

Preliminary Results from the 2004 Local Public Health Agency Survey

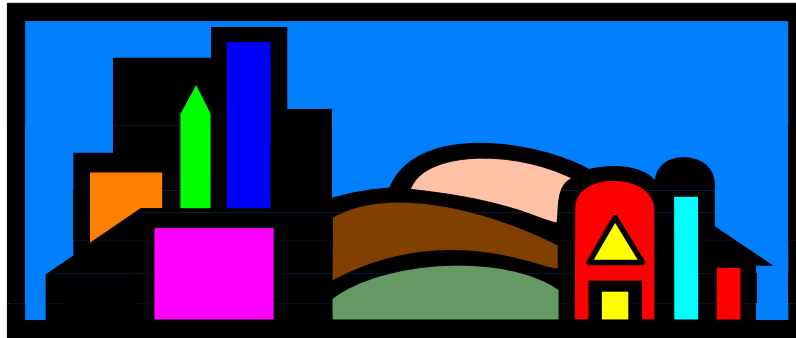


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Introduction

Detailed information describing local public health departments is critical to successful planning for the future of public health in Minnesota. Many states around the country routinely collect detailed information about their local public health system. In the past, the Minnesota Department of Health (MDH) has not had the resources to collect comprehensive information about Minnesota's local public health system and its accomplishments. In 2004, through the Pathways to Public Health Project, funded by the Robert Wood Johnson Foundation, the MDH surveyed all local public health departments about their staff and structure. All 77 health departments returned the survey. This report summarizes this data.

Enumeration of Local Public Health Department Staff

Local public health departments were asked to report on the number of staff and on their job classifications. Results from the survey indicate that the Minnesota local public health system has approximately 3,372 people working to improve the public's health. This is probably an underestimate since some departments did not report all of their staff. In addition, some health departments contract out some of their public health services. For example, the Minneapolis Department of Health and Family Support contracts with the Minnesota Visiting Nurses Association (MVNA) for its home visiting work. These nurses were not counted in the survey. Contracted work was not included in the survey, with the exception of physicians. Almost all the physicians reported in the survey are on contract with their respective health department.

The State Community Health Advisory Committee (SCHSAC) region with the largest number of local public health department workers is the metro region with 1,264 workers (37%), followed by the southeast region with 496 workers (15%) and the southwest/south central region with 493 workers (15%).

**Percentage of local public health department workers
by SCHSAC region**

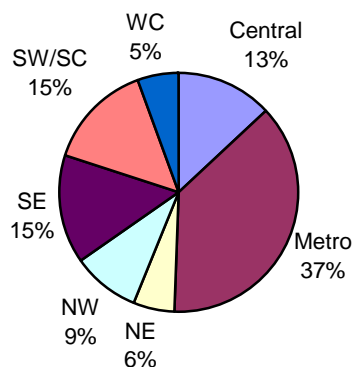


Figure 1

Table 1 identifies the total number of people working in local public health departments by job classification for each SCHSAC region. (For details on how the job classifications were determined, please see Appendix A.)

Table 1 Number of people by job classification and by SCHSAC region

Job Classification	Central	Metro	NE	NW	SE	SW/SC	WC	Total
Accounting Staff	10	4	2	1	18	6	4	45
Advocate	0	4	0	0	0	0	1	5
Community Health (CH) Specialist	0	26	0	0	1	0	0	27
Community Health Services Administrator (CHS Admin)	4	4	3	4	5	8	2	30
CHS Admin/Public Health (PH) Director	4	4	0	0	2	2	2	14
Coordinator	1	24	0	2	4	1	3	35
Dental Worker	0	0	0	0	1	0	0	1
Environmental Health (EH) Director	0	3	1	0	3	4	0	11
EH Technician	1	38	0	0	1	0	0	40
Epidemiologist	0	14	1	0	1	0	0	16
Financial/Office Supervisor/Manager	5	15	1	7	7	11	6	52
Health Educator (HE)	19	23	8	2	11	13	6	82
Interpreter	1	5	0	0	32	2	0	40
Lab Specialist	0	16	1	0	2	1	0	20
Licensed Practical Nurse (LPN)	5	12	2	13	16	18	3	69
Nurse Practitioner (NP)	1	26	0	1	1	0	0	29
Nutritionist	12	75	3	3	9	5	4	111
Nutritionist Technician	1	42	0	1	6	1	1	52
Other	0	12	0	0	0	1	0	13
Other Technician	4	1	0	0	0	0	12	17
Outreach Worker	1	4	0	1	0	0	5	11
Paraprofessional	118	36	19	118	151	132	24	598
PH Director	7	9	4	5	3	11	2	41
Public Health Nurse (PHN)	116	290	76	46	110	144	55	837
PHN Director	3	4	1	6	5	3	1	23
PHN Supervisor/Manager/Team Leader	22	52	8	7	17	19	8	133
Physician	4	2	1	1	0	0	0	8
Planner	1	72	0	1	2	0	0	76
Registered Nurse (RN)	26	78	5	42	18	41	20	230
Sanitarian/EH Specialist	5	73	20	1	11	10	0	120
Social Worker (SW)	3	63	3	0	2	2	1	74
Supervisor/Manager	0	19	2	0	5	2	1	29
Support Staff	54	196	24	33	43	42	18	410
Technology Staff	0	1	0	0	1	1	0	3
Therapist	0	0	0	4	0	0	0	4
Transportation	3	0	0	0	1	0	0	4
WIC Clerk	10	17	6	4	7	13	5	62
Grand Total	441	1,264	191	303	496	493	184	3,372

Table 2 shows the number of people in each job classification, ranked in descending order. The top three job classifications account for more than half of the total local public health department workforce. They are, in order from highest to lowest, public health nurses (PHN) (25% of the total

workforce), paraprofessionals (18% of the total workforce; this classification contains mostly home health aides), and support staff (12% of the total workforce).

