Core Public Health: Regional Support for Local Health Departments

<table>
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<th>Fiscal Impact ($000s)</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
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<tr>
<td>General Fund</td>
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<td>Expenditures</td>
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<tr>
<td>Net Fiscal Impact</td>
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Summary
This proposal appropriates $350,000 per year from the General Fund for regional MDH staff that support local health departments. MDH public health nurse consultants, preparedness coordinators and epidemiologists located in Bemidji, Duluth, Fergus Falls, St. Cloud, Marshall, Mankato and Rochester provide specialized expertise to local health departments in their assigned geographic region. They also link local health departments to other resources and expertise available from MDH and the Centers for Disease Control and Prevention.

Background
Minnesota's public health system functions as a partnership between state and local governments. It was designed to ensure that the public's health and safety are protected statewide while providing local governments with the flexibility needed to identify and address local needs.

MDH and local health departments play complementary roles in protecting and improving health. The coordinated partnership between the state and local levels of government in Minnesota is an efficient way to make the best use of public health resources.

- MDH provides specialized scientific, technical, and program expertise, and serves the entire state. It also provides data that local health departments need to carry out their work, and is responsible for overall public health policy development.

- Local health department strengths include deep connections within communities; and an understanding of local conditions, needs, and resources. The trained local public health workforce carries out public health activities so that all people in Minnesota have an opportunity to be healthy, regardless of where they live.

Proposal
This proposal maintains 3.25 FTE MDH district office staff that would otherwise be eliminated due to recent federal funding reductions.

For more information:
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Rationale
MDH public health nurse consultants, epidemiologists and preparedness coordinators provide service and expertise which is not otherwise practical or cost-effective for an individual local health department to maintain. Those state employees live and work in the regions they serve, understand local context, and provide expertise that connects MDH with local health departments. The regional staff resources are highly valued by local health departments and essential to the effective functioning of Minnesota’s interdependent state and local public health system.

The regional MDH expertise is needed now more than ever. The public health workforce is aging, with significant turnover within the local public health workforce and numerous retirements among local health department administrators and directors. At the same time, the complexity and range of public health issues that must be addressed has increased significantly.

In recent years, federal funds that have supported regional MDH staff have diminished. Ongoing state funding is critical to ensuring that MDH can maintain an adequate level of support for local public health departments.

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