Local public health departments play a critical role in bettering the lives of people across our state, and Minnesota's local public health system has long been regarded as one of the strongest in the nation. However, funding challenges at all levels of government have compromised the ability of local health departments to provide essential services that protect and improve health and respond to emerging health issues that threaten the safety of our communities.

One of the most basic principles of public health is the focus on the health needs of populations. The overall mission is to promote, protect and maintain the health of the community. Public health's historical role has been monitoring the health status of the population and promoting health policy through action and advocacy. This is critical when social, economic, environmental and physical determinants pose significant threats to population health. Today, more than ever before, the need for a strong public health response is evidenced through the recent response to the COVID-19 pandemic and work to engage communities to address structural racism and inequities that contribute to health disparities so that all individuals can be healthy, regardless of race, place or income.

Emphasis on the prevention of health and social problems is a unique feature of public health. Protecting people from diseases, hazards and debilitating conditions through appropriate prevention services can help to minimize significant long-term social and economic costs. Investments in evidence-based interventions have proven benefits in both health care cost savings and improved health outcomes. Public health utilizes sound science and research in development of its policies and practices.

October 29, 2020
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LPHA Mission

The Local Public Health Association of Minnesota (LPHA) works to achieve a strong and equitable public health system through leadership and collective advocacy on behalf of the public health organizations of Minnesota’s city, county, and tribal governments.

LPHA Policy Principles

1. **Local Control** - LPHA supports the authority and opportunity of all counties, cities and tribes to deliver services locally.

2. **Strategic Partnerships** - LPHA supports coordination of services; partnership of organizations and agencies; elimination of duplicative efforts; promotion of new initiatives; and assurance of access to services and programs to promote the health of all Minnesotans.

3. **Flexible and Sustainable Funding** – LPHA supports policies that provide adequate, stable, and flexible funding to carry out foundational public health capabilities and offset the disproportionate reliance on local tax levy.

4. **Timely and Locally Relevant Data, Metrics and Analytics** – LPHA supports the efficient and secure sharing of data between the state and local public health agencies for the assessment of local health status and supports cross-sector data sharing to best assess trends.

5. **Evaluation of Programs** - LPHA supports using data to evaluate programs to demonstrate the impact and return on investment.

6. **Equity** – LPHA supports policies that confront the root causes of inequities including racism, social determinates of health, Adverse Childhood Experiences (ACEs), and support the incorporation and adoption of principles of social justice.

7. **Health Care Access** – LPHA supports policies that assure access to affordable and appropriate physical and mental health care services for all Minnesotans, especially vulnerable and high-risk populations.

8. **Health in All Policies** – LPHA supports the addressing the health impacts of any policy being considered to ensure all Minnesotans have a healthy and safe environment in which to live, work, worship, and play.

9. **Science and Evidence-based Programs** – LPHA supports legislation and policy that are based on peer-reviewed scientific research, promising-practices, and evidence-based practices.

10. **Workforce** - LPHA supports policies and resources that enable local public health departments to recruit, train, and retain a strong, culturally inclusive workforce that is representative of the communities served.
COVID-19

Local Response

1. LPHA supports state-level funding resources directed to COVID-19 response including but not limited to community education and outreach, case investigation and contact tracing, testing, delivery of essential services, and distribution of a COVID-19 vaccine when it is available.

2. LPHA supports a local and state collaborative effort to plan, secure funding assistance, and complete the potential administration of a COVID-19 vaccine to up to 5.6 million Minnesota residents during a mass vaccination campaign during the 2021 calendar year.

3. LPHA supports a blended model of state, regional, and local resources partnering to ensure that all identified cases of COVID-19 are interviewed, and their contacts traced to minimize local transmission regardless of where they reside in the state.

4. LPHA supports local/state collaboration in providing evidence-based, current information both to state and local public health agencies to ensure an accurate state level and local level assessment of the current situation as it evolves.

5. LPHA supports the prioritization and use of education and outreach to the general public as well as to identified at risk populations at the local level to prevent transmission and mitigate negative consequences.

6. LPHA supports coordinated efforts between state and local government to enforce pandemic-related policies including but not limited to mask wearing, social distancing, and facility occupancy limits.

7. LPHA supports a collaborative response model that integrates a variety of sectors including but not limited to emergency managers, human services, schools, law enforcement, and community organizations.

8. LPHA supports resources that support mental wellbeing of both the local public health workforce and our communities during and after the COVID-19 pandemic.
Public Health Infrastructure

Committee Members: Bonnie Brueshoff, Dakota County; Allison Thrash, Hennepin County; Nicole Ruhoff, Benton County; Grace Grinager, Cook County; Ann Stehn, Horizon Public Health

Funding
1. LPHA supports increased funding to the Local Public Health Grant (LPHG) to replace funds historically removed. To limit administrative costs, consider integrating any new funds and grants into the LPHG which allows maximum flexibility to meet local needs throughout the state.

Performance
2. LPHA supports policies and initiatives that allow for innovative service delivery while maintaining a strong local public health infrastructure, including the essential public health services (see Minn. Stat. § 145A).
3. LPHA supports the work of the 21st Century Public Health initiative and its efforts to codify collaboration on public health issues at the local, regional, and state levels.

Data and Electronic Health Records
4. LPHA supports dedicating resources for the development and implementation of a statewide, interconnected system for collection and electronic exchange of health information that includes the broader health care system.
5. LPHA supports adequate investment, improved interoperability and systems modernization of public health programs and services.
6. LPHA supports increased access and support of telemedicine or virtual platforms.

Workforce
7. LPHA supports policies, funding and initiatives that recruit, hire, develop, and retain a qualified, culturally inclusive workforce that is representative of the communities served by local public health.
8. LPHA supports policies and funding that enable public health to compete in workforce needs to ensure local public health is aligned with other health care providers for salary, benefits and other incentives to ensure local public health can recruit and retain a highly qualified and competent workforce.
9. LPHA supports emerging roles and reimbursement structures to expand the capacity of the public health workforce, including but not limited to Community Health Workers or others who can meet community needs.
10. LPHA supports policies and funding that enhance the communications capacity of local health departments.

