



BUILDING A SOLID FOUNDATION FOR HEALTH:

A Report on Public Health System Development

**Minnesota Department of Health
January 2005**



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Protecting, maintaining and improving the health of all Minnesotans

January 2005

Dear Colleague:

We are pleased to share with you *Building a Solid Foundation for Health: A Report on Public Health System Development* for 2005. The report was prepared to comply with Minnesota Statutes Chapter 62Q.33, which requires a biennial report on public health system development.

We hope you will find this report to be a clear and informative description of issues facing the public health system in Minnesota. The report outlines several areas that currently are being addressed, as well as changes that are needed, to have an effective and efficient public health infrastructure to keep all Minnesotans healthy.

Today's public health system is operating in a rapidly changing environment. Meeting the challenges presented by those changes and the need to leverage better services to communities is both daunting and exciting. Working together, we can meet these challenges and ensure that Minnesota has a strong public health foundation for the twenty-first century.

If you have any questions, please contact Debra Burns of my staff at (651) 296-8209.

Sincerely,

A handwritten signature in black ink that reads "Dianne Mandernach". The signature is written in a cursive style.

Dianne M. Mandernach
Commissioner
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Executive Summary

This report describes Minnesota's public health infrastructure and takes a close look at several important issues facing the public health system:

Now more than ever: governmental public health

Governmental public health is uniquely situated and empowered to respond to man-made and natural disasters, to prevent the spread of disease by making sure that those who need it most can get immunized, and to help assure access to health care in difficult economic times. Recent events, including terrorism, vaccine shortages, and a recession, have highlighted these critical roles of governmental public health for individual and community health, as well as national security.

Public health is for everybody

Building a strong foundation for public health must balance local needs, available resources, and the public good. Every Minnesotan should be able to expect the same basic services from their local public health department, no matter where in the state they live. This year's work on the *Essential Local Public Health Activities* describes the major areas of government responsibility for public health: assuring an adequate public health infrastructure; promoting healthy communities and healthy behaviors; preventing the spread of infectious disease; protecting against environmental health hazards; preparing for and responding to disasters and assisting communities in recovery; and assuring the quality and accessibility of health services.

Public health information for today and tomorrow

Information, like communication, is an ever-present need. Today's issues – incompatible data systems, lack of common standards and definitions, low capacity for early detection of health threats, and a number of national reports calling for strategic action to improve the public health information infrastructure – have led to efforts to develop a Minnesota Public Health Information Network. A coordinated health information network will provide timely and accurate information to improve public health emergency response, protect the public from disease and injury, and give consumers better access to health information.

Measuring results for public health

A strong public health system, ultimately, is about better health. The development of the *Essential Local Public Health Activities* implies improved public health results. A new system, the Minnesota Public Health Outcomes Reporting System, will provide information on indicators related to a set of statewide outcomes for public health that correspond to the major areas of public health responsibility.

Assuring a public health workforce for tomorrow

Minnesota's public health system is clearly being affected by national demographic trends, especially the aging of the workforce. Surveys of Minnesota's state and local public health departments reveal critical needs to replace retiring leaders and encourage the next generation to choose public health careers.

Introduction

This report was prepared to comply with Minnesota Statutes Chapter 62Q.33, which requires the Commissioner of Health to submit a biennial report to the Legislature on public health system development. It incorporates the discussions and recommendations of advisory groups to the Commissioner of Health during 2003 and 2004, including the State Community Health Services Advisory Committee (SCHSAC) and the Maternal and Child Health Advisory Task Force, as well as conversations with public health partners such as local elected officials and local public health departments.

This report describes Minnesota's public health infrastructure and takes a close look at several important issues facing the public health system. These issues have been identified as strategic opportunities for the public health system and its partners to take action to maintain a strong public health system, which will result in meaningful improvements in the public's health.

