was made by Board Member Sumner, and seconded by Board Member Gaasvig, to approve the 2-3 pm April 16, July 16 and November 19, 2024 Community Health Board meeting schedule. Unanimously carried.

Commissioners' Comments and Agenda Additions

- None at this time.

MEETING ADJOURNMENT

A motion to adjourn the CHB meeting at 2:39 p.m. was made by Board Member Gould, seconded by Board Member Sumner and unanimously.

John Carlson, Chair

Amy Bowles 4/11/2024

Amy Bowles, Community Health System Administrator



Beltrami County Community Health Board
April 16, 2024
2:00 p.m.

AGENDA BILL

SUBJECT: Allocation of funding streams supporting Beltrami County Public Health and the Beltrami County Community Health Board (CHB).

RECOMMENDATIONS: Informational – review Minnesota Department of Health, Response Sustainability Grant (RSG) work plan and CHS administrators proposed budget.

DEPARTMENT OF ORIGIN: Beltrami County Public Health Division

CONTACT PERSON: Amy Bowles, Community Health Systems Administrator (CHS) #8116

DATE SUBMITTED: 4/10/24.

CLEARANCES: Anne Lindseth, Health and Human Services Director

BUDGET IMPACT: \$109,022.99 Annual

EXHIBITS:

- RSG Grant Duty –

SUMMARY STATEMENT:

1. The Community Health Board was awarded \$109,022.99 in annual base funding to support emergency preparedness because of the 2023 legislative session.
2. Each CHB must have at least 0.5 FTE assigned to public health emergency preparedness.
3. CHBs will train staff on Public Health Emergency Preparedness topics.
4. CHBs will expand use of technology platforms to support public health emergency preparedness, response, and recovery.
5. CHBs will develop, review, and/or revise at least one memorandum of understanding (MOU), memorandum of agreement (MOA), or mutual aid agreement with response partner(s).
6. CHS Administrator submitted RSG budget and project plans and was approved by MDH.

RESPONSE SUSTAINABILITY GRANT DUTIES

DECEMBER 7, 2023

The grant duties below will be used to guide CHB work plan development.

- All CHBs are required to work on all Response Sustainability Grant (RSG) grant duties.
- Based on local priorities and capacity, a CHB may be able to opt out of a specific duty(s). If there is a duty that a CHB would like to opt out of, the CHB must discuss the request with their regional PHPC, who will then seek additional approval.
- CHBs will be asked to develop a workplan in REDCap based on the grant duties listed below.
- The workplan shall be commensurate with RSG funding for each CHB.

Focus Area: Workforce Capacity

Grant Duty 1: CHBs will evaluate the need to increase the number of staffing or increase the capacity of current staff to meet emergency preparedness and response priorities. Each CHB must have at least .5 FTE assigned to public health emergency preparedness. CHBs are encouraged to expand the job classifications working on preparedness.

Grant Duty 2: CHBs will work across program areas, including intersecting with, or leveraging other public health programs, such as SHIP, WIC, DP&C, and others.

Grant Duty 3: CHBs will train staff on Public Health Emergency Preparedness topics. Local public health should prioritize trainings based on local needs. Training topics may include ICS training, behavioral health training, risk communication, or other topics identified locally.

Grant Duty 4: CHB will train public health or other jurisdictional staff on community engagement techniques and practices.

Focus Area: Sustainability

Grant Duty 5: CHBs will develop, review, and/or revise at least one MOU, MOA, or Mutual Aid Agreement with response partner(s). This may include entering into MOUs or MOAs with other health departments, community based organizations, schools, or other organizations based on locally identified needs.

Grant Duty 6: CHBs will develop, review, and/or revise policies or processes for updating Contact Lists. Contact lists should be updated at least twice a year.

Grant Duty 7: CHBs will review, update, or develop select policies, plans, or procedures. Each CHB will identify which policies, plans, or procedures to work on based on local priorities.

Grant Duty 8: CHBs will expand use of technology platforms to support public health emergency preparedness, response, and recovery. CHBs may purchase new technology platforms or expand the use of existing technology platforms.

Grant Duty 9: CHBs will develop and or expand relationships with community partners.

Grant duty 10: CHB will participate in community engagement activities to support increased community engagement.