IN 2015, THE MN LEGISLATURE INCREASED THE LOCAL PUBLIC HEALTH GRANT BY $1 MILLION PER YEAR FOR RURAL COMMUNITY HEALTH BOARDS (CHBS) AND TRIBAL GOVERNMENTS, WHILE FUNDING FOR METRO CHBS WAS HELD FLAT. WITH COVID-19 IMPACTING OUR COMMUNITIES, THE NEED FOR FLEXIBLE FUNDING TO MEET COMMUNITY NEEDS HAS BEEN ACTUALLY DEMONSTRATED.

THE NEED REMAINS TO REINVEST IN THE GRANT FOR CHBS AND TRIBAL GOVERNMENTS ACROSS THE STATE TO PROTECT AND PROMOTE THE HEALTH OF ALL MINNESOTANS.

STATE AND LOCAL HEALTH DEPARTMENTS CONTINUE TO OPERATE WITHOUT AN INTERCONNECTED ELECTRONIC SYSTEM FOR HEALTH INFORMATION EXCHANGE WHICH POSES CHALLENGES TO DATA SHARING AND COORDINATION OF CARE.

LOCAL HEALTH DEPARTMENTS NEED TO HIRE AND RETAIN QUALIFIED PUBLIC HEALTH STAFF INCLUSIVE OF THEIR COMMUNITIES TO PROTECT THE HEALTH AND SAFETY OF THE COMMUNITY.
Chronic Disease Prevention and Promotion of Healthy Lifestyle Behaviors

Committee Members: Patty Bowler, City of Minneapolis; Kristin Bausman, Becker County; Ruth Tripp, Hennepin County

Statewide Health Improvement Partnership (SHIP)
1. LPHA supports permanent, sustainable funding for the Statewide Health Improvement Partnership to ensure all local health departments and tribal agencies can participate in activities that prevent chronic disease and promote health based on community needs. Persons diagnosed with chronic conditions and obesity are at an elevated risk for complications associated with COVID-19 and other negative health consequences.

2. LPHA supports statewide health-related tax increases, like tobacco and sugar-sweetened beverages, and advocates for the use of revenues to fund public health prevention programming, such as SHIP.

3. LPHA supports the use of SHIP funding which builds community capacity by statewide partners and local health departments to assure the health equity of all people living in Minnesota and SHIP-funded communities.

Healthy Food and Beverages
4. LPHA supports policies and programs to ensure access by all people to enough nutritious, affordable, safe and culturally diverse food for an active, healthy life. Policies include:
   - Improved menu and product labeling
   - Food marketing that promotes healthy choices
   - Default menu items for kids’ meals
   - Procurement policies for vending and concessions
   - Tax supported state, regional and local parks establish healthy nutrition standards for foods procured, sold and served

5. LPHA supports infrastructure development so that all farmer’s markets can offer the option of EBT as a method of payment.

6. LPHA supports policies that reduce the consumption of sugar-sweetened beverages.

7. LPHA supports requiring all currently subsidized federal, state, and local government programs that serve food to use nutrition standards based on the Dietary Guidelines for Americans including schools, childcare facilities, shelters, and tax-supported residential settings.

8. LPHA supports implementation of the Minnesota Food Charter and funding/resources for local and regional food councils to address how Minnesota’s food system can better support the health of Minnesotans in coordination with local efforts.

Physical Activity
9. LPHA supports increased time and quality of physical and health education in schools.
10. LPHA supports requiring schools, childcare settings, and tax-supported residential settings to provide access to physical activity that meets federal guidelines.

11. LPHA supports adequate funding for active transportation for both infrastructure improvements and for planning, education, engagement and encouragement efforts. Examples include support for Safe Routes to Schools. LPHA also supports implementation of the State’s Complete Streets policy for state owned roads.

Breastfeeding

12. LPHA supports policies that strengthen the existing state law to promote breastfeeding and provide adequate time and space for breastfeeding.

Tobacco

13. LPHA supports increasing public funding through dedicated tobacco settlement dollars, re-captured lawsuit settlement dollars, and tobacco taxes for tobacco control and cessation efforts as an evidence-based proven way to reduce commercial tobacco use and exposure.

14. LPHA supports policies and programs that reduce and prevent commercial tobacco use and exposure. Policies include:
   - Sustained funding for a tobacco cessation Quitline and services
   - Maintenance of a strong, statewide, Clean Indoor Air law
   - Tobacco-free housing
   - Regulation of electronic delivery devices including product packaging, production and labeling
   - Restrictions on the sale of flavored tobacco products including menthol
   - Restrictions on sampling of tobacco products

15. LPHA opposes efforts to preempt local government authority to enact additional smoke-free and other tobacco prevention policies at the point of sale.

16. LPHA supports policies, regulations and efforts that support integration of tobacco treatment and increase tobacco-free environments in all Minnesota mental health and substance use treatment settings.

Brain Injury

17. LPHA supports policies that protect people from sports-related injuries and the long-term health consequences of traumatic brain injury or other head trauma.

Skin Cancer

18. LPHA supports and maintain policies that prevent skin cancer by decreasing access to tanning facilities and promoting education in the use of sunscreen.

Safe Driving

19. LPHA supports strengthening laws that address distracted driving.

20. LPHA supports funding for and implementation of local communities’ adoption and implementation of the Towards Zero Deaths efforts and other efforts that center all forms of active transportation including busing, biking, walking, rolling and car.
Communicable Disease Prevention and Control

Committee Members: Graham Briggs, Olmsted County; Alisa Johnson, Hennepin County; David Johnson, Hennepin County

Funding
1. LPHA supports maintenance of a permanent emergency fund and the implementation of a process for local jurisdictions to quickly access funds to respond to infectious disease outbreaks.
2. LPHA supports policies and funding for pilot programs to increase technological advances like telehealth and local syndromic surveillance.
3. LPHA supports increased funding reimbursement to local health departments for the investigation, control and treatment of active and latent tuberculosis and other infectious disease.