Government's Responsibility for Public Health

Protecting the public's health is so basic, and the consequences of not protecting the public's health are so serious, that both the state and federal constitution contain provisions to ensure this protection.¹

Efforts to protect, improve, and maintain the health of the public can only be successful if everyone in society participates, including health care systems, schools, voluntary organizations, and many others, as well as individuals. However, it is only government – local, state, and federal – that has the obligation and mandate to assure that the public health is protected, maintained, and enhanced. The Supreme Court has repeatedly found that protection of the public's health is a duty that falls on government:

The preservation of the public health is one of the duties devolving upon the state as a sovereign power and cannot be successfully controverted or delegated. In fact, among all the objects to be secured by government laws, none is more important than the preservation of the public health.²

Responsibility for the health and safety of the public in Minnesota is shared among state and local governments. This partnership between the state and local governments is crucial to maintain and improve public health. Minnesota's public health system, known as Community Health Services (CHS) is designed to assure that the community's health and safety are protected while providing the flexibility local governments need to identify and address local health priorities. The CHS system relies upon shared goals and a strong desire of state and local governments to work together to improve the lives of all Minnesotans.

¹ *Governing for Public Health*, State CHS Advisory Committee, 1998

² *Schulte v. Fitch*, N.W. 717, 1925.

State and local government public health agencies improve the lives of Minnesota citizens by:

- Assuring an adequate local public health infrastructure.
- Promoting healthy communities and healthy behaviors.
- Preventing the spread of infectious diseases.
- Protecting against environmental health hazards.
- Preparing for and responding to disasters, and assisting communities in recovery.
- Assuring the quality and accessibility of health services.

Many aspects of this partnership make it effective. State and local governments share a mission for protecting and improving the public's health. The State CHS Advisory Committee³ helps to coordinate policy development and planning. State and local governments jointly develop goals and guidelines and share responsibility for public health in Minnesota. Communities regularly assess their health status with the assistance of the Minnesota Department of Health (MDH). And continued improvements in methods of communication make it possible to share critical information on a timely basis.

³ The State Community Health Services Advisory Committee (SCHSAC) is a 52-member advisory body to the Commissioner of Health, representing every Community Health Board in Minnesota.

Current Public Health Changes and Challenges

Events of the last few years demonstrate that now, more than ever, government's role is critical for the protection of the public's health:

- The influenza vaccine shortages of 2004, although short-lived, demonstrated the importance of coordinated public health and health care systems nationwide, and revealed the public's expectation that government will make sure vaccines are available to those who need them.
- New diseases like SARS, and avian flu outbreaks in Asia, highlight the need for constant vigilance of public health systems for the signs of emerging epidemics and potential pandemics.
- The continuing war in Iraq and the threat of terrorism, including bioterrorism, in the U.S. show that the public health infrastructure must remain in a state of constant readiness to respond to emergency as well as ongoing needs.
- Natural disasters across the globe, such as the tsunami in the Indian Ocean, remind us of the importance of having systems in place to respond quickly to protect health.
- Economic difficulties that have reached into every community of the U.S. put pressures on public systems to assure that every citizen has access to health care and has the same public health protections no matter where they live.
- Steady increases in obesity and physical inactivity nationwide are straining health care systems as they cope with complications like diabetes and cardiovascular disease.

Now more than ever, government's role is critical for the protection of the public's health.

In addition to these challenges, recent changes affecting the public health system include economic changes, legislative changes, and changes in expectations for public health. More changes, and unexpected challenges, doubtless will come. The focus of the public health system in past two years, therefore, has been on meeting today's changes in a way that prepares the public health system to respond quickly and effectively to all public health challenges.

Some of the current changes and challenges to Minnesota's public health system include:

The fiscal environment, budget cuts, and reductions in public health services

It has been three years, but governments across the nation are still feeling the effects of 9/11. In the ensuing economic recession, Minnesota made massive budget cuts, including a significant cut to funding for local public health, in FY 2003. Tight budgets at all levels of government mean that available funding must be stretched to meet competing needs.

