

**Community Health Services Advisory Committee**  
**CHIP | Health in All Policies Action Team**  
**Meeting Minutes**  
**December 7, 2022**

**Members Present/Representation**

- Hannah Fairman | Co District 1
- Hongyi Lan | Co District 1
- Rajaram Swaminathan | Co District 1
- Lucy Arias | Co District 2
- Alyssa Fritz | Co District 2
- Mark Traynor | Co District 2
- John Larkin | Co District 3
- Steve Nelson | Co District 3
- Carol Thunstrom | Co District 3
- Christiaan Van Lierop | Co District 3
- Donna Oda | Co District 4
- Manoj Doss | Co District 5
- Sophia Vuelo | Co District 5
- Erica Morris | Co District 6
- Jennifer Arnold | Co District 7
- Hanna Getachew-Kreusser | City of Saint Paul
- David Muhovich | City of Saint Paul
- Sarah Osman | City of Saint Paul
- Regina Rippel | City of Saint Paul
- Kerri Elizabeth Sawyer | City of Saint Paul

**SPRCPH Staff:**

Sara Hollie | Director  
Diane Holmgren | Deputy Director  
Kari Umanzor | Racial & Health Equity Liaison  
Heather O’Carrick | Head Nurse - Special Projects  
Cathy St. Michel | Support Staff

**Guests:**

The meeting was called to Order at 5:30 p.m. by Vice-Chair Manoj Doss. Everyone was welcomed to the meeting and introductions were made around the table.

A motion was made by John Larkin and seconded by Steve Nelson to approve the minutes as written for November 2, 2022. Motion passed by affirmation of the committee.

<p>Public Health in Public Places,  Diane Holmgren, Deputy  Director  Heather O’Carrick, Head Nurse -  Special Projects</p>	<p>Please see the slides attached to these minutes.</p> <p>What services are being offered?</p> <p>Services are listed on the service wheel in the slides. Across the country, Pima County, AZ has the longest history of public health services, specifically blood pressure checks and support for people with diabetes. Kansas City offers STI checks. We can learn from what other counties are doing but focus on our local needs. There is a history of public health being in community and offering services. The timing is right to renew this service.</p> <p>Is it a push to decentralize services? We are focused on prevention. There are Federally Qualified Health Centers (FQHCs) that offer primary services. We are reimagining our role in community and leveraging our partnerships. We can be a bridge to direct people to primary services.</p> <p>How will locations be identified? How will services be identified to the population? Will it be based on need or geographic footprint?</p> <p>Public health will perform a needs assessment of the spaces. Libraries initially asked for the help. We will look for other spaces that need help, but they may not have known how to ask.</p> <p>Members like the concept of bringing public health into the community. People need education and prevention measures, but they may not want or be able to go to a clinic. Libraries are a good choice, since many unsheltered people visit libraries during the day. Another option may be food shelves. It will take time to establish trust. Libraries may ask for more police presence, but having officers present may make people shy away. This is a wonderful opportunity to bring public health into the community.</p> <p>Public health is staying open. PHiPP is a new service, in addition to current offerings.</p> <p>Mental Health (MH) issues are a concern. MH and drug abuse tend to occur together. We are not considering going to the police to connect people with services. Homelessness is another big concern. Neighborhoods are changing so much! It will be interested to see how we collect data. Minute Clinics are a good example. Access to technology is a barrier.</p> <p>PH will perform ongoing assessments to learn more about the needs.</p> <p>Our Community Health Assessment (CHA) is where we assess needs. There are core areas that we should explore. We provide support to FQHCs so that they can provide services. There are roles for Social Workers, Health Educators, workforce counselors. How to we revive what PH used to do for years? We need to be flexible as the needs of the community change.</p> <p>It will be important go to new places where we have not been before to collect data, and ask how people see the role of PH.</p>
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	<p>We create a CHA every few years, and we go to many different places to get as much data as possible. We need people with lived experience doing the work alongside PH.</p> <p>This is a good idea. People tend to spread out in the suburbs and be closer together in the city. We should consider the population that we need to reach. PH has many program areas that impact community. Finding a good location is key and will link to the population to be served when transportation is a barrier.</p> <p>We are doing research to find the best use of resources and will need to develop metrics to assess how well we are meeting the needs. Weather and time of year will affect where/how we collect surveys. Any thought to a mobile clinic?</p> <p>Part of this project is figuring out needs. Part of what PH is doing is creating a mobile unit with Title X funding to take services into community. WIC just purchased a van to provide mobile programs. Navigators are being placed in libraries and other locations to reach more people. Being in public places is important.</p>
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<p>Public Health Budget Discussion, Diane Holmgren, Deputy Director</p>	<p>Ramsey County is embarking on the budget cycle. Please see the slides attached to these minutes.</p> <p>Discussion on funding:</p> <p>We are seeing a decrease in levy funds. The budget cycle for 22-23 started at the very beginning of the pandemic. We could not foresee what would happen due to COVID-19.</p> <p>Federal funds are through grants such as Title X and HUD lead programs. Grants are usually very specific, while there is more discretion in spending levy funds. The flexibility of the levy funding is important to be able to shift resources for unexpected events.</p> <p>Fees for our services are primarily billed to payors such as Medicaid, health plans, etc. for the family visiting programs.</p> <p>Within the lead program, we are removing lead from houses, primarily by replacing windows in homes with lead paint.</p> <p>Question: Pipes from the street to the house can also contain lead. Can the lead grant help replace plumbing? Diane will look into this.</p> <p>There was a jump in the staff complement from 2020 – 2021, which may have been due to the Correctional Health division.</p> <p>Question: Do the priorities still resonate?</p> <p>Discussion:</p> <p>What other departments partner with us to identify these priorities? There is a slide later in the presentation. PH plays a big role in Violence Prevention (VP) through funding of America Rescue Plan working with the Emergency Call Center and appropriate response. Healing Streets (HS) addresses gun violence in the community. HS is now housed within Transforming Systems Together, but it has a PH framework. Human trafficking prevention is part of Correctional Health and has a PH framework. We are looking to hire a VP coordinator who will work upstream to prevent violence. SOS advocates for victims of sexual violence.</p> <p>Elders often do not have access to home health aides for things such as diabetes support, falls/fractures and age-related illnesses. Do people not know there are resources? Are there resources available for the aging population? Julia Wolfe is the coordinator for Healthy Aging. We will invite her to present at a future meeting. Home health care is critical to folks staying in their homes. There are workforce and funding barriers to home health care. Heather has repeatedly stated that workforce needs to be developed to support home health. Workforce needs to be trained and need to be paid well enough to make the career appealing. The nursing workforce is very understaffed. It is hard to get people into that career.</p> <p>Living At Home (LAH) block nurse program is part of the PH budget. We fund nine LAH block nurse programs. The programs have morphed many times over the years. Services are coordinated through the LAH network</p>
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	<p>to secure funding for services such as food delivery, housekeeping, respite care, exercise and fall prevention, flu shots, health fairs, transportation. We can look at this a little closer to find out the full range of their services and where there are gaps. There is one member of this committee who had a lien placed posthumously on a parent's house by a NBP. Another member has experienced that the government does not like to give money to citizens, but allows businesses to charge whatever they want, which widens the economic gap. Sometimes parents need help before they can help their kids. There should be coordination with the police, parents and kids to build up the community. There is research that needs to be done in this area.</p> <p>Question: Suicide is on the uptake. Does this fall under Mental Health work (MH)?</p> <p>Response: Suicide prevention has been embedded in MH, but we can provide a little more focus to this issue. In 2019 we were doing community engagement and gathering data around suicide. That work was put on hold during the pandemic, but now it is rising in priority because of the impacts of COVID.</p> <p>We want to thank Kari for her equity work and prioritizing this work in the community. The work will continue with appropriate response and defining PH's role. The police need to be at the table with people working in community. The Office of Neighborhood Safety involves PH, and the Opioid City Engagement meeting involved first responders. Police Chiefs want to be part of the solution. One member described his experience when a neighbor went through a psychotic episode that escalated to a 911 call. The result was that a social worker came out on future calls. We have to have the capacity to respond appropriately. There is a lot of strain on the system.</p> <p>We will continue this conversation at the January meeting to gain feedback on where we should focus our work and look at the dollars invested in CHIP priorities.</p>
Announcements and Updates	None.