Focus Area: Health Equity

Grant duty 11: CHBs will conduct a health equity focussed assessment of existing emergency preparedness plans, policies, and activities. The purpose of this assessment is to identify gaps in addressing health equity in current plans, policies, and activities. A future funding cycle will include grant duty(ies) focused on addressing identified gaps. MDH will provide a list of health equity assessment tools; CHBs can use one of these tools or a tool of their choice.

Minnesota Department of Health
Emergency Preparedness and Response
625 N. Robert Street
PO Box 64975
St. Paul, MN 55164-0975
651-201-5000
Sandra.Hanson@state.mn.us
www.health.state.mn.us

12/7/2023

To obtain this information in a different format, call: 651-201-5000.



Beltrami County Community Health Board
April 16, 2024
2:00 p.m.

AGENDA BILL

SUBJECT: New funding streams supporting Beltrami County Public Health and the Beltrami County Community Health Board (CHB).

RECOMMENDATIONS: Informational – review Minnesota Department of Health, Foundational Public Health Responsibilities Funding (FPHRF).

DEPARTMENT OF ORIGIN: Beltrami County Public Health Division

CONTACT PERSON: Amy Bowles, Community Health Systems Administrator (CHS) #8116

DATE SUBMITTED: 4/10/24.

CLEARANCES: Anne Lindseth, Health and Human Services Director

BUDGET IMPACT: \$220,548.00 Annually

EXHIBITS:
Foundational Responsibilities

SUMMARY STATEMENT:

1. Beltrami County CHB was \$220,548 in annual base funding to support the Foundational Public Health Responsibilities because of the 2023 legislative session.
2. CHB will use funding to collect data to guide planning and decision-making to support our 2024-2025 CHA/CHIP work. This will support up to a 0.5 FTE and paid internships.
3. CHB will inform partners and community members about Minnesota's FPHR.
4. Develop and maintain written training materials on health equity and provide training to staff.
5. Establish a budgeting, auditing, billing, and financial revenue accounts. CHB plans to dedicate a 1.0 FTE to a Public Health Account Tech.

Foundational Public Health Responsibilities

NATIONAL HEADLINES, MINNESOTA ACTIVITIES

Background

Minnesota has adopted the [Public Health Accreditation Board \(PHAB\) National Framework for Foundational Public Health Services](#), which defines a minimum package of public health capabilities and programs that no jurisdiction can be without. Before the adoption of the national framework, Minnesota developed a similar foundational public health responsibilities (FPHR) framework that included a more robust set of activities to allow for the completion of a comprehensive cost and capacity assessment.

Purpose

This document aims to organize the previously developed Minnesota activities under the headlines of the national framework. This will help community health boards identify activities considered foundational and appropriate for the use of [FPHR grant funding](#) allocated to community health board during the 2023 legislative session.

This work is rapidly evolving, and this document provides only a small sample of allowable costs. Over the next several months, local public health and MDH will be working together to better define what activities are foundational for Minnesota’s state and local public health system. If you have questions about this document or FPHR, contact the MDH Center for Public Health Practice at health.ophp@state.mn.us or reach out to your public health system consultant: [Who is my public health system consultant? - MN Dept. of Health.](#)

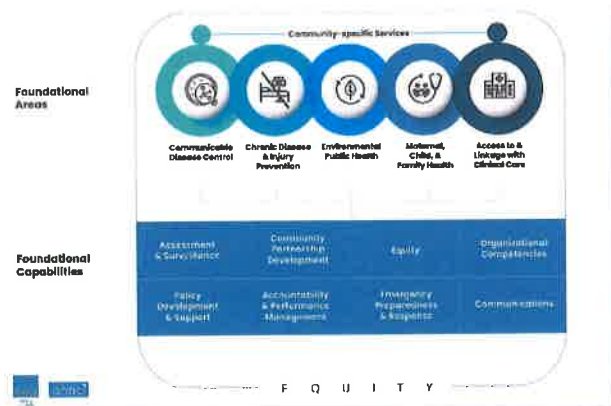
Foundational capabilities and areas in this document

Foundational capabilities

- [Assessment and Surveillance](#)
- [Community Partnership Development](#)
- [Equity](#)
- [Organizational Competencies](#)
- [Policy Development and Support](#)
- [Accountability and Performance Management](#)
- [Emergency Preparedness and Response](#)
- [Communication](#)

Foundational areas

- [Communicable Disease Control](#)
- [Environmental Public Health](#)
- [Chronic Disease and Injury Prevention](#)
- [Maternal, Child, and Family Health](#)
- [Access to and Linkage to Care](#)