Local elected officials have had to make difficult decisions about public health activities within the context of all county services that must be provided. In 2003-2004, for example, the local public health system saw significant cuts to services and programs. According to a survey of local public

health departments, the public health system netted a loss of 177 (either reduced or eliminated) services/programs. 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.

As counties and other local governments face these continued budget shortfalls, they look for ways to combine or leverage resources. While several structural options exist for addressing local public health issues, restructuring does not relieve a county of any of its public health responsibilities.

Revisions to the Local Public Health Act

In 2003, the Minnesota Legislature made some significant changes to the Local Public Health Act, as well as a significant funding cut. These are the most significant changes to the Local Public Health Act since the creation of Minnesota's Community Health Services system in 1976. The changes were made in response to multiple concerns: how to maintain flexibility and increase accountability for state funds, even as these funds were being cut; how to structure administration and reporting for local public health to make it more meaningful and less onerous; and how to assure that every Minnesotan would receive the public health protections and services they need.

Special issues and categorical funding

Another important factor affecting the public health system is the tendency of Congress and state legislatures to fund specific issues, and to increase requirements for these issues "du jour". For example, in 2004 local public health departments received significant amounts of money allocated by Congress specifically for bioterrorism preparedness and response at the local level. In consequence, local public health departments were inundated with increasing requirements and responsibilities for emergency preparedness at the same time that the Minnesota state legislature made major cuts to the local public health funding that supports other ongoing, fundamental health protection and promotion activities.

Strategic Issues for Minnesota's Public Health System

I. Defining Essential Local Public Health Activities

What Minnesotans should be able to expect from governmental public health

Local public health activities in Minnesota have long been based on an assessment of local needs and available categorical funding. This local flexibility assures that activities are in line with community needs and desires. However, this flexibility also resulted in wide variations in the public health activities across the state. Until now, essential responsibilities for public health at the local level have not been operationally defined, either at a national level or in Minnesota.

In 2003, following a strategic planning process, the State Community Health Services Advisory Committee concluded that the time had come for Minnesota to join a growing number of states in identifying a core set of basic public health activities and ensuring their availability throughout the state. In 2004, the State Community Health Services Advisory Committee appointed a work group to build on the knowledge, expertise and work that had been previously done and to identify essential local public health activities that should be available in all parts of the state.

The *Essential Local Public Health Activities* are the basic, indispensable and necessary activities that all local public health departments in Minnesota do to protect and promote the health of Minnesotans. They are what all Minnesotans should be able to expect from their local public health departments. Whether a local health department has one full-time staff person or hundreds, this set of essential activities should be available to Minnesota residents no matter where in the state they live.

The Essential Local Public Health Activities are the basic, indispensable and necessary activities that local public health departments do to protect and promote the health of

The Essential Local Public Health Activities:

- Define a set of (“essential”) local public health activities that Minnesotans can count on no matter where in the state they live and recommend a statewide plan for implementation.
- Provide a consistent framework for describing local public health.
- Provide a basis for ongoing measurement, accountability and quality improvement related to the implementation or assurance of essential local public health activities.

Six broad areas of public health responsibility provide the structure for identifying the essential local public health activities:

1. Assure An Adequate Local Public Health Infrastructure

To carry out public health responsibilities, Community Health Boards must have a governance structure and trained, culturally competent and culturally sensitive staff; they must have the capacity to monitor and respond to the health of the community; they must meet legal requirements; and they must consider tribal government input and collaboration.