Immunizations
4. LPHA supports maintaining MDH support and provision of adult and children vaccines to local health departments.
5. LPHA supports adequate and flexible funding for consistent statewide education and outreach for vaccinations, as well as funding for local health department outreach to health care practitioners and their communities, especially under-vaccinated communities.
6. LPHA supports updates to Minnesota’s school immunization requirements that follow best immunization practices as outlined by the National Advisory Committee on Immunization Practices and opposes efforts to weaken the existing requirements.
7. LPHA supports increased funding and policies to assure that state childcare immunization laws are understood and enforced.
8. LPHA supports increased funding and policies for the Minnesota Immunization Information Connection (the state immunization registry) that assure maximum use by schools, clinics, pharmacies and other immunization providers.

Immigrant Health
9. LPHA opposes efforts that require local health department officials to report undocumented persons to the state or federal government.
10. LPHA supports efforts to ensure that all residents have access to all factors that create health, regardless of race, ethnicity or immigration status.

MINNESOTA STATUTE CHARGES STATE AND LOCAL HEALTH DEPARTMENTS WITH RESPONSIBILITY FOR CONTROLLING AND PREVENTING THE SPREAD OF COMMUNICABLE DISEASES. LIMITED RESOURCES FUNDED BY LOCAL TAX LEVY AND/OR THE LOCAL PUBLIC HEALTH GRANT COUPLED WITH CONTINUALLY EMERGING OUTBREAKS (COVID, TB, MEASLES, HIV) STRAIN THE ABILITY OF LOCAL HEALTH DEPARTMENTS TO MAINTAIN COMMUNITY PROTECTION.

IMMUNIZATION IS A KEY METHOD OF KEEPING OUR CHILDREN SAFE BY PREVENTING THE SPREAD OF DEADLY COMMUNICABLE DISEASES. MINNESOTA’S IMMUNIZATION RATES FOR CHILDREN AGE 24-35 MONTHS RANGE FROM APPROXIMATELY 55-85%, DEPENDING ON THE VACCINE. IT WILL TAKE BOTH PRIVATE AND PUBLIC SECTOR EFFORTS TO MOVE THESE RATES UPWARD.
Sexually Transmitted Infections

11. LPHA supports increased and flexible public health funding for sexually transmitted infection prevention, comprehensive health education, testing, counseling and referral.

12. LPHA supports efforts to increase local surveillance capacity regarding trends of STI locally to inform strategies in education and prevention.

Continuing and Emerging Infectious Disease

13. LPHA supports policies and funding for prevention, treatment and control of continuing and emerging infectious disease including but not limited to COVID-19, HIV, Tuberculosis, Hepatitis A, and Measles.

14. LPHA supports the growing partnership between state and local agencies to share and exchange (as close to) real time data related to infectious diseases between all local and state public health organizations.

15. LPHA supports efforts to ensure that information is made available to both state and local partners to allow for ongoing surveillance related to trends and emerging infectious disease issues at the local level.

16. LPHA supports a flexible approach to response and prevention efforts for all infectious diseases by coupling the expertise at the state level to the relationships and expertise embedded at the local level. This includes conducting local case investigations and outbreak response for agencies that have capacity or desire to build capacity.
Ensuring Health Equity

Committee Members: Grace Grinager, Cook County; Noya Woodrich, City of Minneapolis; Bonnie Paulsen, City of Bloomington

Funding
1. LPHA supports increased funding for MDH’s Eliminating Health Disparities initiative, as well as additional funding for state and local governments to work together with communities on health equity issues.
2. LPHA supports investment in proven efforts and promising practices to advance health equity and demonstrate positive outcomes for those experiencing the impact of health inequities and disparities.
3. LPHA supports sustainable funding for the provision of traditional healing.

Social and Economic Conditions
4. LPHA supports efforts to ensure each Minnesotan has access to a livable wage (e.g., increasing MFIP cash assistance for individuals and families, the statewide minimum wage, etc.)
5. LPHA supports increased funding to improve health and well-being across the age span by addressing the social determinates of health such as safe and stable housing, social connectedness, transit, education, healthcare, and income disparities.

Access to Care
6. LPHA supports the state’s use of regulatory and purchasing influence to engage managed care organizations and providers in identifying and actively addressing racial and ethnic disparities in care. Specifically, LPHA supports that state agencies:
   • Strengthen and standardize efforts to collect information on the race, language and ethnicity of enrollees, either directly or indirectly;
   • Incorporate health disparities reduction goals and objectives into health plan and provider contracts; and
   • Ensure tele-health and other electronic resources are available where needed.

Data Collection
7. LPHA supports funding and policy proposals to ensure implementation of a race/ethnicity/language (REL) data collection standard for public health data.

Serious health inequities exist between Black, Indigenous and People of Color, persons living in poverty, rural communities, and the rest of Minnesota’s population. Life expectancy within Minnesota varies by zip code. African American and American Indian infants die in the first year of life at twice the rate of white babies.

People of color, American Indians, many in rural Minnesota and people with disabilities have the highest rates of unemployment. Unemployment, low income and wealth inequality are among the strongest predictors of poorer health.

American Indian, Hispanic/Latino, and African American youth in Minnesota have the lowest rates of on-time graduation. Prolonged poverty is generally the leading cause associated with health inequities.
Workforce

8. LPHA supports a diverse health care workforce that will advance health equity.

9. LPHA supports policies and standards for increasing the cultural competencies and humility of existing staff and for recruitment of staff and consultants inclusive of communities experiencing health inequities.

10. LPHA supports training and support for local health departments to become trauma responsive.

11. LPHA supports additional training and expansion of the use of Community Health Workers, including increased reimbursement to providers for the work of community health workers.

12. LPHA supports the integration of health equity into administrative policies; urgent and non-urgent communications policies; health education and promotion policies; and staff recruitment, retention and training policies.

13. LPHA supports the development of statewide standards, a certification process and registry and training for medical interpreters to ensure quality interpretation and translation services for limited English-proficient patients.

14. LPHA supports policies and resources to enable incentive programs such as scholarships for students, loan forgiveness for those committed to practicing in their own communities and internships that encourage Black, Indigenous, and People of Color to enter the medical and public health fields.

15. LPHA supports policies and resources that examine (or amend) licensure statutes to incorporate demographic analysis of populations seeking licensure, to determine if there are structural barriers that limit access to these occupations.

