



Public Health
Prevent. Promote. Protect.

Local Public Health in Minnesota

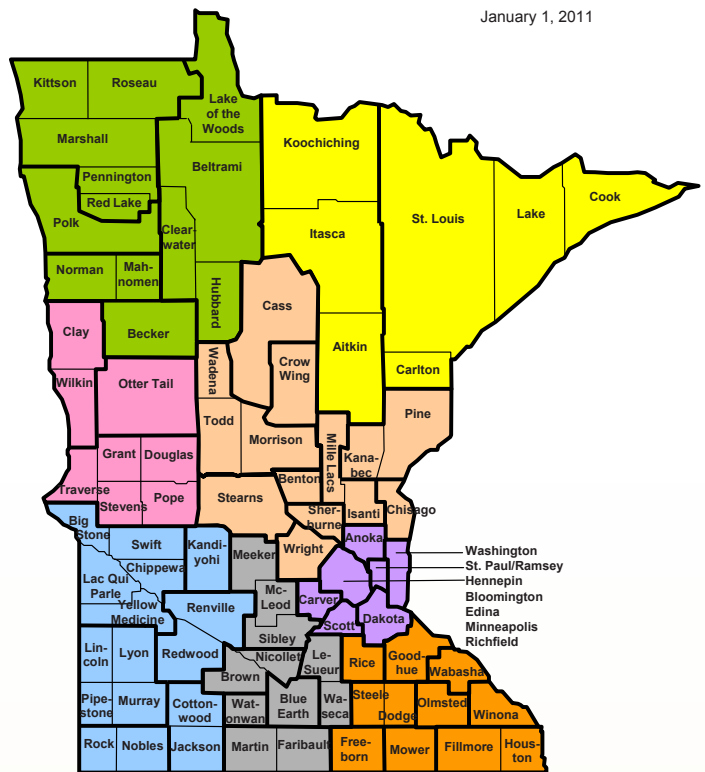
Minnesota's local public health system, also known as the Community Health Services (CHS) system, is designed to ensure that the public's health and safety are protected while providing the flexibility for local governments to identify and address local needs.

What is the local public health system in Minnesota?

- ▶ Responsibilities for health promotion and protection are shared with the Minnesota Department of Health as outlined in Minnesota Statute 145A. This long-standing state and local partnership has enabled cities and counties to work together regionally to maximize resources to deliver services.
- ▶ The CHS system consists of 52 community health boards. Each board oversees one or more local health departments that work in tandem with the state to fulfill public health responsibilities. The system has proven over time to be an efficient and effective model for assessing community priorities, designing appropriate programs to meet local needs, and directing limited resources.
- ▶ Local public health departments partner with multiple systems, including schools, law enforcement, social services, municipalities, non-profits and private health care providers to coordinate high quality, non-duplicative programs.

Community Health Boards in Minnesota by Region

January 1, 2011



Districts			
■ Northwest	■ Northeast	■ West Central	■ Central
■ Southwest	■ South Central	■ Metropolitan	■ Southeast

“Without a strong public health system as a complement, the medical care system cannot succeed in controlling health care costs or improving health. Unfortunately, attention to and investments in public health have been short term and episodic.”

What does local public health do?

Examples of local public health programs and services based on identified priority health needs:

- ▶ Investigate and control communicable disease.
- ▶ Assess health needs of their local communities (statutory authority and responsibility).
- ▶ Develop policies to foster healthy communities.
- ▶ Home visits to high-risk pregnant women and new families.
- ▶ Operate Women, Infants, and Children (WIC) clinics.
- ▶ Run immunization clinics.
- ▶ License and inspect restaurants, lodging, campgrounds, manufactured home parks, wells, and public pools.
- ▶ Provide health care services at county correctional facilities.
- ▶ Youth tobacco and chemical use prevention programs.
- ▶ Investigate and abate public health nuisances.
- ▶ Plan and respond to public health emergencies.
- ▶ Support elderly/ disabled in nursing homes or community settings, long-term care consultation, personal care assistant assessments and case management.

Six Areas of Local Public Health Responsibility

1. **Assure an adequate public health infrastructure.**
2. **Promote healthy communities and healthy behaviors.**
3. **Prevent the spread of infectious disease.**
4. **Protect against environmental health hazards.**
5. **Prepare for and respond to disasters, and assist communities in recovery.**
6. **Assure the quality and accessibility of health services.**



How are local public health departments funded?

Funding for local public health is a mix of local, state and federal funds as well as fees and reimbursements. An annual state general fund appropriation of approximately \$21 million (just over \$4 per capita) combined with local tax levy provides the foundation for the local public health infrastructure.

- ▶ Having a base of stable, non-categorical state funding is critical. It has allowed local health departments to respond to a diverse array of public health issues and to meet community-specific needs.
- ▶ Minnesota currently ranks 46th (near the bottom) of states in public health funding from state and federal sources. (*United Foundation of Health Rankings*)

Public health programs are cost effective.

- ▶ For every \$1 invested in WIC services for pregnant women, there is a savings of \$1.92 to \$4.21 in medical assistance (MA) funds for a mother and her newborn. (*National Association of WIC Directors*)
- ▶ For every \$1 invested in targeted home visiting, a savings of \$5.78 can be seen in reductions in higher cost treatment and deep end services. (*Rand Corporation ROI for the Nurse Family Partnership program*)
- ▶ 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 in Minnesota (a 6-to-1 return on investment).



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