The *Essential Local Public Health Activities* for this area of public health responsibility are:

- Maintain a local governance structure for public health, consistent with state statutes.
- Assess and monitor community health needs and assets on an ongoing basis for each of the six areas of public health responsibility in this framework.
- Identify community health and prevention priorities every five years with input from community members and key partners, including communities of color, tribal representatives and special populations, ensuring that community wisdom and cultural diversity are used to understand and interpret qualitative and quantitative information.
- Every five years, develop an action plan with evaluation measures and recommended policy options to address essential local activities and local priorities.
- Convene community members and key community partners, including communities of color, tribal representatives and people with special needs to build community collaborations, determine roles, identify and leverage community assets/resources and participate in research that benefits the community, as resources allow.
- Advocate for policy changes needed to improve the health of populations and individuals.
- Lead or participate in efforts to foster healthy physical, economic, and social environments (e.g., participate in community improvement and development decisions).
- Provide annual information to MDH to evaluate progress toward statewide outcomes and local priorities, and to meet federal reporting requirements.
- Meet personnel requirements for the CHS Administrator and the Medical Consultant.
- Designate, recruit, train and retain local public health staff so that every local agency has appropriate expertise in each of the 6 areas of public health responsibility.
- Recruit local public health staff that culturally and ethnically reflect the community served.

2. Promote Healthy Communities and Healthy Behaviors

“Community” can be defined by geography or as groups of individuals or organizations that share common values, beliefs, social and cultural experiences, and purposes. The essential local activities here apply to individual behaviors throughout the lifespan, as well as to community-based systems and social norms.

The *Essential Local Public Health Activities* for this area of public health responsibility are:

- Engage the community on an on-going basis to promote healthy communities and behaviors through activities including but not limited to: a) assessment, prioritization and developing action plans; b) coalition building; c) community readiness; d) empowerment; and e) decision making.
- Based on community assessment, resources, and capacity, develop action plans to promote healthy behaviors (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and the prevention of injury and violence.
- Conduct evidence-based, culturally sensitive programs, and disseminate information on services and resources to promote healthy behaviors and communities (e.g., physical activity, nutrition, tobacco, alcohol and other drug use, unintentional pregnancy, HIV/AIDS/STD), mental health, maternal and child health, and/or the prevention of injury and violence.
- Inform and educate different audiences, e.g., general public, providers and policy leaders, about healthy communities and population health status.
- Support the development and enforcement of policies, and encourage cultural norms that promote healthy communities.
- Participate in decisions about community improvement and development to promote healthy behaviors and communities.
- Promote healthy growth, development, aging, and management of chronic diseases across the lifespan.
- Identify and address the needs of vulnerable populations e.g., high-risk pregnant women, mothers, children; frail elderly, persons with mental illness, and people experiencing health disparities.

3. Prevent the Spread of Infectious Disease

Controlling communicable or infectious diseases is the oldest and most fundamental public health responsibility. Infectious disease prevention and control includes detecting acute and communicable diseases, developing and implementing prevention of disease transmission, and implementing control measures during outbreaks.

The *Essential Local Public Health Activities* for this area of public health responsibility are:

- Work with providers and other community partners to facilitate disease reporting and address problems with compliance.
- Assess immunization levels and practice standards, and promote/provide age appropriate immunization delivery.
- Assess infectious disease risks in jurisdiction, apprise community of risks and assure appropriate interventions.
- Based on surveillance data, develop strategies and plans to detect and respond to infectious disease problems and outbreaks within jurisdiction/region.
- Assist and/or conduct infectious disease investigations with MDH.

- When surveillance detects an imminent threat of infectious disease outbreak or epidemic, implement appropriate local disease control programs, including but not limited to mass treatment clinics, mass immunizations clinics, and isolation and quarantine.

4. Protect Against Environmental Health Hazards

Essential local public health activities for environmental health include clean air, clean water and sanitation, safe food, healthy communities, and preparation for disasters.

The *Essential Local Public Health Activities* for this area of public health responsibility are:

- Provide the general public and policy leaders with information on health risk, health status, and environmental health needs in the community as well as information on policies and programs regarding environmental health threats to humans.
- Identify the federal, state, tribal or local agencies with regulatory authority and bring people together to address compliance with public health standards.
- Develop public health nuisance policies and plans, and assure enforcement of public health nuisance requirements.
- Monitor the community for significant and emerging environmental health threats, and develop strategies to address these threats.

5. Prepare For and Respond To Disasters, and Assist Communities in Recovery

Public health issues are inherent in events such as floods, tornadoes, infectious disease outbreaks, chemical spills, and acts of terrorism.

