Transforming Minnesota's Public Health System for the 21st Century

REPORT TO THE LEGISLATURE

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Transforming Minnesota's Public Health System for the 21st Century: Report to the Legislature

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Introduction

In the 2021 legislative session, the Minnesota Legislature allocated resources to support the first steps of public health system transformation.[1] The bill language directed the Minnesota Department of Health (MDH) to assess the current state of the governmental public health system, give grants to community health boards to test new models for public health service delivery, develop recommendations for long term system change, and report back to the Legislature in 2023. This progress report represents the shared analysis, action, and recommendations of MDH, the State Community Health Services Advisory Committee (SCHSAC), and the Local Public Health Association (LPHA).

Minnesota's public health system operates within a framework established nearly 50 years ago. It is strained beyond its capacity to address complex community health needs and keep pace with rapid social, economic, and technological change. Efforts to strengthen Minnesota's public health system have been ongoing for several years.[2] The experience of the COVID-19 pandemic heightened the urgency of that work—though it did slow our progress. Despite the persistent challenge presented by the pandemic, state and local leaders took important steps to advance a long-term change effort that is well overdue. During the past two years we have:

- Built an unprecedented joint leadership approach between MDH, LPHA, and SCHSAC
- Initiated projects to assess the current capacity of the public health system and the policy environment in which it operates
- Invested in local jurisdictions to test new approaches to public health practice[3]
- Initiated conversations with Minnesota's tribal nations, to consult with them about public health system transformation and strengthening tribal public health infrastructure

This report proposes a vision for Minnesota's future, describes the current state of Minnesota's state and local governmental public health system, and makes the case for continued investment in modernizing and transforming this system to better meet the needs of all of Minnesota's communities.

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[1] Laws of Minnesota 2021, 1st Spec. Sess. chapter 7, article 3, section 45.

[2] For examples, see:

- Updating Minnesota's Blueprint for Public Health (https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2010-12_f_updatingblueprint.pdf)
- From Information to Action: Using Data to Improve the Public Health System (https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2016-12_pisc-infotoaction.pdf)
- Strengthening Public Health Workgroup: Final Report to SCHSAC (https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2018-05_strengtheningPH.pdf)
- SCHSAC Strengthening Public Health in Minnesota Action Plan (https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2018-09_strengthen-actionplan.pdf)

[3] For more information about these projects, visit the MDH website: Infrastructure Fund and projects (https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html)

A vision for Minnesota's future

Healthy, vibrant communities

Minnesota's quality of life depends on healthy, vibrant communities. The communities where people live provide the building blocks for long-term health and wellbeing, including protection from the spread of infectious diseases and environmental threats, clean water, strong schools, sustaining jobs, community connectedness, and access to health care and other important community support. These conditions shape the daily individual choices that affect health. Minnesota's governmental public health system, working together with community partners, plays an important part in creating and sustaining healthy communities so that the individuals and families that live there can reach their full health potential.

The communities where people live provide the building blocks for long-term health and well-being.

When some people and populations are not as healthy as they could be, it is typically because of inequities in these conditions. Individual and collective experiences of trauma and social exclusion also play a role. The governmental public health system has a responsibility to address these root causes of poor health outcomes, including social determinants of health, adverse childhood experiences (also called ACEs), systemic racism, and other forms of exclusion. Only in addressing these conditions in addition to controlling a wide range of infectious disease, environmental threats and risk factors for a host of chronic diseases, will we create a state in which everyone has an equal opportunity to achieve their best health outcomes.

This is the challenge of the 21st century. The people of Minnesota need a public health system equipped and prepared to take action.