Minutes recorded by Cathy St. Michel.

Motion to adjourn at 7:30 p.m. passed by affirmation of the committee.

Next meeting: January 4, 2023.

# Public Health in Public Places

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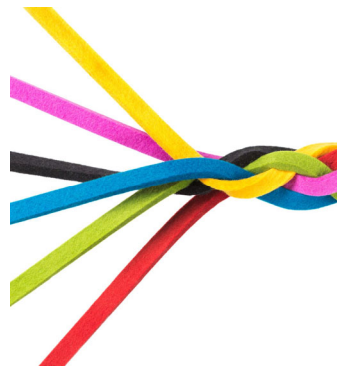
December 7, 2022

## Project Purpose

Provide nurses, community health workers, and possibly other public health staff to local libraries and additional community-service locations such as senior centers/ elder housing, public housing, and youth spaces.

## History

- Public Health has decades of experience having nurses in community
- Ramsey County Libraries seeking a nurse on staff
- Libraries are deeply accessible spaces
- Nurses are most trusted profession
- Libraries lack support structure for a staff nurse
- Public Health began exploring possibilities



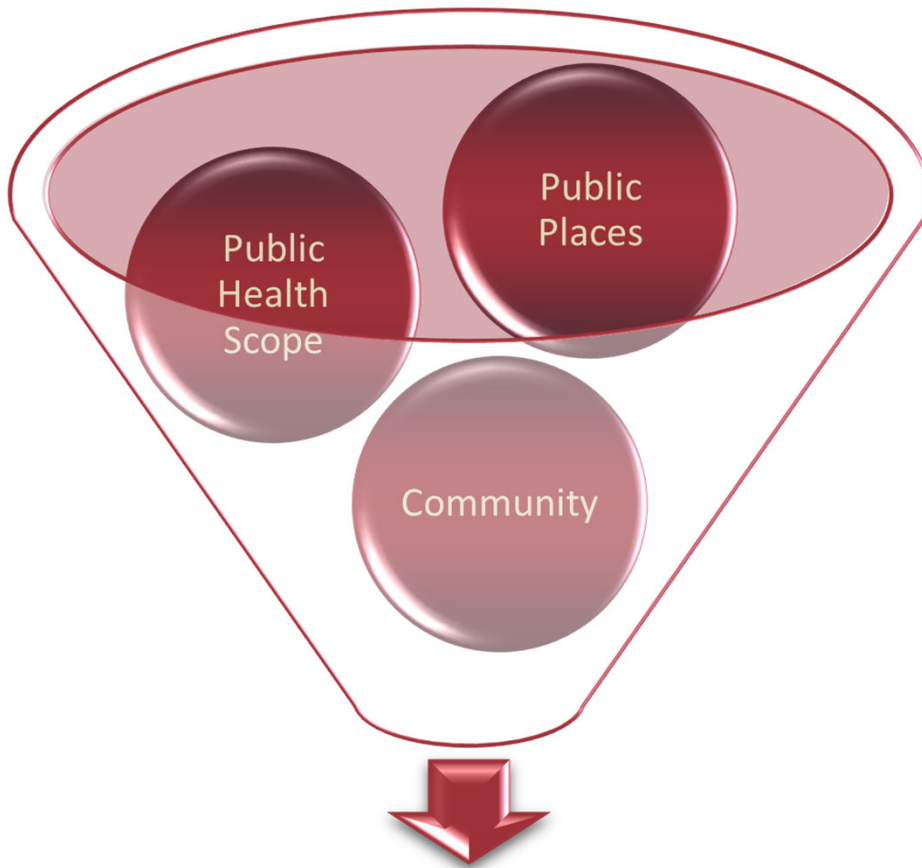


## Where is the Need & How Can We Help

- Not just libraries
- Food shelves, senior centers, youth spaces, public housing, and more
- Not just nurses
- Community Health Workers, Social Workers, Health Educators, and more



## What can we do?

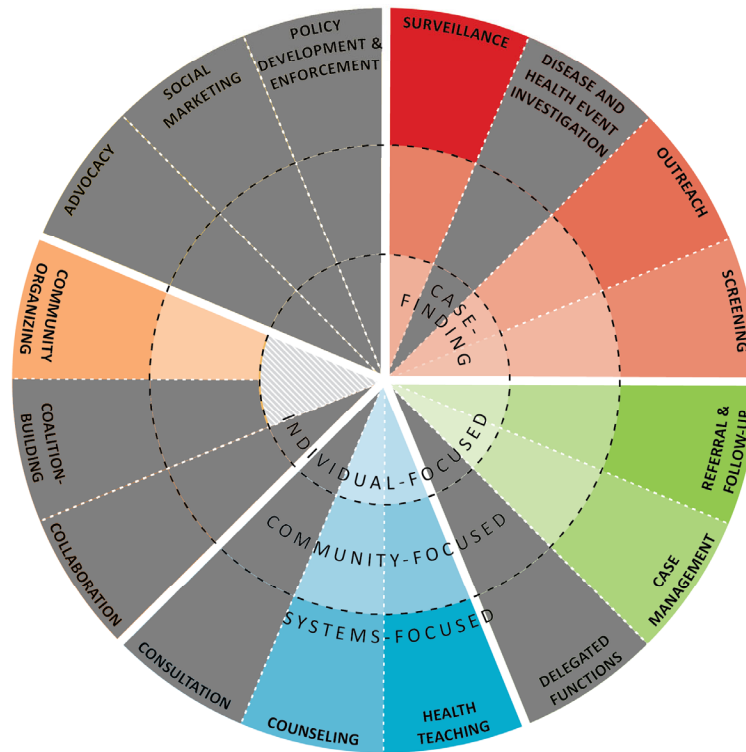


Public Health in Public Places

- Researched programs and concepts
  - Not a new idea
- Unique programing to fit community needs
- Identified Public Health Scope of Practice

# Selected Interventions

PUBLIC HEALTH INTERVENTIONS  
(POPULATION-BASED)

