



2024 State Policy Positions

A Strong Local Public Health System Protects the Health and Safety of Minnesotans

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 foundational 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 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.

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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 and system enhancements 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 building and maintaining infrastructure to ensure efficient and secure sharing of data between the state and local public health agencies, healthcare and other stakeholders for the assessment of local health status and supports cross-sector data sharing to best assess trends.
- 5. Evaluation of Programs** - LPHA supports using science-based 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, policy and decision making 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.
- 11. Innovation** – LPHA supports innovative strategies to support foundational capabilities that assure the conditions in which people can be healthy.

Public Health Infrastructure

Committee Lead: Ann Stehn, Administrator, Horizon Public Health

Committee Members: Chera Sevcik, Faribault-Martin CHB; Maureen Spike, Isanti County Public Health; Heidi Ritchie, Minneapolis Health Department; Amy Caron, Hennepin County Public Health; Gina Adasiewicz, Dakota County Public Health; Sara Benson, Renville County Public Health; Lisa Syverson, Clearwater County Public Health; Richard Scott, Carver County Public Health; Sarah Kjono, Norman County Public Health; Susan Michels, Carlton, Cook, Lake, St. Louis County CHB

A strong public health infrastructure is the bedrock for creating a healthy and vibrant Minnesota. Foundational public health capabilities are skills that need to be available in every health department so the public health system can work as a whole. Currently, the capacity of Minnesota's local health departments varies widely across the state. Local health departments should have a baseline of organizational competencies such as assessment and surveillance of health threats, emergency preparedness and response, infectious disease prevention and control, communications, development of community partnerships, administrative competencies, and expert staff they can leverage to protect the public's health. Investing in prevention and a strong local public health infrastructure pays off by saving health care and other public program costs. Foundational capabilities ensure local health departments are always ready to serve their community and achieve equitable health outcomes.

1. **Funding** – LPHA supports increased flexible funding to local public health to support public health infrastructure and foundational capabilities to ensure every resident in Minnesota receives the same level of public health service.
2. **Performance** – LPHA supports policies and funding to strengthen the local public health infrastructure to assure that where someone lives does not determine their level of public health protection. The policies and funding must allow for innovative service delivery at the local level, require ongoing coordination between the state and local health departments, and propel the transformation of the local public health system to meet the needs of the 21st Century.
3. **Data and Electronic Health Records** – LPHA supports investment and policy to improve and modernize a statewide, interconnected system for collection and secure storage and exchange of health data that includes governmental public health and the broader healthcare system both within Minnesota and with neighboring states.
4. **Workforce** – 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 and is aligned with the current market for salary, benefits and total compensation.

Chronic Disease Prevention and Promotion of Healthy Lifestyle Behaviors

Committee Lead: Patty Bowler, Director, Policy and Health Communities, Minneapolis Health Department

Committee Members: Michelle Pivec, Health Educator and SHIP Coordinator, Isanti County; Meghann Levitt, Public Health Educator, Carlton County Public Health and Human Services

According to the Centers for Disease Control, approximately 60% of American adults live with at least one chronic condition. Chronic disease such as heart disease, cancer and diabetes drive high healthcare costs and lead to lost productivity, disability, and death. Chronic disease costs Minnesota an estimated \$22 billion annually, and health care spending for insured residents with at least one chronic disease, such as diabetes and heart disease, is nearly eight times higher than for those without one. Further, people who are overweight or obese, smoke, or have underlying health conditions such as diabetes or heart disease are at higher risk for complications. Local public health is working on efforts to prevent chronic disease and promote healthy lifestyles in many ways. Local health departments focus each day on preventing health challenges before they arise through many avenues including helping get food to people in need, working with schools and community organizations, and supporting mental wellbeing.