The *Essential Local Public Health Activities* for this area of public health responsibility are:

- Provide leadership for public health preparedness activities in the community by developing relationships with community partners at the local, regional, and state level.
- Conduct or participate ongoing assessments to identify potential public health hazards and the capacity to respond.
- Develop, exercise and periodically review all threats to the public's health.
- Participate in surveillance and monitoring activities to detect patterns of unusual events; implement appropriate actions.
- Participate in an all hazard response and recovery.
- Develop and maintain a system of public health workforce readiness, deployment and response.
- Develop and implement a system to provide timely, accurate and appropriate information in a variety of languages for elected officials and the public, the media, and community partners in the event of all types of public health emergencies.

6. Assure the Quality and Accessibility of Health Services

Local public health departments should periodically assess the health care capacity of their

communities, including the quality of services provided and accessibility to those health services, inform people of the assessment results, and link people to needed services.

The *Essential Local Public Health Activities* for this area of public health responsibility are:

- Identify gaps in the quality and accessibility of health care services.
- Based on the on-going community assessment, inform and educate the public and providers on issues related to the quality and accessibility of health care services in the community.
- Lead efforts to establish and/or increase access to personal health services, including culturally competent preventive and health promotion services, as identified in the planning process.
- Promote activities to identify and link people to needed services.

II. Creating a Public Health Information Network

The Minnesota Public Health Information Network Initiative

Local and state public health professionals in Minnesota have a long history of using health information and health information technology as tools to address everyday and emerging public health challenges. Over the past several years, however, limitations and gaps of Minnesota's public health information systems in addressing the state's public health have become increasingly problematic and troublesome. The Minnesota Public Health Information Network (MN-PHIN) Initiative was established to address the limitations and gaps and to provide a blueprint for a comprehensive Minnesota public health information network. This network also is a critical tool as local agencies carry out the *Essential Local Public Health Activities*.

The Information Network Vision

The Minnesota Public Health Information Network, a component of the Minnesota e-Health Initiative⁴, provides the timely and accurate information that enables public health professionals, policymakers, and community partners to efficiently and effectively respond to community health threats, protect the public from serious but preventable diseases or injury, and carry out their responsibilities to make Minnesota communities healthier places to live. It also enables consumers to access the public health and prevention information they need to make wise health decisions.

The Minnesota Public Health Information Network provides timely and accurate information...to make Minnesota communities healthier places to live.

⁴ Minnesota e-Health is a statewide public-private collaboration to accelerate the use of health information technology in Minnesota. Its goal is to make the information needed for good health decisions available whenever and wherever health decisions are made.

The Minnesota Public Health Information Network:

- Is a statewide network of interconnected, electronic health information systems.
- Is focused on the health of communities.
- Is collaboratively developed by the Minnesota Department of Health (MDH) and local public health departments.
- Provides the tools and strategies that enable MDH and local public health departments to use IT resources more effectively and cost efficiently.
- Is driven by community and state needs.
- Employs an incremental approach in achieving its vision.
- Leverages existing information systems.
- Facilitates strategic development of new information systems.
- Supports electronic exchange of data.
- Safeguards confidentiality and security of information.

A report on the Minnesota Public Health Information Network Initiative was submitted to the Minnesota Legislature in January 2005: *Minnesota Public Health Information Network Roadmap and Recommendations for Strategic Action*. That document provides background on the MN-PHIN initiative and outlines the goal, three strategies, and seven key recommendations for developing MN-PHIN, a comprehensive Minnesota public health information network. The work of the MN-PHIN Initiative will continue into 2005 and beyond to fulfill its recommendations and develop a comprehensive Minnesota public health information network.