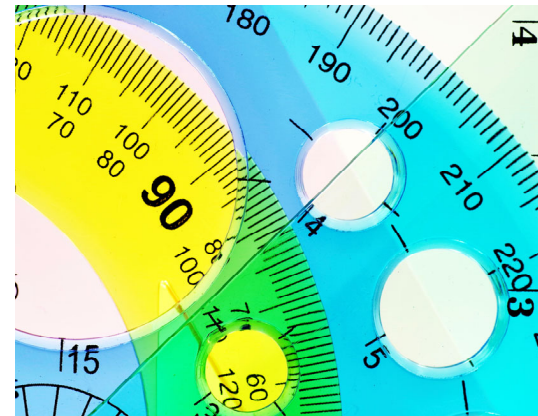
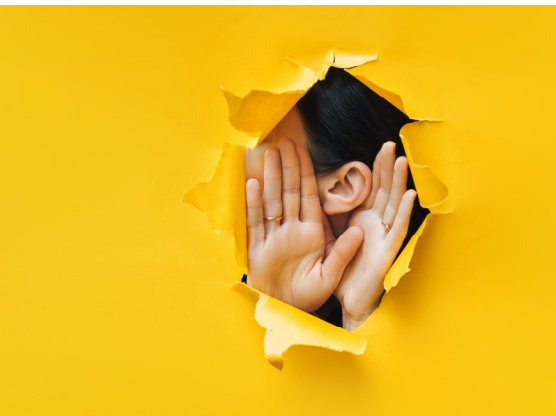


Surveillance, Outreach, Screening, Referral & Follow-up, Case Management, Health Teaching, Counseling, Community Organizing

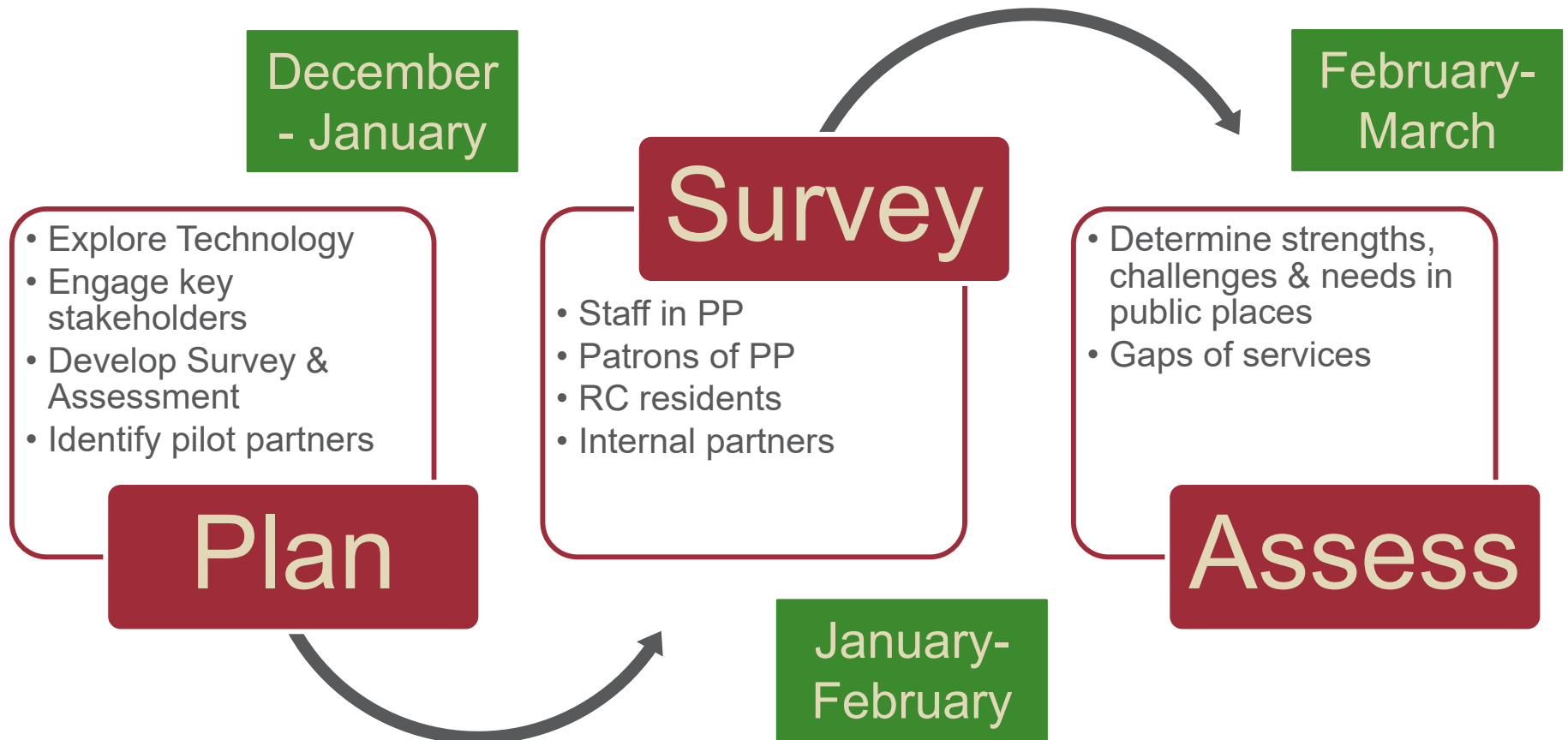
**Where do we start?**

## What is the Goal?

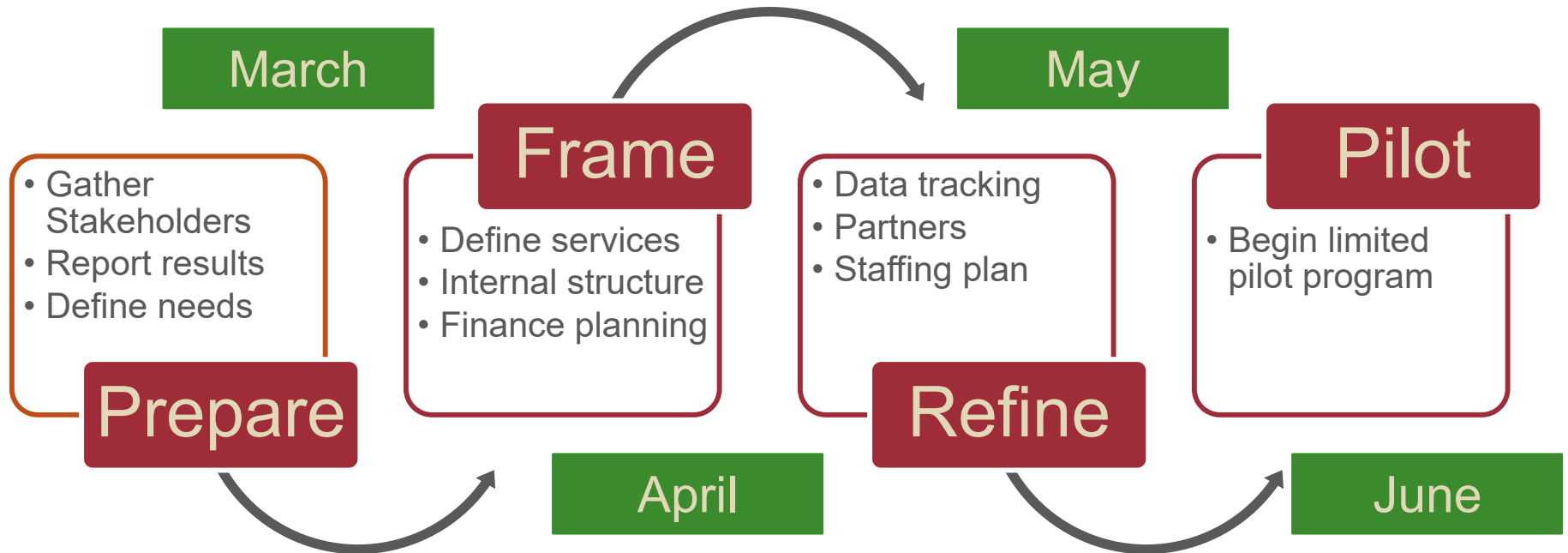
- Heard a need exists
- Determine the need
- Develop a plan of intervention
- Explore how to measure success