A strong foundation for health, from border to border

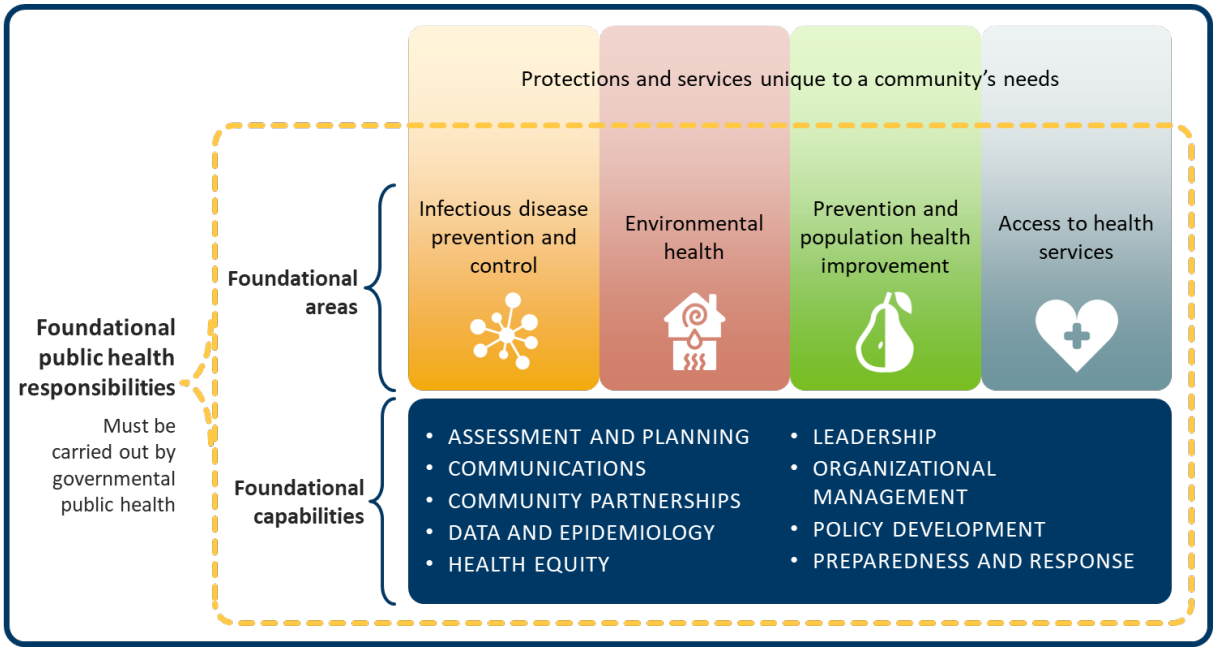
Minnesota's public health leaders want a statewide public health system in which the most critical activities to prevent, detect, and contain a wide range of threats to health are in place from border to border. No matter where someone lives, they should have the same public health protections—and the same opportunity to achieve their best health. Minnesota's statewide public health system must be able to:

No matter where someone lives, they should have the same public health protections, and the same opportunity to achieve their best health.

- Diagnose the health of each community by listening to people who live there—and then use data, evidence, and offer solutions;
- Investigate everything that affects health to prevent health problems before they start; and
- Rapidly detect and contain the spread of particular health threats like infectious diseases and environmental contaminants
- Convene and cooperate with community partners to respond to community health needs and priorities.

State and local public health leaders developed a draft framework (**Figure 1**) of foundational public health responsibilities to illustrate what people living in Minnesota should expect from their state and local public health partnership for public health. Informed by a national movement to transform public health to meet the demands of a changing world, it represents the essential work governmental public health must do for all people in Minnesota. At the same time, it recognizes important activities above and beyond the foundation that public health professionals carry out to address the unique needs of different communities. As the field of public health evolves, Minnesota should strive to be on the leading edge of continuous improvement.

Figure 1. A framework for governmental public health in Minnesota



This framework outlines a set of foundational public health responsibilities that are grounded by a core value: **where you live should not determine your level of public health protection**. It envisions a seamless public health system because diseases, disasters, and the environment do not stop at governmental, geographic, or population boundaries. Finally, the framework allows for flexibility within a set of shared expectations—it sets a standard but achieving this foundation for Minnesota does not mean every jurisdiction has to use the same approach to get there.