Table 2 Number of people by job classification

Job Classification	Total Number of People	Percent of Total Public Health Workforce
PHN	837	24.82%
Paraprofessional	598	17.73%
Support Staff	410	12.16%
RN	230	6.82%
PHN Supervisor/Manger/Team Leader	133	3.94%
Sanitarian/EH Specialist	120	3.56%
Nutritionist	111	3.29%
HE	82	2.43%
Planner	76	2.25%
Social Worker	74	2.19%
LPN	69	2.05%
WIC Clerk	62	1.84%
Financial/Office Supervisor/Manager	52	1.54%
Nutritionist Technician	52	1.54%
Accounting Staff	45	1.33%
PH Director	41	1.22%
EH Technician	40	1.19%
Interpreter	40	1.19%
Coordinator	35	1.04%
CHS Admin	30	0.89%
NP	29	0.86%
Supervisor/Manager	29	0.86%
CH Specialist	27	0.80%
PHN Director	23	0.68%
Lab Specialist	20	0.59%
Other Technician	17	0.50%
Epidemiologist	16	0.47%
CHS Admin/PH Director	14	0.42%
Other	13	0.39%
EH Director	11	0.33%
Outreach Worker	11	0.33%
Physician	8	0.24%
Advocate	5	0.15%
Therapist	4	0.12%
Transportation Staff	4	0.12%
Technology Staff	3	0.09%
Dental Worker	1	0.03%
Grand Total	3,372	100.00%

Table 3 shows the number of workers reported by each local public health department, ranked in descending order of total number employed by the health department. The top five employers are Hennepin County, St. Paul/Ramsey, Dakota County, Olmsted County and Minneapolis.

Table 3 Number of people by county

Local Public Health Department	Total Number of People	Percent of Total Local Public Health Workforce
Hennepin County	410	12.16%
St. Paul/Ramsey	285	8.45%
Dakota County	130	3.86%
Olmsted County	121	3.59%
Minneapolis	107	3.17%
Anoka County	106	3.14%
St. Louis County	88	2.61%
Washington County	83	2.46%
Beltrami County	79	2.34%
Winona County	79	2.34%
Bloomington	67	1.99%
Rice County	64	1.90%
Clay County	58	1.72%
Goodhue County	58	1.72%
Douglas County	54	1.60%
Todd County	51	1.51%
Brown County	50	1.48%
Clearwater County	47	1.39%
Sibley County	46	1.36%
Stearns County	46	1.36%
Carlton County	45	1.33%
Cass County	45	1.33%
Chisago County	44	1.30%
Carver County	43	1.28%
Fillmore County	43	1.28%
Kanabec County	42	1.25%
Mower County	42	1.25%
Wright County	42	1.25%
Le Sueur County	39	1.16%
Crow Wing County	37	1.10%
Freeborn County	37	1.10%
McLeod County	34	1.01%
Pennington-Red Lake	33	0.98%
Renville County	33	0.98%
Nicollet County	32	0.95%
Nobles-Rock	32	0.95%
Kandiyohi County	31	0.92%
Multi-County Nursing Service	30	0.89%
Morrison County	29	0.86%

Local Public Health Department	Total Number of People	Percent of Total Local Public Health Workforce
Otter Tail County	29	0.86%
Houston County	28	0.83%
Wabasha County	28	0.83%
Countryside (Big Stone-Chippewa-Lac qui Parle-Swift-Yellow Medicine)	26	0.77%
Marshall County	25	0.74%
Polk County	25	0.74%
Isanti County	24	0.71%
Koochiching County	24	0.71%
Redwood County	24	0.71%
Sherburne County	24	0.71%
Steele County	24	0.71%
Stevens-Traverse	24	0.71%
Cottonwood-Jackson	22	0.65%
Itasca County	22	0.65%
Scott County	22	0.65%
Lincoln, Lyon, Murray, Pipestone	20	0.59%
Pope County	20	0.59%
Lake of the Woods County	19	0.56%
Benton County	17	0.50%
Meeker County	17	0.50%
Blue Earth County	15	0.44%
Mille Lacs County	15	0.44%
Wadena County	15	0.44%
Dodge County	14	0.42%
Faribault-Martin	13	0.39%
Wilkin County	13	0.39%
Hubbard County	11	0.33%
Pine County	10	0.30%
Waseca County	9	0.27%
Aitkin County	8	0.24%
Roseau County	8	0.24%
Watonwan County	8	0.24%
Grant County	6	0.18%
Kittson County	6	0.18%
Richfield	6	0.18%
Edina	5	0.15%
Lake County	3	0.09%
Cook County	1	0.03%
Grand Total	3,372	100.00%

Another indicator of capacity within local public health departments is the number of full time equivalents (FTEs). Minnesota's local public health departments reported 2,646 FTE positions filled. Local public health departments that contract out services sometimes have difficulty estimating the

number of contracted filled FTE positions because in some cases they pay for services, not personnel. The MDH heard anecdotally that in this situation health departments did not report any FTEs for these services, so it is likely that the above estimate for filled FTE positions is an underestimate.

