CY2026 LPH Act Annual Reporting

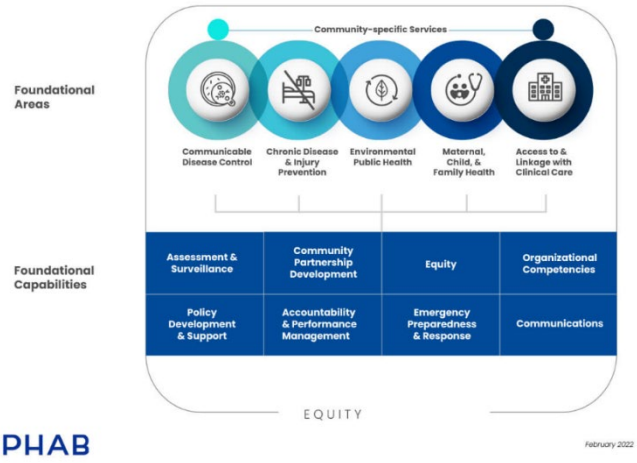
New Reporting Structure beginning CY2026

Beginning for CY2026, reported in March 2027, Community Health Boards will report expenditures and staffing aligned with the Foundational Public Health Responsibility Framework.

Foundational Public Health Responsibility Framework

Foundational capabilities make up the public health infrastructure. They are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities.

Foundational areas are basic public health, topic-specific programs and initiatives aimed at improving the health of the community. They reflect the minimum level that should be available in all communities. For an activity to foundational for an area, it is either 1) population-based* (vs. individual) work focused on disease prevention, protection, and health promotion; 2) mandated for governmental public health to carry out by state or federal law; or 3) statewide, governmental public health is the sole provider.



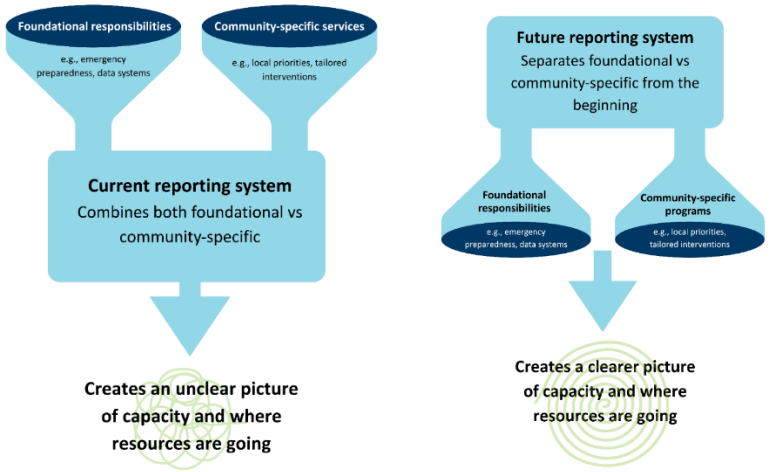
Community-Specific are important local protections and work unique to the needs of a community or jurisdiction. These services are essential to that community's health and vary by jurisdiction. These do not need to be in place everywhere in the state.

**Population-based approaches, programs, or interventions aim to improve health outcomes for entire groups rather than individuals. Population-based work aims to address the collective conditions (e.g., social, economic, structural) and the systems that influence health outcomes across different populations. Population-based work involves collaboration and use of data to inform action.*

Why is this change happening?

The Local Public Health Association (LPHA), Minnesota Department of Health (MDH), and State Community Health Services Advisory Committee (SCHSAC) are partnering to build a stronger, more seamless, responsive, and publicly-supported public health system that works closely with the community to ensure healthy, safe, and vibrant communities. [Transforming the Public Health System in Minnesota - MN Dept. of Health](#).

As part of this long-term work, a clearer picture is needed that reflects more accurately staffing and funds expended on both foundational responsibilities that no jurisdiction should be without (like emergency preparedness, data systems, and population-based initiatives) and the community-specific programs that are unique to the needs of a community or jurisdiction. Right now, finance and staffing data are reported in a way that combines both types of work, making it hard to see where there is capacity and resources and where there is not.

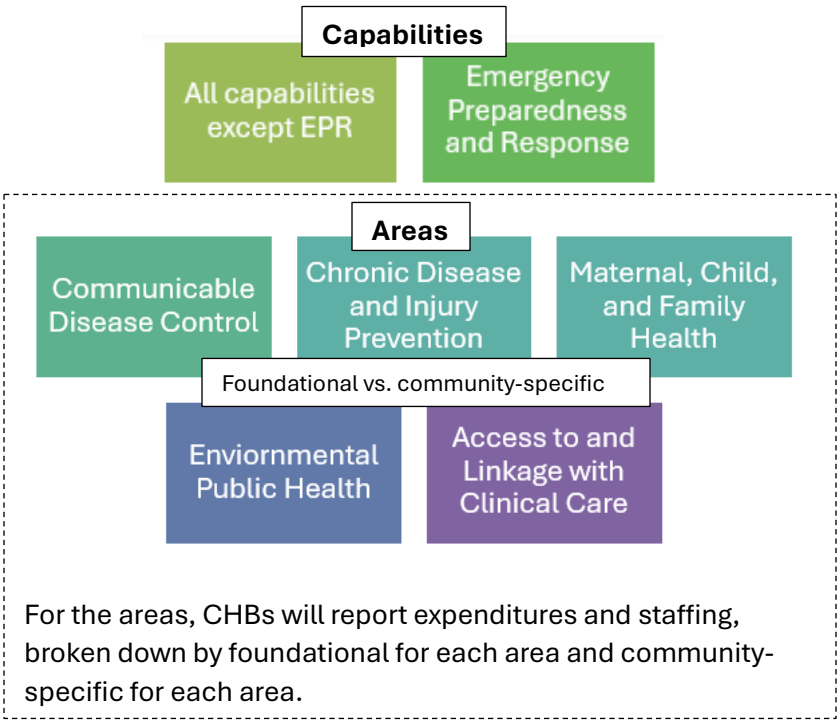


Updating how this data is reported through the Local Public Health Act annual reporting is a practical step forward and will improve understanding of capacity across the local public health system, so system strengths and gaps can be identified. This will lead to stronger communication with partners, more effective advocacy for resources, and the ability to plan more strategically.

What is changing?

Current (by six areas of responsibility)

Future (aligned with the FPHR framework)



Highlights of new reporting: Connection and Differences

The six areas of responsibility connect with the FPHR framework. For example, "infrastructure" connects with "all capabilities except EPR", "Prevent the spread of communicable disease" connects with "communicable disease control", and so on. There is an exception with "Promote healthy communities". This area aligns with both "chronic disease and injury prevention and maternal, child, and family health".