Assessment and Surveillance

- A. Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.**
 1. Establish metrics and monitor public health issues and access to clinical care services
 2. Develop, implement, and maintain a data infrastructure
 3. Collect data to guide planning and decision-making
- B. Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.**
 1. Establish metrics and monitor data on public health issues, including root causes
 2. Provide or access epidemiological services
 3. Analyze data in collaboration with partners, communities, and individuals with lived experience
 4. Validate information, data, analysis, and findings
- C. Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.**
- D. Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.**
 1. Use epidemiological practices to explain the distribution of disease, death, health outcomes, health disparities and systemic inequities
 2. Assure the availability of data collected from the public
 3. Ensure data and outputs are communicated effectively
- E. Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.**
 1. Convene public health partners to understand public health issues and the need for prevention activities, and to develop a health assessment
 2. Convene public health partners to develop improvement plan, assure alignment, strategize, and assess related external factors and conditions
 3. Establish metrics and monitor implementation of improvement plan, track responsibilities, and track implementation actions
- F. Ability to access 24/7 laboratory resources capable of providing rapid detection.**
 1. Provide or access laboratory services
 2. Ensure coordination and communication with public and private laboratories
 3. Assure availability of environmental, biological, and chemical laboratory testing, including for maternal and child, chronic disease, and injury issues
 4. (State only) Function as a Laboratory Response Network (LRN) Reference laboratory
- G. Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.**

1. Identify and investigate emerging public health issues
2. Provide surveillance of the population related to emerging health issues and threats

H. Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

1. Validate information, data, analysis, and findings
2. Convene cross sector partners to strategize
3. Collaborate with other governmental, cross-sector partners, communities, and individuals

Community Partnership Development

A. Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant federal, Tribal, state, and local government agencies; elected and non-elected officials.

1. Dedicate resources to community partnership development and engagement, and understand how communities are organized
2. Create and maintain organizational policies and practices that advance relationship building and authentic engagement, including ongoing communication with the community
3. Identify strategic public health partnerships with other government sectors

B. Ability to leverage and engage partnerships and community in equity solutions.

1. Inform partners about Minnesota's Foundational Public Health Responsibilities
2. Ensure community members, including those most affected by health inequities and those with lived experience, are engaged

C. Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.

1. Participate in partnerships, as an invitee
2. Establish a culture of introspection among members
3. Facilitate gatherings that encourage community conversations, leverage evidence-based practices, assure efforts toward agreed upon responsibilities for partners, foster leadership opportunities, and promote information sharing

D. Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.

E. Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

1. Coordinate policy agendas with partner organizations
2. Support community member involvement in achieving health outcomes that are most important to them

Equity

- A. Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.**
 - 1. Organize support for public health statutes, regulations, rules, ordinances, and other policies
 - 2. Develop (including researching, analyzing, costing, and articulating the impact, as needed) health equity public health policy
- B. Ability to systematically integrate equity into each aspect of the FPHR, strategic priorities, and include equity-related accountability metrics into all programs and services.**
 - 1. Collaborate with partners, communities, and individuals disproportionately impacted by health inequity to co-create metrics and monitor health equity within the jurisdiction
- C. Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.**
 - 1. Convene cross-sector partners and public health partners to identify strategies or initiatives
 - 2. Collaborate with partners, communities, and individuals who are disproportionately affected by health inequities, to understand the impacts of public health risk/prevention and develop shared language and definitions
- D. Ability to develop and support staff to address equity.**
 - 1. Develop and maintain written training materials on health equity, and provide training to staff
 - 2. Build organizational and individual staff competency in recognizing unconscious bias
- E. Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.**
 - 1. Cultivate an organizational culture of health equity

Organizational Competencies

Leadership & Governance

- A. Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction.**
 - 1. Collaborate with partners, communities, and individuals including those disproportionately affected by public health issues, to understand the role of governmental public health
 - 2. Convene cross sector partners to understand the role of non-governmental partners
 - 3. Advocate and communicate about the value and role of public health in the community
- B. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity.**
 - 1. Convene public health partners to identify strategies or initiatives
 - 2. Develop, implement, and maintain an agency strategic plan with metrics to monitor implementation
 - 3. Track actions taken by the agency in implementing the agency strategic plan to monitor and report on progress