Minnesota's tribes, as sovereign nations, also have an important role to play in Minnesota's governmental public health system. They determine what is foundational for health in their communities. MDH will consult with tribes through the MDH Office of American Indian Health as we move in partnership to build this foundation for health across Minnesota.

A committed, equal partnership for change

Achieving the vision outlined in this report will be a long-term effort requiring ongoing partnership, investment, and accountability. Productive and positive relationships and co-equal roles among MDH, local health departments, and community health boards in designing the transformed system will be essential for success.

During the past two years MDH, LPHA, and SCHSAC have invested in our partnership and built an unprecedented joint leadership approach. We must work together to achieve our goals. Together, we have created a Joint Leadership Team to guide this effort (see Appendix: Joint Leadership Team members).

This team is committed to shared leadership between state and local public health leaders and local elected officials to strengthen the statewide public health system together. The Joint Leadership Team recognizes the need to engage community voices from around the state to ensure the transformation we seek will meet communities' needs. In addition, Minnesota's tribes are sovereign nations that also carry out important public health functions; the Joint Leadership Team will consult with them through MDH's Office of American Indian Health as this effort moves forward. Each partner in our statewide public health system brings unique and important perspectives to the table, and only together can we create a path forward.

We are all equally committed to transforming our public health system for all Minnesotans.

This team—the Minnesota Department of Health, the Local Public Health Association, and the State Community Health Services Advisory Committee—is committed to sharing leadership at the state and local levels to strengthen the statewide public health system together.

Sustained investment in public health

State, federal, and local governments will need to take further action for Minnesota to have a strong foundation for health. State and federal governments should provide the resources to assure foundational public health responsibilities are in place across the state, while allowing flexibility for communities to address additional local priorities.

With the initial legislative investment in 2021, MDH, LPHA and SCHSAC made important progress on our goals. MDH, in consultation with SCHSAC and LPHA, invested in several local jurisdictions to plan and test new approaches to carrying out foundational public health responsibilities. This is where the first steps are being taken toward a transformed public health system: local jurisdictions are testing new models for providing critical public health functions in health communications and data analysis, and building stronger community partnerships to meet local health priorities.[4] Over time, the lessons learned from these projects will help us develop more detailed recommendations about how best to structure and fund foundational public health responsibilities across the state.

The partnership leading this work will need time, resources, and flexibility for planning, relationship building, and continuing to test different models for implementing foundational public health responsibilities. This work is urgent: today's public health system is a patchwork of capacity and expertise that leaves too many communities behind.

[4] For more information about the projects testing these new approaches, visit the MDH website: Infrastructure Fund and projects (https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html)

Minnesota's public health system today

Public health impacts community health

The work of public health directly impacts community and economic vitality: investments in public health now save money later, and create stronger, economically vibrant communities. The public health professionals in public service today use data, science, and deep connection with communities to design and target interventions that improve individual, family, and community health.

From conducting scientific research to educating about health, people working in public health help to assure the community conditions in which people can be healthy. That can mean changing policies to reduce the impacts of opioid or alcohol abuse, developing school nutrition programs to ensure kids have access to healthy food, or setting safety standards to protect workers. Public health, when it is adequately resourced, organized, and supported, saves money, improves quality of life, and helps communities thrive—and the children and families that live there.

Public health capacity and expertise varies across our state

Today, there is unequal capacity to carry out many of these foundational public health activities across local health jurisdictions in Minnesota. As a result, not all communities in Minnesota enjoy the same access to basic health protections.

The University of Minnesota Center for Public Health Systems developed a comprehensive assessment to measure the extent to which foundational public health responsibilities are implemented in Minnesota. Both MDH and local health jurisdictions participated in this survey in fall 2022. At the time this report is published, the data collected is still under review, but preliminary data presented below shows significant differences in capacity and expertise both at MDH and across local health jurisdictions.

