EXECUTIVE SUMMARY

Minnesota’s Local Public Health Act (Minn. Stat. § 145A) provides specific authorities and responsibilities for local public health in the state, and specifies six areas of public health responsibilities in which those authorities and responsibilities occur. Required local public health activities (or “foundational activities”) released in 2017 address the six areas of responsibility, and comprise the minimum expectations for local public health in Minnesota. These foundational activities are the public health services that every Minnesotan should be able to expect regardless of where they live.

In fall 2017, 100% of local health departments in Minnesota (n=74) participated in a self-assessment of their ability to carry out these activities. The results of this point-in-time assessment are summarized in this report.

This assessment shows that, statewide, local public health does not meet minimum expectations:

- The majority of Minnesota’s local public health departments reported they could not carry out several foundational activities. The largest gaps between expectation and ability related to data, collaboration, workforce, and social factors that create health.
- No single foundational activity was carried out by 100% of departments.
- Most departments reported they could only fully carry out about half of the activities.
- A handful of departments reported they could fully carry out most activities, but they shared their strong performance was tenuous and came at high cost (e.g., working extra hours and not attending to other priorities).
- The lowest-ability health departments rated consistently low across all activities, generally resided in Greater Minnesota, and were more likely to be organized within a hospital setting or a human services agency. The lowest-ability departments disproportionately serve small communities, and collectively serve 19 percent of the state’s population.

Local health departments most commonly cited inadequate funding and staffing as barriers to higher performance, and staff expertise and board/leadership support as assets. Many departments work creatively to maximize resources and meet expectations (e.g., through cross-jurisdictional sharing, partnerships, re-structuring, or by relying on the Minnesota Department of Health).

Taken together, these findings paint a precarious picture of local public health in Minnesota. Communities served by departments that are unable to carry out foundational activities may be more vulnerable in the event of outbreaks, emergencies, and other emerging public health issues (for example, the opioid crisis). Moreover, if local public health departments in Minnesota cannot cover the basics, it is doubtful they can modernize into a forward-looking, high-performing system.

For the full summary, visit: SCHSAC Strengthening Public Health in Minnesota Workgroup.

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