

Workforce summary for Minnesota's local public health system in 2020

This report summarizes local public health system staffing in 2020, submitted by Minnesota's community health boards to the Minnesota Department of Health (MDH), and contains two sections:

- **The first section, from pp. 2-8**, summarizes the local public health system's staffing in 2020 (January 1 to December 31), and does not include COVID-19-related staff and volunteers. Community health boards reporting staffing by job classification and area of public health responsibility. For a complete description of job classifications and areas of public health responsibility, visit [Appendix A. Job classifications](#) and [Appendix B. Areas of public health responsibility](#).
- **The second section, from pp. 9-10**, provides information on COVID-19-related staffing from March 1 to December 31, 2020, to help illuminate the nuance and complexity of local public health system staff and volunteer capacity, resources, and priorities. Respondents have provided additional information related to the demands of COVID-19 on Minnesota's local public health workforce (e.g., hours spent on COVID-19, new employees for COVID-19, estimated number of volunteers and volunteer hours for COVID-19).

In 2020, Minnesota's local public health system consisted of 51 community health boards. Of the 51 included in this report, 29 are single-county community health boards, 18 are multi-county community health boards, and four are city community health boards. MDH divides community health boards into eight geographic regions for analysis; to view a map of those regions, visit [Appendix C. Regions of the State Community Health Services Advisory Committee](#).

MDH calculated full-time equivalents (FTEs) per 100,000 based on 2020 population estimates from the Minnesota Center for Health Statistics.

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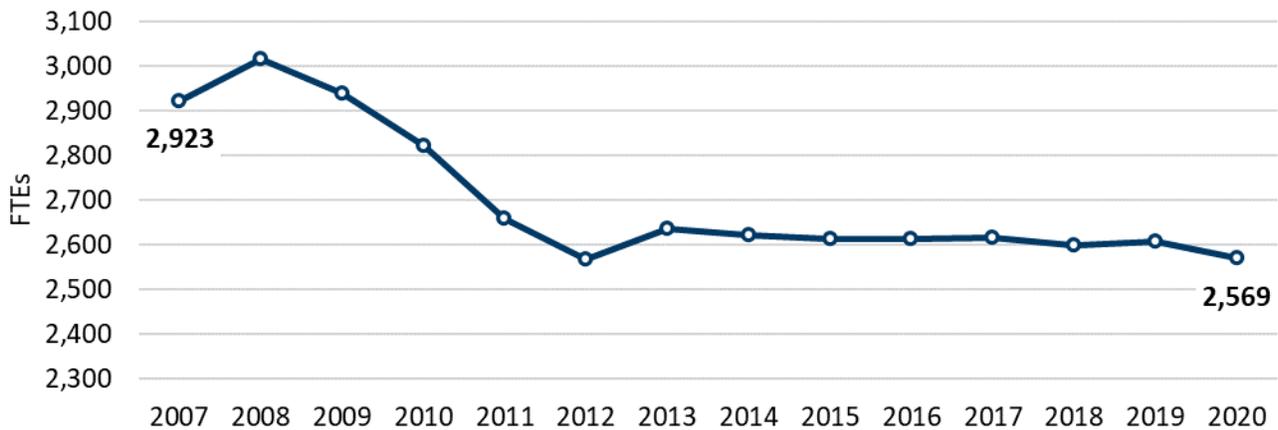
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Part 1: Local public health system workforce in 2020, without COVID-19

Statewide workforce summary

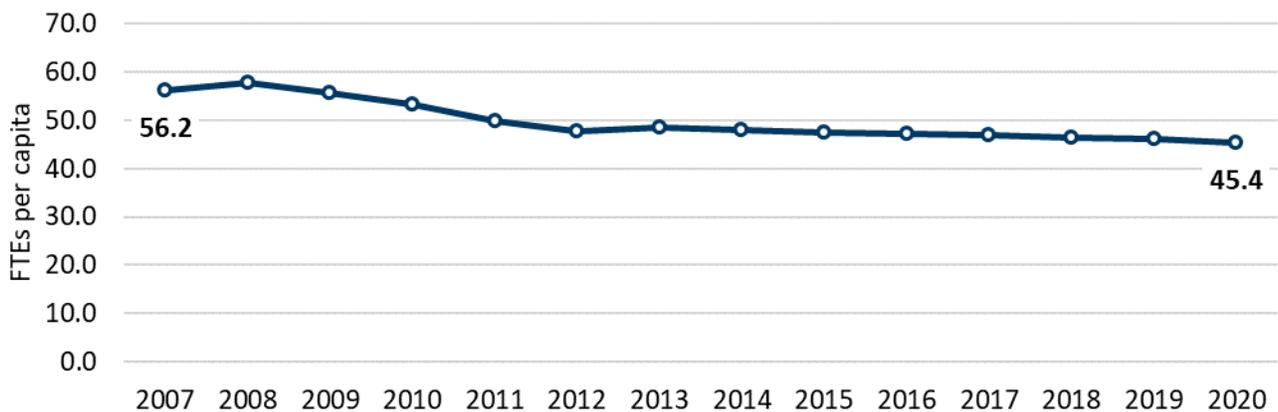
In 2020, Minnesota's local public health system employed a total of 2,569 FTEs, not counting staff and volunteer time devoted to COVID-19. Between 2007 and 2020, the local public health system lost 354 FTEs, equivalent to 12 percent of the state's local public health workforce. The number of total FTEs fell sharply from 2008 to 2012, and has remained relatively stable since that time (**Figure 1**).