Table 4 provides job classifications sorted by total number of FTEs filled, in descending order. Three job classifications account for more than half of the total number of FTEs. The top three job classifications are PHN (27%), support staff (14%), and paraprofessional (12%).

Table 4 FTEs by job classification

Job Classification	Total FTEs Filled	Percent of Total FTEs Filled
PHN	722.5	27.30%
Support Staff	363.2	13.72%
Paraprofessional	312.5	11.81%
RN	158.5	5.99%
PHN Supervisor/Manager/Team Leader	125.3	4.73%
Sanitarian/EH Specialist	114.1	4.31%
Nutritionist	93.6	3.53%
HE	74.6	2.82%
Planner	71.6	2.71%
Social Worker	68.3	2.58%
Financial/Office Supervisor/Manager	48.9	1.85%
LPN	47.5	1.80%
WIC Clerk	45.5	1.72%
Accounting Staff	40.5	1.53%
Nutritionist Technician	39.2	1.48%
PH Director	37.8	1.43%
EH Technician	33.6	1.27%
Coordinator	31.3	1.18%
Supervisor/Manager	28.8	1.09%
CH Specialist	24.1	0.91%
PHN Director	22.6	0.85%
CHS Admin	21.4	0.81%
NP	17.7	0.67%
Lab Specialist	15.7	0.59%
Epidemiologist	13.9	0.53%
CHS Admin/PH Director	13.1	0.50%
Other	13.0	0.49%
EH Director	10.9	0.41%
Interpreter	8.6	0.32%
Outreach Worker	8.5	0.32%
Other Technician	8.2	0.31%
Advocate	4.9	0.19%
Technology	3.0	0.11%
Transportation	1.7	0.06%
Physician	1.1	0.04%

Job Classification	Total FTEs Filled	Percent of Total FTEs Filled
Dental Worker	0.8	0.03%
Therapist	0.1	0.00%
Grand Total	2,646.4	100.00%

Salary Ranges for Specific Public Health Job Classifications

Local public health departments occasionally request salary data from different SCHSAC regions to determine competitive salaries for open positions. **Table 5** shows salary ranges for some of the most requested job classifications. The table shows the starting (minimum) salary for the job classification, the maximum salary, the average minimum salary, and the average maximum salary. Table cells were left blank if the health departments did not have any employees in the job classification or did not provide the information.

Table 5 Salary ranges by job classification and by SCHSAC region

Job Classification	Salary	Central	Metro	NE	NW	SE	SW/SC	WC	For all SCHSAC regions
CHS Admin	Minimum	\$54,687	\$47,860	\$60,000		\$48,250	\$41,990	\$55,265	\$41,990
	Maximum	109,999	115,462	75,000		90,000	102,877	82,846	115,462
	Average Min	67,763	73,294	70,000		51,138	52,101	55,265	59,314
	Average of Max	95,814	92,555	75,000		73,241	77,312	82,846	81,828
CHS Admin/ PH Director	Minimum	49,910	53,695			50,910	44,400	54,684	44,400
	Maximum	85,280	114,000			119,791	68,000	84,053	119,791
	Average Min	57,067	70,867			64,153	45,896	57,357	59,884
	Average of Max	73,238	94,811			98,078	62,916	83,043	82,685
Coordinator	Minimum	38,568	37,737		29,387	24,000		26,893	24,000
	Maximum	46,883	80,300		57,616	74,134		57,429	80,300
	Average Min	38,568	43,447		34,557	34,231		33,564	38,989
	Average of Max	46,883	66,278		49,732	50,844		49,734	58,085
EH Director	Minimum		49,861	52,000		40,500	32,128		32,128
	Maximum		90,665	73,700		88,086	76,502		90,665
	Average Min		56,691	52,000		46,326	42,393		48,943
	Average of Max		77,593	73,700		71,747	63,225		71,017
Epidemiologist	Minimum		39,792	39,500		56,912			39,500
	Maximum		80,885	55,300		88,086			88,086
	Average Min		46,056	39,500		56,912			46,670
	Average of Max		64,141	55,300		88,086			66,298
HE	Minimum	25,464	38,327	29,183	29,640	29,890	25,085	28,163	25,085
	Maximum	57,384	67,618	49,350	41,500	61,547	55,058	45,594	67,618