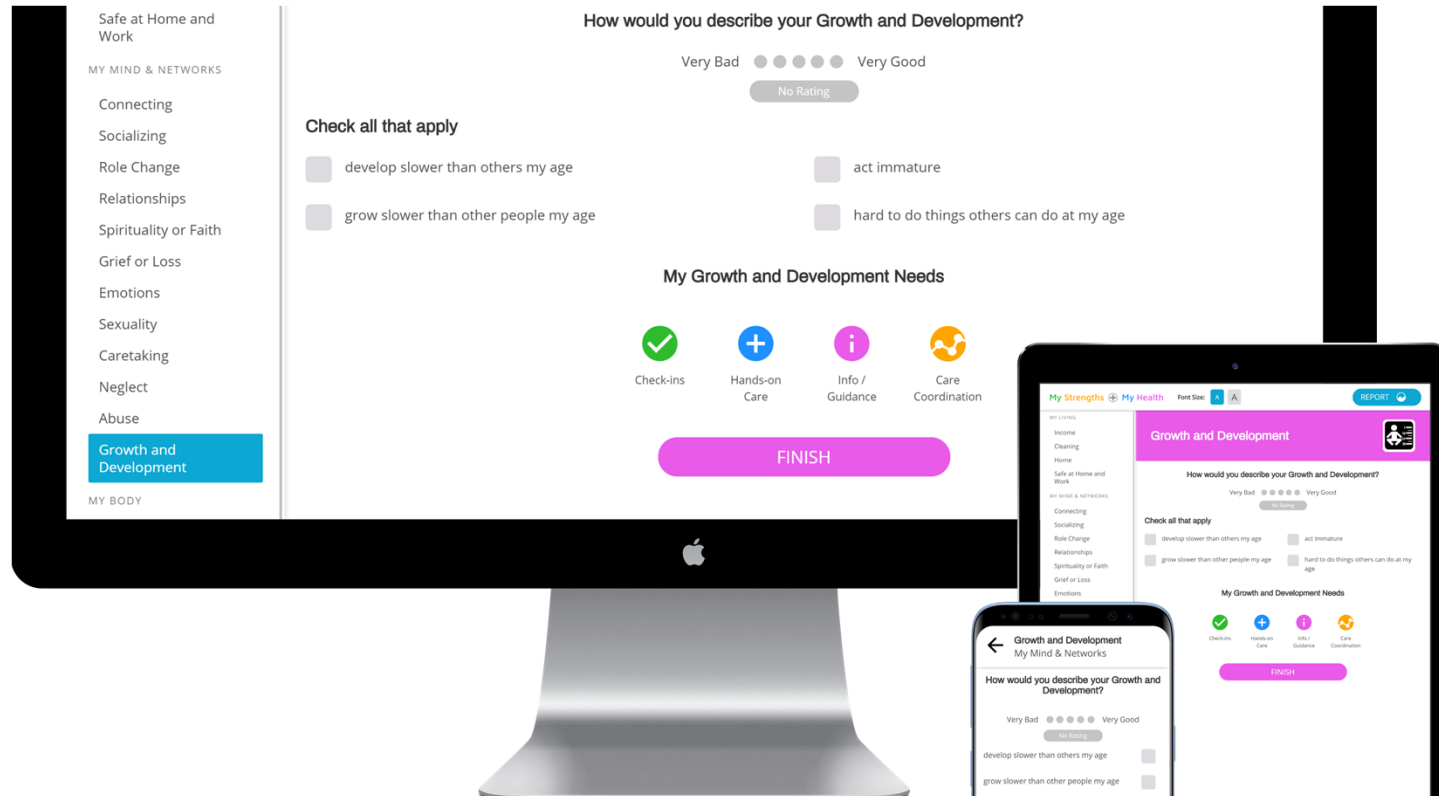
# Community Engagement



# Analysis and Planning



# Explore Proposed Technology



My Strengths My Health – Free assessment tool collecting individual and community level data of self-identified strengths, challenges, and needs



## Collaborate

- Present plan to:
  - Proposed location directors
  - Department Leadership Team (DLT)
    - Plan for surveys and in person assessment
  - Other RC leaders
    - Ensures internal collaboration (prevent silo)
- Determine communication needs
  - Work with Comms team
- Demo Technology for feedback
  - Schedule demonstrations with the PH Director and other key staff

# Surveys



## Surveys:

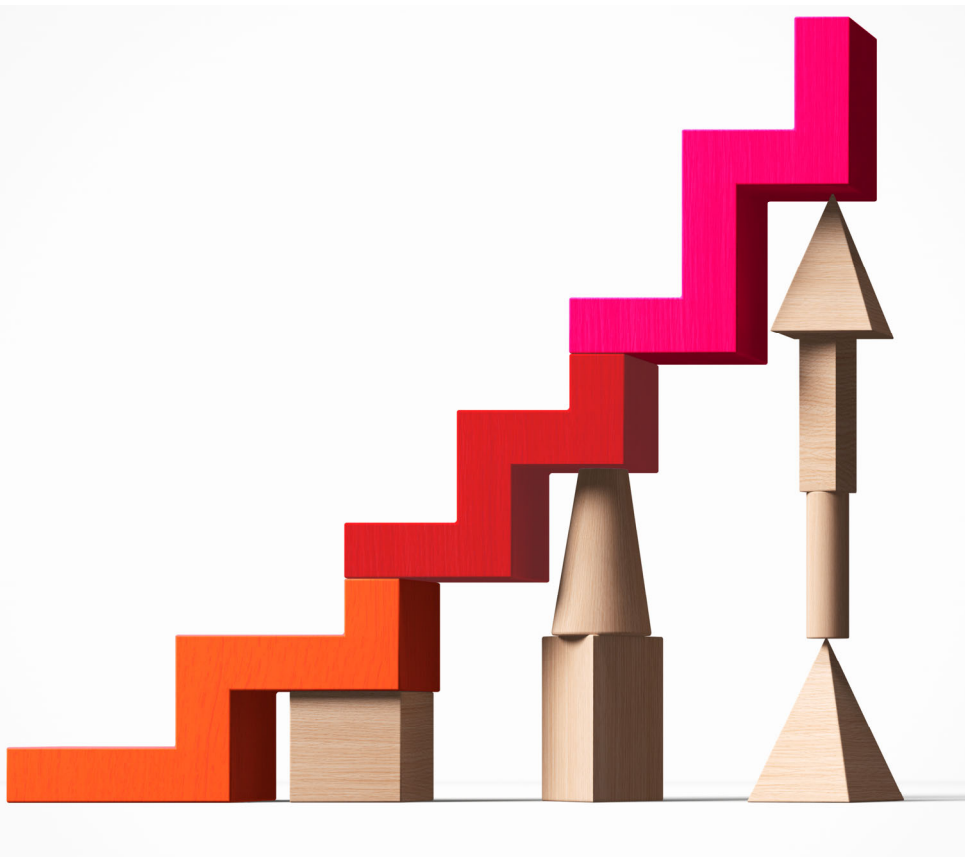
- Perception of health needs
  - Staff in public places
  - Community
- Interest in program
- Access to Care
- Assessment of needs in public places
- Focused Discussions