Figure 1. Total FTEs in Minnesota's local public health system, 2007-2020



The trend in per capita FTEs mirrors the overall downward trend in total FTEs. In 2007, the state's local public health system had 56 FTEs per capita, and that number fell sharply from 2008 to 2012. After rising somewhat in 2013, the trend in per capita FTEs continued downward to 45 FTEs in 2020 (**Figure 2**).

Figure 2. Per capita FTEs in Minnesota's local public health system, 2007-2020



The local public health system is supported by a variety of job classifications (**Table 3**). Nearly all community health boards employed public health nurses, accounting for 25 percent of the local public health system workforce. Together, public health nurses and other nurses represented 35 percent of the workforce. Other job classifications with a high proportion of workers were administrative support (12 percent), public health educator (6 percent) and administrative/business professional (6 percent). Only seven community health boards (14 percent) have epidemiologists, and all but one of these community health boards are located in the metro region.

The distribution of job classifications as a percentage of FTEs in 2020 remained virtually the same as 2019.

Table 3. Public health FTEs by job classification, and community health boards with FTEs in each job classification, Minnesota, 2020

Job classification	Total FTEs in state of Minnesota (#)	Total FTEs in state of Minnesota (%)	Community health boards with FTEs in job class (#)	Community health boards with FTEs in job class (%)
Public health nurse	655.13	26%	50	98%
Administrative support	303.49	12%	49	96%
Other nurse	252.98	10%	36	71%
Paraprofessional	138.34	5%	28	55%
Public health program specialist	91.52	4%	17	33%
Medical and public social worker	130.36	5%	19	37%
Public health educator	156.19	6%	36	71%
Health administrator	114.19	4%	51	100%
Administrative/business professional	141.88	6%	40	78%
Environmental scientist and specialist	137.58	5%	21	41%
Nutritionist	132.87	5%	34	67%
Technician	35.67	1%	9	18%
Health planner	87.50	3%	19	37%
Epidemiologist	16.14	1%	7	14%
Other ^a	174.95	7%	n/a	n/a
Total	2,569.00	100%	n/a	n/a

Figure 4 shows the distribution of total FTEs across all community health boards. Twelve community health boards (24 percent) employed fewer than 15 total FTEs. Total FTEs employed ranged from 6 FTEs to 410 FTEs, with a median of 31 FTEs.

The five largest community health boards by population accounted for 40 percent of all FTEs and employed 1017 FTEs. This was 80 more FTEs than the 39 smallest community health boards (≤45 FTEs) combined. The

^a Includes occupation safety and health specialist, community health worker, dental worker, public health informatician, physician, physical therapist, mental health counselor, interpreter, licensure/inspection/regulatory specialist, service/maintenance, other public health professional, and other.

community health boards employing over 85 FTEs were mostly located in the metro region, contained a large urban area, or were comprised of multiple counties.