1. **Statewide Health Improvement Partnership (SHIP)** – LPHA supports permanent, sustainable funding for the Statewide Health Improvement Partnership to prevent chronic disease and improve wellbeing, build community capacity, assure health equity, and promote health based on community needs.
2. **Tax Policy** - LPHA supports statewide health-related tax increases, such as tobacco and sugar-sweetened beverages, and advocates for the use of revenues to fund public health prevention programming.
3. **Healthy Foods and Beverages** – LPHA supports policy and programming to ensure access to nutritious, affordable, culturally diverse food and beverages.
4. **Physical Activity** – LPHA supports policies and funding that increase physical and health education in schools and worksites, improve access to parks and trails, and promote active transportation and safe routes.
5. **Breastfeeding** – LPHA supports policies that strengthen the existing state law to promote breastfeeding and provide adequate time and space for breastfeeding
6. **Commercial Tobacco Prevention** – LPHA supports policy and sustained funding for tobacco prevention and cessation efforts including tobacco cessation and referral services, tobacco-free environments, integration of tobacco treatment and cessation into mental health and substance use treatment settings, and policies that minimize commercial tobacco use and exposure. LPHA opposes preemption efforts of local government authority to enact tobacco prevention policies.
7. **Brain Injury** – LPHA supports policies that protect people from preventable injuries and the long-term health consequences of traumatic brain injury or other head trauma
8. **Skin Cancer** – LPHA supports maintaining policies that prevent skin cancer by decreasing access to tanning facilities and promoting education in the use of sunscreen.
9. **Safe Driving** - LPHA supports strengthening laws that address distracted driving. LPHA supports funding for and implementation of local communities' adoption and implementation of the Towards Zero Deaths efforts and other efforts that ensure safety of active modes of transportation including busing, biking, walking, rolling and car.

Communicable Disease Prevention and Control

Committee Members: Luisa Pessoa-Brandao, Director of Public Health Initiatives, City of Minneapolis; Megan Kirby, Public Health Director, Le Sueur County; Dave Johnson, Health Statistics and Surveillance Program Manager, Hennepin County; Susan Perkins, Supervisor of Emergency Preparedness and Disease Prevention and Control, Anoka County; Grace Grinager, Public Health Supervisor, Cook County

Minnesota statute charges state and local health departments with responsibility for controlling and preventing the spread of communicable diseases. Limited funding resources coupled with continually emerging novel outbreaks and ongoing response to COVID-19, tuberculosis, measles, HIV, syphilis, and Monkeypox strain the ability of local health departments to maintain community protection. In Minnesota, immunization rates declined throughout the COVID-19 pandemic. According to the Minnesota Department of Health, in 2019, 21.3% of 2-year-old children were not up to date on their immunizations. By 2021, that rate increased to 34.1% not up to date. Ensuring the population is immunized is key to preventing and controlling communicable disease into the future. Local public health plays a unique role in communicable disease prevention and control by coupling the expertise at the state level to the relationships and expertise embedded at the local level. Implementing a flexible and well-funded approach to disease prevention and control is integral to response and prevention efforts for future infectious disease threats.

1. **Funding** – LPHA supports increasing funding and reimbursement for local public health departments to enable quick and flexible access to funds to respond to and investigate infectious disease outbreaks and for improved technology to enable more effective response.
2. **Immunizations** – LPHA supports provision of vaccines to local health departments; adequate and flexible funding for outreach and education on vaccinations; and policy and funding to ensure that state vaccination laws are supported, and the Minnesota Immunization Information Connection receives maximum use by immunization providers.
3. **Refugee Health** – LPHA supports policy and funding to ensure individuals newly arriving under federally identified immigration status such as refugee, asylee, humanitarian parolees, and victims of sex trafficking to the United States can receive refugee health exams and can be supported with any additional needed follow-up care.
4. **Sexually Transmitted Infections** – LPHA supports increased and flexible public health funding for sexually transmitted infection prevention, comprehensive sexual health education, testing, counseling, and referral.
5. **Continuing and Emerging Infectious Disease** – LPHA supports policies and funding for prevention, treatment and control of continuing and emerging infectious disease including but not limited to COVID-19, Monkeypox, HIV, Tuberculosis, Hepatitis A, and Measles.
6. **Data Access** - LPHA supports investment in technology and policies that allow for sharing and exchanging (as close to) real time data related to infectious diseases between all local and state public health organizations.
7. **Long COVID** – LPHA supports policies and funding aimed at reducing disparities related to the consequences of COVID-19, expanding health care access including culturally relevant care to those suffering from the consequences of COVID-19, state educational programs related to long COVID, and surveillance and research of long COVID.

