

Models and Options Subcommittee

A Review of the Public Health System in Nebraska, Minnesota, and Vermont

Brief Report

Overview

The Muskie School was asked to collect information on public health systems in the United States to inform the Models and Options Subcommittee and ultimately the Public Health Workgroup. The three states selected for review were: Nebraska, Minnesota, and Vermont.

Key informant interviews were conducted during the summer of 2006 with representatives from each of the three states. This report summarizes general themes and observations. In addition, a bulleted list of the pros and cons in each state is provided.

Themes and Observations

Our review of the literature, discussions with key informants, and knowledge of public health infrastructure efforts suggested that:

- Regionalization is a trend in many rural states
- The population minimum of 30,000 has worked in rural areas
- The organizational structure of local public health systems is typically described in law or state statute
- Most local public health agencies focus on the 10 ESPH or core functions

A Review of Pros and Cons

Nebraska – Pros

- Able to transform local public health infrastructure
- Able to leverage BT and tobacco settlement dollars to fund local public health infrastructure (tobacco money should be sustainable because like a trust fund)
 - Limited local funding
- Most direct services is done by Community Action Agencies (similar to Maine)
- Locals were able to identify partners (some parameters were set up – 3 contiguous counties, pop > 30,000)
- Community coalitions complement work of the health department and instrumental in getting things started. Many coalition members have become staff members of LPHD and board members. The coalitions were originally funded by Turning Point to help build local health departments – not to perform the 10 EPHS
- Core staff in new health departments:
 - Director (hired in 2002)
 - Administrative Assistant (also handles the budgeting piece)
 - Emergency Preparedness coordinator
 - PH Nurse (have a contract with Medicare – e.g., help if people miss appointments)
 - Health Educator
 - Surveillance person (not necessarily trained in epi)

Nebraska – Cons

- County-based structure (Nebraska has small counties from geographic standpoint)
- Multi-county structure can pose challenges for benefits issue (multi-county health department employees have difficulty getting benefits because not county employees)
- Limited collaboration with mental health and substance abuse (but some interaction with emergency preparedness planning and training)

Minnesota – Pros

- As a result of revisions to the Local Public Health Act in 2003 – 13 categorical grants were combined into one local public health grant. This funding is quite flexible and used to support the essential local public health activities. There are some specific requirements with some of the federal funds:
 - CHS Subsidy
 - MCH Block Grant (some requirements)
 - Family Home Visiting
 - WIC (state funding only)
 - Eliminating Health Disparities – Tribal funding
 - TANF Youth Risk Behavior (reimbursement for services)
 - MN ENABL (TANF funding only)
 - Infant Mortality
- * On average this funding makes up about 10% of a LHD budget
- Incentive – three county department receives a small stipend (\$5,000)
- Work with coalitions – advantage is that they can focus on a particular issue

Minnesota – Cons

- County-based structure
- Locally generated dollars fund most of the system
- Funding formulary is hard to change and the smaller health departments get little
- It's hard to characterize the role of coalitions, they are different throughout the state and mostly topical

Vermont – Pros

- Centralized system provides a mechanism for providing consistent services throughout the state
- There are multiple coalitions focusing on topical issues

Vermont – Cons

- A centralized systems may lack local control
- Coalitions are often developed and chaired by the health department rather than grass-roots organizations

General Thoughts

- Need to build a system that has the *capacity* to perform
 - financing
 - workforce
 - data to do assessment to guide policy and programs
- Need to focus on accountability and developing accountability structures