Figure 4. Distribution of total FTEs among community health boards, Minnesota, 2020

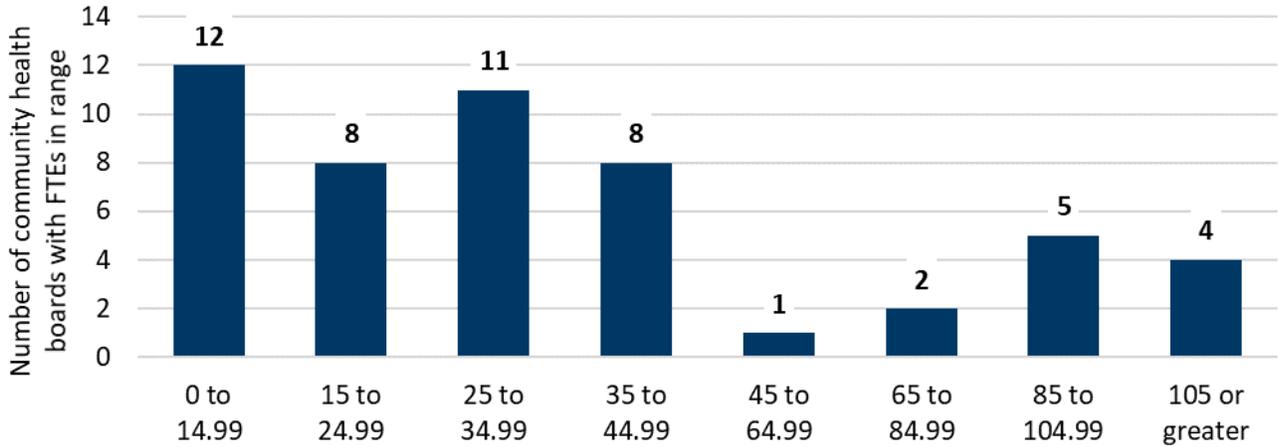
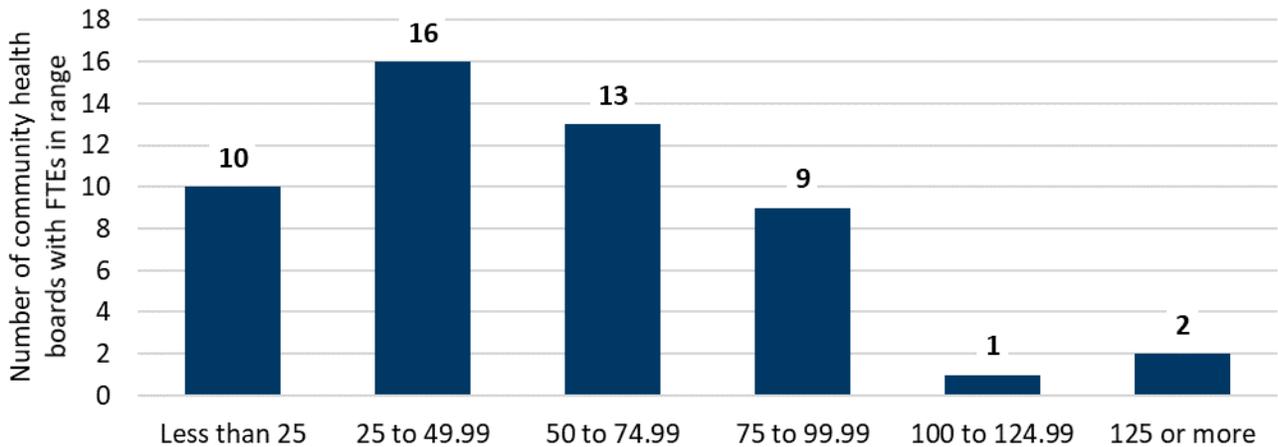


Figure 5 shows the local public health system’s FTEs per 100,000 population. Twenty-six community health boards (51percent) employed fewer than 50 FTEs per 100,000. FTEs per 100,000 ranged from 13 FTEs to 188 FTEs, with a median of 48 FTEs per 100,000.

A majority of the community health boards with the highest FTEs per 100,000 provided direct services to smaller, rural populations.

