

# Local Public Health Act Overview

In Minnesota, public health responsibilities are shared between state and local governments as specified in the Local Public Health Act (Chapter 145A). Fifty-two locally-governed Community Health Boards oversee local health departments (LHDs) that work in tandem with MDH to fulfill public health responsibilities. This interlocking, statewide system is a critical component of an effective response to public health threats as well as efforts to improve the health of Minnesotans.

Funding for local public health is comprised of a mix of local, state and federal funds as well as fees and reimbursements. An annual general fund appropriation of approximately \$20.1 million combined with local tax levy provides the foundation for the local public health system.

**A base of stable, non-categorical state funding is critical to public health in Minnesota. It assures that all areas of the state have a local health department that can respond to a diverse array of public health issues.**

For example, in 2009:

- Over three-quarters of LHDs **provided directly observed therapy** to respond to tuberculosis (TB) in their communities. LHDs also monitored a total of 1,925 clients for latent TB infection.
- LHDs **investigated 912 public health nuisances**; of these almost two thirds were confirmed. The top three public health nuisance complaints were mold, garbage houses, and accumulation of rubbish or junk. LHD data shows that mold, declining and substandard rental properties, garbage houses, lead, source water contamination and improper sewage disposal are becoming increasing concerns.
- All LHDs **promoted healthy communities**. Over 90% addressed child growth and development, nutrition, healthy aging, pregnancy and birth, tobacco use and preventing unintended pregnancy.

- LHDs work to **address health care service gaps or barriers** in their communities. The most frequently identified issues were lack of insurance (85%), transportation (85%), lack of mental health providers (85%), and lack of dental services (82%).
- Ninety percent of LHDs worked to **improve the cultural competency of services** they offer. Improving cultural competency is an important strategy for eliminating health disparities, and LHDs addressed this by translating materials, increasing the use of interpreters, and conducting staff trainings.
- Alongside MDH, LHDs **prepare for emergencies**. Ninety-nine percent of LHDs updated their department's emergency response plan, and all LHDs currently have an emergency response plan that includes how the department will communicate with the media and public.

LHDs also assist the MDH in **responding to foodborne outbreaks**, and work to improve safe food handling practices in their communities. According to the most recent data available at this time, there were 72 confirmed foodborne outbreaks in Minnesota in 2010, and at least 1,043 cases of illness due to these outbreaks.

During late 2009 and early 2010 LHDs played an essential role in the statewide response to H1N1 novel influenza, directly **providing over 264,000 vaccinations**, and assuring that antiviral medications were available for dispensing within their communities.

The MDH Office of Performance Improvement assures coordination between state-local activities, provides consultation and technical assistance to LHDs on public health practice issues, and provides administrative oversight.

**For more information**, please contact the Office of Performance Improvement at [health.ophp@state.mn.us](mailto:health.ophp@state.mn.us) or (651) 201-3880.



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