Six Areas of Responsibility					
Assure an adequate public health infrastructure	Prepare and respond to emergencies	Prevent the spread of communicable diseases	Promote healthy communities and healthy behavior	Protect against environmental health hazards	Assure health services
Foundational Capabilities (all except EPR)	Foundational Capability: Emergency Preparedness and Response	FPHR Area: Communicable Disease Control	FPHR Areas: Chronic Disease and Injury Prevention Maternal, Child, and Family Health	FPHR Area: Environmental Public Health	FPHR Area: Access to and Linkages with Clinical Care
Foundational Public Health Responsibilities					

In current reporting, the only "community-specific" information captured is related to "assure health services". CHBs report (if applicable) expenditures and staffing for home health and hospice services, emergency medical services, and jail health services.

In future reporting, for each of the five areas, expenditures and staffing will need to be broken down by foundational and community-specific. The definitions for areas in this document describe what is included in the foundational bucket for the area.

Depiction of REDCap Expenditure Form

The tables below reflect how reporting in the expenditure form will look. CHBs who wish to report this way early will have the option to do so for CY2025, but it is not required until CY2026 (reported in March 2027). **The definitions linked to are current as of August 2025 and pending SCHSAC approval.**

Capabilities

All capabilities except Emergency Preparedness and Response

Expenditures for activities aligned with the following capability definitions (click on links below) should be combined and reported under "all capabilities except EPR"

- **Accountability and Performance Management**
- **Assessment and Surveillance**
- **Communications**
- **Community Partnership Development**
- **Equity**
- **Organizational Competencies** (includes Leadership and governance, information technology services, workforce development and human resources, financial management, and legal services.
- **Policy Development and Support**

All capabilities except EPR **Includes capabilities of assessment and surveillance, community partnership development, communications, accountability and performance management, equity, organizational competencies, policy development and support.**	
Funding Sources	**Expenditures**
Local Public Health Grant (State General Funds)	
Foundational Public Health Responsibility Grant	
Federal Title V Funds	
MEDICAID	
Medicare	
Private Insurance	
Local Tax	
Client Fees	
Other Fees (non-client)	
Other Local Funds	
Other State Funds	
Other Federal Funds	

Emergency Preparedness and Response

Expenditures for activities aligned with the following definitions (click on link below) should be combined and reported under "Emergency Preparedness and Response"

- **Emergency Preparedness and Response**

Emergency Preparedness and Response	
Funding Sources	**Expenditures**
Local Public Health Grant (State General Funds)	
Foundational Public Health Responsibility Grant	
Federal Title V Funds	
MEDICAID	
Medicare	
Private Insurance	
Local Tax	
Client Fees	
Other Fees (non-client)	
Other Local Funds	
Other State Funds	
Other Federal Funds	

Areas

Each area may include both foundational and community-specific activities, so expenditures should be divided between that which is foundational for the area, and community-specific. For examples of the types of activities that fall under community-specific, the following resource can be used as a guide:

- Foundational-vs-CSS-Crosswalk-and-Guide_Final_5.2025_fillable.pdf (see Section 2)

Note: Currently FPHR grant can only be spent on foundational work (foundational capabilities and foundational areas). In the future, CHBs that demonstrate meeting standards/thresholds for fulfillment of FPHR will be able to spend funds on community-specific needs.

Communicable Disease Control

Expenditures for activities aligned with the following definitions should be reported in the column "foundational expenditures" for this area. These expenditures should not be duplicated with expenditures included in the capabilities reporting.

- **Communicable Disease Control**

Communicable Disease Control		
Funding Sources	**Foundational Expenditures**	**Community-Specific Expenditures**
Local Public Health Grant (State General Funds)		
Foundational Public Health Responsibility Grant		
Federal Title V Funds		
MEDICAID		
Medicare		
Private Insurance		
Local Tax		
Client Fees		
Other Fees (non-client)		
Other Local Funds		
Other State Funds		
Other Federal Funds		

Chronic Disease and Injury Prevention

Expenditures for activities aligned with the following definitions should be reported in the column "foundational expenditures" for this area. These expenditures should not be duplicated with expenditures included in the capabilities reporting.

- **Chronic Disease and Injury Prevention**

Chronic Disease and Injury Prevention		
Funding Sources	**Foundational Expenditures**	**Community-Specific Expenditures**
Local Public Health Grant (State General Funds)		
Foundational Public Health Responsibility Grant		
Federal Title V Funds		
MEDICAID		
Medicare		
Private Insurance		
Local Tax		
Client Fees		
Other Fees (non-client)		
Other Local Funds		
Other State Funds		
Other Federal Funds		

Environmental Public Health

Expenditures for activities aligned with the following definitions should be reported in the column "foundational expenditures" for this area. These expenditures should not be duplicated with expenditures included in the capabilities reporting.

- **Environmental Public Health**

Environmental Public Health		
Funding Sources	**Foundational Expenditures**	**Community-Specific Expenditures**
Local Public Health Grant (State General Funds)		
Foundational Public Health Responsibility Grant		
Federal Title V Funds		
MEDICAID		
Medicare		
Private Insurance		
Local Tax		
Client Fees		
Other Fees (non-client)		
Other Local Funds		
Other State Funds		
Other Federal Funds		

Maternal, Child, and Family Health

Expenditures for activities aligned with the following definitions should be reported in the column "foundational expenditures" for this area. These expenditures should not be duplicated with expenditures included in the capabilities reporting.

- **Maternal, Child, and Family Health**

Maternal, Child, and Family Health		
Funding Sources	**Foundational Expenditures**	**Community-Specific Expenditures**
Local Public Health Grant (State General Funds)		
Foundational Public Health Responsibility Grant		
Federal Title V Funds		
MEDICAID		
Medicare		
Private Insurance		
Local Tax		
Client Fees		
Other Fees (non-client)		
Other Local Funds		
Other State Funds		
Other Federal Funds		

Access to and Linkage with Clinical Care

Expenditures for activities aligned with the following definitions should be reported in the column "foundational expenditures" for this area. These expenditures should not be duplicated with expenditures included in the capabilities reporting.

- **Access to and Linkage with Clinical Care**

Access to and Linkage with Clinical Care		
Funding Sources	**Foundational Expenditures**	**Community-Specific Expenditures**
Local Public Health Grant (State General Funds)		
Foundational Public Health Responsibility Grant		
Federal Title V Funds		
MEDICAID		
Medicare		
Private Insurance		
Local Tax		
Client Fees		
Other Fees (non-client)		
Other Local Funds		
Other State Funds		
Other Federal Funds		

Foundational Public Health Responsibilities

Final draft of definitions for categories and activities, pending SCHSAC approval

All activities in the Foundational Public Health Responsibilities are agnostic of the person, persons, agency, or decision-making level roles and responsibilities.