This preliminary data is a reasonable illustration of the varied capacity and expertise to deliver foundational public health responsibilities (**Figure 2**). Instead of a solid foundation of public health capacity across the state, what we have instead is a patchwork: areas of strength (shown below in dark indigo) scattered in between too many areas where foundational public health responsibilities are minimally implemented or are not implemented at all (dark pink or orange-yellow).

These findings are not surprising: Minnesota has not fully funded nor required MDH or local jurisdictions to implement these foundational public health responsibilities. There are many reasons a particular jurisdiction may or may not be fully implementing these responsibilities, including limited and narrowly focused funding sources, workforce-related challenges, and changing expectations of local health jurisdictions, among others.

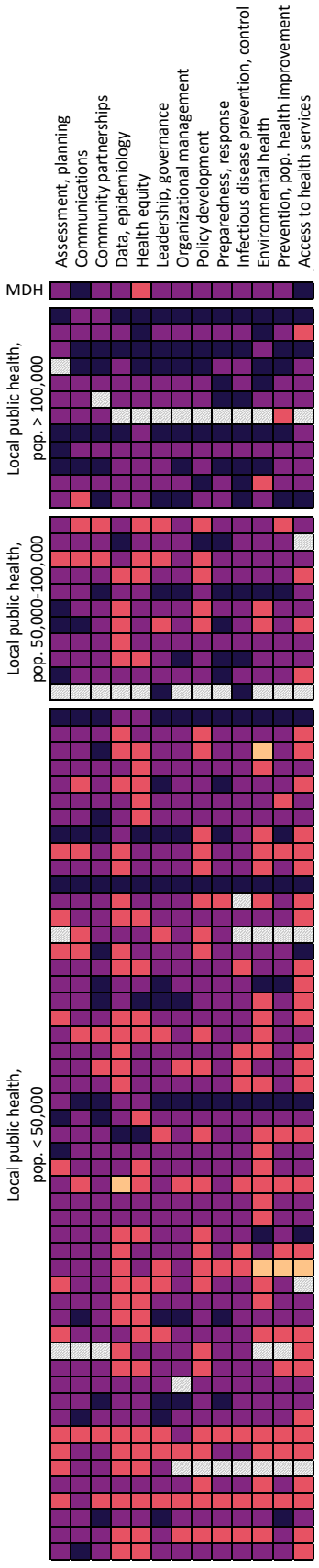
Public health leaders across the state work tirelessly on behalf of their communities with the tools, resources, and community supports available to them. Deeper analysis of this data is ongoing, and the University of Minnesota will produce a final report by June 2023.

Figure 2. Health jurisdiction ability to assure foundational public health responsibilities in Minnesota, 2022

Each row in the figure at right represents a local health jurisdiction or the Minnesota Department of Health. Each column shows that jurisdiction's ability to assure foundational public health responsibilities.

Dark indigo squares signal that a local health department, or in some cases its community partners, has the capacity and expertise to substantially implement the corresponding foundational responsibility. The lighter the square, the less the jurisdiction has capacity in that responsibility:

- Substantially implemented
- Partially implemented
- Minimally implemented
- Not implemented
- Data under review



The capacity to carry out foundational public health responsibilities varies widely across Minnesota's local health jurisdictions.

As a result, communities across Minnesota do not have the same access to basic health protections.

Methods: In summer 2022, the University of Minnesota Center for Public Health Systems asked MDH and Minnesota local health jurisdictions assess their own 'capacity' and 'expertise' for the activities that were being delivered in their jurisdiction—not just their agency's ability to deliver them. Public health agencies rated on a scale from 1 to 4 for capacity (1 = Absent, 4 = Full) and expertise (1 = Absent, 4 = Expert). Analyzed together, capacity and expertise composites describe a "level of implementation" for individual activities. All local health jurisdictions and MDH divisions participated in the assessment for a 100% response rate.