4. Assess how external factors and conditions affect implementation of the agency strategic plan
- C. Ability to prioritize and implement diversity, equity, inclusion within the organization.**
- D. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed.**
1. Engage with and support the appropriate governing entity about the public health agency's role and legal authority around public health priorities and policies
 2. Promote and assist governing entities in examining, understanding, and modifying public health authorities; educate and support appropriate governing entities
 3. Develop, implement, and maintain a governance system and infrastructure for governmental public health, including organizational policies
 4. Maintain current operational definitions and statements of public health roles, responsibilities, and authorities
- E. Ability to ensure diverse representation on public health boards and councils.**

Information Technology Services, including Privacy & Security

- A. Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data.**
1. Develop, implement, and maintain systems and infrastructure for information technology and electronic information systems within the organization
 2. Implement prioritized strategies or initiatives identified to support optimization of technology, information systems, and data
- B. Ability to support, use, and maintain communication technologies and systems needed to interact with community members.**
1. Assure continuity of technical operations and connectivity to networks, in an emergency
- C. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.**
1. Develop, maintain, and share internal electronic information systems
 2. Develop, implement, and maintain written organizational policies
 3. Build organizational and individual staff competency around information systems

Workforce Development & Human Resources

- A. Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably.**
1. Cultivate an organizational culture of employee wellness
 2. Develop, implement, and maintain infrastructure and a written plan for workforce development
- B. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.**
1. Develop, implement, and maintain systems and infrastructure for human resource management, recruitment, and employee retention
 2. Develop and maintain written training materials on pertinent topics, and provide staff training
 3. Develop, implement, and maintain a written succession plan(s) for the organization

Financial Management, Contract, & Procurement Services, including Facilities and Operations

- A. Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies.**
 - 1. Develop, implement, and maintain systems and infrastructure for financial management, oversight, and internal auditing of financial operations
 - 2. Develop, implement, and maintain systems for contracts and procurement
- B. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized.**
 - 1. Advocate for, procure, maintain, and manage financial resources for organizational operations
 - 2. Procure, maintain, and manage necessary goods, services, and intangible assets
- C. Ability to procure, maintain, and manage safe facilities and efficient operations.**
 - 1. Maintain and, as necessary, replace long-term or capital assets for organizational operations
 - 2. Manage and operate facilities as safe and physically secure public-facing workplaces
- D. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.**

Legal Services & Analysis

- A. Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.**
 - 1. Build organizational and individual staff competency in understanding and interpreting statutes, regulations, rules, ordinances
 - 2. Develop, implement, and maintain systems and infrastructure for legal services and analysis

Policy Development and Support

- A. Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.**
 - 1. Analyze public health laws, policies, and ordinances in collaboration with partners
 - 2. Assess the need for new public health laws, policies, and ordinances in the community
 - 3. Organize support for public health policies and rules statutes, regulations, rules, ordinances, and other policies related to the population's health
 - 4. Engage with appropriate governing entities about the purpose, intent, and outcomes of public health laws, policies, and ordinances
 - 5. Develop and maintain written organizational policies to support staff in rapidly responding to emerging issues
 - 6. Monitor the impact of changing state and federal laws on public health

7. Effectively inform and influence policies, statutes, ordinances, rules, and regulations related to the quality, effectiveness, and cost-efficiency of clinical care services
- I. **Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.**
 1. Convene cross-sector partners to identify strategies or initiatives for non-governmental partners to implement Health in All Policies
 2. Effectively inform and influence policies being considered by other governmental and non-governmental organizations within the jurisdiction that might impact Health in All Policies
 - J. **Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.**
 1. Collaborate with partners, communities, and individuals, including those disproportionately affected by outdated laws, policies, and ordinances, to understand and update outdated laws and policies
 2. Collaborate with key partners and policy makers, including those disproportionately affected by health inequities, to enact new evidence-based, legally defensible policies
 3. Organize support for public health statutes, regulations, rules, ordinances, and other policies, including advocacy for fair reimbursement for clinical care services
 - K. **Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.**
 1. Develop, implement, and maintain written organizational policies supported by statutes, regulations, rules, ordinances, and other policies
 2. Educate the community and key partners on the meaning, purpose, and benefits of public health laws
 3. Assure the consistent application of public health laws, policies, and ordinances
 4. Develop and maintain written training materials on public health laws, policies, and ordinances
 5. Conduct public health enforcement activities, including enforcing laws, rules, policies, and procedures related to prevention and control of infectious diseases
 6. Monitor and report public health violations and enforcement responses
 7. Provide education and technical assistance to regulated entities to support their compliance with statutes, regulations, rules, ordinances, and other policies
 8. Engage with the appropriate governing entity about the public health agency's role and legal authority around environmental health policy

Accountability and Performance Management

- A. **Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.**
- B. **Ability to maintain a performance management system to monitor achievement of organizational objectives.**
 1. Develop, implement, and maintain systems and infrastructure for organizational performance management

C. Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.