Glossary:

Address: giving attention with or without direct action; recognizing and potentially facilitating action needed. For the purposes of the FPHR, address does not imply direct provision or action by the person or agency recognizing it.
Administrative and Budget Preparedness: also, ABP, a plan specific to emergency preparedness and response activities that is outlined and described in guidelines from the Centers for Disease Control and Prevention
All-Hazards: an approach that is a comprehensive strategy in emergencies that is wide-ranging and focusing on core capabilities.
Assure: verification that something is happening; largely observational and passive. For the purposes of the FPHR, assure does not include doing the actual service.
Capacity: the skills, knowledge, resources, relationships, and abilities – both individual and collective – that enable action and drive change. They encompass elements such as personnel, expertise, tools, and partnerships needed to effectively accomplish goals.
Clinical care/Health care: clinical care (also medical care) is the direct provision of health care services by professionals; health care encompasses prevention, diagnosis, treatment, and restoration of health. For the purposes of the FPHR, health care is the preferred, broader term to be used in address access and linkages.
Collaborate: work in partnership with colleagues, partners, or the community to plan, decide, implement or evaluate shared work.
Communicable disease: a subset of infectious disease, these are transmitted from person to person.
Community: a unified body of individuals that share common characteristics, such as geography, interests, culture, or history.
Community-driven: an approach that gives planning, implementation, and decision-making to community groups.
Community engagement: a strategy and process of actively involving community members in discussions, decision-making, and activities that relate to or impact their collective status and well-being.
Continuity of Operations: also, COOP, a plan specific to emergency preparedness and response activities that is outlined and described in guidelines from the Centers for Disease Control and Prevention.
Convene: a tool within a community engagement strategy to intentionally bring people and partners together for a common goal or issue.
Crisis and Emergency Risk Communications: a framework for developing communication during disasters and public health emergencies.
Emergency Support Function 8: guidelines specific to emergency preparedness and response, developed by the Federal Emergency Management Administration, related to planning and coordination of the public health and medical response.
Evidence-informed: includes evidence-based, promising, and theory-based or research-informed practices.**Foundational:** for the purposes of the FPHR; population-based, universally applicable across the system, mandated for public health, impacting the system, and focusing on capacity building and relationships.
High-quality data: accurate, complete, consistent, relevant and essential information that can be used in making decisions or developing plans.
Infectious disease: the broader term for illnesses that are spread through bacteria, viruses, fungi, or parasites; these are not all spread from person to person.
Infrastructure: facilities or systems that serve a community or organization where physical components are required.
Laboratory Response Network: the collaborative and integrated network of laboratories across a geographic area that is charged with responding to biological or chemical threats, or emerging infectious disease; the LRN is a tiered structure and was established by the Centers for Disease Control and Prevention.
Organizational culture: shared values, beliefs, and practices shaping how the people within an organization behave and work together.
Partners: groups, communities, and organizations with whom or with which one associates and collaborates.
Patient Centered Medical Homes: also, PCMH, refers to the national model for patient-centered, whole-person, and coordinated care. In Minnesota, this is known as “Minnesota Health Care Homes”.
Population-based: approaches, programs, or interventions that aim to improve health outcomes for entire groups rather than individuals, address the collection condition and systems that influence health outcomes, and involve collaboration and use of data to inform action.
Protective factors: behaviors or conditions helping to prevent the onset or increasing severity of disease or injury.
Provide: a responsibility to do something; implies a duty to offer concrete resources or actions directly.
Quantitative data: involves measurable numerical information; anything that can be counted or measured; can answer “how many”, “how often”, or “how much” questions.
Qualitative data: involves descriptive information that cannot be measured or counted; expressed with words and describes feelings, colors, or experiences; can answer “why”, or “how” questions.
Risk factors: behaviors or conditions increasing the chances of developing a disease or injury.
Social determinants of health: also, structural conditions of health, the conditions in which people are born, grow, live, work, and age that influence health and well-being. These include factors such as housing, education, income, access to nutritious food, transportation, social connections, and the surrounding policies, systems, and environments.
Technical assistance: a tool that may or may not be within a community engagement strategy to help meet requirements or work on initiatives; may be required in a regulatory situation.
Validate: check for accuracy; demonstrate, affirm, or support the truth therein.
Violence: includes sexual violence, human trafficking, traumatic brain injury, falls and motor vehicle crashes, occupational health hazards, sudden infant death and sudden death in the young, and forms of violent death including suicide and homicide.

Whole Community: an approach specific to emergency preparedness that implies the involvement of everyone, not just the government, in activities related to preparedness. This includes, but is not limited to, families, businesses, faith communities, schools, and all levels of government.

Capabilities: Minnesota's governmental public health system must have the ability to carry out these activities and categories of activities

Accountability and Performance Management

A. Perform business and public health practices in alignment with applicable federal, state, and local laws, policies, and Public Health Accreditation Board standards and practices.

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 systems and infrastructure for organizational performance management.
3. Regularly review and apply all relevant federal, state, and local laws, policies, and accreditation requirements affecting public health practice.

B. Maintain a performance management system to monitor achievement of organizational objectives and an organization-wide quality improvement culture.

1. Develop, implement, and maintain a documented process for creating performance management metrics. This may include a written performance management plan.
2. Establish reliable, high-quality, and actionable metrics to monitor performance and drive continuous improvement.
3. Develop performance management plans for all teams, including data collection, analysis, and reporting, and establish a centralized system for storing and accessing performance management data.
4. Develop, implement, and maintain a quality improvement plan (according to public health accreditation board guidance, Domain 9).
5. Cultivate an organizational culture of quality improvement (including but not limited to leadership commitment, QI infrastructure, employee empowerment, customer-focus, etc. (Elements of a QI Culture - Roadmap to a Culture of Quality Improvement)
6. Establish metrics and monitor quality of the governmental public health system.
7. Analyze performance data to inform decision-making.

C. Use best available evidence when implementing new or revised processes, programs, and/or interventions.

1. Have capacity and competency to review research and literature.
2. Establish and document a process to review evidence-based, promising, and theory- or research-informed practices when a program or intervention is developed or revised, including evidence specific to various communities.
3. Customize or adapt to assure the practice is tailored to the community.
4. Have organizational and staff competency in evaluation.
5. Make decisions for improvements based on the evaluation of a program, process, or intervention.
6. Use evaluation data to test and refine new and innovative approaches.

D. Measure the impact of governmental public health's contribution to improving health equity.

1. Use disaggregated performance data to identify disparities and prioritize areas for improvement.
2. Develop, implement, and maintain a system to gather feedback from groups affected by agency goals to assure their perspectives inform decision-making.
3. Engage and share data findings with affected groups and interested parties. This could include activities such as reporting on progress, facilitating discussion to encourage data use, or gathering additional insights for interpretation of findings.
4. Develop shared measures across the governmental public health system.