The recommendations of the Minnesota Public Health Information Network are to:

- Establish a joint state-local governance structure that has authority, funding, and support to define functional system requirements and establish performance measures and accountability mechanisms for integrated systems.
- Identify policy reforms needed to remove barriers to implementation of integrated information systems, stimulate capital investment, and ensure sustainability.
- Adopt national data and technical standards, and define processes that ensure ongoing, seamless interconnections between partners.
- Establish uniform policies and practices to ensure protection of confidentiality and security of health information.
- Provide public health professionals with integrated software applications that support the essential local public health activities and statewide public health programs.
- Provide training in public health informatics core competencies for public health staff, and provide public health informatics leadership training.
- Implement the Minnesota Public Health Information Network as an integral part of the Minnesota e-health Initiative.

III. Measuring Improvement in Public Health

Recommendations from past SCHSAC work groups that examined ways to streamline administrative and funding requirements framed the basis for significant changes made to the Local Public Health Act in 2003. These changes included consolidating seven categorical grants and the CHS subsidy into one funding source and streamlining administrative requirements for grants.

Some of these changes were intended to move the measurement of how state funds for local public health are used towards a different kind of accountability: measurement related to a set of defined outcomes reflecting public health efforts. The Local Public Health Act now requires Community Health Boards (CHBs) to “document progress” towards certain activities to maintain continued eligibility for funding.

Minnesota Public Health Outcomes Reporting System

To measure improvement in public health requires the development of new data sets. The CHS annual reporting system, created more than ten years ago, collects data about activities and expenditures of CHBs. That system has the potential to serve as a foundation for more coordinated data collection, but in its current form is inadequate, both in content and technologically. In order to be useful as a basic method of accountability for the CHS system it must be updated to focus on current public health activities and expenditures. It could then evolve to integrate the collection of outcome measures related to local CHS plans, as well as potentially relate to future performance measurement activities. Part of the Minnesota Public Health Information Network Initiative (above) is to develop a reporting system for local public health that accounts for tax dollars and demonstrates the work and successes of local public health.

The establishment of a new outcomes reporting system was mandated by statute in 2003 when the Local Public Health Act (LPH Act) was revised. The law directs the Commissioner of Health in consultation with the State Community Health Services Advisory Committee (SCHSAC) and the Maternal and Child Health Advisory Task Force to develop public health statewide outcomes and a new reporting system for reporting progress on the statewide outcomes and essential local public health activities.

The outcomes reporting system will collect data from local public health and provide it to the Minnesota Department of Health for the purposes of:

- A. Describing key aspects of Minnesota’s local public health system (e.g., funding, staffing, etc.).
- B. Providing consistent, quality information for ongoing evaluation, decision-making, and technical assistance for ultimately improving public health activities and people’s lives.
- C. Creating accountability for the LPH Act funds and to meet the requirements of the LPH Act and federal reporting requirements.

In 2004, the SCHSAC and the Maternal and Child Health Advisory Task Force developed and recommended the first set of public health statewide outcome measures to the Commissioner. In

2005 the SCHSAC and the Maternal and Child Health Advisory Task Force will continue to develop outcome measures and will begin to design and build the reporting system.

The outcomes reporting system provide consistent, quality information for ongoing evaluation, decision-making, and technical assistance.

IV. Assuring a Public Health Workforce for Tomorrow

The future of public health depends on an adequate number of fully trained, educated public health workers effectively distributed so they can protect the population's health. In response to concern about the future public health workforce in Minnesota, the Minnesota Department of Health recently conducted local public health surveys in order to enumerate and describe the current local public health workforce and future workforce needs. In addition, the Department of Health examined its own workforce to look at current and future needs. The analyses of both local and state public health workforce demonstrate the need for recruiting younger, qualified individuals into public health and the need for significant succession planning at both the state and local levels.

Public health workforce shortages exist throughout Minnesota and are particularly acute in greater Minnesota.

