

Historical Perspectives Minnesota Public Health Association (MPHA)

Roots

MPHA traces its roots back to 1907 when the health officers around the state were organized as the Minnesota State Sanitary Conference and held an annual spring meeting. The conference was in response to a state law that required the Executive Officer of the Minnesota Department of Health (MDH) to call a meeting of health officers at least annually. The demands of public health were broadening in the 1930s and 1940s.

In 1947, the Sanitary Conference opened the door of membership to anyone who was engaged in public health work in the state, changing its name to the Minnesota Public Health Conference to reflect public health values and mission. The American Public Health Association (APHA) officially recognized the Minnesota Public Health Conference as its affiliate in 1948. In 1956, MPHA assumed the name as it now stands and continues to be linked to APHA.

Throughout its history, MPHA has maintained a broad membership to represent and reflect the public health challenges and opportunities of its time. MPHA is fortunate to have a rich tradition and stellar reputation for its influence on public health policies, services, and systems.

Major Eras

MPHA has gone through periods of low and high visibility, slow and rapid growth in membership and the ebb and flow of active participation. When questions were raised about its relevance of goals, capacity, and priorities, these were turned into opportunities for renewing purpose, strengthening governing and membership structure, mobilizing resources, and sustaining momentum. These initiatives were known in each decade as follows: Revitalization in 1970s; Future Directions in 1980s; Strategic Planning in 1990s; Capacity-Building in 2000s.

Voice for Public Health in Minnesota

MPHA is the place where public health workers from multiple disciplines, sectors, and communities come together around shared values, goals, and priorities. The MPHA mission is "to engage and develop its members to mobilize the community to protect and improve the public's health." The diversity of MPHA contributes to its vision of

being an “active, credible and independent voice for public health in Minnesota.”

MPHA has the liberty to frame the policy issues, present science-based information and data, and recommend solutions. Fueled by individual and collective passion, energy, and talents, MPHA works in several ways: offers public and professional education opportunities; links with and mentors new public health professionals; consults with MDH, U of M School of Public Health (SPH), and other public, private and non-profit agencies; forms or joins coalitions, partnerships and collaboratives; and develops and advocates for policy positions at local, state and national levels.

MPHA has, and continues to support, many policy and program initiatives. Examples where MPHA has played important leadership roles in raising awareness, engaging in discussions to inform about issues, forging consensus and strategy, and advocating for a policy positions are: Minor’s Consent to Access Health Services (1968-1971); Community Health Services Act, known today as Local Public Health Act (1974-1977); Health Care Reform focusing on Minnesota Care (1990-1993); Community-Based Long Term Care (1994-1996).

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