Assessment and Surveillance

A. Use data to guide public health planning and decision making.

1. Develop, implement, and maintain an information technology infrastructure (internet, computer hardware, software) and a data infrastructure (people, training, standards, permissions, workflows, informatics, etc.)
2. Access training, technical assistance, or expertise for data collection and making strategic and data-driven decisions.
3. Assure data-driven decisions are based on high-quality data appropriate for the decision to be made.
4. Use data to identify factors which influence health, including strengths and assets.
5. Establish metrics and monitor data on public health issues, including root causes.
6. Design and identify metrics which will guide action and measure impact.
7. Share and disseminate findings with partners and community.

B. Collect, access, analyze, and interpret data from a variety of sources.

1. Collect, access, analyze, and interpret both quantitative (includes granular data disaggregated by geography, sub-populations, race, ethnicity) and qualitative data (e.g., feedback from interviews or focus groups) to guide planning and decision-making.
2. Engage community and partners in data collection processes, including decisions about what data to collect and methodology for collection.
3. Research and review of existing data sources to inform the need for additional data collection.
4. Analyze data and findings in collaboration with partners, communities, and those with lived experience
5. Validate information, data, analysis, and findings.

C. Assess and analyze disparities and inequities in the distribution of disease and social determinants of health.

1. Analyze data in collaboration with partners and communities with lived experience; includes engaging populations most impacted to make sure data reflects real-world conditions and lived experience.
2. Identify community assets, strengths, and resources.
3. Communicate data (accurate, tailored for specific audience, and with health equity in mind) with community members or partners.
4. Use data to act and/or drive future work to identify and address inequities.

D. Develop and maintain internal systems and processes for receiving and responding to data requests from the public, policy makers, media, and others.

1. Assure data is available and complies with data standards, statutory requirements, and other legal obligations.
2. Translate data into information and reports which are valid, complete, statistically accurate, and accessible to the intended audiences.
3. Identify the most effective method for sharing data in response to requests and assure timely dissemination.

E. Conduct a collaborative community or statewide health assessment and identify health priorities, including analysis of root causes of health disparities and inequities.

1. Engage partners and community in all aspects of a community or statewide health assessment, from initial planning through final development.
2. Examine community involvement and outreach; refine the engagement strategy as needed to enhance effectiveness.
3. Convene public health partners and community to understand public health issues and the need for prevention activities, and to develop a health assessment.
4. Identify and leverage community strengths and assets as part of the assessment.
5. Work with partners conducting other types of health assessments within the jurisdiction for learning and alignment.
6. Disseminate final health assessment for awareness, and to inform related and subsequent activities.

F. Access 24/7 laboratory and other resources for rapid detection.

1. Access resources for rapid detection, investigation, containment, and mitigation of public health problems and environmental public health hazards.
2. Assure coordination and communication with public and private laboratories.
3. Assure availability of environmental, biological, and chemical laboratory testing, including for maternal and child health, chronic disease, and injury issues.
4. Function as a Laboratory Response Network (LRN) Reference laboratory.

G. Participate in or support surveillance systems to rapidly detect emerging health issues and threats.

1. Provide or access epidemiological services.
2. Use epidemiological practices to explain the distribution of disease, death, health outcomes, health disparities and systemic inequities.
3. Identify and investigate emerging public health issues.
4. Provide surveillance of the population related to emerging health issues and threats.
5. Participate in or support syndromic surveillance and other emerging technology and data sets for rapid detection of emerging health issues and threats.

H. Collaborate with community partners in collecting, reporting, and using public health data.

1. Validate information, data, analysis, and findings with community partners.
2. Convene and collaborate with partners (cross-sectors and with those affected by health inequities) and communities to strategize data usage.
3. Facilitate community-led data processes by providing structure and support for how communities gather and use data.

Communications

A. Develop and implement a communications plan to assure routine public health communications.

1. Develop, implement, and maintain systems for communications with public health, cross-sector partners and the public.
2. Include methods to engage communities not reached through traditional public health channels in communication plans.
3. Collaborate with partners and communities to co-create communications strategies.
4. Establish metrics and monitor quality of public health communications.
5. Assure all communications are clear, inclusive, and available in multiple formats to meet diverse needs, including language accessibility, readability/plain language, and accommodations for disabilities.

B. Maintain ongoing media relations to assure information and messages of public health importance are conveyed to the community.

1. Develop, implement, and maintain organizational communication policies (including standard operating procedures, identification of spokesperson, process for responding to media requests, and media contact list) related to media engagement.
2. Develop, implement, and maintain organizational communication templates (such as news release templates and contact lists) for media engagement.
3. Assure information and messages of public health importance are shared proactively with the media, including but not limited to, disseminating news releases, conducting news conferences, and using electronic/digital communication tools to interact with the media.
4. Strategically evaluate media coverage and outreach to assure reach across all communities, leveraging trusted communicators to enhance credibility and engagement.
5. Assure communication training to subject matter experts and leadership.

C. Use social media and other platforms to communicate and engage directly with the community.

1. Assess and identify which social media and other digital platforms (such as blogs, podcasts, and email newsletters) are available for use.
2. Develop, implement and maintain policies for using social media and other digital platforms. This may include protocol for responding to comments and concerns and responding to feedback, such as a social media policy.
3. Build in-house capacity to use social media and other digital platforms, including building infrastructure (information technology capabilities and permissions, software, and apps) and engaging in training.
4. Assess and determine the most effective social media or other platforms to reach the focus audience, and develop aligned content and messaging based on audience insights, including active listening and engagement.
5. Leverage partnerships to expand reach.
6. Use analytics, and other data sources, to evaluate impact of and engagement with social media and other platform. Implement necessary improvements accordingly.

D. Tailor messages and communications channels for various audiences.

1. Develop, implement, and maintain systems for communications (communication channels) with public health organizations, other cross-sector partners and the public.
2. Provide training and skill development for communicators.
3. Develop relationships with trusted community leaders.
4. Develop and adapt messages to fit the needs (such as culture, language, and literacy level) of key audiences, engage trusted community messengers, and practice deep listening. Pilot test messaging to assure content reflects the needs and perspectives of the focus population.

E. Develop and implement a risk communications strategy to use during a public health crisis or emergency.

1. Lead and coordinate messaging using Crisis and Emergency Risk Communications principles to assure consistency in messaging around critical public information, with intentional focus on communicating with accessible language and cultural humility.
2. Transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner.
3. Assess and prioritize products, tactics, and channels for public-facing communications.
4. Collaborate with partners and communities to co-create strategies for risk communication, including strategies for addressing mis- and dis-information.