Job Classification	Salary	Central	Metro	NE	NW	SE	SW/SC	WC	For all SCHSAC regions
	Average Min	32,968	41,488	32,861	29,640	35,723	33,187	29,818	34,500
Average of Max	46,110	62,242	41,457	41,500	49,812	44,569	43,920	48,094	
Nutritionist	Minimum	27,096	23,388	34,050	32,267	30,035	28,038	30,409	23,388
	Maximum	52,548	68,100	47,575	45,600	61,547	45,065	53,186	68,100
	Average Min	33,243	38,386	35,560	32,441	36,508	31,231	30,991	34,707
	Average of Max	46,441	52,353	46,564	44,901	50,107	42,373	50,275	47,929
Paraprofessional	Minimum	16,744	28,699	22,963	14,331	18,803	16,392	17,150	14,331
	Maximum	44,065	44,580	38,745	27,934	40,763	50,043	39,187	50,043
	Average Min	23,413	30,212	27,287	17,225	22,233	21,757	21,746	22,597
	Average of Max	32,905	40,406	33,714	22,607	31,017	30,247	31,263	31,202
PH Director	Minimum	41,640	58,848	42,900	36,000	42,890	44,033	49,631	36,000
	Maximum	82,030	119,167	72,832	57,613	85,799	79,345	71,474	119,167
	Average Min	53,628	69,850	56,650	38,495	50,250	49,132	53,066	53,411
	Average of Max	71,355	98,637	70,980	50,548	71,598	68,717	67,237	71,985
PHN	Minimum	29,426	37,377	33,613	31,346	31,720	29,433	31,224	29,426
	Maximum	58,200	69,660	51,948	54,704	61,547	62,436	53,186	69,660
	Average Min	37,957	41,180	38,601	35,184	36,299	34,943	35,520	36,814
	Average of Max	51,319	62,202	49,055	48,189	50,092	48,209	47,767	50,719
PHN Director	Minimum	57,178	53,695	52,000	38,189	43,410	37,696	38,314	37,696
	Maximum	73,170	98,500	73,700	76,781	70,941	75,596	57,429	98,500
	Average Min	57,178	58,229	52,000	51,821	47,471	44,266	38,314	50,305
	Average of Max	73,170	87,192	73,700	65,180	68,621	63,873	57,429	69,882
PHN Supervisor/ Manager/Team Leader	Minimum	38,708	40,041	41,242	39,416	35,422	31,896	35,485	31,896
	Maximum	91,224	106,658	68,304	53,478	75,024	71,344	63,132	106,658
	Average Min	45,230	49,878	45,369	39,416	42,505	39,409	40,055	43,930
	Average of Max	63,281	76,812	58,052	51,345	60,446	57,121	59,039	62,774
Planner	Minimum	40,476	32,556		29,972	25,000			25,000
	Maximum	60,764	83,895		29,972	58,565			83,895
	Average Min	40,476	41,077		29,972	32,022			38,947
	Average of Max	60,764	64,291		29,972	58,565			60,940
RN	Minimum	29,426	37,081	35,160	31,346	30,035	27,744	29,322	27,744
	Maximum	54,744	75,468	51,948	54,704	58,565	55,058	53,186	75,468
	Average Min	34,994	42,596	43,554	35,818	35,379	32,811	34,432	36,345
	Average of Max	46,084	63,177	47,561	47,855	48,229	44,463	46,212	49,527
Sanitarian/ EH Specialist	Minimum	35,984	34,688	35,300		31,491	27,972		27,972

Job Classification	Salary	Central	Metro	NE	NW	SE	SW/SC	WC	For all SCHSAC regions
	Maximum	49,234	68,100	49,350			58,565	56,555	
Average Min	40,321	40,427	35,688			36,862	33,886		37,359
Average of Max	46,946	60,347	49,350			50,937	49,805		53,534
Social Worker	Minimum	29,426	30,372	35,100		34,769	29,783	32,448	29,426
	Maximum	44,480	78,042	50,084		48,126	30,676	44,558	78,042
	Average Min	31,499	38,765	36,351		34,769	29,783	32,448	35,895
	Average of Max	41,106	61,279	42,592		48,126	30,676	44,558	51,381
Supervisor/ Manager	Minimum		40,041	40,880		45,000	40,000	35,485	35,485
	Maximum		84,332	53,852		88,086	74,340	53,186	88,086
	Average Min		51,795	45,440		49,936	40,046	35,485	47,922
	Average of Max		72,934	51,926		77,407	64,670	53,186	68,609

Local Public Health Departments' Positions Eliminated or Reduced in 2003

Local public health departments reported positions that were reduced or eliminated during 2003. Because some agencies reported FTEs, while other agencies reported the number of people, it is not possible to count the exact number of FTEs that were reduced or eliminated. However, it is possible to ascertain how many agencies either reduced or eliminated certain positions. Fifty-eight health departments (75%) reduced or eliminated positions during 2003. Seven departments (9%) reported reducing or eliminating positions in five or more job categories.

Table 6 provides the number and percent of health departments (HDs) that reported reduced or eliminated positions during 2003, ranked in descending order of job classification impacted. The most common positions that were reduced or eliminated were public health nursing (PHN) positions, health educator (HE) positions, support staff, paraprofessional positions (mostly home health aide positions), and registered nursing (RN) positions. (If a health department did not specify what type of nursing position (e.g., PHN, RN) was eliminated or reduced, the position was coded as RN.)