Ensuring Health Equity

Committee Lead: Maggie Rothstein, CHS Administrator, Aitkin-Itasca-Koochiching Community Health Board

Committee Members: Richard Scott, Deputy Division Director of Health Services & Community Health Services Administrator, Carver County Public Health; Bree Allen, Public Health Supervisor, Nicollet County Public Health; Pao Thao, Health Equity Manager, Minneapolis Department of Health

Health inequities negatively impact all communities and people, however, we acknowledge that health inequities disproportionately harm BIPOC, low-income, and rural communities who are most at risk. This reality is clear for Minnesota where one's life expectancy can be determined based on zip code. A culturally and trauma-responsive public health and healthcare system is critical to maximizing health opportunities and outcomes for all. As part of Minnesota's local health departments, we all hold influence and power in addressing, dismantling, and healing historical and current health inequities in Minnesota.

1. **Funding** – LPHA supports funding, at the state and local level, for initiatives that focus on creating and advancing positive health equity outcomes, expanding and creating new funder/funded partnerships and networks, and promoting culturally responsive healing practices and strategies.
2. **Social and Economic Conditions** – LPHA supports increased funding to improve health and well-being by addressing social determinants of health and ensuring Minnesotans have access to safe, culturally inclusive, and equitable employment opportunities that provide a livable wage regardless of where they live.
3. **Access to Care** – LPHA supports the state's use of regulatory and purchasing influence to engage managed care organizations and providers in identifying and funding value-added services that address racial, ethnic and geographic disparities in care.
4. **Data Collection** – LPHA supports funding and policy proposals to ensure implementation of a race/ethnicity/language (REL) data desegregation collection standard for public health data.
5. **Workforce** – LPHA strives to create a diverse, culturally competent, and healing health care system by supporting a public health workforce in Minnesota that reflects the races, ethnicities, and lived experiences of communities who are most impacted by health disparities.
6. **Increasing Racial Equity** - 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.

Environmental Health

Committee Members: Cindy Weckworth, Director of Environmental Health, City of Minneapolis; Jeff Travis, Sr. Program Manager, Environmental Health, Washington County

In Minnesota, local public health agencies play an important role in preventing negative health consequences from environmental exposure with programs such as food safety, addressing public health nuisance, protecting our water sources, safe medication disposal, and reducing exposure to radon. Many environmental health issues disproportionately impact BIPOC individuals and communities living in poverty. Environmental health programs ensure all Minnesotans have the opportunity to live, work and play in healthy communities.

1. **Delivery of Local Services** - 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.
2. **Streamlining Minnesota's Food Safety System** - LPHA supports a unified retail food safety system under the Minnesota Department of Health, the agency responsible for coordinating multi-jurisdictional epidemiological investigations.
3. **Environmental Conditions Impacting Children** - LPHA supports policies that are child-focused and prevention-oriented regarding conditions in the environment that impact children's health.
4. **In-Home Environmental Hazards** – LPHA supports maintaining or increasing state funding to promote early intervention and prevent and remediate environmental issues within homes such as lead or radon, including outreach and education, in-home risk assessments, home visits, and the provision of low-cost risk preventive products and remediation.
5. **Subsurface Sewage Treatment Systems (SSTs)** – LPHA supports county policies that require point of sale compliance inspections for SSTs and continued and enhanced funding for SSTS program administration, and grant and loan assistance for system repair, upgrade or replacement.
6. **Clean and Safe Water** – LPHA supports policies and funding for clean and safe drinking water through building local response capacity, infrastructure improvements, addressing contamination, well head protection, point-of-sale water testing, and monitoring for exposure and health.
7. **Disposal of Medications** - LPHA supports maximizing the collection and safe disposal of unwanted prescription and over-the-counter medicines through extended producer responsibility that does not rely on state and local government funding.
8. **Weather** - 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, and food production and security.
9. **Public Health Nuisance** – LPHA supports state level funding and policy that ensure all local health departments have infrastructure, resources, and expertise to address public health nuisances.
10. **Air Quality** – LPHA supports policies and funding to ensure high quality indoor air to protect indoor health and mitigate consequences of decreasing outdoor air quality, including climate related smoke and pollution.