Policy Shifts to Increase Racial Equity

16. LPHA supports the work of all agencies to move towards a Health in All Policies approach to new and existing policies and protocols, planning and development projects to address systemic racism.

17. LPHA supports the declaration of racism as a public health crisis.
Delivery of Local Services

1. LPHA supports policy that continues to provide the authority and opportunity of all Community Health Boards to locally operate delegated food, pool and lodging establishment programs supported by a locally determined fee structure.

2. LPHA supports a unified retail food safety system under the Minnesota Department of Health, the agency responsible for coordinating multi-jurisdictional epidemiological investigations.

Policy Based on Science-Based Information

3. LPHA supports policies that are child-focused and prevention-oriented regarding conditions in the environment that impact children’s health. (see “Chronic Disease Prevention & Promotion of Healthy Lifestyle Behaviors” section)

4. LPHA supports science-based studies to improve our knowledge of environmental health hazards.

5. LPHA supports expansion of technical capacity and adequate funding to conduct health impact assessments to address complex and emerging environmental concerns.

In-Home Environmental Hazards

6. LPHA supports maintaining or increasing state funding to promote early intervention and prevent and remediate environmental issues within homes including outreach and education, in-home risk assessments, home visits, and the provision of low-cost risk preventive products and remediation.

7. LPHA supports lead screening for at-risk children and sustained funding for MDH’s lead surveillance system.

8. LPHA supports a statewide law to require radon testing prior to occupancy or sale of a home and mitigation when tests indicate an unsafe level of radon is present.

Subsurface Sewage Treatment Systems (SSTSS)

9. LPHA supports county policies that require point of sale compliance inspections for SSTSS.

10. LPHA supports adequate funding from state agencies to cover the costs to LGUs for SSTS implementation, programming, enforcement and administration of rules while allowing counties to focus on systems that are failing and considered an imminent public health threat.

11. LPHA supports an ongoing state grant and loan assistance program to assist landowners in upgrading or replacing non-compliant SSTSS.
Clean and Safe Water

12. LPHA supports policies that require point-of-sale water testing for private drinking water wells.
13. LPHA supports policies and funding that will ensure safe and reliable drinking water from municipal water supply systems and protect drinking water supply sources from contamination.
14. LPHA supports policies and funding for monitoring the health of individuals or communities affected by exposure to an unsafe water supply.
15. LPHA supports policies and funding to ensure that local environmental public health departments develop and maintain the capacity to assist in the response to public health concerns related to contamination of the water supply by chemical or biological agents.
16. LPHA supports policies and funding for water supply infrastructure improvements including but not limited to replacement of lead water supply service lines to homes, businesses and schools.

Disposal of Medications

17. LPHA supports maximizing the collection and safe disposal of unwanted prescription and over-the-counter medicines through an internalized pharmaceutical manufacturer financing mechanism that covers the costs of collection, transportation and hazardous waste disposal, and that does not rely on state and local government funding.

Weather

18. LPHA supports state-level data collection, risk identification, and planning activities related to extreme weather events and changing climate patterns in partnership with local health departments, including shifting vector and pathogen ranges, impacts to wells and subsurface sewage treatment systems, extreme heat events, food security, and effects of changes in precipitation.
Health Care System Improvement

Committee Members: Jackie Och, Todd County; Justin Navratil, Anoka County

Determination of Health Priorities

1. LPHA supports coordination, planning and implementation activities between local public health departments/Community Health Boards and primary care/local health care systems to identify and address community health priorities.

2. LPHA supports policies that allow local health departments to have capacity to serve as a key convener of community partners to address public health issues through the Community Health (Needs) Assessment and development of Community Health Improvement Plans in their jurisdiction.

3. LPHA supports policies and legislation that promote the unique public health role to assure access to care utilizing case management/care coordination and working with consumers to establish a health care home.

4. LPHA supports alignment of funding with hospitals for Community Health (Needs) Assessment and other population-based initiatives.

5. LPHA supports the reinvestment of financial savings into community disease prevention as the primary community benefit priority for non-profit hospitals.

6. LPHA supports efforts to aggregate health system electronic health records to enhance population level community health assessment information.

Access to Health Care Services

7. LPHA supports expanded and stabilized eligibility for public health care programs to promote preventive care and timely access to treatment in order to allow earlier coverage, reduce uncompensated care and mitigate premium increases that result from more expensive acute care episodes.

8. LPHA supports proposals that provide incentives to employers to offer adequate and affordable health insurance.

9. LPHA supports policies that encourage medical and dental provider networks to serve adults in areas of Minnesota that are impacted by gaps in provider networks.

10. LPHA supports policies or incentives that require health plan companies to improve parity and equality in treatment benefits for alcohol and other drug use and mental health care, including reimbursement for tele-medicine modalities and Mental Health Promotion Services.

11. LPHA supports policies that close gaps in access to mental health services, especially in rural areas and schools.

12. LPHA supports improved access to dental services by encouraging the development of a sustainable, statewide model of care for persons using new dental provider practice models, including dental hygienists, dental practitioners and mobile clinics services.

13. LPHA supports critical access provider status for dental care providers who are currently providing services to public enrollees and providers who are willing to expand their service to other areas within the state.

FEDERAL GUIDELINES NOW REQUIRE NON-PROFIT HOSPITALS TO ASSESS LOCAL COMMUNITY HEALTH NEEDS AND WORK TOGETHER WITH LOCAL HEALTH DEPARTMENTS TO IDENTIFY AND ADDRESS POPULATION HEALTH ISSUES.

HEALTH CARE REFORM IS EVOLVING AT THE STATE AND FEDERAL LEVELS. LOCAL HEALTH DEPARTMENTS ARE IN A POSITION TO BE KEY STRATEGISTS TO IMPLEMENT CHANGES THAT REDUCE CHRONIC HEALTH CONDITIONS, CONTROL HEALTH CARE EXPENDITURES, AND IMPROVE POPULATION HEALTH.

RISING HEALTH CARE COSTS ARE ASSOCIATED WITH INAPPROPRIATE USE OF THE HEALTH CARE SYSTEM, THE USE OF EXPENSIVE TECHNOLOGY WITHOUT PROPER COST-BENEFIT ANALYSIS, A LIMITED FOCUS ON PREVENTION BEFORE TREATMENT, RECURRING ACUTE CARE EPISODES AND CHRONIC CONDITIONS, AND HIGH ADMINISTRATIVE COSTS FOR BOTH HEALTH PLANS AND HEALTH CARE PROVIDERS.

