Unleashing the MIDOG: co-creating a deep level activities inventory for infectious disease

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DEPARTMENT OF HEALTH

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Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

Objectives

1. Understand what the MIDOG is and what it is not.
2. Clarify how the MIDOG is related to the FPHR.
3. Understand the role of collaboration to unpack roles and responsibilities using the MIDOG as an example.
4. Review examples of how collaboration processes can be used in other situations. *(Note: audience participation requested!)*

Introductions and Agenda

- Presenters
- Acknowledgments of people who worked on the project
- Bingo board

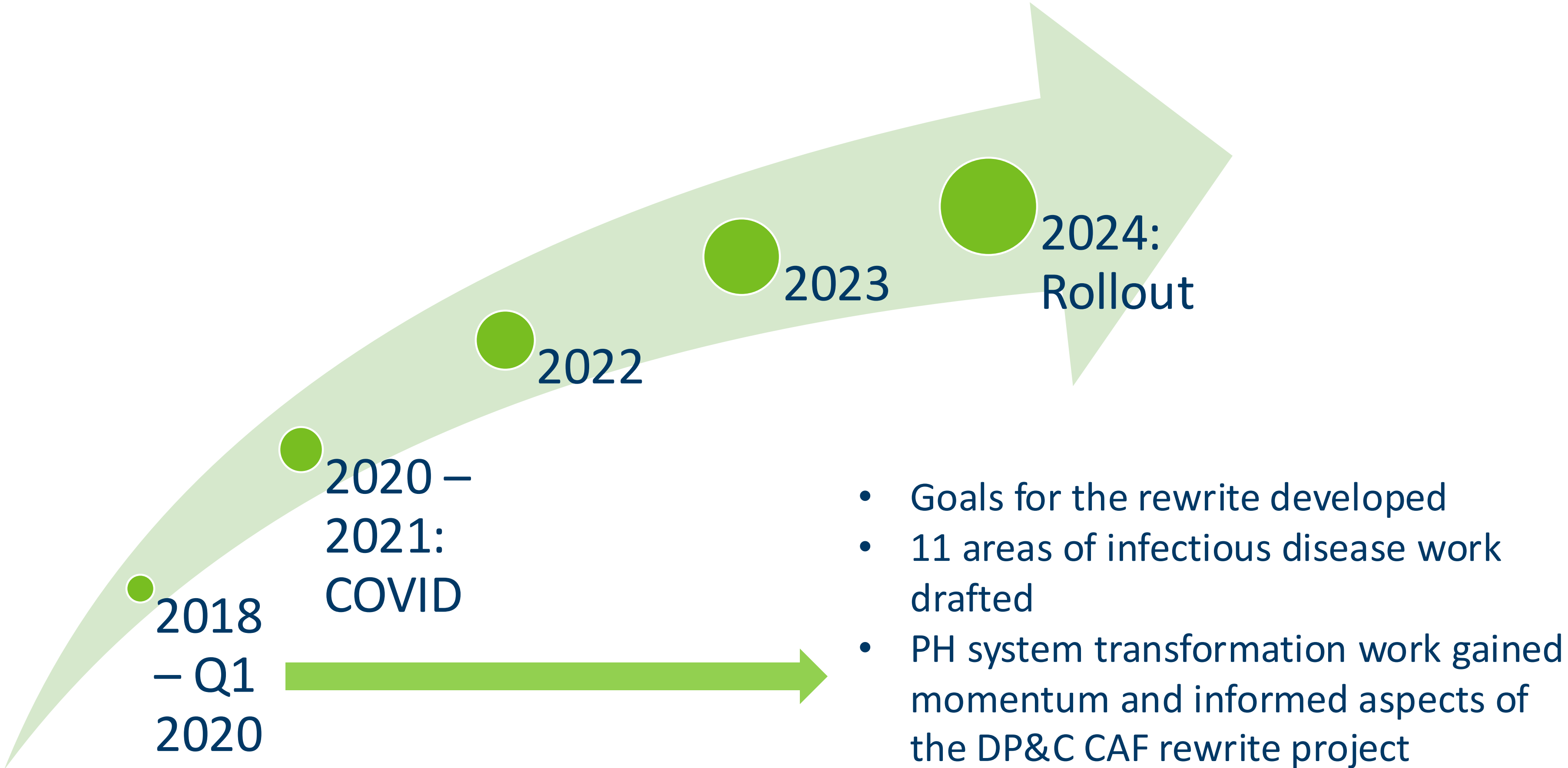
Name:

Unleashing the MIDOG

Inventory	Local Public Health	Roll-out	Roles & responsibilities
Collaboration	ID CIB	Crosswalk	Disease
FPHR	Trust	Infectious Disease	Guidance document
District Epi	SharePoint	Immunization	Partnership