The foundational responsibilities, aligned with the framework on p. 6 of this report and noted at right are:

- Capabilities: Assessment and planning, communications, community partnerships, data and epidemiology, health equity, leadership and governance, organizational management, policy development, preparedness and response.
- Areas: Infectious disease prevention and control, environmental health, prevention and population health improvement, access to services.

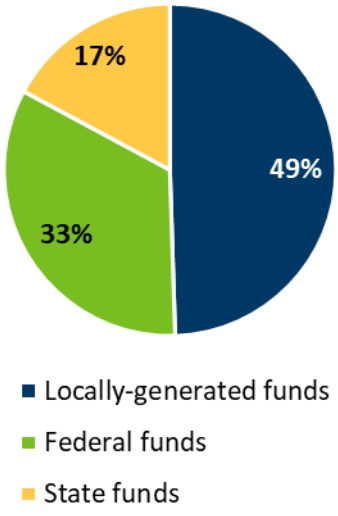
A system under strain

While the world has changed since 1976, the basic structure of Minnesota's public health system has not. Minnesota's public health workforce is doing everything it can to meet 21st century challenges with the tools of a 1976 system, and it is stretched as far as it can go.

The hallmark of our state's governmental public health system is its partnership between levels of government. The Local Public Health Act (Minn. Stat. § 145A) that was passed in 1976 took significant steps to address fragmentation across the state (previously made up of more than 2,100 local boards of health) while assuring flexibility for communities to tailor their local public health department to their community and its needs. At the state level, MDH was charged with creating an organized system of programs and services to protect and improve the health of all Minnesotans.

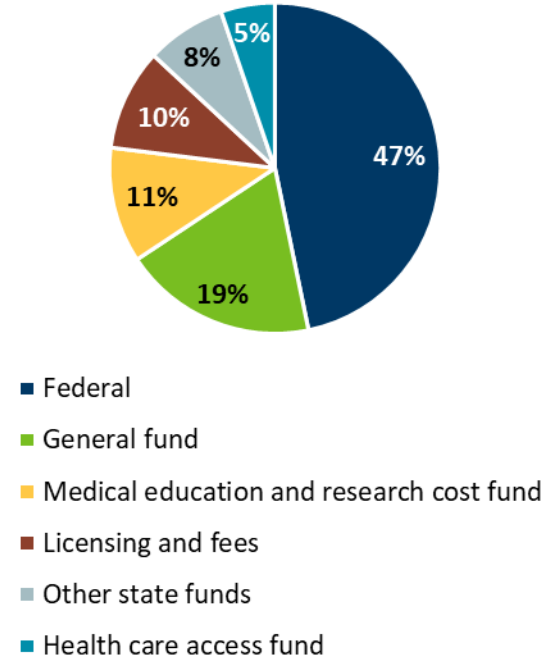
Decisionmakers and public health leaders implemented this approach to assure better coordination and communication between different levels of government. Today, nearly 50 years later, this partnership of governments strives to work together in a system of community health services. However, this does not operate as an integrated system, but rather as a collection of separate entities under considerable strain from expanded expectations and reduced resources.

Figure 3. Minnesota local public health system funding sources, 2021



Source: Minnesota Department of Health. (2022). Expenditures summary for Minnesota's local public health system in 2021 (https://www.health.state.mn.us/communities/practice/lphact/annualreporting/docs/2021finance.pdf).