Health Care Delivery Improvement

Committee Co-Leads: Kiza Olson, Administrator, Meeker McLeod Sibley Community Health Services; Coral Ripplinger, Deputy Director, Dakota County Public Health

Committee Members: Stephanie Abel, Senior Department Administrator, Hennepin County Public Health; Kelly Chandler, Division Manager, Itasca County Public Health; Erica Keppers, Director, Wadena County Public Health

Health care delivery and regulations continue to change at the local, state and federal level. Challenges in our health care system continue to evolve and include rising costs, lack of an interoperable data system, workforce shortages, and challenges with access to comprehensive health services such as dental, substance use, and mental health care. Local health departments are positioned to be key strategists in reducing chronic health conditions, controlling health care expenditures, and improving population health.

1. **Determination of Health Priorities** – LPHA supports funding and policies for development of the Community Health (Needs) Assessment and Community Health Improvement Plans, allowing local health departments to serve as community health strategists and encourages coordination and partnership between hospitals and local health departments to identify and address community health needs.
2. **Access to Health Care Services** - LPHA supports policies that improves access to affordable medical, dental, substance use and mental health care for all Minnesotans.
3. **Prevention to Reduce Health Care Costs** – LPHA supports policies to promote participation in preventative health services, expansion of incentives linking public health to promote utilization of preventative health strategies, and policies and proposals that streamline health care program/payer requirements.
4. **Community-Based Care** – LPHA supports policies that promote the public health role for initiatives seeking cost-effective and quality care services within communities.
5. **Electronic Health Data** – LPHA supports policies for consumers to make use of secure health information to support their own health and wellbeing as well as timely data collection for emergency response, health surveillance, and population health goals.
6. **Telemedicine** – LPHA supports policies and reimbursement for telemedicine technology and other virtual service delivery.
7. **Medication Repositories** – LPHA supports the creation of regulated medical repositories to improve access to prescription medications.
8. **Emergency Medical Services** – LPHA supports policies and funding to increase access to and sustainability of Emergency Medical Services (EMS) with a focus on addressing upstream causes of EMS use.

Healthy Children and Families

Committee Lead: Samantha Lo, CHS Administrator, Pine County

Committee Members: Chera Sevcik, Executive Director, Faribault-Martin Community Health Services; Alyssa Johnson, Family Health Supervisor, Faribault-Martin Community Health Services; Erin Melz, Public Health Supervisor, Aitkin County; Joan Schleicher, Public Health Nurse, Isanti County; Meredith Martinez, Family Health Area Manager, Hennepin County; Erin Carder, Family Health Operations Manager, Dakota County; Brittany Becker, Public Health Nurse Supervisor, McLeod County; Brad Vold, Director, Morrison County; Deb Purfeerst, Director, Rice County

Approximately 85% of the human brain develops within the first three years of life. Significant disparities exist within communities, including the African American and American Indian community related to infant and maternal mortality, necessitating a consistent application of an equity lens. Childcare access also continues to be a challenge in Minnesota. Issues with childcare put children at risk for unsafe care or care that is minimally focused on child development, and childcare challenges leave parents at risk of leaving or losing their employment. Public health interventions that begin prenatally and continue through preschool age promote healthy and safe environments, positive birth outcomes, encourage bonding and attachment, identify and address maternal depression, improve parenting, reduce child abuse and neglect, and prepare children for school. There is value in creating a culture of trauma-responsive providers, organizations, and communities.