ACCESS TO DENTAL CARE IS LIMITED DUE TO THE LACK OF A SUSTAINABLE, STATEWIDE MODEL OF CARE FOR PERSONS ON PUBLIC PROGRAMS. THIS IS INFLUENCED BY A SHORTAGE OF DENTAL HEALTH CARE WORKERS AND REIMBURSEMENT PRACTICES FOR PERSONS ON GOVERNMENT HEALTH PROGRAMS.
Prevention to Reduce Health Care Costs

14. LPHA supports policies and incentives, such as Accountable Communities for Health, for individuals to utilize preventive health services and other community resources rather than waiting to use urgent or emergency care.

15. LPHA supports expansion of Accountable Care Organizations (ACOs), Integrated Health Partnerships (IHPs) and other incentives linking with public health to promote utilization of preventive health strategies, including early intervention treatment for chronic conditions as well as dental and mental health care.

16. LPHA supports policies and proposals that reduce health care administrative costs by streamlining health care program/payer administrative requirements.

Community-Based Care

17. LPHA supports policies that promote a public health role in provider and payer initiatives that seek cost-effective and quality care services, with a focus on prevention, community integrated care services and accountable communities for health.

18. LPHA supports fully empowering counties option to participate in county-based health care purchasing through policy expansion. This can be done through inclusion of additional populations and the default assignment of Minnesota Health Care Program enrollees.

Electronic Health Data

19. LPHA supports policies for consumers to make use of health information to support their own health and wellness and to securely share electronic health care information with care providers.

20. LPHA supports the collection of aggregated population level data to improve critical public health functions such as real time disease surveillance, disaster response and measurement of performance toward population health goals.

Telemedicine

21. LPHA supports policies and reimbursement for the use of telemedicine technology to provide access to care that may not be available.

Medication Repositories

22. LPHA supports the creation of medication repositories to use a broad spectrum of unused drugs from nursing homes and hospitals and make them available for people that cannot afford them.

23. LPHA supports the Board of Pharmacy regulation of medication repositories.
Healthy Children and Families

Committee Members: Brad Vold, Morrison County

Family Home Visiting
1. LPHA supports the sustainability of TANF funding, in addition to other MDH funding resources, to assist public health in forging local partnerships around home visiting services.
2. LPHA supports sustainable, statewide funding for public health family home visiting programs, including adequate reimbursements for family home visiting services. LPHA supports efforts to explore and establish reimbursements for family home visits provided by other professionals, as well as trained paraprofessional staff.
3. LPHA supports maintaining the minimal requirement of an initial public health nursing assessment for family home visiting programs, as mandated in Minnesota Statute.
4. LPHA supports the implementation and expansion of quality family home visiting programs throughout Minnesota. This proposal includes support for other evidence-based models and those that are evidence-informed or recognized as a promising practice.
5. LPHA supports full funding for evidence-based family home visiting for at-risk families with newborns and children 0-3, including mental and chemical health screening and referrals and focus on the parent-child attachment as part of the home visit.

Early Childhood Intervention
6. LPHA supports other potential dedicated funding streams and alternative methods of delivery for the Follow Along Program and other early identification programs.
7. LPHA supports funding for implementation of the National Help Me Grow program in Minnesota, with an emphasis on reaching at-risk families.
8. LPHA supports increased screening and referral to services for children under age 3 and especially for young children who are exposed to violence, trauma and maltreatment. LPHA supports additional funding to support screening before age 3.
9. LPHA supports legislation that allows appropriate data sharing across and between programs to facilitate referral processes, improve collaboration and decrease duplication of services. This could also include use of a universal identifier.

Family and Child Health
10. LPHA supports increased, ongoing funding for evidence-based and evidence informed programs that serve high-risk and low-income mothers and children including home visiting, WIC, maternal, fathers, and child health and family planning.
11. LPHA supports funding for school readiness, youth risk behavior reduction and teen pregnancy prevention.

PUBLIC HEALTH INTERVENTIONS THAT BEGIN PRENATALLY AND CONTINUE THROUGH PRESCHOOL AGE PROMOTE HEALTHY BIRTH OUTCOMES, PROMOTE BONDING AND ATTACHMENT, IDENTIFY AND ADDRESS MATERNAL DEPRESSION, IMPROVE PARENTING, REDUCE CHILD ABUSE AND NEGLECT, AND PREPARE CHILDREN FOR SCHOOL.

RESTRUCTURING OF THE INTERAGENCY EARLY INTERVENTION COMMITTEES INTO A REGIONAL MODEL HAS DECREASED FUNDING FOR FOLLOW ALONG AND OTHER EARLY INTERVENTION PROGRAMS WITHOUT ANOTHER AGENCY BEING ABLE TO PICK UP THESE HIGH BENEFIT SERVICES. TECHNICAL ASSISTANCE AND AFFILIATION WITH THE NATIONAL HELP ME GROW MODEL IS MOVING TOWARD EASIER ACCESS TO EARLY CHILDHOOD RESOURCES FOR PROVIDERS AND FAMILIES.

RESEARCH SHOWS THAT ABOUT 85% OF THE HUMAN BRAIN DEVELOPS WITHIN THE FIRST THREE YEARS OF LIFE. SOME FAMILIES ARE UNAWARE OF EARLY CHILDHOOD SCREENING UNTIL THEIR CHILD ENTERS KINDERGARTEN. HOWEVER, KIDS GATHER THE BUILDING BLOCKS FOR SCHOOL READINESS LONG BEFORE THEY ENTER A KINDERGARTEN CLASSROOM.
12. LPHA supports reinstating legislative authority and funding to conduct voluntary infant and maternal death reviews in communities experiencing health disparities to assist in planning, implementation, and evaluation of medical, health, social service, and community systems to improve pregnancy outcomes and reduce the numbers of preventable infant and maternal deaths.

13. LPHA supports funding for MDH to implement evidence-based strategies to assist families in creating safe sleep environments for infants.