1. Build organizational and staff competency in evaluation

D. Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.

1. Establish metrics and monitor quality of the governmental public health system
2. Develop, implement, and maintain a written plan for organizational quality improvement, cultivating an organizational culture of quality improvement

E. Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

1. Establish a system for tracking efforts toward agreed upon responsibilities, and monitor actions taken by governmental public health, and partners
2. Develop, implement, and maintain a system for collecting feedback from the community

Emergency Preparedness and Response

A. Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.

1. Develop, implement, and maintain written policies and procedures (e.g., ESF-8) to activate and alert public health personnel and response partners during an emergency
2. Develop, maintain, and update emergency preparedness and response plans based on identified risk preparedness and response competencies in collaboration with appropriate stakeholders
3. Establish the response and recovery role of public health in other partners' plans for all types of disasters and emergencies
4. Effectively inform staff and appropriate stakeholders on the capabilities and role of public health in the emergency preparedness and response plan
5. Provide staff training on the preparedness and response plan with appropriate frequency
6. Collaborate with community-based organizations and partners to provide training exercises

B. Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.

1. Build and maintain relationships with the public and partners to establish trust with governmental public health
2. Convene cross-sector partners to identify strategies or initiatives for community-based organizations and governmental partners

C. Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.

1. Ensure staff are adequately trained on emergency preparedness and response competencies, including interoperability within the National Incident Management System (NIMS) and Incident Command System (ICS) frameworks
2. Assure leadership of governmental emergency health and medical operations
3. Assess the scope and responsibility for public health response

- D. Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and nonprofit partners; and operate within, and as necessary lead, the incident management system.**
1. Activate and alert public health response personnel and communication systems
 2. Operate within the established incident command system according to the role of public health
 3. Convene public health partners to identify strategies or initiatives for governmental public health response to incidents, and to assess the need for community incident response efforts
- E. Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.**
1. Identify priority or essential public health functions and the people, resources, and facilities needed to provide these services during an emergency
 2. Engage with staff with roles or responsibilities in priority or essential public health functions
- F. Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.**
1. Convene public health partners to identify strategies or initiatives
 2. Assess the need for incident recovery efforts in the community
 3. Implement prioritized strategies or initiatives to support recovery from incidents
 4. Evaluate the response of the governmental public health system and the health department to incidents, including through after-action reports (AARs)
- G. Ability to issue and enforce emergency health orders.**
1. Assess the legal and statutory process for issuing and enforcing state and local emergency health orders
 2. Issue and enforce emergency health orders, as necessary and appropriate, inclusive of prevention or control of infectious diseases and environmental health risks
- H. Ability to be notified of and respond to events on a 24/7 basis.**
1. Develop, implement, and maintain a situation and information sharing infrastructure that may receive notice of emergencies on a 24/7 basis
 2. Effectively inform community-based organizations, partners, governmental organizations, the media, and the public with unified, accurate, and geographically relevant information before, during, and after a public health emergency
- I. Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.**

Communication

- A. Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.**
1. Build and maintain relationships with broadcast and other media organizations
 2. Identify and critically evaluate media organizations
 3. Develop, implement, and maintain written organizational policies and templates

4. Ensure information and messages of public health importance are conveyed to the media
- B. Ability to effectively use social media to communicate directly with community members.**
- C. Ability to appropriately tailor communications and communications mechanisms for various audiences.**
1. Develop, implement, and maintain systems for communications with public health and cross-sector partners
 2. Ensure information and messages of public health importance are conveyed to the public
- D. Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.**
1. Develop, implement, and maintain a written routine communication plan
 2. Develop, implement, and maintain systems for communications with public health and cross-sector partners
 3. Collaborate with partners, communities, and individuals to co-create communications strategies
 4. Establish metrics and monitor quality of public health communications
- E. Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.**
1. Develop, implement, and maintain a written public health risk communication plan
 2. Assess the need for and priority of communications mediums and channels for public-facing risk communication for the community
 3. Collaborate with partners, communities, and individuals to co-create strategies for risk communication
 4. In the event of a public health crisis or event, lead and coordinate communication between public health, health organizations, national organizations and federal agencies, and state agencies
- F. Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.**
1. Develop, implement, and maintain systems and infrastructure for public-facing communications
- G. Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.**
1. Assess the need for and priority of communications mediums and channels for public-facing communications for the community

Communicable Disease Control

A. Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.