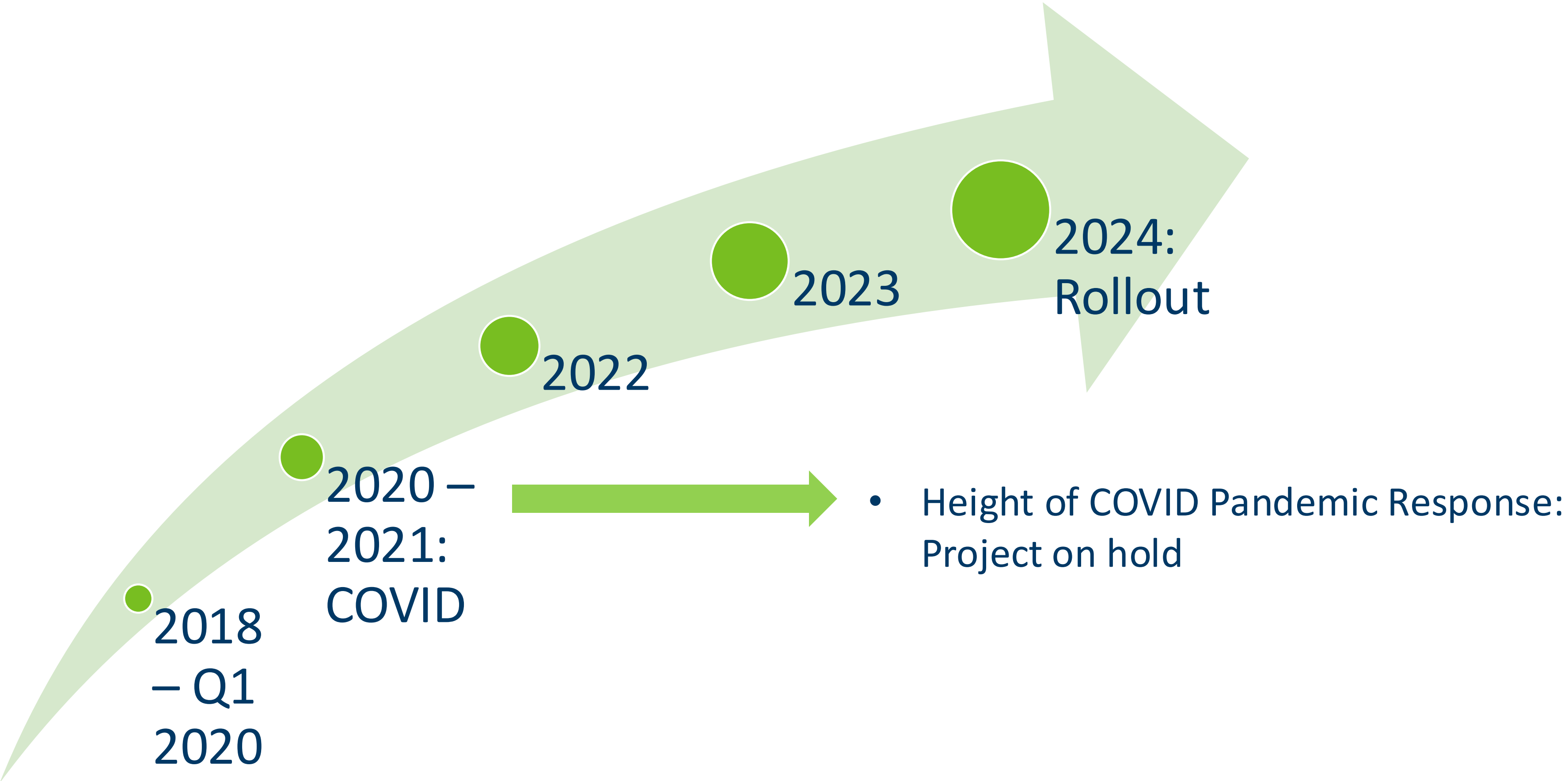
What the MIDOG is and how it was developed