14. LPHA supports the use of funding to target disparities and ensure health equity in Black, Indigenous and Communities of Color People of Color by improving home visiting, prenatal care and other infant mortality reduction strategies.

15. LPHA supports increased funding to improve health and well-being for families of young children by addressing the social conditions of health such as safe and stable housing, education and income disparities.

Early Childhood Care and Education

16. LPHA supports increased flexible funding for scholarships, the Child Care Assistance Fund and other early childhood care/education support programs to eliminate waiting lists for childcare services and enable families to seek and obtain quality care.

17. LPHA supports initiatives that help families better understand the importance of early brain development and that provide activities known to enhance brain development in children ages prenatal to 3. This includes activities/initiatives such as those included in the Statewide Health Improvement Framework.

18. LPHA supports funding to recruit and train childcare providers to increase access to quality licensed childcare for families.

19. LPHA supports MDH collaboration and implementation of initiatives regarding Adverse Childhood Experiences and the promotion of infant and child mental health.

Violence and Substance Misuse

20. LPHA supports state funding and policies to assist local community efforts to prevent violence and the use of and exposure to alcohol, tobacco, legal and illegal drugs.

21. LPHA supports efforts and legislation to raise awareness of and promote safe, stable, nurturing relationships and environments and prevent child maltreatment.

22. LPHA supports using local data to raise community awareness of child maltreatment and to inform strategies; this may include vital statistics, hospital ER data, criminal justice data, child protection and welfare data, educational data and demographic data.

23. LPHA supports policies that promote access to confidential physical, mental health and chemical dependency services for adolescents.

24. LPHA supports funds to support local health departments in becoming trauma-responsive organizations.

FEDERAL AND STATE FUNDING REDUCTIONS ARE THREATENING CORE MATERNAL AND CHILD HEALTH PROGRAMS THAT SERVE TEEN PARENTS, AS WELL AS HIGH-RISK AND LOW-INCOME MOTHERS AND CHILDREN (E.G., THE MATERNAL AND CHILD HEALTH BLOCK GRANT, TITLE X, LOCAL COLLABORATIVE TIME STUDY FUNDING, WIC AND TANF).

SIGNIFICANT DISPARITIES EXIST WITHIN THE AFRICAN AMERICAN AND AMERICAN INDIAN COMMUNITY RELATED TO INFANT MORTALITY. PREMATURE IS THE LEADING CAUSE OF INFANT DEATHS AMONG AFRICAN AMERICANS, AND SUDDEN UNEXPECTED INFANT DEATHS (SUID) AND SLEEP-RELATED DEATHS ARE THE LEADING CAUSE OF DEATH AMONG AMERICAN INDIAN INFANTS.

DESPITE SOME IMPROVEMENTS, CHILD CARE FUNDING CONTINUES TO BE INADEQUATE. TOO FEW SKILLED CHILD CARE PROVIDERS, ALONG WITH REDUCTIONS IN CHILD CARE SERVICES CREATE WAITING LISTS AND PUT CHILDREN AT RISK FOR UNSAFE CARE OR CARE MINIMALLY FOCUSED ON CHILD DEVELOPMENT. LACK OF ACCESSIBLE CHILD CARE LEAVES PARENTS AT RISK FOR LEAVING OR LOSING THEIR EMPLOYMENT.
Sexual Health and Family Planning

25. LPHA supports policies that promote evidence-based family planning programs and oppose efforts to curtail these initiatives.

26. LPHA supports increased family planning funding and partnership with the Minnesota Department of Human Services (DHS) to improve implementation of the federal 1115 Waiver.

Maternal and Child Health in Correctional Facilities

27. LPHA supports policies and programs that strengthen families impacted by parental incarceration.

28. LPHA supports policies, resources, training and programs that provide prenatal care and postpartum care facilitating maternal and infant attachment for incarcerated women (e.g., “Nursing Care of Pregnant & Postpartum Care in MN Jail and Workhouses: Education and Training Manual 2011” by Mary Rossi).
**Healthy Aging & Long-Term Care**

**Committee Members:** Cindy Shaughnessy, Le Sueur County; Kristin Bausman, Becker County; Patti Martin, Carlton County; Kiza Olson, Meeker McLeod Sibley Community Health Services; Jennifer Lammert, Nicollet County; Jeri Seegmiller, Cass County

### Healthy Aging

1. LPHA supports getting midlife and older adults to adopt healthier lifestyles through inclusion in SHIP and other initiatives using evidence-based models.

### Financial Planning

2. LPHA supports policies that encourage realistic planning for post-retirement living costs, promote an earlier focus on the need to save and expand the availability of quality long-term care insurance and other strategies that promote planning for future health care needs.

### Home and Community-Based Services

3. LPHA supports DHS in seeking new federal waivers with adequate dollars and supports for mental and behavioral health needs to give families and people with disabilities more options to access home and community-based services and increased opportunities to integrate and participate in their communities.

4. LPHA supports DHS collaboration with the Housing Finance Agency, cities, and others to promote accessible housing and “aging in place” housing models.

5. LPHA supports the DHS Waiver Reimagine Project that will identify and recommend system-level improvements to Minnesota’s disability waiver programs.

6. LPHA supports equity across all waivers and across the age span. All waivers should have:
   - A common menu of services available;
   - Appropriate funding to meet assessed needs; and,
   - Person-centered options.

7. LPHA supports a multidisciplinary approach for assessment and case management.

8. LPHA supports options for remote home and community-based service delivery using technology to increase access, provide flexibility in service delivery, and address the issue of workforce shortages in areas around the state.

### MnCHOICES Assessments and Reimbursement

9. LPHA supports equitable and appropriate reimbursement for the MnCHOICES assessment functions regardless of the time study (Local Collaborative Time Study—LCTS—or Social Services Time Study—SSTS).

10. LPHA supports strategies that enable counties who are using current LCTS and SSTS reimbursement methodologies to be fully reimbursed for their assessments and for the costs counties are incurring for the administrative work related to the MnCHOICES assessment.
11. LPHA supports the evaluation of alternative payment methods for MnCHOICES including an evaluation of the Random Moment Time Study and supports efforts to reduce assessment times and creation of efficiencies.