1. Develop, maintain, and share internal electronic information systems and access external information systems for reporting and surveillance
2. Establish metrics and monitor quality of infectious disease prevention and control activities
3. Collect data per MN Admin Rules, and analyze data related to infectious diseases and control
4. Validate all information, data, analysis, and findings
5. Ensure that health care providers, pharmacists, school officials and the public are educated about the statewide immunization information system
6. Ensure that health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public and others are educated about vaccine-preventable diseases and immunizations

B. Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.

1. Collaborate with and educate partners, communities, and individuals, including those disproportionately affected by infectious diseases, to understand the prevention and control of infectious disease from the perspective of lived experience
2. Assess the need for and the factors and conditions that affect infectious disease prevention and control
3. Convene public health partners to identify strategies or initiatives for governmental public health to address infectious diseases in the jurisdiction
4. Convene cross-sector partners and public health partners to identify strategies or initiatives
5. Collaborate with partners, communities, and individuals to co-create strategies for prevention and control of infectious diseases
6. Develop, implement, and maintain written plans, systems, and infrastructure
7. Develop and maintain written training materials, provide training to relevant staff
8. Establish a system for tracking efforts toward agreed upon responsibilities for governmental public health, and partners, track these efforts
9. Implement prioritized strategies or initiatives
10. Assess how external factors and conditions affect implementation of infectious disease prevention and control plans
11. Build and maintain relationships with appropriate audiences

C. Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.

D. Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.

E. Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.

1. Assure provision of referrals

2. Assure access to treatment

F. Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.

1. Assure provision of screening for individuals to detect infectious diseases
2. Monitor and report public health violations and enforcement responses
3. Conduct timely investigations for reportable infectious diseases
4. Identify and respond to emerging issues
5. Report presumed and diagnosed cases of reportable infectious diseases

G. Coordinate and integrate categorically funded communicable disease programs and services.

1. Develop, maintain, and share an immunization information system
2. Assure the safe and effective administration of necessary vaccinations for the public

Environmental Public Health

A. Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.

1. Collect, analyze, and interpret data and information related to environmental health
2. Validate information, data, analysis, and findings
3. Provide education and technical assistance to organizations

B. Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.

1. Collaborate with and educate partners, communities, and individuals
2. Assess the need for prevention or abatement activities
3. Convene cross-sector and public health partners to identify strategies or initiatives
4. Collaborate with partners, communities, and individuals to co-create strategies
5. Develop, implement, and maintain a written plan
6. Build and maintain relationships with appropriate audiences
7. Collaborate with partners, communities, and individuals to collect complaints and reports

C. Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.

1. Develop, implement, and maintain systems and infrastructure
2. Develop and maintain written training materials, provide training to appropriate staff
3. Establish a system for tracking efforts toward agreed upon responsibilities, track these efforts
4. Implement prioritized strategies or initiatives, and assess how external factors and conditions affect implementation
5. Assure availability of environmental, biological, and chemical laboratory testing
6. Monitor and report public health violations and enforcement responses
7. Conduct timely investigations in response to environmental health risks

8. Identify and respond to emerging issues
 9. License, certify, or permit regulated parties or entities within the jurisdiction
 10. Inspect regulated parties or entities within the jurisdiction
 11. Investigate and document environmental health complaints
 12. Issue, enforce, and document corrective actions with respect to code violations
 13. Perform and document follow-up activities for remediation
- D. Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.**
- E. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).**
- F. Coordinate and integrate categorically funded environmental health programs and services.**