1. **Family Home Visiting** – LPHA supports sustainable, statewide funding and reimbursement for public health family home visiting programs and supports the expansion of quality home visiting programs including universal visits, evidence-based and those that are evidence informed or recognized as a promising practice throughout Minnesota.
2. **Early Childhood Intervention** - LPHA supports dedicated funding streams to ensure comprehensive early identification, screening and referral to services for children, especially for at-risk children, including those exposed to trauma, violence, and maltreatment. LPHA supports legislation that allows for appropriate data sharing to facilitate referrals, collaboration and reduce duplication of services.
3. **Family and Child Health** – LPHA supports increased, ongoing funding for evidence-based and evidence informed programs that serve high-risk and low-income families, including WIC, home visiting, Child and Teen Checkups outreach, and family planning. LPHA supports an emphasis on health equity and addressing social conditions of health being embedded in every area of focus.
4. **Early Childhood Care and Education** - LPHA supports increased flexible funding for early childhood care/education and recruitment and training of childcare providers to provide quality services including those that are trauma-informed and to increase access to care. LPHA also supports initiatives to help families and communities better understand the importance of early brain development, the impact of Adverse Childhood Experiences, and the significance of protective factors.
5. **Impact of Trauma** - LPHA supports funding and data-driven policies to assist local community initiatives that promote healthy environments and relationships and work to reduce violence, substance misuse, and child maltreatment. LPHA also supports resources, funding, and training for providers, organizations, and communities to become trauma-informed and deliver trauma-responsive services.
6. **Sexual Health and Family Planning** - LPHA supports increased funding, policies, and partnerships that promote evidence-based family planning programs and ensure the right of all Minnesotans to make their own reproductive health decisions through access to comprehensive reproductive health care.
7. **Maternal and Child Health in Correctional Facilities** –LPHA supports policies, resources, funding, and initiatives that strengthen families impacted by parental incarceration, including programs that facilitate maternal and infant attachment for incarcerated parents.

Healthy Aging and Long-Term Care

Committee Lead: Tammy Fiedler RN, PHN, Public Health Director, Wabasha County

Committee Members: Cindy Firme RN, PHN, Renville Co. Public Health; Amanda Kumpula, RN Becker Co. Public Health; Berit Spors, Health & Human Services Director, McLeod County; Tammy Carlsrud, RN ,Norman-Mahnomen Public Health; Patti Martin Public Health Supervisor-Long Term care, Carlton Co. Public Health and Human Services; Abbie Zahler, Health Promotion Program Manager, Hennepin County Public Health; Kiza Olson, Administrator Community Health Services Meeker, McLeod Sibley

Promoting healthy aging throughout the life span and preventing chronic disease is key to promoting wellness, improving quality of life and reducing cost. Local public health departments serve a vital role in outreach and providing information on community-based services that keep older adults and individuals with disabilities in home and community-based settings of their choice rather than in long-term care.

1. **Funding** – LPHA supports adequate, sustainable, and equitable funding to support the county role in providing information and access to community-based services. Support includes completing comprehensive assessments, managing steps in delivery of community-based services, collaborating and innovating to build a safety net of services, and participation in state oversight of care.
2. **Healthy Aging** - LPHA supports adopting healthier lifestyles throughout the lifespan by incorporating policy, system and environmental initiatives that include evidence-based models.
3. **Financial Planning** – LPHA supports policy and systems that promote equitable access to post retirement living costs.
4. **Home and Community-Based Services Assessment and Case Management** - LPHA supports a multidisciplinary approach for assessment and case management to ensure equity across all waivers and throughout the age span. All waivers should have a common menu of services available; appropriate funding to meet assessed needs; and, person-centered options.
5. **Home and Community-Based Services Delivery** - LPHA supports funding and 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.
6. **MnCHOICES Assessments and Reimbursement**– 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. 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.
7. **Standardization** - LPHA supports DHS in developing universal processes for counties and health plans in the delivery of home and community-based long-term care services and care coordination in skilled nursing facilities (e.g., assessment tools, support plans, authorization process for home care services and billing processes).
8. **Transitioning In and Out of Institutional Care** – LPHA supports DHS initiatives to streamline processes currently mandated for individuals who enter or leave long term care.
9. **Serving Adults with Disabilities Under 65**– LPHA supports providing service and housing funding to establish more community options for adults under age 65 and elimination of the county share of skilled nursing facilities costs for those under age 65.
10. **Inmates with Disabilities, Complex Medical Needs and/or Behavioral Support Needs** – LPHA supports new funding reimbursement initiatives that cover medication costs for inmates, 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.