Figure 4. Projected sources of MDH budget authority, 2022-2023 biennium



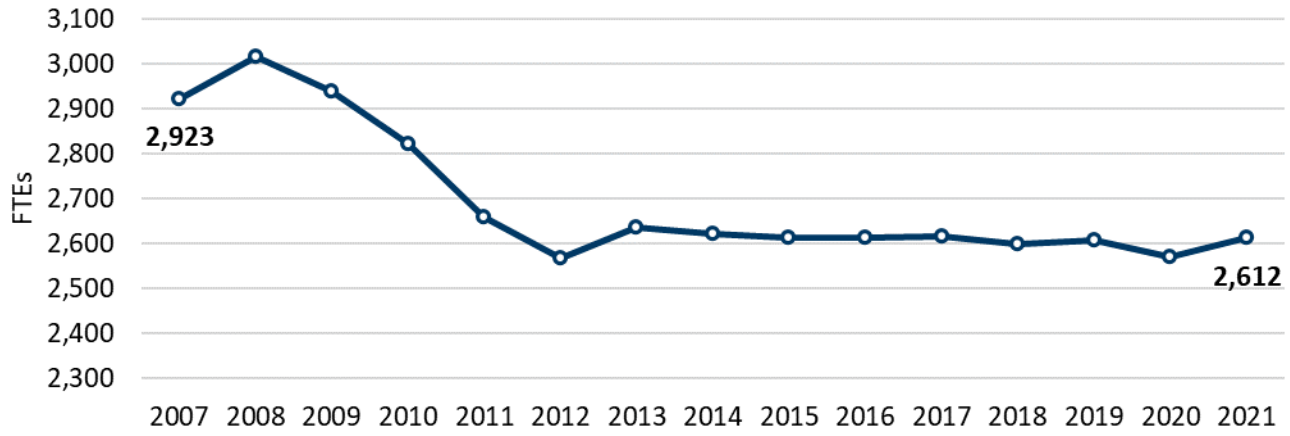
Source: Minnesota Department of Health. (2021). Budget (https://www.health.state.mn.us/about/budget.html).

Within the current system, public health professionals across Minnesota work hard every day to protect, maintain, and improve health for everyone in our state. Over time, the expectations of state and local governments have significantly expanded while budgets have tightened. Years of budget cuts at the federal and state levels were never replaced. Today, Minnesota's disparate public health agencies function within rules established nearly 50 years ago and resources from a variety of narrowly-focused, issue-specific funding sources. Federal and state funding for the core infrastructure of public health has all but disappeared over many decades, leaving state and local agencies dependent on episodic and targeted funding or local property taxes (**Figures 3 and 4**). In some places, local jurisdictions have filled the gap, but not every jurisdiction can do that.

Specific areas have long caused concern among public health officials, including the system's ability to collect, analyze, and use data so that public health professionals can act more quickly and target resources more strategically. In some cases, available data is years old—far from being actionable in real time. Minnesota counts on public health for timely, accurate, and credible data, but there are large gaps in the availability of local data and expertise to interpret and share it. In many cases, software and technology is outdated, and many systems lack interoperability. As a result, Minnesota health departments, community members, partners, and elected officials endure costly inefficiencies and base decisions on old or less relevant information that doesn't reflect the local context.

Minnesota's public health system is not only struggling to make ends meet financially but is also relying on a smaller workforce to carry the full weight of public health responsibilities. Total full-time employees (FTEs) fell sharply from 2008 to 2012 and remains low by historic standard despite a small bump during the COVID-19 pandemic (**Figure 5**).

Figure 5. Total FTEs in Minnesota's local public health system, 2007-2021



Source: Minnesota Department of Health. (2022). Workforce summary for Minnesota's local public health system in 2021 (https://www.health.state.mn.us/communities/practice/lphact/annualreporting/docs/2021staffing.pdf).

In the context of this system stretched beyond its capacity, health problems have become more complex, requiring new expertise and cross-sector collaboration to address. Mental health and well-being is a top priority in every region of the state—an issue that is affected by a complex set of individual, social, environmental, and

economic factors.[5] Social and economic conditions that affect health—like housing, employment, income, availability of transportation and childcare—affect health outcomes and involve multiple systems and sectors, requiring multiple partners and new expertise to affect change.