## Needs Assessment

- In-person surveying and focus groups in public places, such as libraries, etc.
- Builds relationships with site staff and community
- Identifies strengths, challenges, and needs of community
- Internal gaps of service in SPRCPH



## Analysis and Planning



- Report back on survey data and assessment
- Define the need
- Meet with identified stakeholders
- Frame pilot project to start in June 2023

# Next Steps

## Short Term Goals

- Approval of plan and timeline
- Open communication channels
  - Identify a public places core leadership team
  - Ramsey County departments and divisions
- Schedule technology demonstrations
- Identify sites for engagement
- Develop survey collection plan
- Finalize Surveys
- Determine communication needs



*Please share your initial thoughts,  
reactions, and ideas.*

# Saint Paul – Ramsey County Public Health Budget

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Community Health Services Advisory Committee

December 7, 2022



## Agenda

- Public Health Department Overview
  - Budget Process and Timelines
  - Ramsey County Goals and Strategic Focus Areas
  - Strategic Directions
  - CHIP Priorities
  - Programs/Services/Activities/Priorities
  - Accomplishments and Future Focus
  - Discussion
  - Next Steps
-

## Budget Timeline/Cycle

- Biennial budget cycle
  - Year 1 focus on financials
  - Year 2 focus on performance measures
  - Timeline determined by RC Finance, HWST, departments
-

## Budget Process

- Budget and Staffing Verification/Reconciliation
  - Revenue and Expenditure Projections
  - Community Engagement
    - CHSAC
    - Public Health Town Hall Partner Meetings
    - Staff
    - Health & Wellness Service Team Community Engagement
  - Coordination with Health & Wellness Service Team
  - Allocation of funds
  - Budget Presentations to County Manager
  - \* Budget Presentations to Board of Commissioners
-

## Ramsey County Goals



### WELL-BEING

#### **Strengthen individual, family and community health, safety and well-being**

through effective safety-net services, innovative programming, prevention and early intervention, and environmental stewardship.



### PROSPERITY

#### **Cultivate economic prosperity and invest in neighborhoods with concentrated financial poverty**

through proactive leadership and inclusive initiatives that engage all communities in decisions about our future.



### OPPORTUNITY

#### **Enhance access to opportunity and mobility for all residents and businesses**

through connections to education, employment and economic development throughout our region.



### ACCOUNTABILITY

#### **Model fiscal accountability, transparency and strategic investments**

through professional operations and financial management.

## **2022 Ramsey County Strategic Priorities**

- Talent Attraction, Retention and Promotion
  - Responding to a Changing Climate through Mitigation, Adaptation, Environmental Justice, and Community Resilience
  - Intergenerational Prosperity for Racial and Economic Inclusion
  - Putting Well-being and Community at the Center of Justice System Transformation
  - Residents First: Effective, Efficient and Accessible Operations
  - Advancing a Holistic Approach to Strengthen Families
  - Advancing Racial and Health Equity and Shared Community Power
-

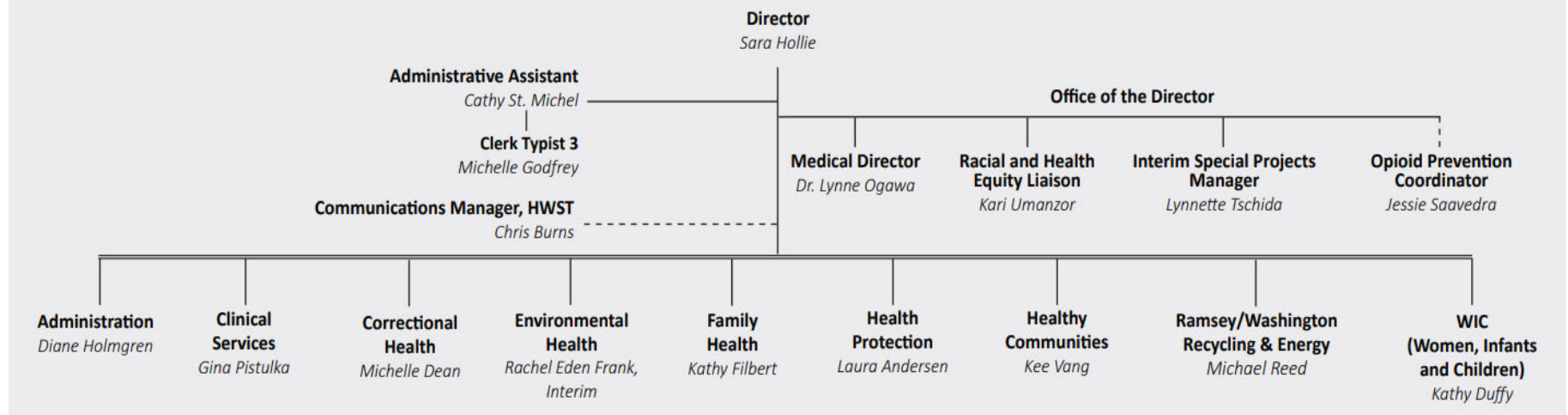
# Ramsey County Service Team Structure



## Public Health Organizational Structure

### Saint Paul - Ramsey County Public Health

H E A L T H A N D W E L L N E S S S E R V I C E T E A M



## Public Health Essential Services

- Providing leadership as a prevention strategist - working to promote health and racial equity.
  - Assuring an adequate Public Health Infrastructure
  - Promoting healthy communities and healthy behaviors
  - Preventing the spread of infectious diseases
  - Protecting against environmental hazards
  - Preparing for and respond to disasters.
  - Assuring the quality and accessibility of health services
-



## **Mandated/Discretionary Services**

- Operating and Grant Budgets classified as Mandated or Discretionary
  - Mandated Services:
    - Statutory requirements
    - Ordinance regulation
    - Core Public Health functions
    - Board directives
  - Discretionary Services:
    - Not required by the above
    - Follow the direction of our Strategic Plan and/or CHIP
    - May fill a gap
-

## Levels of Mandated/Discretionary

- M – Mandated: service/program/activity is required, **and** how the activity is carried out has a high degree of prescriptiveness.
  - M/D – Mandated/Discretionary: the activity is mandated, but how we implement and to what level is discretionary/optional.
  - D/M – Discretionary/Mandated: the activity is discretionary, but once we choose to do it, the way we do it or the extent to what we do is mandated.
  - D – Discretionary: The activity is discretionary, **and** how we implement and to what level is discretionary.
-