Key Project Time Points



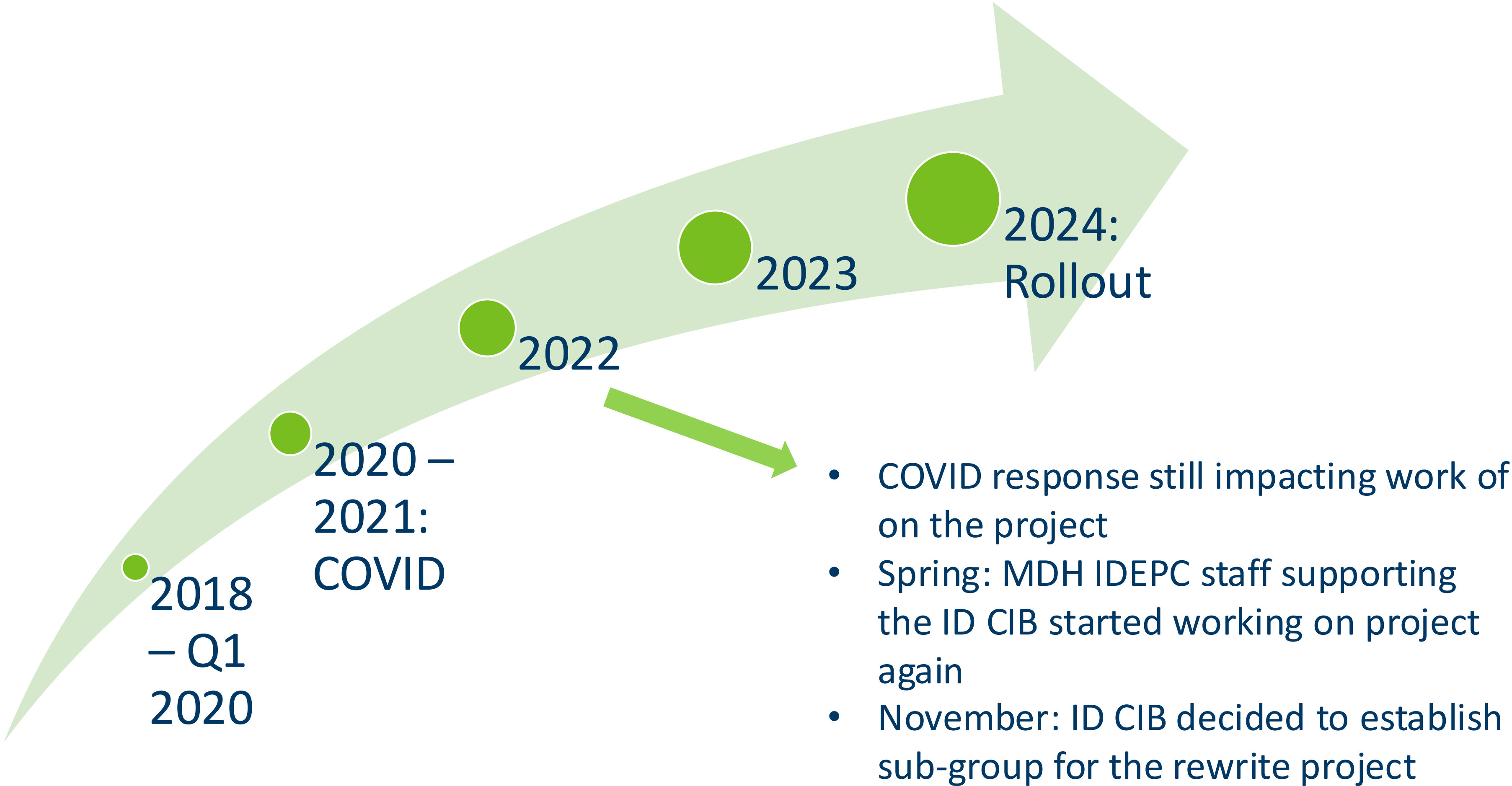
- Goals for the rewrite developed
- 11 areas of infectious disease work drafted
- PH system transformation work gained momentum and informed aspects of the DP&C CAF rewrite project

Key Project Time Points



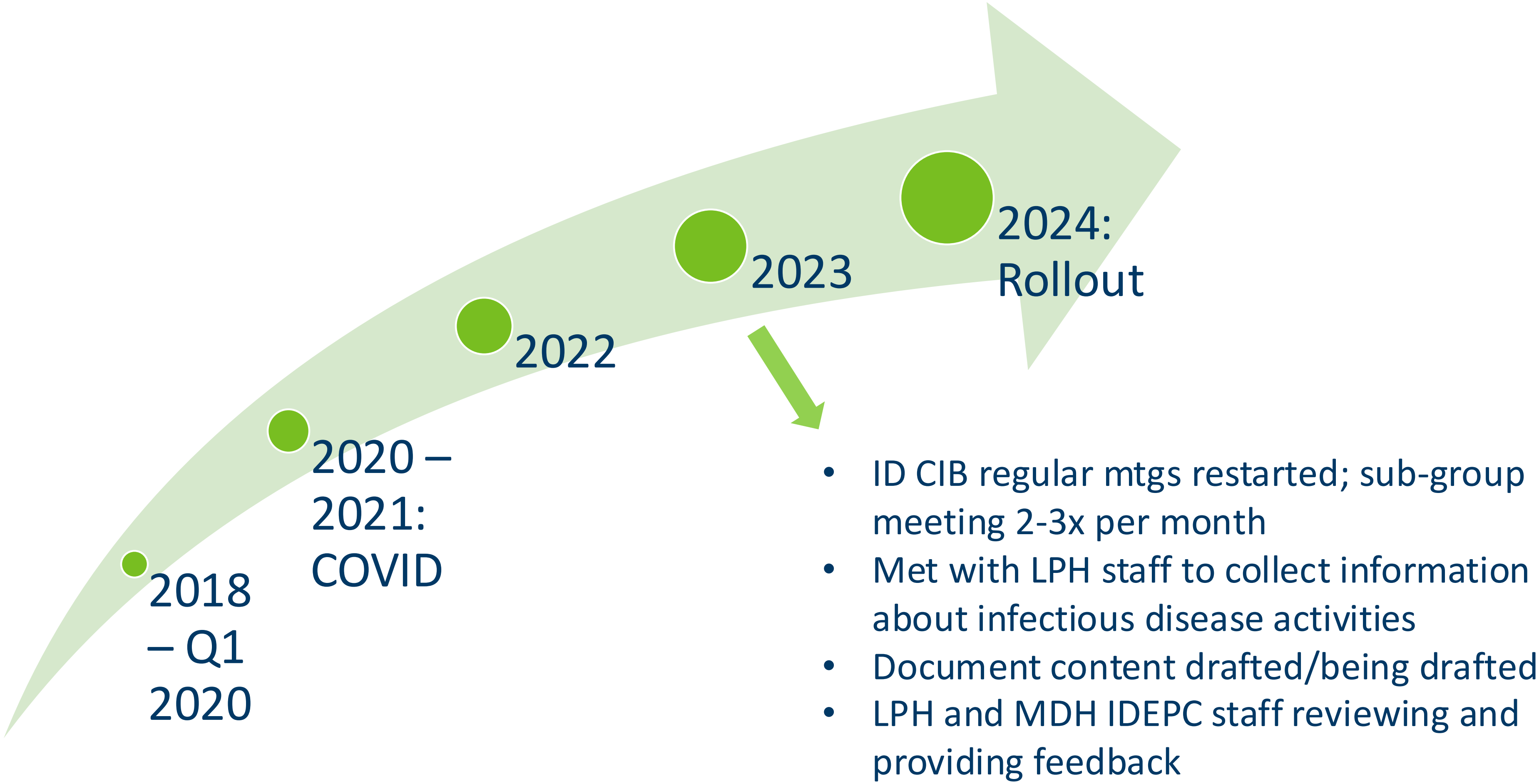
- Height of COVID Pandemic Response: Project on hold