Chronic Disease & Injury Prevention

- A. Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.**
1. Develop, maintain, and share internal electronic information systems and access external information systems for prevention and population health—including systems for chronic disease, and injury
 2. Provide surveillance of the population with respect to chronic disease and injury prevention
 3. Establish metrics and monitor quality of prevention and population health improvement activities
 4. Collect and analyze data related to chronic disease and injury prevention
 5. Validate all information, data, analysis, and findings
 6. Provide education and technical assistance to organizations involved in preventing harm and improving health
- B. Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.**
1. Collaborate with and educate partners, communities, and individuals on chronic disease and injury prevention, and the factors that impact health
 2. Assess the need for, and the factors and conditions that affect, prevention and control of chronic disease and injury
 3. Convene cross-sector and public health partners to identify strategies or initiatives for non-governmental partners to implement to address chronic disease, and injury issues
 4. Collaborate with partners, communities, and individuals to co-create strategies for addressing gaps in availability and barriers to accessing chronic disease and injury services
 5. Develop, implement, and maintain written plan(s) for addressing threats to population health, including prevention and control of chronic disease and injury
 6. Assess how external factors and conditions affect implementation of prevention and population health improvement plans
 7. Build and maintain relationships with appropriate audiences

- C. Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.**
- D. Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.**
 - 1. Develop, implement, and maintain systems and infrastructure
 - 2. Develop and maintain written training materials, provide training to appropriate staff
 - 3. Establish a system for tracking efforts toward agreed upon responsibilities for governmental public health, and partners, track these efforts
 - 4. Implement prioritized strategies or initiatives identified to address chronic disease and injury
- E. Coordinate and integrate categorically funded communicable disease programs and services.**

Maternal, Child, & Family Health

- A. Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.**
 - 1. Develop, maintain, and share internal electronic information systems and access external information systems for prevention and population health—including systems for maternal and child health
 - 2. Provide surveillance of the population with respect to maternal and child health
 - 3. Establish metrics and monitor quality of prevention and population health improvement activities
 - 4. Collect and analyze data related to maternal and child health
 - 5. Validate all information, data, analysis, and findings
 - 6. Provide education and technical assistance to organizations involved in preventing harm and improving health
- B. Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.**
 - 1. Collaborate with and educate partners, communities, and individuals on maternal and child health and the factors that impact health
 - 2. Assess the need for, and the factors and conditions that affect, maternal and child health services
 - 3. Convene cross-sector and public health partners to identify strategies or initiatives for non-governmental partners to implement to address maternal and child issues
 - 4. Collaborate with partners, communities, and individuals to co-create strategies for addressing gaps in availability and barriers to accessing maternal and child services
 - 5. Develop, implement, and maintain written plan(s) for addressing threats to population health, including maternal and child health
 - 6. Assess how external factors and conditions affect implementation of prevention and population health improvement plans

7. Build and maintain relationships with appropriate audiences
- C. Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.**
1. Develop, implement, and maintain systems and infrastructure
 2. Develop and maintain written training material, provide training to appropriate staff
 3. Establish a system for tracking efforts toward agreed upon responsibilities for governmental public health, and partners, track these efforts
 4. Implement prioritized strategies or initiatives identified to address maternal and child health
- D. Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.**
1. Effectively inform and influence state policy related to the newborn screenings to be included in the state newborn screening, based on what governmental public health considers appropriate and scientifically necessary
 2. Establish and maintain systems for follow-up, reporting, and connection to clinical care and early intervention services for infants diagnosed with a newborn screening disorder
 3. Assess the availability, capacity, and distribution (or gaps therein) of clinical care services for newborn screening disorders and to children with newborn screening disorders in the population and specifically within the jurisdiction, including any barriers to accessing the services
 4. Ensure infants receive newborn screening as soon as possible after birth to identify cases of newborn screening disorders
 5. Identify infants with abnormal screening results
 6. Ensure infants with abnormal screening results have access to prompt diagnostic assessments
 7. Ensure a seamless and complete referral from state health department to local health department for follow-up, including an update back from the local health department to the state health department of any follow-up referrals made
 8. Ensure the families of infants diagnosed with a newborn screening disorder receive prompt follow-up that includes supplemental education and connection to other social and clinical services (e.g., home visit, audiologist appointment, etc.), as needed
 9. Monitor the effectiveness of the newborn screening program
- E. Coordinate and integrate categorically funded maternal, child and family health programs and services.**

Access to & Linkage to Care

- A. Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.**
1. Develop, maintain, and share internal electronic information systems and access external information systems
 2. Educate the partners, communities, and individuals on barriers in accessing clinical care in a timely and transparent manner
 3. Provide education and technical assistance to healthcare and clinical care providers
 4. Assess the impact of external factors and conditions that affect clinical care cost

5. Assess the quality and effectiveness of clinical care services to the population to guide public health planning and decision-making
6. Assess the impact of external factors and conditions that affect clinical care quality and effectiveness
7. Establish metrics and monitor clinical care quality, effectiveness, and outcomes

B. Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.

