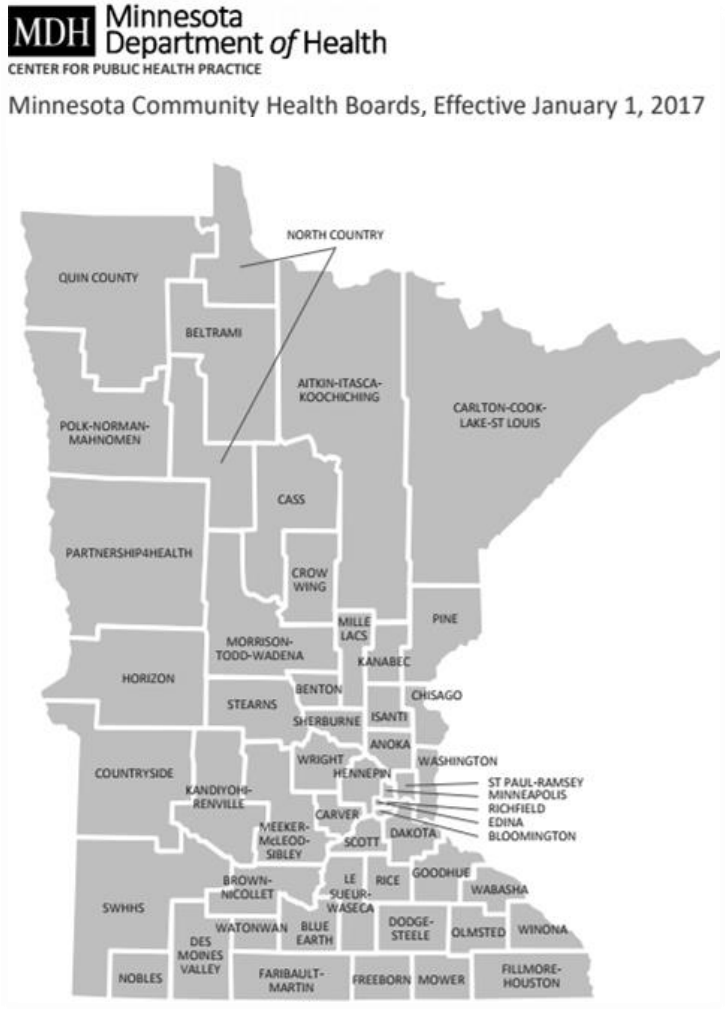
An Overview of Minnesota's Local Public Health System

Structure, Mandates & Funding

Local Public Health Association of Minnesota

Minnesota's local public health system works to protect, promote and improve the health of all Minnesotans. This system consists of approximately 70 local public health departments, which are organized as 51 community health boards (CHBs). CHBs are the legally recognized governing bodies for local public health in Minnesota. A CHB may be a single county or city health department, or multiple local health departments working together.

CHBs are mandated by state statute (Minn. Stat. §145A) to perform core public health services, which are funded by a combination of local, state and federal dollars. Local public health departments partner with other government agencies and community organizations such as schools, law enforcement, social services, nonprofits and health care providers to coordinate high quality, collaborative public health programs that fulfill state mandates and address local health priorities.



Core Services Mandated by the Local Public Health Act (MN Stat. §145A)

1. Assure an adequate public health infrastructure
e.g., Assess health priorities with community input; develop community health improvement plans to address identified needs.

2. Promote healthy communities and healthy behaviors
e.g., Provide home visiting to high-risk pregnant women and families; protect employees and public from the health hazards of secondhand smoke.

3. Prevent the spread of infectious disease
e.g., Monitor immunization levels and do outreach to high-risk groups; run immunization clinics; investigate outbreaks and conduct contact interviews with individuals exposed.

4. Protect against environmental health hazards
e.g., Implement childhood blood lead case management guidelines; abate public health nuisances; monitor food and water illness data. (Note: Some local public health departments also have delegation agreements with state agencies for licensing, inspecting and enforcement of food, pools and lodging establishments, the Safe Drinking Water Act, and/or the MN Clean Indoor Air Act.)