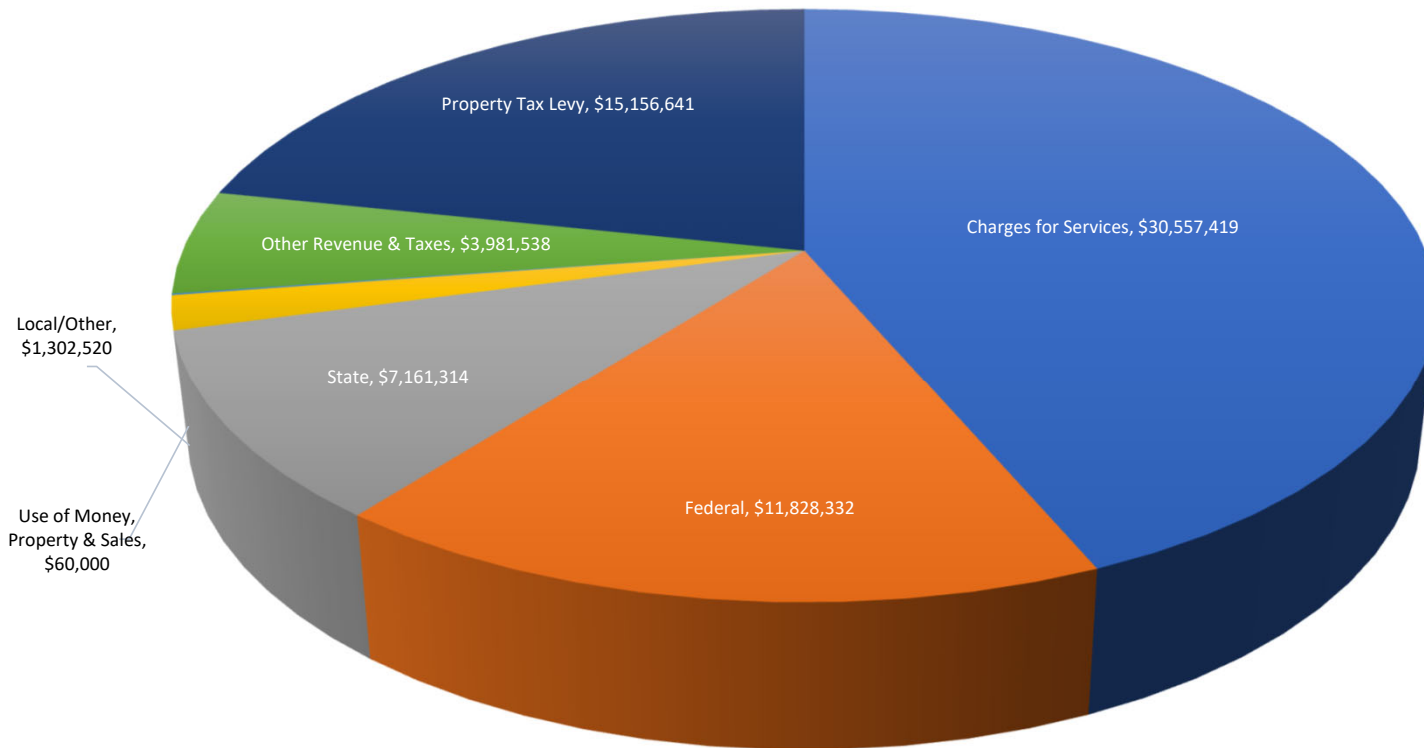
**PROGRAM / SERVICE ALLOCATION (2023 Approved)**
**PUBLIC HEALTH**

Program / Service	Mand./ Discr.	2023 Approved			
		FTEs	Budget	Financing	Levy
<b>Administration</b>					
Departmental Administration	M/D	45.50	6,699,282	5,044,000	1,655,282
<b>Screening &amp; Case Management</b>					
PCA Assessment/Case Management	M	-	-	-	-
<b>Correctional Health</b>					
	M	38.80	6,357,580	40,000	6,317,580
<b>Environmental Health</b>					
Solid & Hazardous Waste Regulation	M	16.00	6,939,073	6,939,073	-
Lead Based Paint Inspection	M	-	-	-	-
Solid & Hazardous Waste Regulation	M/D	25.80	11,189,254	11,189,254	-
Resource Recovery Project	M/D	-	9,500,000	9,500,000	-
Community Sanitation	D/M	6.80	897,311	897,311	-
Solid & Hazardous Waste Regulation	D/M	-	-	-	-
Lead/Healthy Homes	D	7.00	1,305,500	1,305,500	-
Contribution to Fund Balance	D	-	-	-	-
<b>Health Protection</b>					
	M/D	9.15	892,967	335,000	557,967
<b>Healthy Communities</b>					
Healthy Communities	D/M	19.00	2,774,120	1,501,039	1,273,081
Child & Teen Check-up	D/M	18.10	2,267,961	2,267,961	-
Sexual Offense Services	D/M	5.00	597,409	360,314	237,095

<b>Program / Service</b>	<b>Mand./ Discr.</b>	<b>2023 Approved</b>			
		<b>FTEs</b>	<b>Budget</b>	<b>Financing</b>	<b>Levy</b>
<b>Healthy Families</b>					
Maternal Child Health Grant	M/D	4.92	860,374	860,374	-
Home Visiting	D/M	55.53	7,577,762	5,877,634	1,700,128
<b>Preventive Health Services</b>					
Sexual Health	D/M	14.49	1,806,237	1,440,804	365,433
Disease Investigation & Control	M/D	22.91	2,868,141	759,766	2,108,375
<b>Support Services</b>					
Birth & Death Records	M	-	-	-	-
Health Lab	D/M	-	-	-	-
<b>Uncompensated Care</b>					
Regions Subsidy	D	-	-	-	-
Community Clinics/Block Nurse	D	-	1,024,700	83,000	941,700
<b>Supplemental Food (WIC)</b>					
	D/M	48.80	4,122,429	4,122,429	-
		<u>337.80</u>	<u>67,680,100</u>	<u>52,523,459</u>	<u>15,156,641</u>