Table 6 Positions eliminated or reduced during 2003

Job Classification	Number of HDs	Percent of HDs that eliminated or reduced positions
PHN	27	35.06%
HE	21	27.27%
Support Staff	20	25.97%
Paraprofessional	18	23.38%
RN	16	20.78%
Coordinator	6	7.79%

Job Classification	Number of HDs	Percent of HDs that eliminated or reduced positions
PHN Supervisor/Manager/Team Leader	6	7.79%
Supervisor/Manager	4	5.19%
Accounting Staff	3	3.90%
Nutritionist	3	3.90%
Planner	3	3.90%
CH Specialist	2	2.60%
Nutritionist Technician	2	2.60%
Other PH Professional	2	2.60%
Sanitarian/EH Specialist	2	2.60%
LPN	1	1.30%
Other Technician	1	1.30%
WIC Clerk	1	1.30%

It is not known if these reductions and eliminations were due to budget cuts or because people left and the health department could not fill the position.

Local Public Health Departments' Difficulty in Recruiting for Specific Positions

For many years, local public health departments have reported a chronic problem with recruiting for key positions. During 2003, 61 health departments (79%) found it difficult to recruit qualified applicants for critical positions.

Answer to question: has it been difficult to recruit qualified applicants for some positions?	Number of HDs	Percent
Yes	61	79.2
No	13	16.9
Did not answer or stated unknown	3	3.9
Total	77	100

Public health nurses, RNs, and paraprofessionals (e.g., home health aides) are the positions that local public health departments reported as being most difficult to recruit. **Table 7** reports the number and percentage of health departments that found it difficult to recruit for specific positions, ranked in descending order of position.

Table 7 Difficult-to-recruit-for positions

Positions that are difficult to recruit	Number of HDs	Percent of HDs that reported difficulty in recruiting for position
PHN	46	59.74%
RN	17	22.08%

Positions that are difficult to recruit	Number of HDs	Percent of HDs that reported difficulty in recruiting for position
Paraprofessional	7	9.09%
Sanitarian/EH Specialist	4	5.19%
CH Specialist	2	2.60%
HE	2	2.60%
Accounting Staff	1	1.30%
Coordinator	1	1.30%
Epidemiologist	1	1.30%
LPN	1	1.30%
PHN Supervisor/Manager/ Team Leader	1	1.30%
Supervisor/Manager	1	1.30%

The Future Needs of Local Public Health Departments

Local public health departments were asked to report which positions that they anticipate having the greatest need for within the next five years. **Table 8** shows the positions and the number of health departments reporting a need for that position, ranked in descending order of health department need. The top three positions are public health nurse, health educator, and paraprofessional (home health aide).

Table 8 Positions needed in the next five years

Positions needed within the next five years	Number of HDs	Percent of HDs that reported position as needed
PHN	49	63.64%
HE	9	11.69%
Paraprofessional	7	9.09%
Sanitarian/EH Specialist	6	7.79%
Nurse	5	6.49%
Support Staff	4	5.19%
Epidemiologist	3	3.90%
Planner	3	3.90%
RN	3	3.90%
CH Specialist	2	2.60%
CHS Admin/PH Director	2	2.60%
PHN S/M/T	2	2.60%
Financial Manager	1	1.30%
LPN	1	1.30%
Nutritionist	1	1.30%
Outreach Worker	1	1.30%

Local Public Health Departments’ Jurisdictions, Structure and Governance

Local public health departments in Minnesota vary in jurisdictions. Health departments’ jurisdictions may cover one county, several counties, a city or a combination of city/county. In the survey, the 77 health departments included 64 single county health departments, eight multi-county health departments, four city health departments, and one city/county health department.

Local public health departments also differ in structure and governance. Some health departments function within a human services structure, some are hospital-based, while others are freestanding health departments (that is, they do not fall under a human services structure or are hospital-based). Forty-nine health departments (64%) operate as freestanding public health departments; 20 health departments (26%) operate within a human services structure; six health departments (8%) are hospital-based; and two health departments (3%) do not fit neatly in any of the three categories. Community health boards govern 83% of health departments, and human services boards govern 17% of health departments.

Since health departments in Minnesota have different structures and governance, the MDH was interested in discovering which groups/people hold most of the discussions and make most of the important recommendations on public health issues within the different jurisdictions. County boards, advisory committees, and community health boards typically are the groups that hold most of the discussions and make most of the recommendations on public health issues.

Answer to question: which group in your structure holds most of the discussions and makes most of the recommendations on important public health issues for your health department	Number of HDs	Percent
County Board	32	41.6
Advisory Committee	21	27.3
Community Health Board	14	18.2
Human Services Board	4	5.2
City Council	3	3.9
Public Health Staff	3	3.9
Total	77	100

Health departments were then asked to identify the primary health representative to the group identified above. Health departments reported public health (PH) director and community health services (CHS) administrator the most. It is important to note that in some health departments one person may fill more than one of the roles listed below. If the survey respondent selected more than one of the roles, the highest position was selected for that agency.

Table 9 Primary representative

Primary Representative	Number of HDs	Percent
PH Director	35	45.5
CHS Administrator	29	37.7
Human Services Director	7	9.1
PH Nursing Director	4	5.2
Other	2	2.6

Primary Representative	Number of HDs	Percent
Total	77	100

In addition, the MDH asked health departments to identify the person who develops agendas for the groups' meetings. PH directors, CHS administrators and county administrators develop the agendas for over 74% of the health departments.