5. In the event of a public health crisis or event, lead and/or coordinate communication between public health, health organizations, national organizations, federal and state agencies.

F. Develop and implement a proactive health education strategy for providing timely and accurate information.

1. Design and implement a health education strategy which encourage actions to promote health in culturally and linguistically appropriate ways, including using electronic communication tools.
2. Assess and prioritize products, tactics, and channels for public-facing communications.
3. Engage community members and partners to co-create proactive health education communication strategy.

Community Partnership Development

A. Create, convene, support, and sustain strategic, non-program specific relationships with partners.

1. Engage community groups or organizations, particularly those 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.
2. Dedicate resources to community partnership development and engagement.
3. Identify power dynamics and relationships to understand how different communities are organized.

3. Create and maintain organizational policies and practices which advance relationship building and authentic engagement.
4. Identify and convene strategic public health partnerships across sectors and governmental agencies.

B. Leverage and engage partnerships and community to advance health equity.

1. Create organizational policies and practices to advance relationship development and effective community engagement methods.
2. Identify and implement processes which advance health equity.
3. Facilitate gatherings which encourage community-driven approaches.
4. Assure community members, including those most affected by health inequities and those with lived experience, are engaged in bi-directional information sharing.

C. Establish trust and engage populations most impacted by inequities in public health decision-making using community-driven approaches.

1. Collaborate with community partners by participating in their discussions, planning, and program development and implementation.
2. Convene communities at the grassroots level to support bi-directional information sharing, foster leadership opportunities, and facilitate participatory decision-making and action
3. Develop a broad understanding of how communities within the jurisdiction are organized and how community relationships and history may affect the public's health.
4. Establish relationships with communities located within the jurisdiction with the goal of building trust and authentically engaging through community-driven approaches, particularly in historically marginalized and underserved communities and those most impacted by health disparities and underlying inequities.

D. Use collaborative processes to develop community or statewide health improvement plans to address identified priorities.

1. Engage partners and community in a health improvement process and developing plan(s) to improve health outcomes by addressing priorities most important to them.
2. Use health assessment data, including root cause analysis, to establish plan(s) for addressing priorities.
3. Coordinate efforts, resources, and policy agendas across partners for awareness of priorities and to implement the plan(s).
4. Convene and collaborate with partners and community to evaluate and monitor the health improvement plan(s) and associated interventions, making updates and improvements as appropriate.

Emergency Preparedness and Response

A. Develop, exercise, and update All-Hazards preparedness and response plans using established guidelines to address acute and long duration incidents and events.

1. Develop, implement, and maintain written policies and procedures to activate and alert public health personnel and response partners during an emergency.
2. Develop, exercise, and update emergency preparedness and response plans based on identified risk assessments.
3. Establish the response and recovery role of public health in incidents and events, in collaboration with partners.
4. Inform staff and appropriate partners of public health roles in response plans.
5. Train staff and provide opportunities to exercise the response plan.
6. Collaborate with community-based organizations and partners to provide and participate in training events and exercises.
7. Evaluate and continuously improve the response of the governmental public health system and the health department to incidents, using after-action reports and improvement plans (AAR-IPs).

B. Integrate environmental, social, physical, and economic conditions to protect the needs and abilities of all people in response and recovery activities and plans.

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.

3. Collaboratively assess and plan for the considerations of access and functional needs of at-risk populations.

C. Lead the public health and medical response strategies for the jurisdiction and state, also known as Emergency Support Function 8.

1. Assure staff are adequately trained on emergency preparedness and response competencies and plans in the incident command system.
2. Assure leadership of governmental public health are trained and equipped to lead response and recovery activities.
3. Assess the scope and responsibility for public health response internally and externally.
4. Governmental Public Health participates and partners with regional Health Care Preparedness Coalitions, or other similarly positioned coalitions.

D. Assure mobilization of personnel and partners for emergency response, using the incident management system for coordination.

1. Activate and alert public health response personnel using established communication systems.
2. Operate within, and as necessary lead, the established incident command system according to the role of public health.
3. Convene public health partners to identify strategies for governmental public health response to incidents, and to assess the need for community incident response efforts.
4. Coordinate with local, state, Tribal, and federal emergency managers and other first responders, health care coalitions, and private sector and nonprofit partners.

E. Maintain operational plans for Continuity of Operations and Administrative and Budget Preparedness for response and recovery.

1. Identify priorities or essential public health functions and the staff, resources, and facilities needed for continuity of operations during an incident.
2. Collaborate with public health leadership and staff to clarify roles and responsibilities during a continuity incident.
3. Assure administrative and budget processes and systems are documented, tested, and evaluated to assure public health can rapidly receive and use funds; procure resources, materials, and supplies; execute contracts; and hire personnel during incidents and events.
4. Conduct training and exercises for public health leadership and staff on both plans.

F. Promote readiness and resilience of communities and partners, enabling necessary action before, during, or after an emergency.

1. Convene public health and community partners to jointly strategize response actions.
2. Conduct community engagement activities to promote Whole Community planning, response, and recovery.

G. Plan for and lead public health recovery initiatives.

1. Assess the need for incident recovery efforts for communities, jurisdictions, and governmental public health staff.
2. Implement prioritized strategies or initiatives to support recovery from incidents.
3. Collaborate when feasible with disaster behavioral health specialists, mental health professionals, and/or partners in recovery activities.
4. Assess the behavioral health needs of and implement strategies to support public health staff recovery following an incident or event.

H. Strengthen and maintain the infrastructure for public health emergency response.

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.
3. Develop, implement, and maintain a situation and information sharing infrastructure which may receive notice of emergencies on a 24/7 basis.
4. Provide information before, during, and after a public health emergency per Communications capability standards and crisis and emergency risk communication (CERC) principles.

5. Access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Equity

A. Develop a shared understanding of what creates health including structural and systemic factors advancing health equity.

1. Cultivate an organizational culture of health equity.
2. Develop staff skills and understanding regarding equity, and racial and social justice, and a systems change approach.

B. Achieve health equity through integration across all foundational public health responsibilities.

1. Create training and conversation to understand equity, racial and social justice, and systems change.
2. Create ongoing opportunities to discuss the ways health equity shows up in the work of public health and foster a space to grow.
3. Establish and incorporate organizational values, including equity, when determining priorities, making decisions, and setting policies.
4. Develop and build staff capacity to address equity.

C. Work collaboratively to support and foster a shared understanding of the critical importance of equity to achieve community health and well-being.

1. Convene and collaborate with cross-sector and public health partners to identify strategies, initiatives, shared goals, and outcomes.
2. Collaborate with partners and communities disproportionately affected by health inequities, including those working with such communities.
3. Collaborate within the organization and across organizational teams to impact health equity.
4. Develop, train, and support staff to address equity through multi-sector collaborations.