12. LPHA supports repealing county costs shares for MnCHOICES assessments.

13. LPHA supports an evaluation of the MnCHOICES assessment tool and CSP/CSSP to reduce time and increase efficiencies for Certified Assessors and participants in the assessment process.

Funding

14. LPHA continues to support adequate and equitable state funding for the county role, including:
   - Providing access to information and appropriate community services and supports.
   - Completing comprehensive assessments and execution of individual plans of care, as well as initiation of fee-for-service care, waiver programs, or private pay (prior to HMO involvement). Counties continue to provide unfunded case management for; persons eligible for Rule 185; persons relocating from an IRTS, RTC, jail or hospital; persons not on MA (in process or gap in coverage) with assessed needs; and persons eligible for PCA/state plan services. Recommend a relocation case management service that would cover short term case management for IRTS, RTC, jail or hospital relocation as well as PCA and Rule 185.
   - Managing key steps in the delivery of community-based services, including managing the disability waiver rate system; managing contracts for case management services; managing aggregate spending; and performing local quality assurance functions such as monitoring compliance/satisfaction performance, resolving problems/incidents and consulting on best practices.
   - Maintaining collaboration to develop an adequate safety net of home/community/health care considering workforce, health disparities, and reimbursement issues. Critical workforce shortages exist particularly related to complex medical care and PCA services.
   - Assuring county residents are safe and secure in their home and community and that county adult protection services are fully available to address the concerns of vulnerable people. (Currently, the county adult protection program is co-funded by state and local dollars.)
   - Participating in the state’s oversight of strengths/challenges of client care and quality assurance functions, such as case management and network development/gaps analysis in the local home and community-based services system.
   - Supporting the development of new services and resources, including increased options for assistive technology including technology/infrastructure for program participants to access services by tele-health formats.

Standardization

15. LPHA supports DHS in developing universal processes for counties and health plans in the delivery of home and community-based long-term care services (e.g., authorization process for home care services and billing processes).

16. LPHA supports DHS in requiring that Health Plans serving MA populations attest to/have processes to promote continuity of MA and long-term services/supports.
17. LPHA supports consistent assessment tools. Assessment tools differ from fee for service (county) and health plans; MnCHOICES assessment vs legacy LTCC document.

Transitioning in and Out of Institutional Care

18. LPHA supports DHS initiation of a systems analysis regarding the multiple processes currently mandated when people either enter or leave institutional care.

Serving High-Needs Adults Under 65

19. LPHA supports elimination of the county share of nursing home costs for those under age 65 and instead providing service and housing funding to establish more community options for high-needs adults under age 65.

Inmates with Disabilities, Complex Medical Needs and/or Behavioral Support Needs

20. LPHA supports the development of and payment for alternative care sites for county detainees who do not require hospitalization but have disabilities, complex medical and/or behavioral health supports needs that require care and accommodations not available in most county jails.

21. LPHA supports new funding reimbursement initiatives that cover medication costs for inmates.
Mental and Chemical Health

Committee Members: Brad Vold, Morrison County

Opiate Use Disorder
1. LPHA supports policies and efforts to increase cross disciplinary awareness and approaches to address opiate prescription health issues.
2. LPHA supports expansion of treatment services to prevent lack of access to timely services.
3. LPHA supports increased access to medication-assisted therapy.
4. LPHA supports dedicated funding from the pharmaceutical industry to prevent or support intervention activities.
5. LPHA supports policy and professional education that will improve the way opioids are prescribed.

Funding and Infrastructure
6. LPHA supports a public health approach of prevention, early identification and intervention for mental and chemical health conditions across the lifespan, particularly for children, adolescents and young adults, and early in the life of problems.
7. LPHA supports efforts to increase public and policymaker awareness of the importance of mental and chemical health as part of overall health and wellbeing and encourage the appropriate use of early intervention services.
8. LPHA supports mental and chemical health policies and funding that encompass health care reform, including a focus on mental and chemical health promotion.
9. LPHA supports funding to promote access to early intervention and community-based treatment for mental illness, increase the supply of mental and chemical health professionals and practitioners from many language and cultural groups, and promote outreach to individuals who are unable to seek care with tele-medicine, mobile services, and co-located, integrated services in health care and other community settings.
10. LPHA supports evidence-based recommendations of the SCHSAC Mental Health Work Group and other committees and task forces addressing mental and chemical health.
11. LPHA supports collaborative, regional approaches for provision of care-sharing services, joint contracting or other cost-containment initiatives.

Parenting and Mental Health
12. LPHA supports recommendations for early intervention programs for pregnant women who have chemical and mental health issues.
13. LPHA supports policies and programs that work to identify, prevent and treat post-partum depression.
14. LPHA supports modifying state service rules that may be counterproductive in serving parents who are mentally ill and need non-mental health services, such as basic sliding fee child care programs or housing solutions with
supports for parents with mental illnesses). Programs frequently have long waiting lists and children age out before they and their families move to the top of the list.

15. LPHA supports strengthening screening, funding to complete screenings, and follow-up resources for referral activities for children in child protection or corrections programs.

Social Determinates of Health and Adverse Childhood Experiences (ACEs)

16. LPHA supports efforts to maintain eligibility for financial support and Medical Assistance for families and single adults with mental illness and substance use disorder.
17. LPHA supports health promotion campaigns, employment programs, and safe supportive housing to increase compassion and inclusion of persons with mental health and chemical health concerns.
18. LPHA supports health care models, programs, services and tools that address social determinants of health and ACEs and encourage collaboration with partners to have a positive impact.
19. LPHA encourages use of current research on the relationship between trauma, culture, inequity, and protective factors to promote health.
20. LPHA supports trauma-informed services and initiatives to foster population health and prevent or reduce the impact of mental health and chemical health issues.

Health Care Homes

21. LPHA supports policies that encourage coordination of mental and chemical health services with other physical health care and social services through the development of behavioral health care homes and other models emerging through federal and state health care reform.
22. LPHA supports eliminating barriers to same day billing for medical and mental health conditions by creating a reimbursement mechanism for same day integrated visits outside of health care home certification.