Table 10 Agenda setting

Who Develops Agenda	Number of HDs	Percent
PH Director	25	32.5
CHS Administrator	22	28.6
County Administrator	10	13.0
Human Services Director	7	9.1
PH Nursing Director	5	6.5
Other	5	6.5
Chair of Group	3	3.9
Total	77	100

Local Public Health Departments' Services

In 2004, forty health departments (51%) reported being Medicare certified. Of those certified, 34 (85%) anticipate continued certification in 2005. Three health departments anticipate not being Medicare Certified in 2005, and three other departments are undecided.

Fifty-four health departments (71%) are licensed home care providers. Of those departments, 44 (82%) anticipate being a licensed home care provider in 2005. Four health departments anticipate not being licensed in 2005, and six health departments are undecided.

Local public health departments were asked about changes in services/programs during their last twelve months of operation from April 2003 through March 2004. Of 77 health departments, six (8%) reported no changes. The next several sections review the changes to services/programs that health departments reported. (All percentages reported include the six health departments reporting no change in the denominator.) Since this was the first time this survey was administered, the MDH cannot compare this data with previous years.

Eliminated Services/Programs

Fifty-five health departments (72%) reported eliminating services/programs during the twelve month period ending March 2004. Over 100 services/programs were eliminated, shown in **Table 11**. The most common services/programs eliminated included adolescent health programs, tobacco prevention initiatives, family planning programs, home health care, and family health home visiting. (For more information on service/program definitions see Appendix B.)

Table 11 Services eliminated

Eliminated Services/Programs	Number of Programs Eliminated
Adolescent Health	24
Tobacco Prevention	22
Family Planning	9
Home Health Care	9
Family Health Home Visiting	8
Chronic Disease Prevention & Control	5
Health Promotion	5
Injury & Violence Prevention	4
Disease Prevention & Control	3
Health Services Coordination	3
Immunizations	3
Long-Term Care	3
Chemical Health	2
Child & Teen Checkup	2
Disparities	2
Follow Along	2
Other	2
Correctional Health	1
Environmental Health	1
Maternal & Child Health	1
Women Infants & Children	1
Total	112

Reduced Services/Programs

Sixty-two health departments (80%) reported reducing services/programs during the twelve month period ending March 2004. In total, more than 200 services/programs were reduced. **Table 12** shows the number and type of services/programs that were reduced. Programs with the greatest reductions included tobacco prevention initiatives, family health home visiting, adolescent health programs, health promotion activities, and long-term care programs.

Table 12 Reductions to existing services

Reduced Services/Programs	Number of Programs Reduced
Tobacco Prevention	33
Family Health Home Visiting	27
Adolescent Health	23
Health Promotion	16
Long-Term Care	14
Maternal & Child Health	13

Reduced Services/Programs	Number of Programs Reduced
Family Planning	11
Immunizations	11
Women Infants & Children	11
Home Health Care	9
School Health	8
Child & Teen Checkup	5
Disease Prevention & Control	5
Chemical Health	5
Environmental Health	3
Health Services Coordination	3
Correctional Health	2
Chronic Disease Prevention & Control	1
Disparities	1
Follow Along	1
Injury & Violence Prevention	1
Mental Health	1
Radon	1
Suicide Prevention	1
Total	206

Increased Services/Programs

A total of 42 health departments (55%) increased capacity in some services/programs. **Table 13** shows the number and type of services/programs that were increased during the twelve month period ending March 2004.

Table 13 Increases to existing services

Increased Services/Programs	Number of Programs Increased
Emergency Preparedness	25
Long-Term Care	12
Women Infants & Children	11
Disease Prevention & Control	8
Child & Teen Checkup	5
Family Health Home Visiting	5
Correctional Health	4
Environmental Health	4
Follow Along	4
Immunizations	4
Maternal & Child Health	4
Chronic Disease Prevention & Control	2

Increased Services/Programs	Number of Programs Increased
Disparities	2
Injury & Violence Prevention	2
Mental Health	2
Chemical Health	1
Fetal Alcohol Syndrome	1
Health Promotion	1
Other	1
Radon	1
Total	99

New Services/Programs

Twenty-eight health departments (36%) added new services or programs. **Table 14** shows the new services/programs added during the twelve month period ending March 2004.