Key Project Time Points



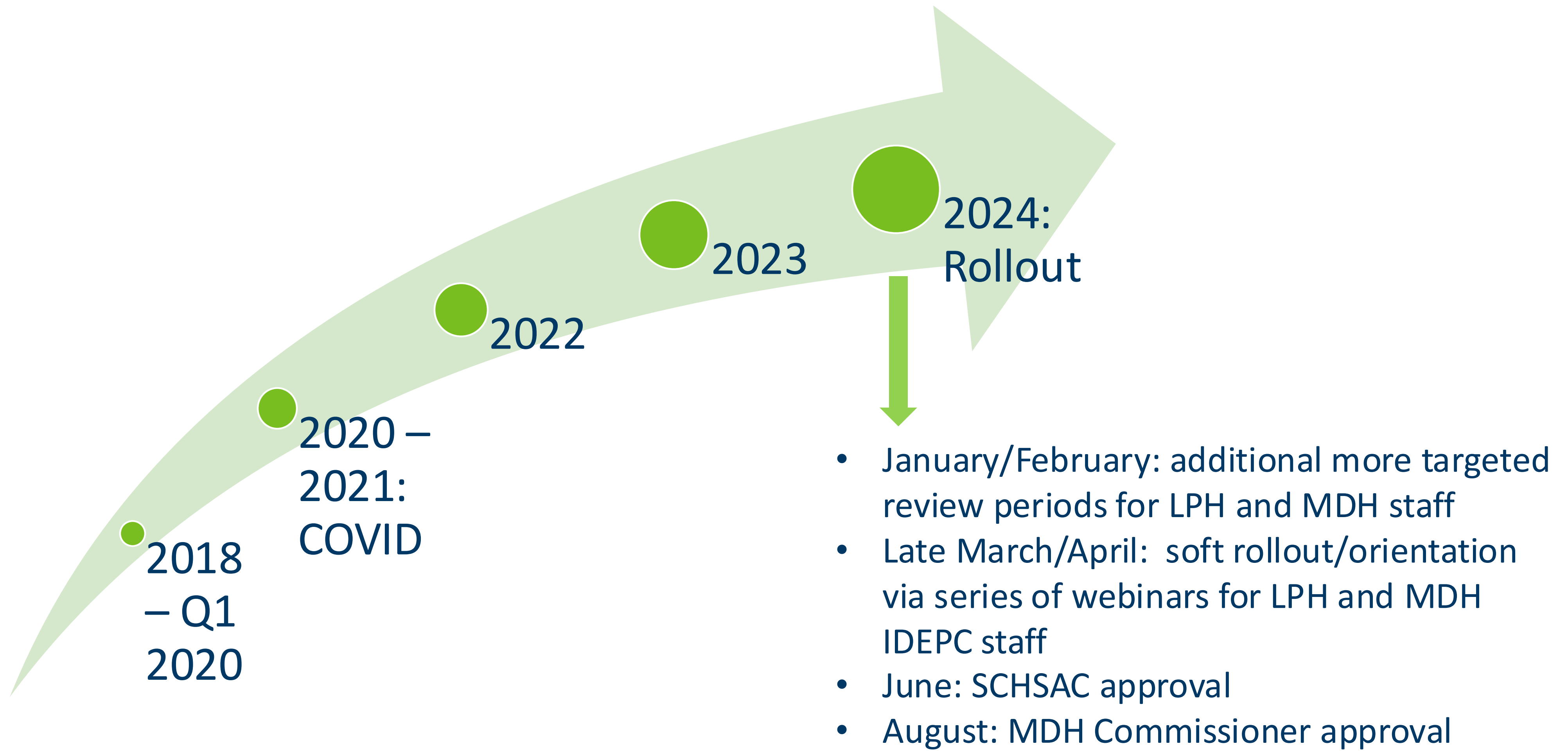
- COVID response still impacting work of on the project
- Spring: MDH IDEPC staff supporting the ID CIB started working on project again
- November: ID CIB decided to establish sub-group for the rewrite project