D. Work towards health equity by strategically addressing social and structural determinants of health through policy, programs, and initiatives.

1. Inform and influence the development and adoption of laws and policies which advance health equity.
2. Create equity-centered public health policy, inclusive of research, analysis, and calculating costs.

E. Measure and track progress to assure accountability for health equity, make improvements, and adapt to changing needs.

1. Develop measures to track community engagement with impacted communities; measures will center trust, shared decision-making, and active listening.
2. Create regular opportunities to review and evaluate progress based on data measures.
3. Utilize a combination of quantitative and qualitative datasets.

Organizational Competencies

Leadership and Governance

A. Lead internal and external partners to consensus, with movement to action, and serve as the face of governmental public health.

1. Collaborate with partners and communities including those disproportionately affected by health disparities to increase knowledge about the role of governmental public health.
2. Convene cross-sector partners to increase knowledge about the role of non-governmental partners.
3. Advocate and communicate about the value and role of public health in the community.

B. Define a strategic direction for public health initiatives.

1. Engage in health policy development, discussion, and adoption with local, state, and national policy makers.
2. Convene public health partners to identify strategies or initiatives.
3. Develop, implement, and maintain an agency strategic plan with metrics to monitor implementation, track implementation and report on progress.
4. Assess how external factors and conditions affect implementation of the agency strategic plan.

C. Prioritize and implement diversity, equity, and inclusion within governmental public health.

1. Assure representation on public health boards and councils is reflective of the community.
2. Develop and maintain an internal assessment of policies and practices.

D. Engage with appropriate governing entities about the department's public health legal authorities.

1. Engage with and support the appropriate governing entity about the public health agency's role and legal authority around public health priorities, policies, and laws.
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.

Information Technology Services, including Privacy and Security

A. Maintain or procure the hardware and software needed to access electronic health information internal to the agency to support 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. Support, use, and maintain communication technologies and systems, such as websites and social media, needed to interact with community members.

1. Support and maintain technologies and systems for external communications and interactions with the public.
2. Assure continuity of technical operations and connectivity to networks, in an emergency.

C. Have systems and controls in place to keep any data collected confidential and maintain security of information technology systems.

1. Develop, maintain, and share internal electronic information systems.
2. Develop, implement, and maintain written organizational policies in alignment with data privacy and retention laws.
3. Build organizational and staff competency around information systems.

Workforce Development and Human Resources

A. Develop and maintain a workforce representative of the community, with competencies needed to implement the Foundational Public Health Responsibilities effectively.

1. Develop, implement, and maintain policies, practices, and a written plan for workforce development.
2. Assess and review hiring and contracting policies and practices.

B. Manage human resource functions including recruitment, retention, and succession planning, training, performance review, and accountability.

1. Cultivate a supportive work environment for staff wellness, which includes employee satisfaction, engagement, and recognition.
2. Develop, implement, and maintain systems and infrastructure for human resource management, recruitment, and employee retention.
3. Develop and maintain written training materials on pertinent topics and provide staff onboarding and ongoing training.
4. Develop, implement, and maintain written succession plan(s) for the organization.

Financial Management, Contracts, and Procurement Services, including Facilities and Operations

A. Establish a financial management system in compliance with local, state, and federal standards and policies.

1. Develop, implement, and maintain systems and infrastructure for financial management, oversight, and internal auditing of financial operations, which includes budgeting, projections, billing, and chart of expense and revenue accounts.
2. Develop, implement, and maintain systems for contracts and procurement.

B. 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. Leverage funding and assure resources are allocated for population health and informed by social determinants of health.

C. Procure, maintain, and manage safe facilities and efficient operations.

1. Assure maintenance and, as necessary, replacement of long-term or capital assets for organizational operations.
2. Manage and operate facilities as safe, physically secure, and accessible public-facing workplaces.
3. Procure, maintain, and manage necessary goods and services, and interchangeable assets.

Legal Services and Analysis

A. Access and appropriately use legal services in planning, implementing, and enforcing public health contracts and programs, including relevant administrative rules and due process.

1. Have organizational and 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. Advocate for policies for addressing environmental, social, and economic conditions which impact health disparities and equity.

1. Understand policies that create or lessen health disparities and communicate about related policy and legislative activities.
2. Collaborate with partners and community to identify gaps in policies, and ordinances.
3. Collaborate with partners and policy makers to enact new, evidence-based policies.
4. Convene partners and community to identify policy strategies or initiatives which improve health equity.
5. Organize support for public health statutes, regulations, rules, ordinances, and other policies.
6. Provide education and technical assistance to help to empower people to share their perspectives on and understand policies which impact health.

B. Develop and maintain public health policies which are evidence-based, locally relevant, and meet legal requirements.

1. Research, analyze, conduct cost analysis, and articulate the impact of public health policies and rules where appropriate; assure community concerns are considered, and integrated into the analysis and decision-making process.
2. Assess existing public health policies, identify the need for new policies, and evaluate the impact of their implementation.
3. Engage with appropriate governing entities about the purpose, intent, and outcomes of public health laws, policies, and ordinances.
4. Organize support for public health policies, rules, and regulations and collaborate with the entity having the legal authority to adopt them.
5. Develop and maintain written organizational policies to support staff in rapidly responding to emerging issues.

C. Serve as a primary resource to inform and influence policies by other governmental and non-governmental agencies for improving environmental, social, and economic conditions.

1. Foster and maintain relationships with partners developing policies which affect physical and mental health outside the immediate scope of governmental public health.
2. Convene or participate in discussions with cross-sector partners to identify strategies or initiatives which help non-governmental partners to consider health impacts in all decision-making (Health in All Policies).
3. Share data, information, recommendations, and subject matter expertise to bring a health lens (Health in All Policies framework) to local decision-making.
4. Collaborate with partners to develop long-term strategies and system changes which improve public health.
5. Monitor the impact of changing state and federal laws on public health to anticipate and articulate health implications.

D. Support compliance with and enforcement of public health regulations or legislation.

1. Participate in state-local collaboration and communication to support and uphold public health regulations.
2. Develop, implement, and maintain organizational policies aligned with local, state, and federal regulations.
3. Educate the community and key partners on the meaning, purpose, and benefits of public health laws.
4. Develop and maintain written training materials on public health laws, policies, and ordinances.
5. Connect regulated entities to appropriate training, resources, support, and education to reduce risks, increase compliance with, and/or take corrective actions.
6. Engage with the appropriate governing entity about the public health agency's role and legal authority around environmental health policy.
7. Conduct, monitor, and report public health enforcement activities, including issuing violations and enforcing laws, rules, policies, and procedures to prevent the spread of disease.
8. Assure the consistent application of public health laws, policies, and ordinances.