A public health system that does not adapt to the world around it is a public health system that cannot meet the needs of the communities it serves. As we move into the future, we want a public health system that all communities can rely on to protect their health and well-being. In order to imagine a new future with greater possibilities Minnesota's public health system must adapt to the world as it is and the world as it will be.

A call to action

The joint leadership of Minnesota's state and local governmental public health system, including MDH, SCHSAC, and LPHA, wants to create a public health system that works for every community, including a solid foundation for health from border to border. We want to see all local health jurisdictions reporting their ability to assure foundational public health responsibilities through a variety of organizational models so that we know they have the tools they need to do their part in creating healthy, vibrant communities. We want an integrated, coordinated, efficient system that leverages our strengths and achieves equitable outcomes.

We can create a public health system that works for every community, including a solid foundation for health from border to border.

Shared recommendations

It is our strong recommendation that the Minnesota Legislature continue to support this effort with ongoing engagement, resources, and accountability.

We strongly recommend the Legislature continue to support this effort with ongoing engagement, resources, and accountability.

- The Joint Leadership Team leading this effort should be directed to continue to build a public health system that works for every community and provide regular briefings to the Legislature.
- State and federal governments should provide the resources to assure foundational public health responsibilities are in place across the state, while allowing flexibility for communities to address local priorities. This will require action by Congress and by the Minnesota Legislature.
- Continue to support planning, relationship building, and testing new models as we work toward an integrated statewide public health system that best meets its obligations to the people of Minnesota.

It is long past time to create a statewide public health system equipped to protect all Minnesotans, achieve equitable health outcomes, and adapt to 21st century conditions. Today, we have a unique opportunity to

[5] For more information on locally-identified priority health issues, visit the MDH website: Priority health issues identified by community health boards in Minnesota in 2020 (https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/2020priorityhealthissues.pdf)

reshape the future of public health in Minnesota. Partners across Minnesota's public health system are coming together with new energy and a deep commitment to creating a stronger foundation for community health for everyone in Minnesota.

Shared commitment

Minnesotans deeply value health—not only their own, but the health of their families, neighbors, and communities. We want Minnesota to be a place where every community thrives and everyone can reach their full potential. No community or individual in Minnesota should be denied the opportunity for health. Without a true system of public health capabilities that can reach every community, too many communities are being left behind, and health inequities along geographic and demographic lines will continue to persist.

To make our vision a reality, we are committed to shared leadership between state and local public health leaders and local elected officials, including shared decision-making about investments in our system. Here, we make these commitments explicit and call for continued action to assure a statewide public health system that is strong, durable, and achieves equitable outcomes. Realizing this vision will take courage to change some of our current models and practices, resources to shore up the foundation, meaningful, effective relationships, and time. Together, we can continue to lead Minnesota into the future. This is a mission each partner is deeply committed to. With continued engagement and support from the Minnesota Legislature, we know we will succeed.

Appendix: Joint Leadership Team members, 2022

In alphabetical order:

Local Public Health Association (LPHA)

- Sarah Grosshuesch (Wright), 2022 LPHA Chair
- Kari Oldfield, LPHA Director
- Sarah Reese (Polk, Norman, Mahnomen), 2021 LPHA Chair
- Maggie Rothstein (Aitkin, Itasca, Koochiching), 2022 LPHA Chair-Elect

Minnesota Department of Health (MDH)

- Chelsie Huntley, Director, MDH Community Health Division
- Jan Malcolm, Commissioner of Health
- Mary Manning, Assistant Commissioner, MDH Health Improvement Bureau
- Kim Milbrath, Section Manager, MDH Center for Public Health Practice
- Halkeno Tura, Director, MDH Center for Health Equity

State Community Health Services Advisory Committee (SCHSAC)

- Tarryl Clark (Stearns), Incoming SCHSAC Chair
- Steve Gardner (Kandiyohi-Renville), SCHSAC member
- Sheila Kiscaden (Olmsted), SCHSAC Chair
- Jim McDonough (Ramsey), SCHSAC Executive Committee alternate