Key Project Time Points



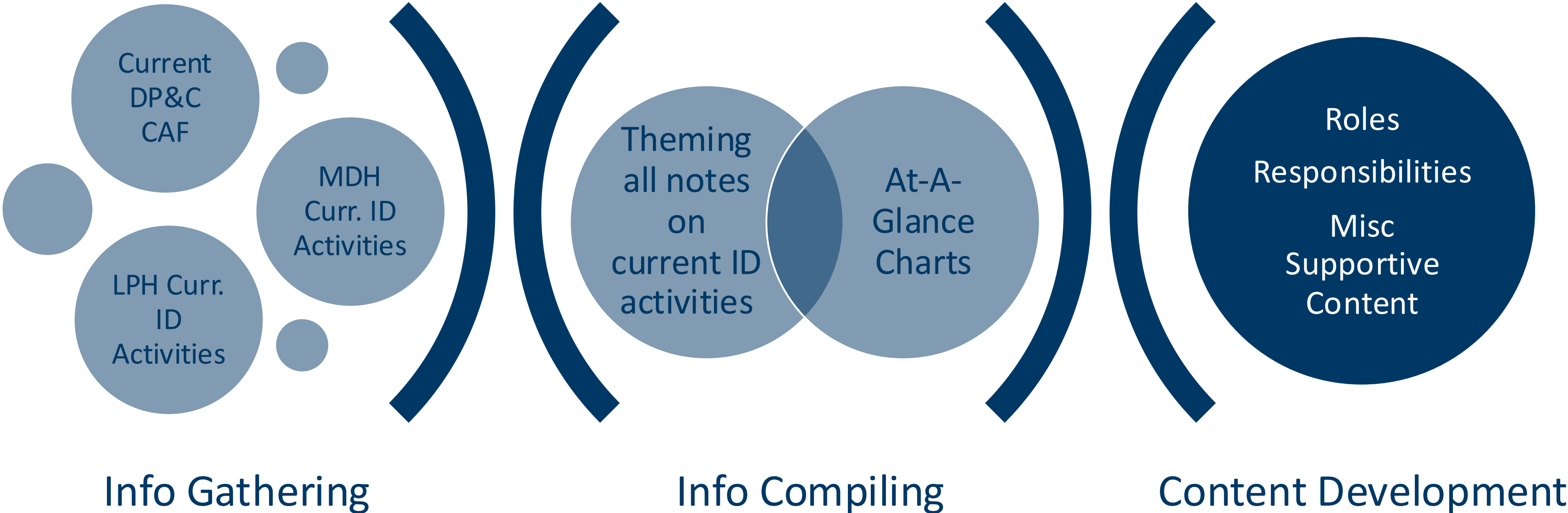
- ID CIB regular mtgs restarted; sub-group meeting 2-3x per month
- Met with LPH staff to collect information about infectious disease activities
- Document content drafted/being drafted
- LPH and MDH IDEPC staff reviewing and providing feedback

Key Project Time Points

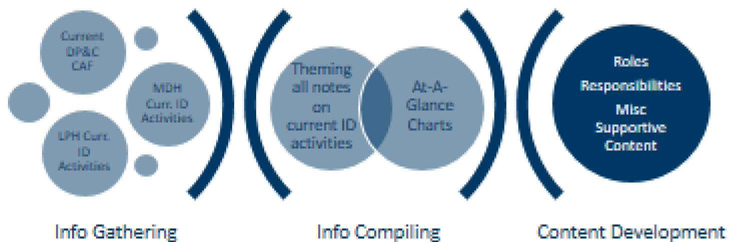


- January/February: additional more targeted review periods for LPH and MDH staff
- Late March/April: soft rollout/orientation via series of webinars for LPH and MDH IDEPC staff
- June: SCHSAC approval
- August: MDH Commissioner approval

Content Development Overview

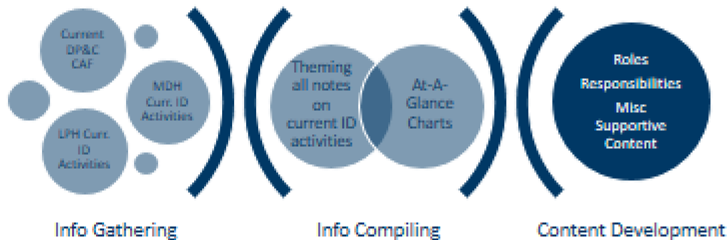


Info Gathering



- Disease Prevention and Control Common Activities Framework
  - Roles: used the roles content and associated details as a starting point
  - Responsibilities: used responsibility content and ID CIB representatives' knowledge to develop 11 foundational areas of infectious disease work
- MDH IDEPC Current Infectious Disease Activities
  - Did key informant group interviews with work units in late 2019 and early 2020
- LPH Current Infectious Disease Activities
  - Did key informant group interviews by region in Spring 2022

Info Compiling



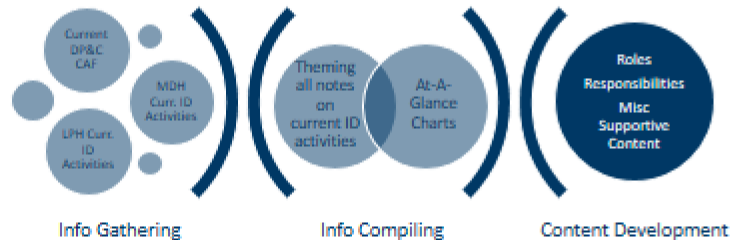
- Grouped all notes on current ID activities
  - Came from MDH IDEPC and LPH key informant group interviews
  - Grouped MDH notes in spring 2022
  - Used groupings from MDH notes to jumpstart conversations with LPH agencies
- At-A-Glance Charts
  - Needed a way to quickly list out groupings and show what sectors of the MN governmental PH system were currently doing
  - ID CIB sub-group used these charts to start identifying responsibility expectations for LPH