# 2023 Budget Funding Sources

**Total  
\$70,047,764\***

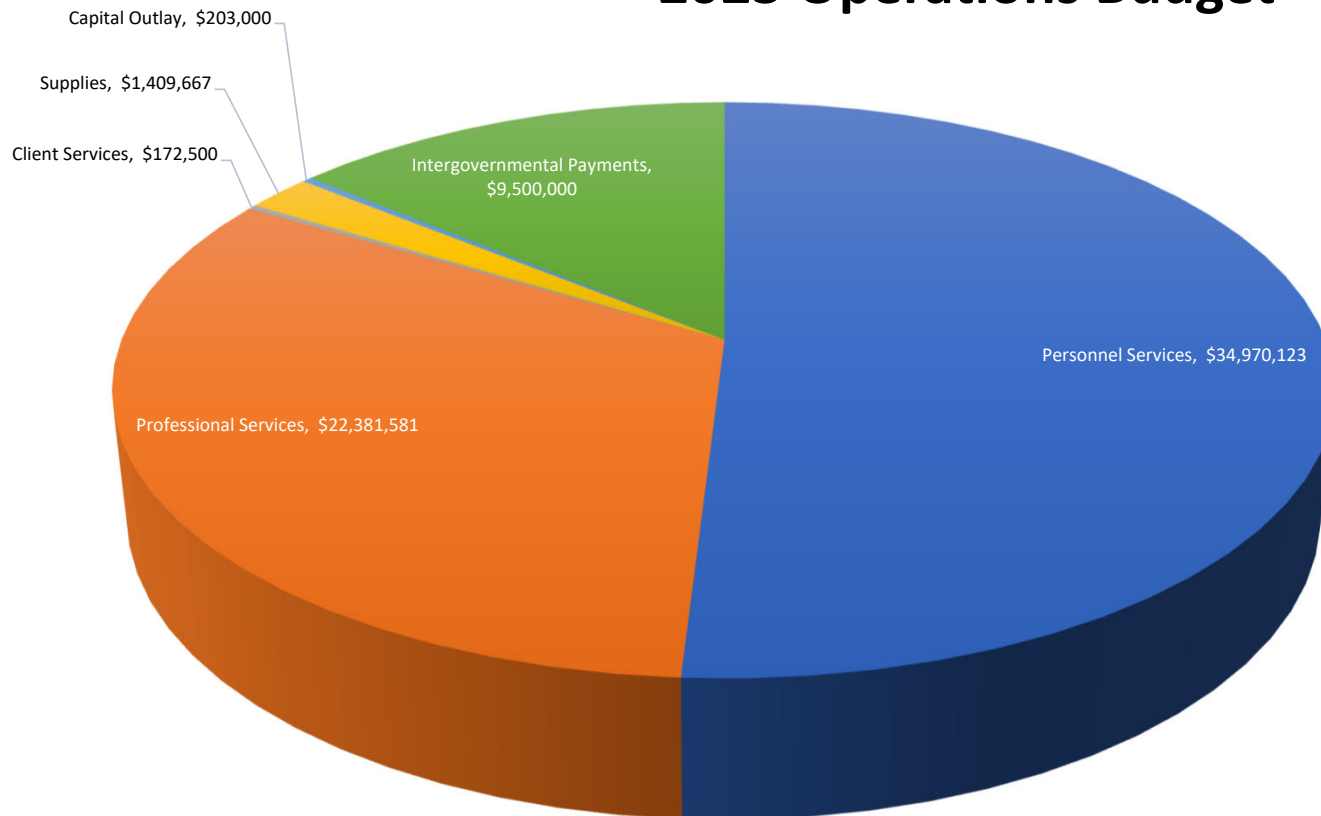


**\*Includes \$1,410,893 of revenue from 2023 that will be spent in subsequent years**

<b>Revenue / Estimated Revenue</b>	<b>FY20 Actual</b>	<b>FY21 Budget</b>	<b>FY22 Approved</b>	<b>FY23 Approved</b>
Charges for Services	24,758,547	27,338,490	28,866,919	30,557,419
Intergovernmental Revenue	-	-	-	-
Federal	4,488,639	11,387,082	11,828,332	11,828,332
State	5,503,611	6,290,271	7,161,324	7,161,314
Local / Other	1,055,165	828,000	1,152,520	1,302,520
Total Intergovernmental Revenue	11,047,415	18,505,353	20,142,176	20,292,166
Use of Money, Property & Sales	163,719	242,000	60,000	60,000
Other Revenue & Taxes	2,252,421	3,627,402	3,980,338	3,981,538
Property Tax Levy	18,568,977	15,795,792	15,651,740	15,156,641
Use of Fund Balance	-	(989,744)	(1,345,580)	(1,410,893)
<b>Total Revenue / Estimated Revenue</b>	<b>56,791,079</b>	<b>64,519,293</b>	<b>67,355,593</b>	<b>68,636,871</b>

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## 2023 Operations Budget



**Total**  
**\$68,636,871\***

2022 - 345.8 FTEs  
/ 363 staff

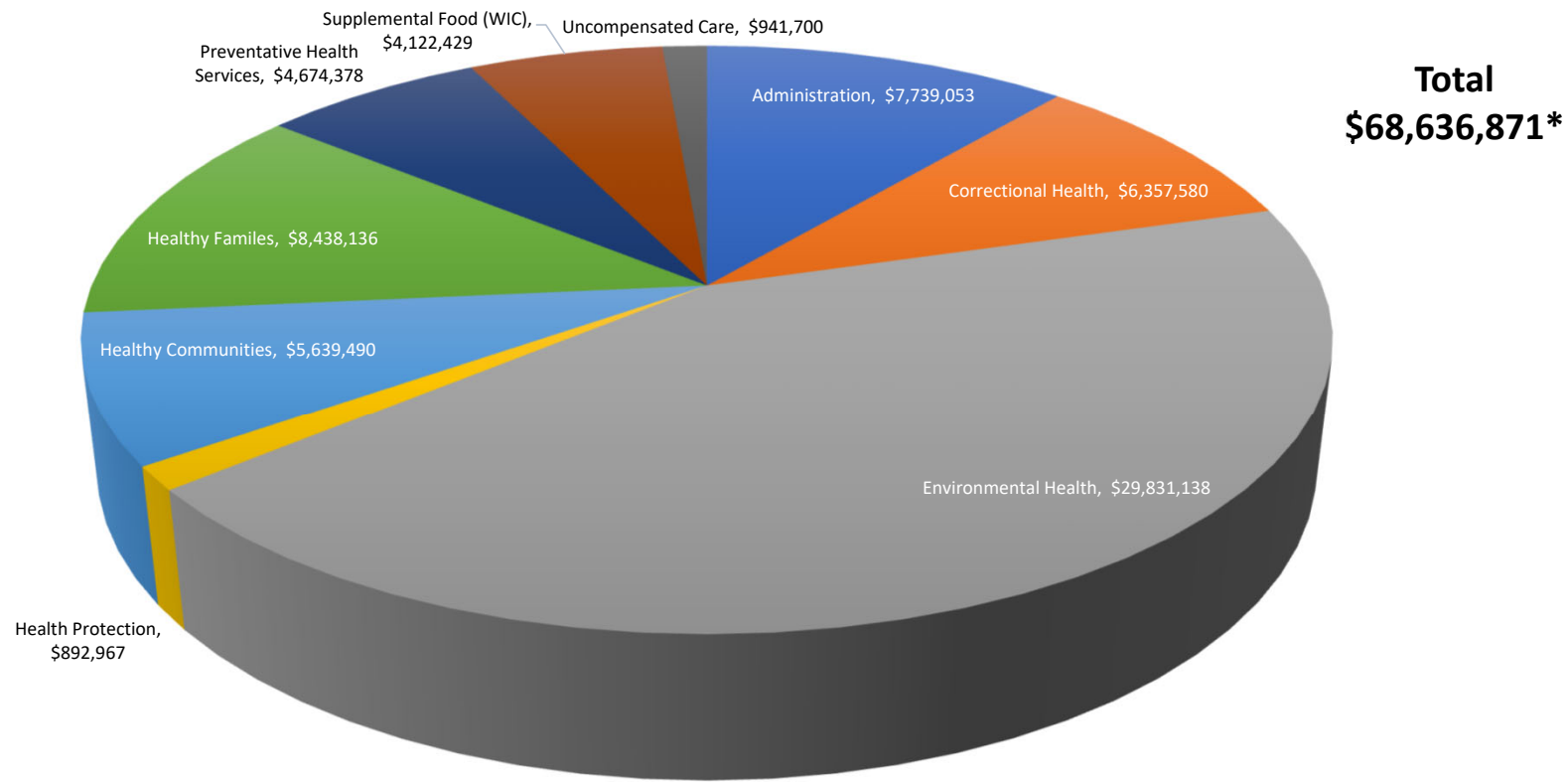
\*Excludes \$1,410,893  
of revenue from 2023  
that will be spent in  
subsequent years

<b>Expenditure / Appropriation</b>	<b>FY20 Actual</b>	<b>FY21 Budget</b>	<b>FY22 Approved</b>	<b>FY23 Approved</b>
Personnel Services	27,440,027	34,387,575	34,959,469	34,970,123
Professional Services	17,439,349	20,137,693	21,816,802	22,381,581
Client Services	320,705	171,000	172,500	172,500
Supplies	3,798,117	802,925	1,413,822	1,409,667
Capital Outlay	353,207	220,100	193,000	203,000
Contingent	-	-	-	-
Intergovernmental Payments	7,139,674	8,500,000	8,800,000	9,500,000
Transfers	300,000	300,000	-	-
<b>Total Expenditure / Appropriation</b>	<b>56,791,079</b>	<b>64,519,293</b>	<b>67,355,593</b>	<b>68,636,871</b>