Areas: Population-based activities specific to topics and programs

Communicable Disease Control

A. Provide timely, relevant, and accurate information to partners and the public on communicable diseases and their control.

1. Develop, maintain, and share internal electronic information systems and access external systems for reporting and surveillance.
2. Establish metrics and monitor quality of infectious disease prevention and control activities.
3. Collect data per Minnesota Administrative Rules, and analyze data related to infectious diseases.
4. Develop, maintain, and share an immunization information system.
5. Assure education about vaccine preventable diseases, Minnesota immunization requirements, the statewide immunization information system among health care providers, pharmacists, school officials, and the public.
6. Assure education about infectious diseases and emerging disease prevention and control situations for health care providers, pharmacists, long-term care facility staff, infection control specialists, school officials, the public, and others.

B. Develop a prevention plan for communicable disease control in collaboration with community partners.

1. Assess the factors and conditions affecting infectious disease prevention and control.
2. Collaborate with and educate partners and communities including those disproportionately affected by infectious diseases, to understand the infectious disease prevention and control from the perspective of lived experience.
3. Collaborate with and convene partners and communities to create and implement strategies or initiatives for infectious disease prevention and control.
4. Develop, implement, and maintain written plans, systems, and infrastructure, and train relevant staff.
5. Assess how external factors and conditions affect implementation of infectious disease prevention and control plans.

C. Identify and respond to communicable disease outbreaks for notifiable conditions in accordance with local, state, and national requirements.

1. Coordinate response to assure all appropriate partners are notified and there are clear roles and responsibilities.
2. Assure identification and notification of close contacts at risk for disease transmission with Centers for Disease Control and Prevention (CDC) guidelines.
3. Assure appropriate treatment and prevention of disease in people who have reportable diseases in accordance with local, state, and national mandates and CDC guidelines.

D. Support the recognition of outbreaks and other events of public health significance.

1. Assure capacity for the identification and characterization of the causative agents of disease and their origin, including the rare and unusual.
2. Verify availability of screening for infectious diseases of public health importance.
3. Conduct timely investigations for reportable infectious diseases.
4. Identify and respond to emerging issues.
5. Report diseases in accordance with the communicable disease reporting rule in state statute (MN Rules, Chapter 4605).

E. Coordinate, integrate, align, and address funding opportunities for statutorily required communicable disease programs and activities.

1. Educate decision-makers about resources needed for infectious disease prevention and control activities and advocate for needed funds.
2. Seek out, apply, and manage funding opportunities.
3. Assure and maintain baseline funding is being provided to support mandated infectious disease prevention and control activities.
4. Assure access to the safe and effective administration of vaccinations for the public.

Chronic Disease and Injury Prevention

A. Provide timely, relevant, and accurate information to partners and the public on population health trends related to chronic disease and injury prevention.

1. Develop and maintain internal information systems and access external information systems for prevention and population health—including systems for chronic disease, and injury prevention.
2. Collaborate with community to conduct surveillance of the population with respect to chronic disease and injury and use information to educate partners and the community.
3. Establish metrics and evaluate prevention and population health improvement activities.
4. Collect, analyze, validate, and share data related to chronic disease and injury prevention.
5. Provide education and technical assistance to organizations involved in improving health and preventing harm.

B. Develop a prevention plan for chronic disease and injury prevention in collaboration with community partners.

1. Collaborate with partners and communities to address chronic disease and injury prevention through the following actions:
    a. Building new and strengthening existing relationships,
    b. Assessing need and considering factors and conditions influencing these issues,
    c. Creating plans, implementing, and evaluating population-based strategies,
    d. Pursuing joint funding or supporting partners in identification and pursuit of funding, and
    e. Sustaining work through policy and systems change, capacity building, and integration into existing programs.

C. Coordinate, integrate, address funding opportunities, and align chronic disease and injury prevention programs and initiatives.

1. Work together to plan and connect efforts to prevent chronic diseases and injuries.
2. Identify ways to better align and coordinate programs already funded or required by law, so they support each other and have greater impact.
3. Support partners in understanding funding limitations, flexibilities, and explore creative and innovative approaches and opportunities.
4. Educate decision-makers about resources needed for chronic disease and injury prevention.
5. Assure and maintain baseline funding for chronic disease and injury prevention programs and initiatives.
6. Seek out, apply, and manage funding opportunities.

D. Work actively with statewide and community partners to implement population-based strategies to increase protective factors and reduce modifiable risk factors for chronic disease and injury.

1. Collaborate to implement population-based strategies to:
    a. Increase healthy eating, active living, mental wellbeing and community connectedness.
    b. Reduce statewide and community rates of alcohol, commercial tobacco, and other drug use.
    c. Identify, manage, and live well with chronic disease.
    d. Understand, respond to, and prevent occurrence of and harm caused by forms of injury and violence.
2. Develop, implement, and maintain systems and infrastructure for policy, system, and environmental change.
3. Develop and maintain written training materials, provide training to appropriate staff.
4. Utilize evidence-informed practices aligned with national, state, and local guidelines.
5. Establish a system for tracking efforts toward agreed upon responsibilities for governmental public health, and partners, track these efforts.
6. Verify equitable access to and availability of screening, referrals, and treatment of chronic diseases and injuries.

Environmental Public Health

A. Provide timely, relevant, and accurate information to partners and the public on environmental public health threats and health impacts.

1. Collect, analyze, and interpret data and information related to environmental health.
2. Validate information, data, analysis, and findings.
3. Assure education and technical assistance are provided for prevention, abatement, and compliance, or refer as appropriate.

B. Develop a prevention plan for environmental public health in collaboration with partners.

1. Build and maintain relationships with appropriate audiences.
2. Engage with the community to assess the need for prevention or abatement activities.
3. Collaborate with and educate partners and communities.
4. Convene cross-sector, cross-agency, and public health partners to identify strategies or initiatives.
5. Develop, implement, and maintain a written plan.
6. Engage with partners and communities to collect feedback.
7. Participate in opportunities to address sustainability, land use planning, and climate efforts promoting positive public health outcomes and resilient communities.

C. Conduct mandated environmental public health activities and oversight to protect the public from hazards in accordance with local, state, and federal laws and regulations.

1. Develop and maintain written training materials, provide training to appropriate staff.
2. Investigate and document environmental health complaints.
3. Conduct timely investigations in response to environmental health risks.
4. License, certify, or permit regulated parties or entities within the jurisdiction.
5. Inspect regulated parties or entities within the jurisdiction.
6. Issue, enforce, and document corrective actions with respect to environmental health violations.
7. Perform and document follow-up activities for remediation.
8. Assure water and solid waste systems are managed safely.
9. Assure availability of environmental, biological, and chemical laboratory testing.