Info Compiling (continued): At-A-Glance Chart Example

√ = (for the regional, LPH – Metro, LPH – Greater MN columns) means that activity was reported by many or most agencies in a region; it does *not* mean that it absolutely is done by every agency in that geographic category. ? = this area of the governmental public health system likely does this activity or would do it if requested; it just didn't come up during information gathering because it wasn't specifically asked M = (for regional column) done by MDH staff L = (for regional column) done by LPH/CHB staff	Current State				Assignment in new CAF			
	MDH - Statewide	MDH/LPH - Regional	LPH – Metro	LPH – Greater MN	MDH	MDH/LPH - Regional	LPH - Tiered	LPH - Base
1. Monitor the occurrence of disease in the population								
• Goal is to document change over time, but keeping a focus on maintaining consistent core disease surveillance	√	M?						
• Identify emerging issues/trends	√	M						
• Send out raw surveillance data, as needed	√	M						
• Monitor for outbreaks and distribute info, as needed	√	M	√	√				
• Monitor for disparities in disease rates and underlying inequities	√	M	√	√				
• Monitor changes in diagnostic practices and the impact on case numbers	√	M	√	√				
• Work to validate changes that are being seen, especially changes that might be due to changes in testing	√	M						
2. Monitor risk and protective factors								
• Monitor data across multiple diseases and conditions for population subgroups being affected by multiple diseases/conditions	√	M	√	√				
• Promote provider education and awareness – repeat same messages in multiple ways	√	M	√	√				
• Identify populations most impacted	√	M	√	√				
3. Share data on infectious disease and factors that increase disease risk								

DRAFT

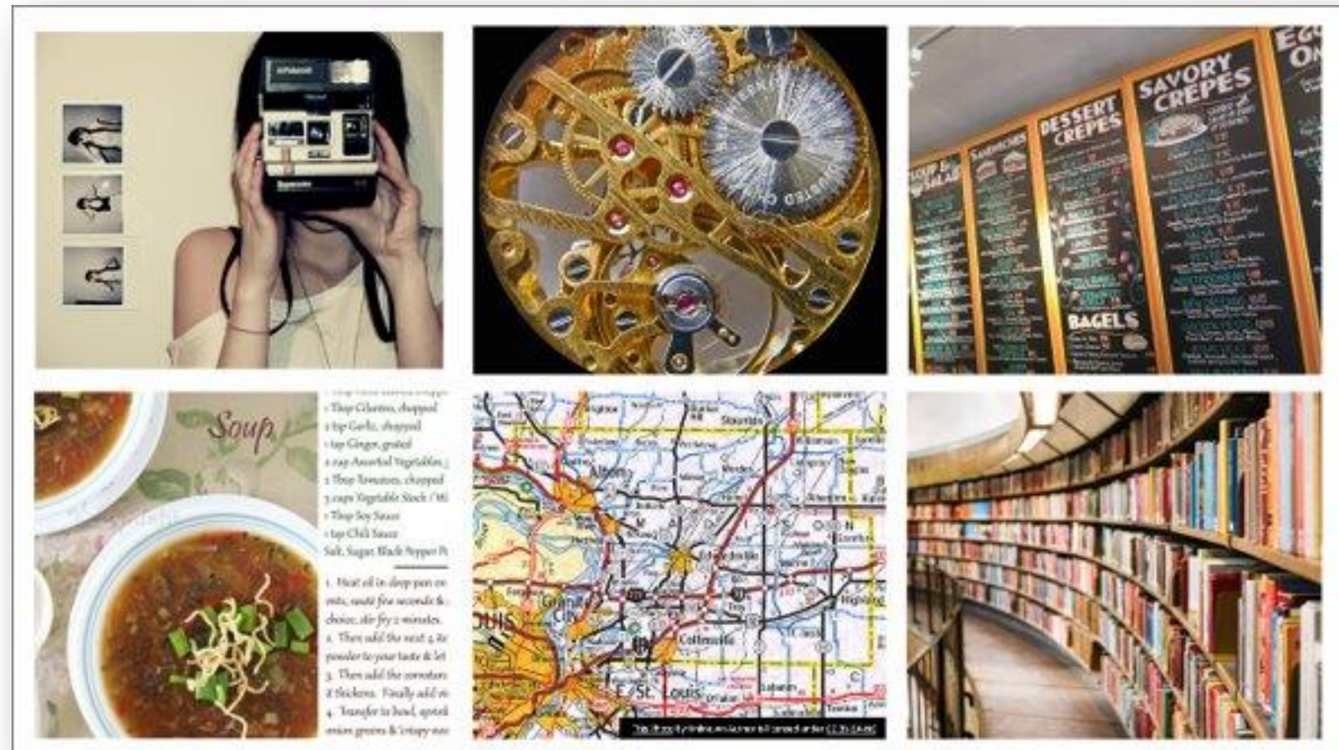
Content Development



- Roles
  - MDH IDEPC: used by staff to get info out to specific groups of LPH staff rather than fully relying on info trickling down
  - LPH: used to inform (to varying degrees) position descriptions
- Responsibilities
  - Applies to the full Minnesota governmental public health system (both MDH IDEPC and LPH staff)
  - MDH IDEPC: will be used to help staff have a better understanding of LPH capacity and how district epis fit into infectious disease work
  - LPH: used to figure out what their infectious disease responsibilities are and what MDH IDEPC is doing
- Misc Supportive Content:
  - Includes: introduction to the content, purpose of the content, what is in scope and out-of-scope for the document, acronym list, glossary, crosswalk information for the FPHR and PHAB standards