1. Monitor clinical care facilities and providers based on the laws and rules contained in Minnesota statutes and federal laws
2. Review clinical care providers' qualifications and issue credentials including licenses
3. Conduct physical plant plan reviews and onsite construction inspections
4. Conduct on-site health care surveys
5. Conduct billing audits for nursing homes
6. Investigate complaints
7. As necessary, take enforcement actions

C. In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

1. Monitor barriers in accessing clinical care for the population and within the jurisdiction
2. Collaborate with partners, communities, and individuals
3. Assess the need for, and the factors and conditions that affect, improved access to clinical care services in the community
4. Convene cross-sector and public health partners to identify strategies or initiatives for non-governmental and governmental partners
5. Collaborate with partners, communities, and individuals to co-create strategies for improving access to clinical care services
6. Develop, implement, and maintain a written plan
7. Build and maintain relationships with appropriate audiences
8. Convene cross-sector partners to identify strategies or initiatives for clinical care providers
9. Collaborate with partners, communities, and individuals to understand the quality and effectiveness of clinical care services
10. Collaborate with public health partners to understand the community context related to facilities being inspected/licensed
11. Convene public health partners, communities, and individuals, to improve a clinical care facility or providers quality of service

Minnesota Department of Health
 Center for Public Health Practice
 625 Robert Street North
 PO Box 64975
 St. Paul, MN 55164-0975
health.php@state.mn.us
www.health.state.mn.us

12/27/23



Beltrami County Community Health Board
April 16, 2024
2:00 p.m.

AGENDA BILL

SUBJECT: 2024-2025 Use of New Base Funding

RECOMMENDATIONS: The CHB recommends using the new base funding to support the addition of a 1.0 FTE nursing position.

DEPARTMENT OF ORIGIN: HHS, Public Health Division

CONTACT PERSON: Amy Bowles, Community Health Systems Administrator (CHS) #8116

DATE SUBMITTED: 4/10/24.

CLEARANCES: Anne Lindseth, Health and Human Services Director

BUDGET IMPACT: Use of RSG and FPHR grants

EXHIBITS: none

SUMMARY STATEMENT: We have continued to seek opportunities where we can collaborate and partner with community agencies/organizations. In addition, filling gaps, addressing health disparities resulting from social determinants of health, and making our services mobile, we have increased our third-party billing while improving the historical programs and services we provide.

We have judicially evaluated Public Health Programs that can strengthen and support the work of our current staff, assessed our ability to improve the health of Beltrami County residents, and reviewed the requirements of our new funding sources.

We request the CHB recommends using the new base funding to support the addition of a 1.0 FTE nursing position.



Beltrami County Community Health Board
April 16, 2024
2:00 p.m.

AGENDA BILL

SUBJECT: Opioid Remediation Education

RECOMMENDATIONS: Informational, education

DEPARTMENT OF ORIGIN: HHS, Public Health Division

CONTACT PERSON: Amy Bowles, Community Health Systems Administrator (CHS) #8116

DATE SUBMITTED: 4/10/2024.

CLEARANCES: Anne Lindseth, Health and Human Services Director

BUDGET IMPACT: none

EXHIBITS: none

SUMMARY STATEMENT: The Minnesota Opioids State-Subdivision and Memorandum of Agreement included a list of opioid remediation uses. Per a request of the commissioners, the CHS administrator is providing education to better understand the allowable use of funding. The priority areas addressed in this presentation will include Treatment, Prevention, and other strategies.



Beltrami County Community Health Board
April 16, 2024
2:00 p.m.

AGENDA BILL

SUBJECT: CHA/CHIP

RECOMMENDATIONS: Informational

DEPARTMENT OF ORIGIN: HHS, Public Health Division

CONTACT PERSON: Amy Bowles, Community Health Systems Administrator (CHS) #8116

DATE SUBMITTED: 4/10/24.

CLEARANCES: Anne Lindseth, Health and Human Services Director

BUDGET IMPACT: none

EXHIBITS: none

SUMMARY STATEMENT: The CHB needs to complete a CHA in order to produce a robust CHIP in 2025. We had our first County Work Group meeting. We provided historical education, education related to the process, and guidance on where we are headed.

Next steps include reviewing our existing data and comparing it to social determinants of health, inviting our community partners and subject matter experts to share where they see gaps, and finally identify potential health priorities with measurable objectives focused on health disparities experienced in our county.