Expansion of Services

23. LPHA supports proposals to restore, stabilize and expand state and federal funding for mental and chemical health services, and improve access to adjunctive services including employment programs and supportive housing, while reducing reliance on local taxation.
24. LPHA supports continued and expanded investments in mental health crisis services to avoid use of unnecessarily intensive or restrictive care by offering emergency care in the community, improving access to mental health and other resources for underserved populations, and reaching individuals who are reluctant or unable to use services.
25. LPHA supports community-based solutions and alternatives to more intensive and restrictive levels of care (i.e., hospital, regional treatment center, jail, civil commitment) when possible.

Access to Services

26. LPHA supports service models and reimbursement structures that fit individuals’ needs for long term management, improved access to continue services, and other individualized models of care.
27. LPHA supports mental health parity efforts in Minnesota.
28. LPHA supports the Minnesota Office to Prevent and End Homelessness to develop aftercare facilities specifically for individuals experiencing homelessness to be discharged to post-hospitalization.

Data

29. LPHA supports the development of an accurate, replicable statewide data system that regularly monitors a core set of mental and chemical health indicators for children, adolescents and adults.

Suicide Prevention

30. LPHA recognizes the role of community and social connection in suicide prevention and promotes the use of best practices such as gatekeeper training (i.e., QPR), screening, 24-7 crisis teams, Means Restriction training and practice, the National Suicide Hotline, screening, DBT skills for adolescents, and public education and training about suicide and stigma reduction.

31. LPHA supports legislative funding to continue and increase assertive outreach to persons in suicide crisis with 24-7 phone, mobile, and text services, with a goal of Zero Suicide in Minnesota.

Drug and Alcohol Misuse Prevention

32. LPHA supports funding for community efforts to easily dispose of prescription drugs.

33. LPHA supports statewide alcohol tax increases which will impact youth access and the use of the revenue for programs that support primary prevention for alcohol and substance abuse.

34. LPHA supports policies that prevent underage alcohol consumption (e.g., social host ordinances, responsible beverage server training and compliance checks).
Public Health Emergency Preparedness and Response

Committee Members: Liz Auch, Countryside Public Health; Marcee Shaughnessy, Hennepin County; Jeri Seegmiller, Cass County

Ensuring Local Capacity to Respond to Emergencies

1. LPHA supports alignment of public health emergency preparedness and response grant expectations with the level of available funding.

2. LPHA supports state funding that is flexible and permanent to local health department emergency planning, capacity building and response activities, including ongoing training and equipment purchase that will ensure the public health workforce and infrastructure is able to respond to public health emergencies.

3. LPHA supports assuring local concurrence with MDH applications for federal emergency preparedness funding.

4. LPHA supports state funding to be set aside for local public health volunteer recruitment, registration, training, networking, and implementation to augment daily workforce infrastructure and increase emergency response capacity.

5. LPHA supports establishment of a permanent emergency fund and the creation of a process for local jurisdictions to recover costs related to public health emergencies when the response required significantly exceeds local resources.

6. LPHA supports funding and policies that support local public health’s ability to address the public health needs of people who are unsheltered, experiencing homelessness, or displaced due to disasters or emergencies.

Local health departments are mandated by the federal and state government to prepare for and respond to all-hazard emergencies and disasters in their communities. The COVID-19 pandemic has illustrated the devastating impact of high consequence infections on our population, highlighting the importance of continual planning and response capacity by local public health. This need is further complicated when the needs of high risk, vulnerable populations are addressed.

Since 2005, federal funding for public health emergency preparedness has been cut by more than 30 percent state funding has not been provided to support the state mandated functions, and local tax levies do not provide enough funding to make up for the cuts of federal funding, eroding the capacity to effectively respond.

Rural health departments are at a disproportional disadvantage in response due to the cuts in federal funding. Rural health departments are not able to sustain consistent preparedness staffing at current funding levels.
Injury and Violence Prevention

Committee Members: Josh Peterson and Erin Sikkink, City of Minneapolis

Local Capacity

1. LPHA supports building capacity at the state and local level to address and prevent injuries and violence, including but not limited to formal training and education for all institutions, organizations and policymakers to raise awareness of violence as a preventable public health issue.

2. LPHA supports funding for primary prevention programs that focus on social determinates of health, positive parenting, strengthening families and communities to reduce family, child, youth and community violence.

3. LPHA supports the coordination, implementation and strengthening of partnerships between local public health, healthcare, education, law enforcement, mental health, social services, and other partners to develop comprehensive violence prevention approaches that align with community needs.

4. LPHA supports expanding through research and evaluation the evidence base related to the causes of firearm-related injury and death and the effectiveness of prevention strategies.

5. LPHA supports the development of local capacity to prevent, prepare for, respond to, and recover from active shooter and terrorist situations in schools, workplaces, places of worship, public gathering spaces and other settings.

6. LPHA supports the prevention and mitigation of adverse childhood experiences and violence, as well as the promotion of safe, stable, nurturing relationships for children to reduce the risk of future violence.

7. LPHA supports policies that address systemic racism, it’s impact on the social determinants of health, and promotion of health equity.

Data

8. LPHA supports a robust infrastructure for violence surveillance, data collection and research, as well as the evaluation of violence prevention initiatives.

UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING FAMILY AND COMMUNITY VIOLENCE, CONTINUE TO BE MAJOR CAUSES OF DEATH AND INJURY IN MINNESOTA AND INFLECT A SIGNIFICANT PUBLIC HEALTH BURDEN.

ACROSS THE LIFESPAN, YOUTH VIOLENCE, CHILD MALTREATMENT, DOMESTIC VIOLENCE AND COMMUNITY VIOLENCE IMPACT PREMATURE DEATH AND DISABILITY, PRODUCTIVITY, MENTAL HEALTH AND HEALTH CARE COSTS IN MINNESOTA’S COMMUNITIES.

EFFORTS TO REDUCE VIOLENCE MUST BEGIN WITH VALID AND INFORMATIVE DATA. IMPROVEMENTS IN DATA COLLECTION AND AVAILABILITY WILL ALLOW FOR EPIDEMIOLOGIC APPROACHES THAT HELP CHARACTERIZE THE PROBLEM AND IDENTIFY MODIFIABLE RISK FACTORS.