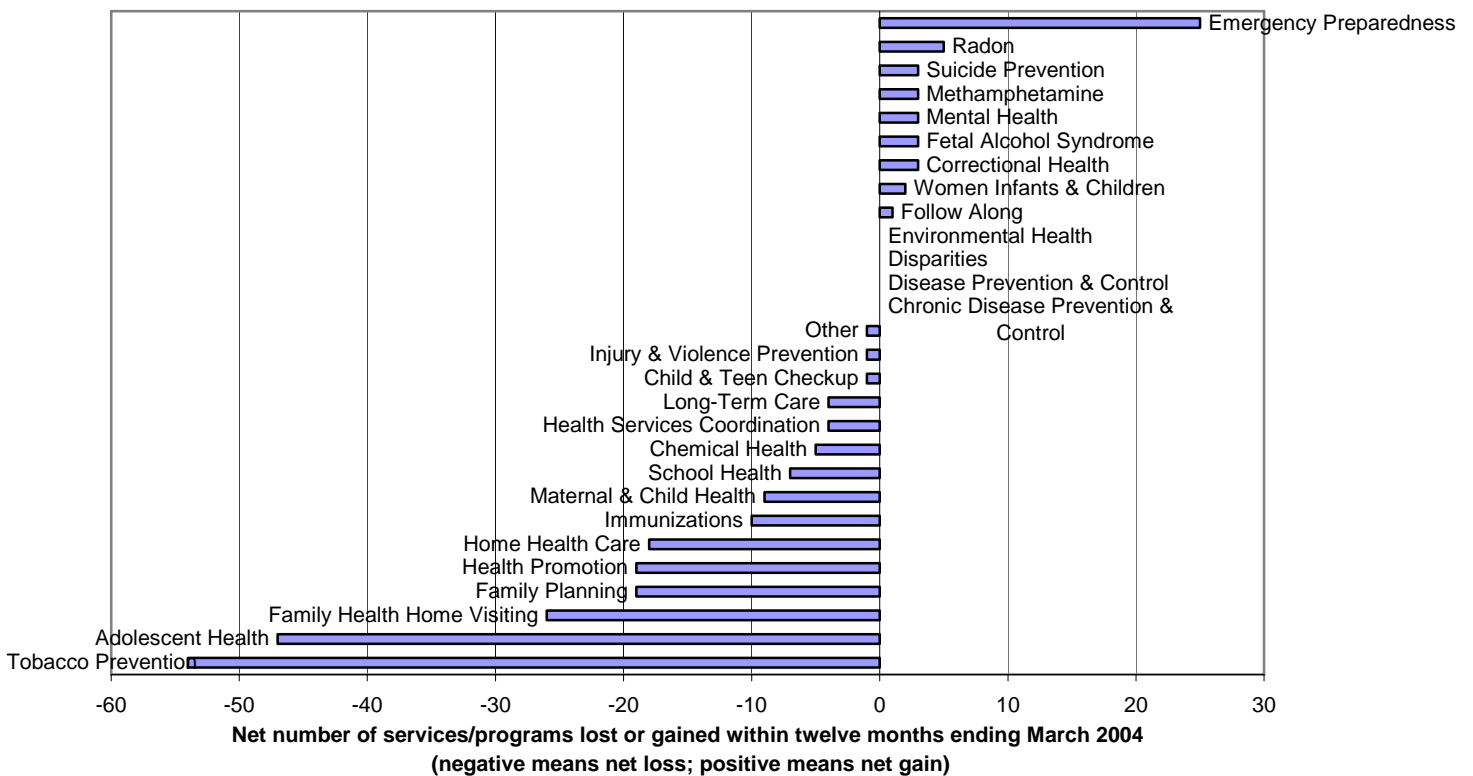
Table 14 New services

New Services/Programs	Number of New Programs
Radon	5
Chronic Disease Prevention & Control	4
Family Health Home Visiting	4
Suicide Prevention	4
Methamphetamine	3
Women Infants & Children	3
Correctional Health	2
Fetal Alcohol Syndrome	2
Health Services Coordination	2
Injury & Violence Prevention	2
Mental Health	2
Chemical Health	1
Child & Teen Checkup	1
Disparities	1
Family Planning	1
Health Promotion	1
Long-Term Care	1
Maternal & Child Health	1
School Health	1
Tobacco Prevention	1
Total	42

Crude Estimate of Changes in Services

Overall, the local public health system cut services/programs in 2003/2004. Although the following analysis is a very crude estimate, it loosely quantifies the losses to the health system. By subtracting the number of new and increased services/programs from the number of reduced and eliminated services/programs, the public health system netted a loss of 177 (either reduced or eliminated) services/programs. **Figure 2** shows of the net change to services/programs during the study period. The top six services/programs that had the greatest losses include tobacco prevention initiatives, adolescent health programs, family health home visiting, family planning, health promotion activities, and home health care. (Numbers that are negative mean that there is a net loss of either reduced or eliminated services/programs. Numbers that are positive mean that there is a net gain of either new or increased services/programs.)

Figure 2 Net changes to number of services/programs



Background of Public Health Leaders at Local Public Health Departments

The MDH asked local public health departments to report the work experience and education of its highest-level administrators/directors. Seventy-two (93%) of the departments' administrators/directors had work experience in public health prior to taking the leadership position. Seventy (90.9%) had

some educational preparation in public health, and thirteen (17%) had an advanced degree in public health or public health nursing.

Conclusion

Local public health departments differ by staffing, structure, and governance. These health departments are coping with decreases in federal, state, and local funding, and this is impacting the services that local public health departments can provide. On the balance, the majority of health departments had to reduce or eliminate services and programs to survive budget cuts. In addition, local public health departments have had to reduce and eliminate jobs. Local public health departments will continue straining to promote the public's health given their ongoing budget constraints.

Appendix A

The chart below shows the local public health department positions that were collapsed to form the job classifications for this report.