Public health workforce shortages exist throughout Minnesota and are particularly acute in greater Minnesota. Probably the most visible shortage at present is in the nursing workforce in greater Minnesota, where local public health agencies compete with area hospitals for available registered nurses, yet are not able to match the salaries provided by hospitals. Local health departments are seeking practitioners with the skills necessary to provide the essential services of public health, but the supply of adequately prepared nurses is dramatically dwindling. A more diverse and culturally competent work force that reflects the racial and ethnic diversity of Minnesota residents is also urgently needed. Developing a diverse work force is a process that requires organizations to establish and adhere to practices to recruit, retain, and promote personnel who reflect the cultural and ethnic diversity of the communities served.

Local public health departments

Information from the local public health surveys supports the need to recruit younger public health employees and for succession planning. The Minnesota public health system has approximately 3,372 people working to improve the public's health. Approximately 21 percent of the local public health workforce is 55 years old or older and may retire within the next ten years. Certain local public health job classifications, such as registered nurse and public health nursing supervisors, have an even greater percentage of persons who are 55 years old or older and who could retire within the next 10 years. The average age of local public health workers is 46.2 years old, almost 10 years older than the average age of Minnesota's population. Thus, recruitment of younger staff is important to keep health departments adequately staffed in the future.

Not only is the aging workforce a concern, the local public health workforce lacks diversity in gender and race/ethnicity. Minnesota's local public health workforce is predominately female (93 percent) and white (95.6 percent). It is important that the local public health staff reflect the demographics of the population they serve. The lack of diversity supports recruiting more males and individuals from populations of color.

Many local public health workers have been working a long time in public health (approximately 12 years), so institutional knowledge may be lost when these workers retire. In addition, the average of age of supervisors tends to be older. The average age of public health nurse supervisors, for example, is 47.9 and 23 percent are 55 years old or older. Succession planning should be of paramount importance to local public health departments to make sure that incoming and current staff learns from senior staff and are prepared to take on leadership positions within their departments.

In addition to having difficulties with an aging workforce, local public health departments have a unique problem of recruiting qualified candidates for key positions. During 2003, 61 health departments (79 percent) found it difficult to recruit qualified applicants for critical positions. Local public health departments cited public health nurses and registered nurses as being most difficult to recruit.

Local public health departments were asked to report positions that they anticipate having the greatest need for within the next five years. The top three positions health departments need in the future are public health nurse, health educator, and paraprofessional (home health aide).

The state health department

The Minnesota Department of Health employs 1,368 employees. Unlike local public health, there are more men working at the state health department. Men account for 35 percent of the professional staff and 43.3 percent of upper management. In addition, minorities represent about 11 percent of the professional staff and 7.5 percent of upper management. Similar to local public health, the average age of professionals at the MDH is 46.2. Most professionals have worked for the state for a significant number of years, averaging 11.8 years.

Examining sheer numbers, 383 professionals are eligible to retire in the next 10 years. This accounts for 38.3 percent of the professionals working at the MDH. A larger percentage of supervisors (50 to 70 percent, depending on type of supervisor) are eligible to retire within the next 10 years. The average age of health administrators, which includes the top levels of management at the MDH, is 50.6 years old. Thirty-nine health administrators are eligible to retire within the next 10 years. This accounts for 58 percent of all health administrators.

This information suggests the need for intensified recruitment of younger qualified persons into public health jobs at the MDH and the need for significant succession planning within the MDH.

Additional information about the Minnesota public health workforce can be found at:
<http://www.health.state.mn.us/divs/chs/results.html>.

Conclusion

Minnesota's public health system is experiencing significant changes: new descriptions of public health responsibilities and essential activities, improved information systems, and preparation to pass the baton to a new generation of public health professionals. These changes for public health will also help people in general to understand what the public health system does for them. With that understanding, they will be better able to hold that system accountable and to partner with public health professionals to improve their own and their families' health.

These are difficult times for government, with massive budget cuts, significant systems change, national concerns, and international disasters. Diseases do not respect political boundaries, none of us lives in an environmental bubble, and world events can have repercussions in the remotest corners of the state. It has become critical that every person in Minnesota has access to a basic level of governmental public health services, no matter where in the state they live. Now, more than ever, we need a strong foundation for health.



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