



# 2023 Federal Action Priorities

## Investing in and Strengthening Minnesota's Local Public Health Foundation

***LPHA supports a significant increase in funding for local public health foundational capabilities.***

Long-term investment in Minnesota's local public health foundational capabilities is crucial for responding to current and emerging health threats. Investing in prevention and local public health pays off by saving health care and other public program costs, such as those from corrections and child protection.

## Responding to Public Health Workforce Needs

***LPHA supports creation of a public health workforce loan repayment program.***

Since 2008, local health departments across the country have lost more than 20% of their workforce. A significant increase in investment in the public health workforce is needed, including through establishing a public health student loan repayment program. This program would serve eligible individuals who work in a local, state, or tribal public health department for three consecutive years and offer up to \$35,000 in repayment assistance for each year of service. Loan repayment will be key in recruiting a robust new public health workforce in the years to come.

## Supporting Data Sharing Infrastructure

***LPHA supports a robust local infrastructure for secure data sharing, collection, and evaluation.***

As a result of the COVID-19 pandemic, communities now expect data and health information as soon as it becomes available. However, there are challenges in accessing timely data. Infrastructure must be created to enable sharing of data between systems, health care providers, and within different levels of government. Increasing secure access to data builds in efficiencies and helps identify health threats early to best use limited resources.

## Improving Maternal and Child Health Outcomes

***LPHA supports legislation and funding that improves maternal and child health outcomes in Minnesota.***

LPHA supports legislation that authorizes the use of televisits for clients in Women, Infant and Child (WIC) programming. One of the federal level requirements for WIC programming is that visits be conducted in-person. During COVID-19, waivers were put in place to allow visits to happen via phone or video, but the waiver expires 90 days after the end of the federal declaration of emergency. Allowing televisits for WIC has enabled local public health to reach more clients in need, increase efficiency and reduce barriers for clients. LPHA also supports direct funding to local health departments to expand or enhance home visiting including adequate, sustained funding and reauthorization for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) to improve health and development outcomes for at-risk children in Minnesota through evidence-based home visiting.

## Strengthening Public Health Emergency Preparedness (PHEP) and Response Capacity

***LPHA supports adequate, sustained funding for local public health emergency planning and response, including ongoing training and equipment, and aligning grant expectations with funding levels.***

Responding to disasters and emergencies—whether health-centric or not—is a core responsibility of Minnesota's local public health departments. In Minnesota, PHEP funding goes to the state and is passed through to locals. Past proposals to redistribute PHEP funds and a series of funding compromised local public health's ability to respond to emergency events. Although there was temporary increased investment because of COVID-19, historically, federal funding has been cut drastically (from nearly \$16 million in 2002 to \$9.2 million in 2019) and funding expectations were not realigned to reflect the cuts.

## Addressing Social Determinates of Health

***LPHA supports policy and funding to address health equity and social determinants of health.***

Local public health plays an important role in addressing social determinates of health that have a direct link to poor health outcomes. COVID-19 has deeply impacted people in our state, further exacerbating existing health inequities. Local public health will continue to serve a leading role in addressing community needs such as higher rates of addiction, housing challenges, food insecurity, violence, and mental health challenges.