Mental and Chemical Health

Committee Lead: Joanne Erspamer, Public Health Supervisor, Carlton County Public Health and Human Services

Committee Members: Brad Vold, Health and Human Services Director, Morrison County; Dave Lee, Director, Carlton County Public Health and Human Services; Suzanne Young, Senior Project Manager, City of Minneapolis Health Department; Jaimee Brand, Public Health Supervisor, Brown County; Jody Lien, Director of Public Health, Ottertail County; Jihan Ali, Hennepin County; Lisa Syverson, Clearwater County; Richard Scott, Carver County; Meghann Levitt, Public Health Specialist, Carlton County Public Health and Human Services; Berit Sports, Director, McLeod County Health and Human Services

Mental and chemical health promotion can improve quality of life and physical health, and early intervention services can lessen the burden of both. Unrecognized and untreated mental and chemical health conditions can disrupt physical health and development across the lifespan, social connections, family life, education, employment and economic stability, and full community participation. Social inequity has been associated with global increases in mental health disorders and cannot be addressed through treatment alone. In addition, prejudice, and discrimination against persons with mental health and chemical health disorders and their families, make it difficult to seek care, find support, and engage in prevention and recovery planning. Local health departments can play a strong role in health promotion and prevention, reducing stigma targeted towards children and adults with, or at risk for, mental and chemical health issues.

1. **Funding and Infrastructure** – LPHA supports a public health approach of prevention, early identification, and intervention for mental and chemical health conditions across the lifespan and efforts to increase awareness and focus on the importance of mental and chemical health. LPHA supports policies and funding that promote the integration of physical, mental, and chemical health, health care reform and access to early intervention and community-based treatment and utilize evidence-based strategies.
2. **Opiate Use Disorder** - LPHA supports dedicated funding for cross disciplinary approaches to address opiate use disorder while encouraging evidence-based activities to expand services, increase access, and develop awareness and policies to improve prevention activities. LPHA also supports efforts for coordination between the Opiate Epidemic Response Advisory Council, state and local government and stakeholders in use of opiate settlement funds and strategic investment of funds in addressing prevention needs within Minnesota.
3. **Parenting and Mental Health** – LPHA supports policies to identify, prevent, and treat post-partum depression along with programs to support parents with mental and chemical health issues. LPHA identifies the importance of modifying services and policies to address housing and childcare solutions for parents experiencing mental health illness, and funding to complete screening and support coordination of services for children.
4. **Social Determinates of Health and Adverse Childhood Experiences (ACEs)** - LPHA encourages the use of current research on the relationship between trauma, culture, inequity, and protective factors to promote health; while supporting services, funding and initiatives to address social determinants of health and foster population health and reduce the impact of mental and chemical health issues.
5. **Health Care Homes**– LPHA supports policies that encourage integration of physical, mental, and chemical health services with other physical health care and social services while eliminating barriers to same-day billing for medical and mental health conditions and creating sustainable reimbursement for integrated healthcare visits.
6. **Expansion and Access to Services** – LPHA supports policies, community-based service models and reimbursement structures that support an individual's need to access care for mental and chemical health issues, parity of services with physical health, alternatives to intensive or restrictive levels of care, and improved aftercare.
7. **Data**– LPHA supports development and maintenance of a statewide data system that monitors trends in mental and chemical health indicators for all ages.

8. **Suicide Prevention** – LPHA supports a goal of Zero Suicides and supports legislative funding to maintain and increase assertive outreach programs including the 988 Suicide and Crisis Lifeline; while actively advocating for a public health model, recognizing the important role of community and social connection, and promoting the use of evidence-based or promising practices.
9. **Drug and Alcohol Misuse Prevention** – LPHA supports funding and policies that promote best practices in prevention of underage alcohol and drug use and community efforts for disposal of prescription medications.
10. **THC and Cannabis Policy** – LPHA supports policies address cannabis and THC impacts including monitoring of product safety, inspections, prevention of access to minors, and enforcement. LPHA also supports policies that enhance local control, reduce public health impacts, and dedicate cannabis-related tax and fee revenues for public health prevention activities.

