



# Public Health System Development in Minnesota

## SUMMARY OF THE REPORT TO THE LEGISLATURE, JAN. 2025

This biennial, statutorily required report describes how Minnesota’s public health leaders, elected officials, and community members work together to help our communities thrive by doing the foundational work of public health in innovative and collaborative ways, partnering across sectors and geographies, and working together to meet today’s health needs while anticipating tomorrow’s.

Read the full report: [Public Health System Development in Minnesota \(PDF\)](https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202501-systemdevelopment.pdf)  
(<https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202501-systemdevelopment.pdf>)

## State of the public health system: Strengths and challenges

Minnesota’s public health system is ready to transform itself to meet the needs of Minnesotans more effectively, but a number of challenges stand in its way.

### Minnesota’s public health system is locally driven, but also fragmented

▶ **Strength:** Minnesota’s governmental public health system has a collective responsibility to Minnesotans, and its agencies and workforce are bound together in practice, partnership, and often in statute. This state-local system was built to be responsive to local need and driven by local priorities, and it excels at doing so.

◀ **Challenge:** However, these varied approaches and structures limit public health departments’ ability to collaborate across jurisdictions, which then undermines public health’s ability to work across sectors and leads to a patchwork of capacity statewide. The factors that shape health cross geographies and sectors—public health must be able to span those boundaries, too.

### Our partnership is timeless, but our approach is outdated

▶ **Strength:** When it was created in 1976, Minnesota’s public health system was seen as forward thinking and as a model for other states to follow.

◀ **Challenge:** Now, 50 years later, Minnesota’s public health system struggles to meet today’s problems or anticipate tomorrow’s without a significant and transformative shift, given substantial changes in data and technology, how we take in news and information, and the public’s expectation for engagement and precision. Our outdated approach also undermines public health’s ability to work together with community to enact proven, effective interventions that address the root cause of health issues while reflecting local needs and priorities.

### Governmental public health is small but mighty—and needs more capacity for foundational work

▶ **Strength:** Minnesota’s public health workforce has deep and broad experience and is committed to working with its communities on effective, innovative ways to build community health.

◀ **Challenge:** Experience, expertise, and commitment aren’t enough to make up for the fact that Minnesota’s public health system does not have enough capacity to do the fundamental, foundational public health work that helps make communities thrive. Public health’s resources, people, and delivery models are out of alignment with each other and with the work of prevention and population health.

## Deep, broad expertise and experience cannot overcome chronic underfunding

▶ **Strength:** Public health workers have a wealth of experience and expertise. They cooperate across sectors to diagnose health issues happening broadly across the community and work to prevent health problems before they start.

◀ **Challenge:** However, Minnesota's public health system is funded in large part by a series of categorical, prescriptive, time-limited grants that don't allow for flexibility depending on jurisdictions' needs or assets or cover individual service delivery instead of population-level prevention work. This funding structure also limits public health from scaling up when it's most needed during emergencies, subjecting public health to an ongoing funding roller-coaster of panic booms and neglect busts.

## A new path forward

While our system continues to face challenges, over the last several years Minnesota has taken many steps to strengthen and improve the public health system. For examples in each area below, visit pp. 23-29 of the report.

- **21<sup>st</sup> century tools:** Ensuring that all public health partners have access to functional, modern tools and technologies is critical to strengthening our public health system. Modern data systems can support data driven decision making, allowing public health officials to deploy human and financial resources where they can make the greatest impact. Minnesota is implementing strategies to improve the quality and availability of data and technology at the state and local level.
- **21<sup>st</sup> century practice:** State and local departments must work to address the upstream causes of health inequities, by centering collaboration, community voice, and equity.
- **Sustained investment:** Insufficient public health investment has compromised the ability of public health departments at all levels to address emergent public health threats and community priorities. In addition to increased, sustainable funding, the system needs innovative and flexible funding models to break down silos and support core public health infrastructure building that is aligned with community need.
- **Local innovation:** Innovation that challenges the status quo helps develop novel, creative approaches to improving the public health system. Local communities are often best positioned to implement these novel approaches because they are on the front lines, identifying the gaps and problems in the current system. They are also able to adapt, iterate, and scale innovative approaches quickly for maximum impact. Several projects are piloting new service delivery innovations to improve the public health system through the Minnesota Infrastructure Fund.

## On the horizon: Recommendations and next steps

- LPHA, SCHSAC, and MDH should continue to partner and cooperate through the Joint Leadership Team. They should also work with the MDH Office of American Indian Health to consult with Tribal partners, and should incorporate community perspective on how to create a truly coordinated public health system.
- While recent state investments are a helpful down payment to build the capacity of the public health system, Minnesota needs more ongoing and sustainable federal and state funding, especially in prevention programs and policies, to make sure every health department has access to the human and technical resources to fulfill foundational public health responsibilities.
- Local public health and MDH should keep using data to understand current system gaps, use available resources to build foundational public health capacity statewide, and test and scale new service models.

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