D. Identify and address radiation, chemical, and other public health hazards related to environmental factors in accordance with local, state, and federal laws and regulations.

1. Partner across agencies to assure protection of workers and the public from hazards related to environmental factors.
2. Establish a system for tracking efforts toward agreed upon responsibilities, track these efforts.
3. Implement prioritized strategies or initiatives and assess how external factors and conditions affect implementation.
4. Identify and respond to emerging issues.

E. Coordinate, integrate, align, and address funding opportunities for environmental public health work across public health programs and activities, and partner agencies.

1. Assure and maintain baseline funding to support mandated environmental public health programs and activities.
2. Seek out, apply for, and manage funding opportunities.
3. Coordinate environmental public health programs and activities with governmental agencies.
4. Assure training about environmental public health roles and responsibilities for agency staff.

Maternal, Child, and Family Health

A. Provide complete, accurate and locally relevant data and information as available to partners and the public on maternal, child, and family health trends.

1. Develop systems for collecting, analyzing, and sharing data related to maternal, child, and family health indicators, outcomes, and trends.
2. Access data from external sources for prevention and population health.
3. Analyze and validate data related to maternal and child health.
4. Provide surveillance of the population with respect to maternal and child health.
5. Establish metrics and monitor quality of prevention and population health improvement activities.
6. Provide education and technical assistance to organizations involved in preventing harm and improving health.

B. Develop a prevention plan for maternal, child, and family health in collaboration with community partners.

1. Identify and create connections with partners and communities, particularly those disproportionately affected by health inequities.
2. Assess the factors and conditions affecting maternal, child, and family health programs and their implementation.
3. Collaborate with partners and communities to understand maternal, child, and family health issues and culturally affirming programs.
4. Collaborate with partners and communities to create and implement maternal, child, and family health programs and strategies.
5. Develop, implement, maintain, and evaluate plans, systems, and infrastructure to address maternal, child, and family health issues.

C. Identify, disseminate, and promote emerging and evidence-based practices and programs which promote lifelong health and wellbeing.

1. Educate partners and communities on maternal, child, and family health risks, including prevention and control of those risks.
2. Develop, implement, and maintain systems and infrastructure for identifying and promoting evidence-based practices and programs.
3. Modify and adapt existing practices and programs to meet community and family needs.
4. Establish and document a process to review and continually improve practices and programs.

D. Maintain and utilize newborn screening and identification of infants with birth defects to support and coordinate follow up.

1. Support systems to assure infants with birth defects and/or newborn screening conditions are identified as soon as possible after birth.
2. Establish and maintain systems for follow-up, reporting, and connection to clinical care and early intervention for infants with newborn screening conditions.
3. Assure infants identified with a newborn screening condition have access to prompt diagnostic assessments.
4. Assure a complete referral from the state health department to local health departments for nursing follow-up, including documentation from the local health department to the state health department of the outcomes of the referral.
5. Assure the families of infants identified with birth defects and/or newborn screening conditions receive prompt nursing follow-up including health education and connection to clinical, educational, and social services.
6. Assess the availability, capacity, and distribution (or gaps therein) of clinical care for infants with birth defects and/or newborn screening conditions, including any barriers to accessing care.
7. Monitor the effectiveness of public health programs serving infants with birth defects and/or newborn screening conditions.
8. Inform and influence state policy related to newborn screening according to evidence-based practice and standards.

E. Coordinate, integrate, align, and address funding opportunities for maternal, child, and family health programs and activities.

1. Educate decision-makers about and advocate for resources needed for maternal, child, and family health programs and activities.
2. Seek out, apply for, and manage funding opportunities.
3. Assure and maintain baseline funding is being provided to support mandated maternal, child, and family health programs and activities.
4. Assure and maintain a competent and trained public health workforce specific to maternal, child, and family health programs and activities, including training on emerging and culturally affirming practices and programs.
5. Create and maintain a systematic intake, internal, and external referral process so referrals across available programs are well-coordinated.

Access to and Linkage with Clinical Care

A. Provide timely, complete, and locally relevant information on availability of or barriers to health care (including behavioral health); share information with the community and health care system.

1. Convene and engage community and partners to share experiences and information about gaps related to availability of care, the ability to access care, and community health literacy.
2. Develop and maintain internal electronic systems to share data.
3. Use information from internal and external electronic information systems to examine barriers to care.
4. Collaboratively assess and address the impact of factors and conditions affecting access to, cost, quality, and equitable utilization of health care.
5. Respond to requests for guidance, recommendations, and technical assistance to health care providers on strengthening community-clinical linkages.
6. Raise awareness about social determinants of health impacting access to health care.
7. Assess the quality and effectiveness of health care services to inform public health planning and decision-making.

B. Assure licensed health care facilities and providers comply with laws and rules as appropriate.

1. Educate providers and facilities to promote understanding of relevant laws and best practices.
2. Review health care providers' qualifications and issue credentials, including registration and licensure.
3. License health care facilities and conduct routine facility inspections.
4. Monitor health care facilities and providers through both routine and targeted oversight to ensure compliance with state and federal law.
5. Investigate complaints against individual providers and health care facilities and, when appropriate, issue disciplinary or enforcement actions.
6. Share investigation results across jurisdictional regulatory and law enforcement agencies to maintain accountability and quality in the health care workforce.
7. Review background studies of individuals working in regulated facilities to mitigate the risks of harmful noncompliance posed by health care facility staff with histories of criminal or maltreatment activity.
8. Conduct physical plant plan reviews and onsite construction inspections of health care facilities.
9. Conduct financial and compliance audits of licensed health care facilities.
10. Collaborate with public health partners to understand the community context related to facilities being inspected/licensed.

C. Collaborate with national and statewide groups, local providers, and health care partners to develop plans and address funding opportunities for increasing access to patient-centered medical homes, quality health care, and high priority policy initiatives.

1. Identify key health care partners and their skills, expertise, and qualifications to address quality and community-focused care.
2. Build new and strengthen existing relationships with cross-sector and public health partners and communities.
3. Assess the need for and consider the factors and conditions affecting access to health care services, including barriers, within the jurisdiction.
4. Collaborate with partners and communities to understand the quality and effectiveness of health care services and co-create strategies for improving access to quality health care.
5. Convene cross-sector and public health partners, including health care providers, non-governmental, and governmental partners, to identify strategies or initiatives addressing factors, conditions, and barriers to care.
6. Develop and maintain a plan and implement population-based strategies to improve access and quality of care.
7. Evaluate implementation of plans and adjust as needed.
8. Collaborate with and assist partners in pursuing and supporting joint funding opportunities while fostering shared responsibility.
9. Sustain work through policy and systems change, capacity building, and integration into existing programs.