Job Classification	Includes the following health department positions
Accounting Staff	Accountant, accounting assistant, accounting clerk, accounting technician, accounts receivable, bookkeeper, clerk, CTC clerk, records clerk
Community Health Specialist	Community health specialist, communication specialist, education resource specialist, family health resource specialist
Coordinator	Bioterrorism coordinator, clinical lab coordinator, MCH coordinator, correctional health coordinator, DPC coordination, early intervention network coordinator, EMP coordinator, EH coordinator, HHA/HM coordinator, LPN/WIC coordinator, program coordinator, SAIL/elder care coordinator, senior coordinator, tobacco coordinator, WIC coordinator
Environmental Health Technician	Animal control specialist, environmental health technician, sanitarian aide, water lab technician, yard waste site monitor
Financial/Office Supervisor/Manager	Budget/program manager, business manager, clerical supervisor, director of administration & finance, office specialist/manager, financial manager, financial specialists, fiscal officer, fiscal supervisor, fiscal/personnel officer, office administrator supervisor, office manager, office manager/admin supervisor, office manager/business manager, office manager/fiscal officer, supervisor of accounting & office management
Nutritionist Technician	Dietician technician, nutritionist technician, nutritionist assistant
Nutritionist	Nutritionist and dietician
Other	CMA, tech/stats staff
Other Technician	Detox technician, public health technician, radio technicians
Outreach Worker	CTC outreach worker, CTC outreach technicians, CTC, immigrant worker, family health mentors/outreach worker, outreach worker, outreach worker program assistant
Paraprofessional	Case aide, adult health case aide, child health aide, family health aide, family health paraprofessional, home program assistant, financial case aide, home health aide, home health assistant, health education program assistant, homemaker, human services aide, intensive home visitors, parent visitor

Job Classification	Includes the following health department positions
PHN Supervisor/Manager/Team Leader	PHN supervisor/manager/team leader, PHN/case manager, correctional health supervisor, HHA supervisor, PH assistant nursing director, PHN assistant supervisor
Planner	Contract manager/project staff, community facilitator, emergency preparedness specialist, grant coordinator, planner, program evaluator, information writer
Sanitarian/EH Specialist	EH specialist, hydrogeologist, sanitarian
Supervisor/Manager	CHS supervisor, clinic manager, deputy administrator, deputy director, director of health promotion, director of prevention health, DPC supervisor, EH manager and supervisor, emergency services manager, health education supervisor, public health supervisor, program supervisor, senior program manger
Support Staff	Administrative assistant, administrative support staff, clerk/typist, executive secretary, extension support staff, medical secretary, office assistant, office support specialist, reception, secretary receptionist, tech/stats staff
Technology Staff	Data manager, IS systems planner, network administrator
Therapist	Occupational therapist, physical therapist
Transportation	Bus driver, transportation aide
WIC Clerk	WIC case aide, WIC clerk

Appendix B

The chart below shows the local public health department services/programs/activities that were collapsed to form the service/program classifications for this report.

Service/Program	Includes the following health department services/programs/activities
Adolescent Health	Adolescent health services, asset building activities, at risk youth programs, youth risk behavior activities, youth services, TANF/YRB
Chemical Health	Alcohol prevention
Chronic Disease Prevention & Control	Asthma prevention, cancer activities, health promotion activities, medication delivery, oral health, senior health clinics
Correctional Health	Correctional health services, jail nursing, DNA testing
Disparities	Eliminating health disparities, migrant health, minority health, multicultural services, refugee screening, services to Latino families
Disease Prevention & Control	Communicable disease surveillance and control, disease outbreak investigation, disease prevention and control, HIV/AIDS screening and consultation, TB screening and activities
Environmental Health	Environmental health; indoor air; mosquito control; water quality; well programs; food, beverage and lodging
Emergency Preparedness	Emergency preparedness, disaster preparedness bioterrorism activities
Family Planning	ENABL, family planning, teen pregnancy prevention
Health Home Visiting	Family health home visiting, healthy beginnings, maternal child health visits, parent child health, MCH-TANF, TANF-HV, universal home visiting, mental health home visiting
Health Promotion	Health education, community and employee fitness, health fairs, health promotion, nutrition and physical activity, outreach and education
Home health Care	Home health care, homemaker
Health Services Coordination	Children, families & learning collaborative; FSC coordination; IEIC; linkages with hospitals and medical clinics; MN health care program outreach
Injury and Violence Prevention	Care seat installation, CPR classes, emergency medical services, fire and fall, home safety checks, motor vehicle injury, sexual violence prevention, smoke alarms
Long-Term Care	Alternative care services, case management, chore service, adult maintenance clinic, foot care services, long-term care consultation, PCA assessments, senior clinics and services, waiver
Maternal and Child Health	Breastfeeding, child development services, maternal and child health activities, children at risk of handicaps, referrals of pregnant women, services for children with special needs, teen parent

Service/Program	Includes the following health department services/programs/activities
Mental Health	Children mental health, mental health assessment, youth mental health
Other	Childcare, day care consultation, public health nursing clinics
School Health	Coordinated school health, school health, school nursing
Tobacco Prevention	Tobacco activities, tobacco grant, tobacco endowment, tobacco prevention and education, youth tobacco, Big 8 Prevention Pack, YRB/tobacco