Visioning how to organize the final product

- Result of an appreciative inquiring process: the MIDOG is a menu
- Overall discussion themes:
  - Clear presentation
  - Needed organization
  - Focus on the *right* things
  - Provides *some* direction on where to go
  - Variations on the “recipe” to create a better end product – but some essential “ingredients” to meet the definition of what is being made



MIDOG Structure

Introduction

- Acronyms and Abbreviations
- Purpose
- Scope
- Notes about TB and perinatal Hepatitis B
- Connections to FPHR
- Alignment with PHAB standards
- Legal Foundation
- LPH Grant Logistics

Roles Content

Responsibility Content

Appendices

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Roles Content

- Roles for LPH Agencies
- Info about staff that work regionally
- Info about other infectious disease roles covered elsewhere
- Role and Distribution List Management Activities

Responsibility Content

Appendices

Roles Covered in the document:

- Infectious Disease Coordinator *(formerly Disease Prevention and Control Coordinator)*
- Immunization Coordinator
- Tuberculosis Coordinator/Point of Contact
- Refugee and Immigrant Health Coordinator/Point of Contact
- Perinatal Hepatitis B Coordinator/Point of Contact
- STI/HIV Coordinator/Point of Contact ***(new)***
- Medical Consultant

All roles have information on:

- Necessary Capabilities/Skills
- Expectations
- Tools Needed
- Communication between MDH and LPH staff

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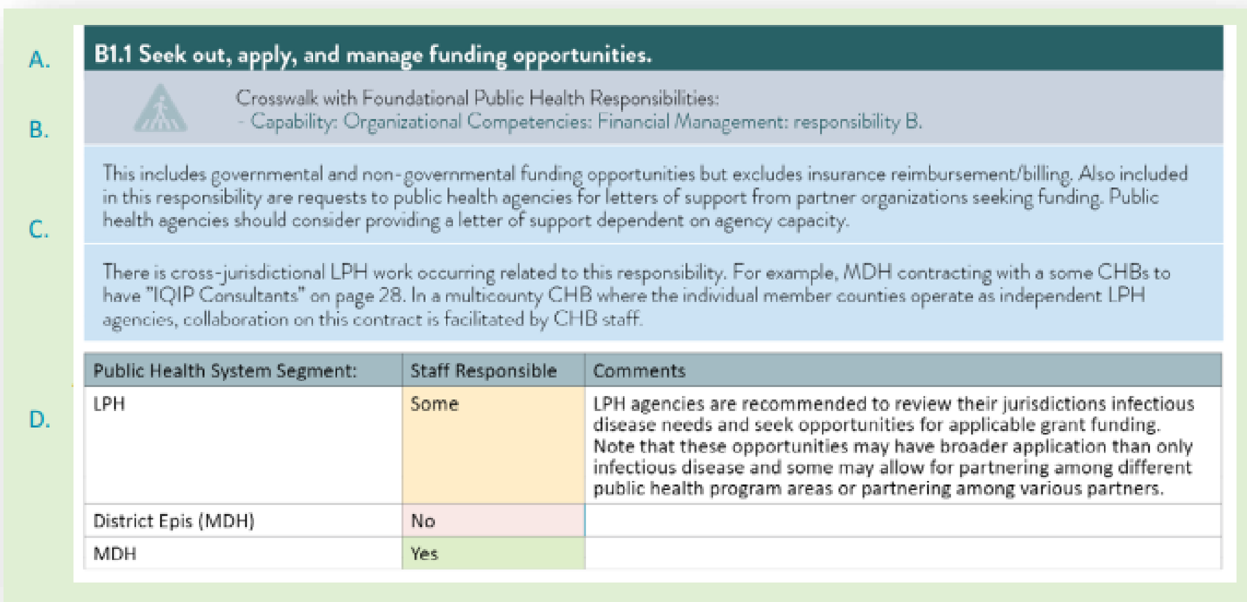
Responsibility Content

- Quick view section
- Detailed information section (*Appendix 1*)

Appendices

Responsibility Detail

- How the responsibility information is laid out:
  A. Responsibility code (letters and numbers) and responsibility title
  B. Information about how the responsibility fits in with the Foundational Public Health Responsibilities
  C. Overall clarifying information
  D. Responsibility delineation table outlining what each segment of the public health system contributes to the responsibility


A.
B.
C.
D.

B1.1 Seek out, apply, and manage funding opportunities.

Crosswalk with Foundational Public Health Responsibilities:
- Capability: Organizational Competencies: Financial Management: responsibility B.

This includes governmental and non-governmental funding opportunities but excludes insurance reimbursement/billing. Also included in this responsibility are requests to public health agencies for letters of support from partner organizations seeking funding. Public health agencies should consider providing a letter of support dependent on agency capacity.