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# 2023 Division Budgets



\*Excludes \$1,410,893 of revenue from 2023 that will be spent in subsequent years

## **2019 – 2022 Strategic Plan Strategic Directions**

1. Take Action to Advance Racial and Health Equity
  2. Partner to Champion Prevention Across the Lifespan
  3. Align and Leverage Resources to Support Priorities
  4. Create Responsive and Intentional Change
-

## **Community Health Improvement Plan (CHIP) Priorities**

- Racial and Health Equity (formerly “Health in All Policies”)
  - Healthy Eating, Active Living, and Tobacco-Free Living (SHIP)
  - Access to Health Care Services
  - Mental Health and Well-being
  - Violence Prevention
  - Climate Change
  - Homelessness
  - Opioid Prevention and Response
-

## Racial and Health Equity

**R-HELT** aims to ensure that the department and divisions evaluate how projects, programs, plans and proposals may improve equity in service delivery and community participation.

**Goal 4:** Develop structure in place to ensure racial and health equity accountability (support, integration, communication) in SPRCPH.

**Objective 4.2:**R-HELT will ensure a racial and health equity analysis is applied to SPRCPH 2-year budget reviews.

### Strategies

- Utilize Strategic Plan and CHIP Priorities to recommend to DLT the budgetary shifts and/or changes in programs, services, activities that contribute burden among racial and health inequities and advocate to promote racial and health equity.
  - Recommend a process to the DLT to ensure employee and community participation in the development and review of the department's budget.
  - Stay inform about what other groups in the County are doing around the budget process.
-

## Programs/Services/Activities by CHIP Priority

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## **CHIP Priority #1: Racial and Health Equity**

- Department leadership and coordination by the Racial and Health Equity Liaison (RHEL)
  - Department wide partnership and focused strategies supported by the Racial and Health Equity Leadership Team (RHELT)
  - Community engagement as a priority
    - Trusted Messenger Expansion
    - Community Innovation for Racial Equity Grants
    - Birth Equity Community Council
    - Club Mom/Club Dad
-

## **CHIP Priority #2:**

### **Healthy Eating, Active Living, and Tobacco-Free Living (SHIP)**

- Statewide Health Improvement Program (SHIP) Grant
    - Commercial Tobacco and Smoking Ordinance (August 2022)
    - Ramsey County Breastfeeding Friendly Workplace Task Force
    - Community Leadership Team (CLT)
  - Adult Health Assessment and Report
  - WIC - Peer Breastfeeding Support, CTC and Family Health referrals
  - *HWST – Food Security*
-

## **CHIP Priority #3: Access to Health Care Services**

- Immunization Clinic – Measles and Monkeypox
  - COVID Vaccine Clinics
  - Tuberculosis Control and Management
  - Correctional Health
  - Sexual Health Services
  - Home Visiting
  - Medication Assisted Treatment
  - Living At Home/Block Nurse Program
  - Funding for Community Clinics
-



## **CHIP Priority #4: Mental Health and Well-being**

- Mental Health and Wellness Coordinator
  - Mental Health & Wellness Action Team
  - Annual Cultural Health Summit
  - Cultural Healing Practitioners/Services
  - *Social Services – Mental Health Crisis*
  - *Appropriate Responses (New!)*
-

## **CHIP Priority #5: Violence Prevention**

- Violence Prevention Coordinator
  - Making Authentic Connections
  - Sexual Violence Services (SOS)
  - Domestic Violence Program Contracts
  - *Healing Streets*
  - *Appropriate Responses (New!)*
-

## CHIP Priority #6: Climate Change

- Hired a planning specialist dedicated to creating and implementing public health and county-wide health and climate change planning.
  - Building off the work of the Energy Governance Team, the Strategic Energy Plan, and Ramsey County's [2040 Comprehensive Plan](#)
  - Ramsey County expands its work to develop a comprehensive approach that combats climate change.
  - Responding to Climate Change & Increasing Community Resilience strategic priority (New!)
    - Partnering with community
    - Planning for public policy work
-

## CHIP Priority #7: Homelessness

- HouseCalls Program
  - COVID-19 Respite Care
  - *Department of Housing Stability*
    - *Housing services and support*
    - *Heading Home Ramsey*
-

## **CHIP Priority #8: Opioid Prevention and Response**

### Expanding services

- OERAC Grant Activities – staff capacity and community resources/services
- MAT Grant Activities
- Syringe Services Program

### Hired 1<sup>st</sup> Opioid Prevention Coordinator

- Building internal and external partnerships
- Develop and implement strategy for the county

### Opioid Settlements

- Public Health as Chief Strategist
-

## Changes Have We Made to Have the Greatest Impact

- Ongoing COVID-19 pandemic response and recovery
  - 21<sup>st</sup> Century Public Health – Infrastructure and capacity building
  - Partnerships with other County Departments
    - Medication Assisted Therapy
    - Public Health Pathways Program
    - TST, Appropriate Responses
    - Prevention Clinic
    - Residents First
  - New services/programs
    - Healing Streets
    - Syringe Services
    - Trusted Messenger Initiative
    - Birth Equity Community Council
    - HIV Outreach
    - Innovation Grants
    - MESCH Model
  - Focusing on Prevention
    - Tuberculosis (TB) infrastructure
    - Prevention Clinic
    - Opioid response
-

## How We Aim to Strengthen Our Impact

- Enhance community engagement
- Continue focus on racial and health equity
- Strengthen partnerships to leverage impacts
- Create new ways of operating and providing services
- Partnering to align with county efforts through Residents First lens

## Discussion

- What would you like Public Health to know and focus on to have the greatest impacts to improve health?
  - What opportunities do you see for Public Health?
  - Are there gaps that you see or funding concerns?
  - Other questions or suggestions
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## Next Steps

**December:** Review personnel allocation; 2022 budget review with managers; discussion with CHSAC; discussion with PH supervisors and managers; review priorities

**January:** Town Hall Community Conversation with Public Health partners; CHSAC discussion; internal engagement with PH staff; Division meetings to share budget info; begin to develop 2024-25 revenue estimates

**February:** HWST Community Conversation anticipated; CHSAC discussion; ongoing PH internal and external engagement; aligning and leveraging resources to meet priorities; receive budget instructions and levy target

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**March:** Continued engagement as budgets are developed; CHSAC discussion; approaching finalized budget; internal HWST discussions and negotiations

**April:** Anticipated budget submission; anticipated HWST budget review with County Manager

**June/July:** Anticipated County Manager's Proposed Budget Presented to County Board

**September:** Anticipated HWST presentation to County Board

**December:** Final budget approved by Board of Commissioners

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## Budget Document Resources

### 2022 – 2023 Approved Biennial Budget

- <https://www.ramseycounty.us/sites/default/files/Budget%20and%20Finance/Ramsey%20County%20Biennial%20Budget%20Book%20-%202022-2023%20Approved%20Final-I.pdf>
  - Printed page 541, online page 546
  - 2023 Performance Measures and Supplemental Budget
  - <https://www.ramseycounty.us/sites/default/files/Budget%20and%20Finance/2023%20Supplemental%20Budget%20Book%20-%20INTERNET%20FINAL-2.pdf>
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