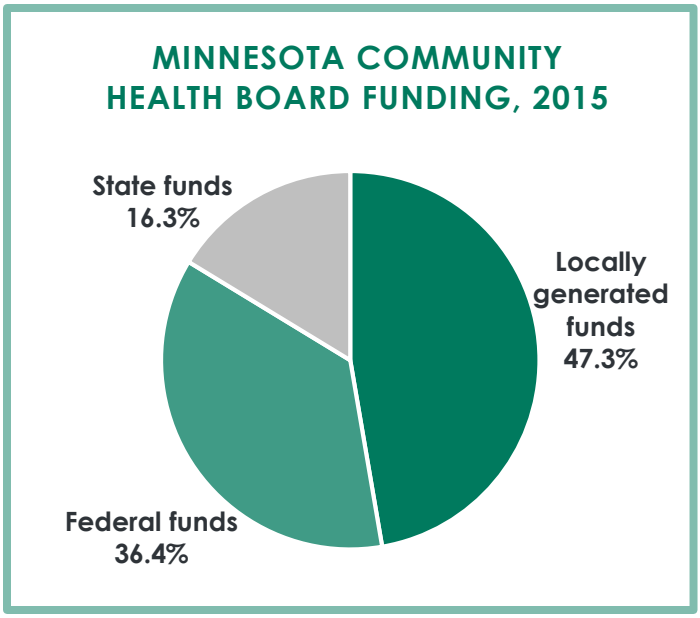
5. Prepare for and respond to disasters, and assist communities in recovery
e.g., Develop response plans for re-emergence of measles and other infectious disease threats like Ebola and Zika; respond to natural disasters and acts of terrorism.

6. Assure the quality and accessibility of health services.
e.g., Identify barriers to health care service; assist with Medicaid referrals; provide health care services at county correctional facilities.

Funding for Local Public Health

Local tax levies are the single largest source of local public health funding, accounting for 32% of all expenses. In total, nearly half of expenses are locally-generated. Federal funds contribute the next largest share (36%), while state funds make up just 16%. Compared to the nation as a whole, Minnesota's local public health departments rely more heavily on local and federal funding.[1]

The Local Public Health Grant is the state's main investment in our local public health system, yet it accounts for just 6% of funding and has decreased as a percentage of expenditures over time, placing a greater burden on local tax levies to meet core, state mandate services and emerging community needs.



The Local Public Health Grant and local tax levies are two sources of flexible funding for local public health departments. Flexible funding is crucial to our local public health system, as many state mandates and core public health services are not well supported by categorical grants. It allows local governments to direct dollars where they are needed most to better address the diverse needs and local public health priorities of Minnesota communities. However, despite significant investments at the local level, the proportion of flexible funding in the system has decreased by more than 50% since 1979. An increase to the Local Public Health Grant is needed to restore local capacity to meet state mandates, address emerging priorities and relieve local tax levies.

Public Health's Return on Investment

- Every 10% increase in public health system spending results in a 7% decrease in infant mortality and a 3% decrease in heart disease mortality.[2]
- In Minnesota, investing $10 per person per year in proven community-based programs to increase physical activity, improve nutrition and prevent tobacco use could produce annual net savings of $316 million per year.[3]
- Increases in local health department (LHD) spending per capita are associated with a 7% decrease in infectious disease mortality and a 6.6% decrease in cardiovascular disease (CVD) mortality, which suggests regions served by LHD's with more funding have fewer infectious disease and CVD deaths.[4]

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About the Local Public Health Association of Minnesota

The Local Public Health Association of Minnesota (LPHA) is a voluntary, non-profit organization that works to achieve a strong local public health system through leadership and collective advocacy on behalf of Minnesota's county, city and tribal local public health departments. The Association represents more than 220 public health directors, supervisors and community health services administrators from throughout the state. LPHA is an affiliate of the Association of Minnesota Counties.

[1] National Association of County and City Health Officials, 2016 National Profile of Local Health Departments
[2] Mays, GP, and Smith, SA, "Evidence Links Increases in Public Health Spending to Declines in Preventable Deaths," Health Affairs, doi:10.1377/hlthaff.2011.0196, 2011
[3] Trust for America's Health, "Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities," February 2009
[4] Erwin, PC, et al., "The Association of Changes in Local Health Department Resources with Changes in State-Level Health Outcomes," Am J Public Health, April 2011

Public Health
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