There is cross-jurisdictional LPH work occurring related to this responsibility. For example, MDH contracting with a some CHBs to have "IQIP Consultants" on page 28. In a multicounty CHB where the individual member counties operate as independent LPH agencies, collaboration on this contract is facilitated by CHB staff.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies are recommended to review their jurisdictions infectious disease needs and seek opportunities for applicable grant funding. Note that these opportunities may have broader application than only infectious disease and some may allow for partnering among different public health program areas or partnering among various partners.
District Epis (MDH)	No	
MDH	Yes	

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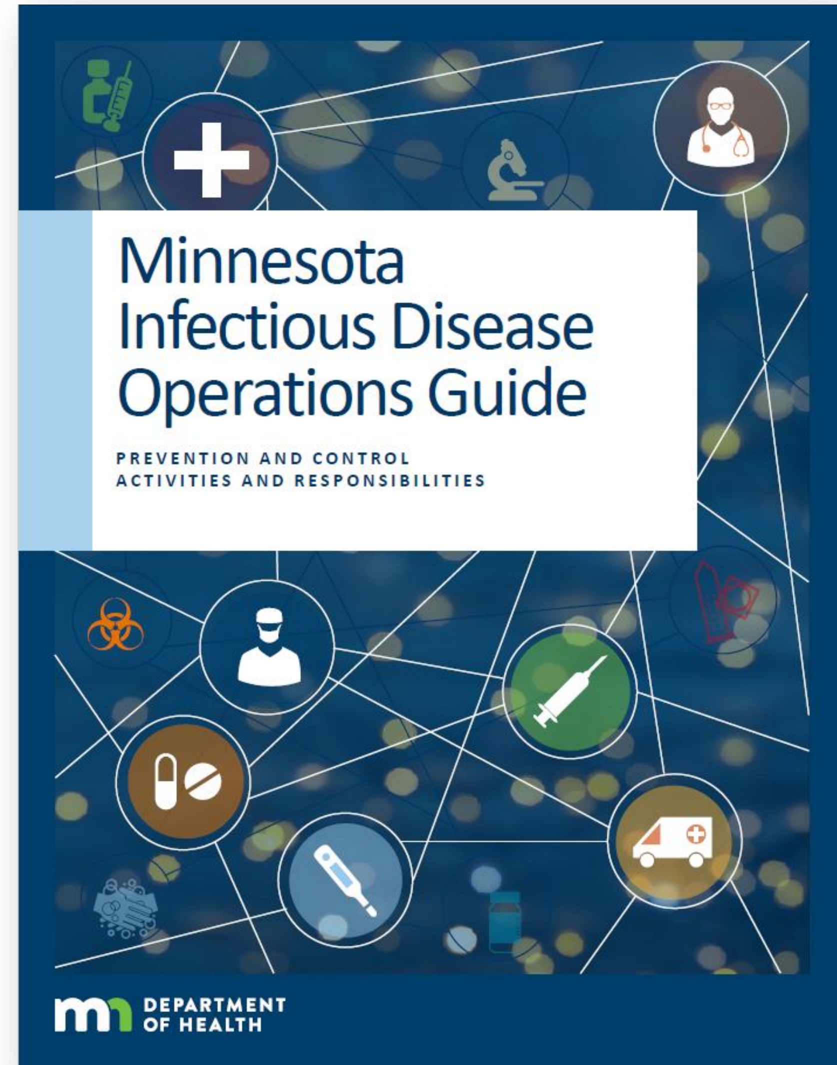
Appendices

- Glossary
- Info on Tools
- Connections with the FPHR
- History of the MIDOG
- How the content was developed
- Contributors
- Using the MIDOG for PHAB accreditation
- Example template for documenting staff in LPH roles

Current MIDOG Implementation

- Approved by SCHSAC and MDH Commissioner Cunningham
- Each LPH agency has identified staff for the different roles
- Coming soon:
  - MDH IDEPC working on compiling distribution lists and a method to manage them
  - Reviewing responsibilities (each agency with their district epi)
  - Developing some lists of clinics able to assist with key functions



How the MIDOG is related to the FPHR

Crosswalk:

MIDOG and FPHR

Why we did it

Both MDH and LPH need the information for reporting

Activities from other PH topical areas could have ID topics folded in

Is anything missing in the MIDOG?

First step in unpacking the FPHR for the infectious disease area

Crosswalk

How we did it

- Read through the FPHR and thinking through all the categories and activities to figure out what (if any) MIDOG responsibilities fit.
- Waited a period of time and then reviewed the MIDOG responsibilities side-by-side with FPHR to double check crosswalk.
- *Not done:* did not identify what is foundational for *all* LPH agencies. (coming!)

What we found

- Nothing from the FPHR was missing from the MIDOG!
- There were some things missing from the FPHR. *(Does this mean they aren't foundational?)*
- Some things in the FPHR that need clarity. *(Future activities for another workgroup.)*

Unpacking the Infectious Diseases with the FPHR

What does the MIDOG solve?

- Shows how PH ID work is aligned with the FPHR.
- Helps LPH and MDH understand each others' roles and "swim lanes"
- Practical
  - Updates to reflect current operational reality
  - Better reflects the spectrum of capacity, capability and responsibility across the state as compared to the *Disease Prevention and Control Common Activities Framework*

How was the group partnership established?

- Group dynamics/cohesiveness/trust
- Authentic shared decision making
- Feedback loops (many, many meetings)
- Spectrum of representation

Examples of how this process could be used in other projects

Audience Participation!

Where do you see this process being useful?

Audience Participation!

Where do you see this process being useful?

- Activities inventory
- Local examples
- How can people participate when a process is happening in a topic area?

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Thank You!

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