Updating Minnesota's Local Public Health Act: Ensuring the Continued Success of a Strong Public Health System

Recommendations of the SCHSAC Local Public Health Act Workgroup: Keeping what works and fostering continued success

Background

The Community Health Services Act (CHS Act) serves as the legal framework governing public health in Minnesota, and supports the work of the state's public health partnership. Since the CHS Act was adopted in 1976, the environment in which public health operates and the practices and expectations of community health boards (CHBs) have both evolved considerably.

The State Community Health Services Advisory Committee (SCHSAC) has examined what this means for the current public health system and its legal framework. In 2010, the SCHSAC Blueprint for Successful Local Health Departments Workgroup determined the characteristics of a successful local public health organization, and developed steps to help ensure the strength of Minnesota's local public health organizations. That same year, the SCHSAC Performance Improvement and Accreditation Workgroup created a roadmap to help the public health system incorporate performance management into practice and prepare to meet national public health accreditation standards. Both reports included recommendations that would require changes to the legal framework for public health.

Keep What Works; Foster Continued Success

In 2012, SCHSAC convened a two-day working session with 30 state and local stakeholders to analyze the current statute, now known as the Local Public Health Act (Minn. Stat. §145A). Working session participants recommended developing specific changes to the statutory language via a SCHSAC workgroup, in order to better reflect current public health practice (that is, *keeping what works*) and continue to strengthen the state's public health system (*fostering continued success*).

The SCHSAC Local Public Health Act Workgroup was created to work with MDH to develop statutory language to reflect the 2012 working sessions, and to provide input and advice on implementing other high-priority actions via non-statutory means. Participants include community health service (CHS) administrators, county commissioners, and public health directors from across the state; a full list of participants follows this summary.

Why Now?

The Local Public Health Act in its current iteration is difficult to understand, challenging to apply, and no longer reflects current public health practice. When it was written 37 years ago, the original CHS Act was revolutionary—it generated the creation of SCHSAC and multi-county CHBs, granted certain public health authorities and responsibilities to local governments, and provided a state subsidy for local public health operations.

However, the CHS Act was written on top of existing language governing local boards of health, and pieces of this "legacy language" remain in the current statute. This, along with the myriad minor changes made to the Act since its adoption, has reduced statute's clarity.

Recommendations

The Local Public Health Act Workgroup addressed the following priorities, previously identified in the 2012 working session, and developed related recommendations for statutory changes:

- **Strengthen public health leadership,**
- **Define core public health services,**
- **Clearly describe the duties of a CHB, and**
- **Articulate expectations regarding performance management.**

Strengthen Public Health Leadership

Define the role of the CHS administrator in statute.

Minnesota requires strong public health administrators to provide CHBs with visionary leadership and direction, in order to maintain a robust and resilient public health system in an evolving social and fiscal landscape. An increasing number of local public health leaders are retiring, which has the potential to undermine the system's stability and sustainability; strong leadership can help prevent this.

Minnesota's CHS administrators already fill a critical role. CHS administrators embody the state's local public health system by supporting a high level of local decision-making, assuring a trained public health professional is available to local communities, and advising and lending expertise to CHBs. While this role has been required by Rule since the 1970s, it is not directly referenced in statute. Defining this role in statute helps highlight the importance and value of the state's network of public health leadership.

Although the Local Public Health Act Workgroup is also developing a proposal for strengthening the minimum qualifications

for a CHS administrator, this proposal is **not** part of the current effort to revise statutory language. The key components of this proposal were shared with SCHSAC in May 2013, and after discussion with a number of stakeholders,[1] remain under discussion for incorporation into a future proposal.

Define Core Public Health Services

Refer to and define the areas of public health responsibility in statute (in the section outlining a CHB's assessment and planning duties)**.**

After having reviewed the literature and considered other states' definitions of "core public health services," the Local Public Health Act Workgroup has determined that Minnesota's existing areas of public health responsibility adequately represent the state's core public health services. These areas of responsibility were developed by a previous SCHSAC workgroup in 2004, and are now well-established in public health practice throughout the state, including activities surrounding assessment, planning, and reporting.

Clearly Describe the Duties of a CHB

Ensure statute reflects:

a) **A CHB should have a CHS administrator**
b) **Current expectations for performance management, and**
c) **Clear definitions of public health jurisdictions without changing or reducing authorities.**

SCHSAC has noted that public health practice has grown increasingly complex since the CHS Act was written. The Act does not reflect current activity, and changing the statute would more appropriately describe expectations and reduce discrepancy in expected CHB duties. Replacing the term "local board of health" with the appropriate jurisdiction in statute (such as CHB, city, or county), will also help reduce confusion and duplication, without changing or reducing any authorities.

[1] Included: Local Public Health Association (LPHA), Minnesota Association of County Administrators (MACA), Minnesota Association of County Social Services Administrators (MACSSA), Association of Minnesota Counties (AMC) Health and Human Services Policy Committee, and Minnesota Inter-County Association (MICA).

Articulate Expectations Regarding Performance Management

a) **Ensure statutory language includes the definition, current expectations, and the responsibilities of the Commissioner of Health regarding performance management (in the section outlining the Powers and Duties of a CHB, the Powers and Duties of the Commissioner of Health, and Act definitions).**

b) **Continue to maintain the link between a CHB's funding eligibility and its ability to meet statutory requirements and performance measures; shorten the timeline for demonstrating improvement to six months.**

c) **Add an appeals process for CHBs (that do not meet statutory requirements and/or performance measures).**

A strong performance management system can help sustain and grow a robust and effective public health system by clearly outlining objectives, measures of progress, and methods of improvement. Setting clear expectations regarding performance management and improvement would ensure system-wide consistency regarding responsibilities, funding, accountability, and outcomes. Performance management concepts are reflected in statute, but are not comprehensively or coherently defined. These proposed changes would help further reduce the complexity of the existing statutory language.

The Local Public Health Act Workgroup, along with the SCHSAC Performance Improvement Steering Committee, developed language that defines performance management, reflects expectations with regard to CHBs, and incorporates the responsibility of the Commissioner of Health to monitor and improve the statewide public health system.

Next Steps

The language revisions detailed above will be included in the state government proposal process leading up to the 2014 Legislative Session. Local Public Health Act Workgroup members will continue to provide updates on progress and seek support.

More Information

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