

# An Overview of Minnesota's Local Public Health System



Minnesota's local public health system works to protect, promote and improve the health of all Minnesotans. This system consists of approximately 70 local public health departments, which are organized as 51 community health boards (CHBs). CHBs are the legally recognized governing bodies for local public health in Minnesota. A CHB may be a single county or city health department, or multiple local health departments working together.

CHBs are mandated by state statute (Minn. Stat. §145A) to fulfill six core areas of public health responsibility, which are funded by a combination of local, state and federal dollars. Local public health departments partner with other government agencies and community organizations such as schools, law enforcement, social services, nonprofits and health care providers to coordinate high quality, collaborative public health programs that fulfill state mandates and address local health priorities.

## Minnesota Community Health Boards and Tribes

### Areas of Public Health Responsibilities Mandated by the Local Public Health Act (MN Stat. §145A)

#### 1. Assure an adequate public health infrastructure

e.g., Assess health priorities with community input; develop community health improvement plans to address identified needs.

#### 2. Promote healthy communities and healthy behaviors

e.g., Track data trends (leading causes of death, birth outcomes); implement health promotion strategies based on community needs.

#### 3. Prevent the spread of infectious disease

e.g., Monitor immunization levels and perform outreach to high-risk groups; run immunization clinics; investigate outbreaks and conduct contact interviews with individuals exposed.

#### 4. Protect against environmental health hazards

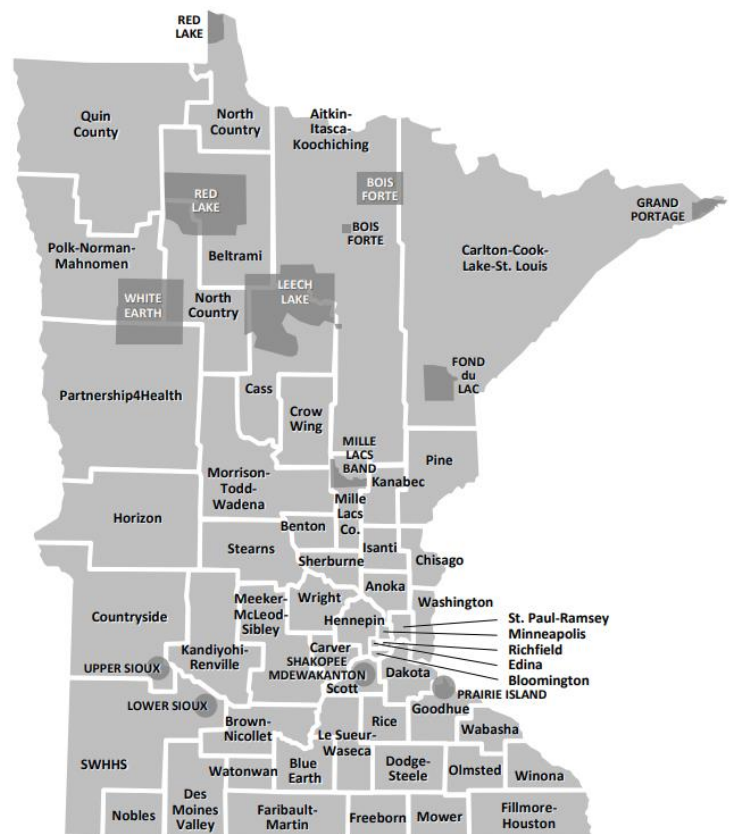
e.g., Implement Childhood Blood Lead Case Management Guidelines; abate public health nuisances; monitor food and water illness data. (Note: Some local agencies also have delegation agreements with state agencies for licensing, inspecting and enforcement of food, pools and lodging establishments, the Safe Drinking Water Act, and/or the MN Clean Indoor Air Act.)

#### 5. Prepare for and respond to disasters, and assist communities in recovery

e.g., Develop and maintain response plans to address needs during disasters and emergencies (infectious disease threats like COVID-19 or TB, natural disasters, terrorist attacks); enforce emergency health orders.

#### 6. Assure the quality and accessibility of health services.

e.g., Identify barriers to health care service and gaps in service; implement strategies to increase access to health care.

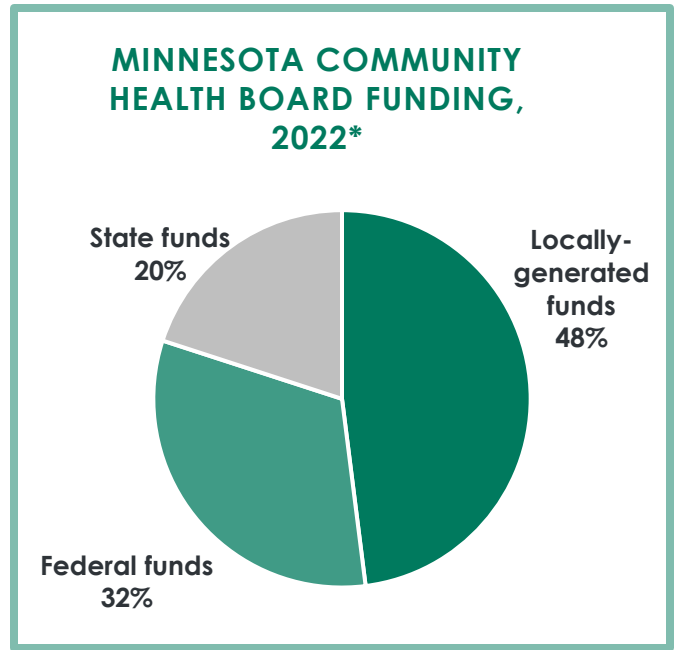


## Funding for Local Public Health

Local tax levies are the single largest source of local public health funding - supporting statutory responsibilities - at 35.9%. In total, nearly half (48%) of funds are locally generated. Federal funds contribute the next largest share (32%), while state funds make up just 20%. Despite significant investments at the local level, per capita investment in Minnesota's public health system have decreased. For example, since 2007, inflation adjusted expenses have dropped from \$67.91 per capita to \$53.99 in 2022. Past funding cuts have compromised local public health's ability to address community health needs and respond to emergencies.

Investing in prevention and a strong local public health infrastructure pays off by saving health care and other public program costs, such as those from corrections and child protection and ensures your zip code doesn't determine your access to health.

\*Source: Minnesota Department of Health - Expenditures summary for Minnesota's local public health system in 2022 - The above data excludes COVID-19-related expenditures.



## Public Health System Capacity

Foundational public health responsibilities need to be available across the state so the public health system can work as a whole. Currently, the capacity of Minnesota's local health departments varies widely across the state. All Minnesotans should have access to good quality public health services, regardless of where they live. 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 and promote public health.

Each column in the below figure represents a local health jurisdiction or the Minnesota Department of Health. Each row shows that jurisdiction's ability to assure foundational public health responsibilities. Dark indigo squares signal that a local health department, or in some cases its community partners, has the capacity and expertise to substantially implement the corresponding foundational responsibility. The lighter the square, the less the jurisdiction has capacity in that responsibility.



### About the Local Public Health Association of Minnesota



**Public Health**  
Prevent. Promote. Protect.

The Local Public Health Association of Minnesota (LPHA) is a voluntary, non-profit organization that works to achieve a strong local public health system through leadership and collective advocacy on behalf of Minnesota's county, city and tribal local public health departments. The Association represents more than 230 public health directors, supervisors and community health services administrators throughout the state. LPHA is an affiliate of the Association of Minnesota Counties.

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Updated: January 2024