Public Health Emergency Preparedness and Response

Committee Lead: Elizabeth Auch, Administrator, Countryside Public Health

Committee Members: Tammy Fielder, Public Health Director, Wabasha County, Michelle Ebbers, Nobles County Community Health Services Administrator, Nobles County, Megan Kirby, Public Health Director, Le Sueur County, Jamiee Brand, Public Health Director, Brown County, Marcee Shaughnessy, Manager, Public Health Emergency Preparedness & Response, Hennepin County, Grace Grinager, Public Health Supervisor, Cook County Public Health and Human Services, Toni Hauser, Supervisor, Emergency Preparedness and Response, City of Minneapolis

Responding to disasters and emergencies is one of the six mandated public health responsibilities of Minnesota's local public health departments. The COVID-19 pandemic has revealed the need for a strong public health infrastructure that facilitates effective planning and a robust response to emergencies. Minnesota's Public Health Emergency Preparedness (PHEP) activities are funded by grants from the federal government, with no state-level investment. The redistribution of PHEP funds along with a series of funding cuts highlight the vulnerability of federal funding. This reduced investment in funding has significantly compromised local public health's ability to respond to emergencies. While there has been a temporary infusion of federal funds due to COVID-19, permanent dedicated PHEP funding was not directed to local public health departments. Historically statewide federal PHEP funding has been drastically cut from nearly \$16 million in 2002 to \$9.2 million in 2019. PHEP funding and duties to meet grant requirements were not realigned to reflect the cuts. Strong local response to emergencies is crucial for healthy and safe communities.

1. **Funding** – LPHA supports flexible and sustainable state level investment in public health emergency preparedness and response to support training, planning, infrastructure, capacity building and response.
2. **Coordination with State-Level Response** – LPHA supports funding and new policies that facilitate the require unification with the use of an Incident Command Structure between local public health, state government, medical partners, and community-based organizations for an efficient and effective response to a public health emergency.
3. **Permanent Emergency Fund** – LPHA supports maintenance of a permanent public health 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.
4. **Delivery of Essential Services** – LPHA supports having funding for disease prevention and control through staff capacity to provide essential services for populations in isolation and/or quarantine during a public health emergency.
5. **Community Coordination** – LPHA supports funding and policies that allow local public health to address the needs of community members who are unsheltered, experiencing homelessness, or are displaced due to disasters or emergencies.
6. **After Action and Recovery** - LPHA supports funding, policies and decision making that supports transition and recovery after public health emergencies, with a focus on populations most adversely impacted by the emergency.

Injury and Violence Prevention

Committee Members: Diane Winter, Meeker County; Veronica Schulz, Area Manager, Community Health and Strategic Initiatives Hennepin County; Erica Keppers, Public Health Director, Wadena County

LPHA recognizes violence as a public health crisis. Public health approaches are effective in reducing unintentional injuries and violence. Injury and violence inflict significant public health and safety burdens in Minnesota. This burden is experienced across the lifespan, such as youth violence, child maltreatment, domestic violence, elder abuse, accidents, and community violence which results in premature death, disability, and loss of productivity. Addressing injury and violence will result in reduced mental health, education, public safety and health care costs.

1. **Local Capacity** – LPHA supports funding and policy to build state and local capacity to address and prevent injuries and violence including training, efforts to raise awareness, and funding for primary prevention programs.
2. **Primary Prevention** - LPHA supports funding for primary prevention programs that focus on social determinants of health, positive parenting, mitigation of adverse childhood experiences, strengthening families and promoting nurturing relationships for children to reduce the risk of future violence.
3. **Coordination** – LPHA supports funding and policy that allow for coordination, implementation, and strengthening of partnerships between local public health, other government entities, healthcare and community organizations.
4. **Firearm-related Injury** – LPHA supports expanding the evidence base of prevention strategies through research and evaluation on the causes of firearm-related trauma, injury and death.
5. **Accidental Injuries** – LPHA supports funding and policy that focus on prevention and education around accidental injuries such as poisonings, drownings, and falls.
6. **Addressing Racism** - LPHA supports policies and funding that promote health and racial equity, address racially motivated violence, and eliminate inequities in the social determinants of health caused by racism.
7. **Disproportionately impacted populations** - LPHA supports funding and policy that focus on prevention of violence against women, LGBTQIA, BIPOC communities, and other people disproportionately impacted by violence.
8. **Suicide Prevention** - LPHA supports funding for a comprehensive approach to suicide prevention to create safe environments, promote connectedness, and reduce risk factors affecting disproportionately impacted populations.
9. **Data** - LPHA supports a robust infrastructure for injury and violence surveillance, data collection and research, as well as the evaluation of violence prevention initiatives.