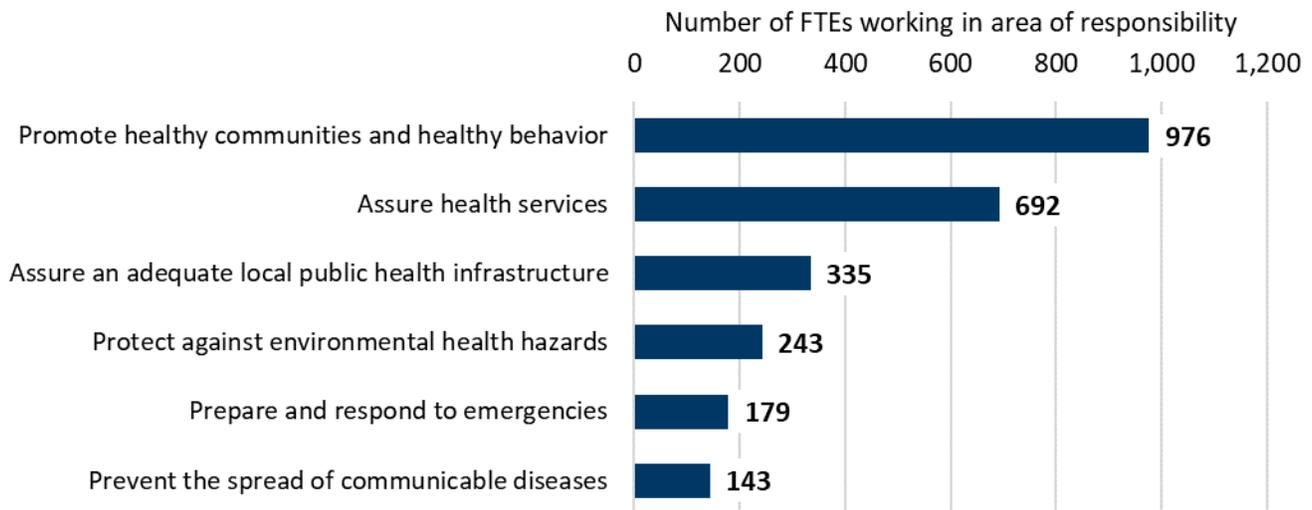
Figure 5. Distribution of FTEs per 100,000 population, Minnesota community health boards, 2020



Statewide workforce by area of responsibility

Figure 6 shows the number of FTEs working in each area of public health responsibility. Two areas (assure health services and healthy communities) accounted for 65 percent of the entire local public health workforce.

Figure 6. Total FTEs in each area of public health responsibility, Minnesota community health boards, 2020



The following section examines the number and type of staff in each area of public health responsibility. For more information on responsibilities in each area, visit [Appendix B. Areas of public health responsibility](#).

Promote healthy communities and healthy behavior

This area was staffed by 976 FTEs, or 38 percent of the local public health system workforce; this is a decrease of 8 percent (90 FTEs) from 2019. Public health nurses accounted for 41 percent of FTEs in this area. Other staff in this area included health educators (11 percent), public health nutritionists (13 percent), administrative support (9 percent), paraprofessionals (5 percent), and public health program specialists (5 percent).

Assure health services

This area of responsibility employed 692 FTEs, a decrease of 41 FTEs (6 percent) from 2019. Nurses, including public health and other nurses, accounted for 48 percent of FTEs in this area. Other staff included paraprofessionals (9 percent), medical and public social workers (15 percent), and administrative support (10 percent).

A significant part of assure health services includes providing direct services through home health care, hospice, correctional health, and emergency medical services programs.

These direct services accounted for 166 FTEs, a decrease of 7 FTEs (less than 1 percent) from 2019 and 307 FTEs (102 percent) fewer than 2011. These FTEs account for 23 percent of all assure health services FTEs and 6 percent of all FTEs.

Assure an adequate local public health infrastructure

Community health boards classified 335 FTEs in this area of responsibility, which accounted for 13 percent of all FTEs. While all community health boards classified at least a portion of an FTE for infrastructure, ten community health boards had less than 1 FTE for this area. Twenty-nine percent of FTEs were classified as administrative support. Health administrators (16 percent) and administrative/business professionals (16 percent) also accounted for a high proportion of FTEs in this area.

Protect against environmental health hazards

This area of responsibility was staffed by 243 FTEs, or 10 percent of the local public health system workforce. More than half (55 percent) of this area's FTEs were environmental scientists and specialists. Other occupations included administrative support (10 percent), licensure/inspection/regulatory specialist (12 percent), and service/maintenance (3 percent). It is important to note that five community health boards from the metro region accounted for 75 percent of all FTEs in this area, and seven community health boards mostly rural reported no FTEs in this area.

Prepare and respond to emergencies

This area of responsibility accounted for seven percent of all FTEs (179 FTEs), an increase of 153 percent (108 FTEs) from 2019. Sixteen percent of emergency preparedness FTEs were public health nurses. Other professions in this area included administrative support (9 percent), health planner (8 percent), public health educator (11 percent) and program specialist (5 percent).

Prevent the spread of communicable diseases

In the local public health system, 143 FTEs (6 percent of all FTEs system-wide) were reported as working in this area of responsibility. Nurses, both public health and other nurses, accounted for 51 percent of the staff in the area of communicable diseases. Other professions included administrative support (11 percent), and health administrator (6 percent). It is important to note that two metro community health boards accounted for 35 percent of FTEs in this area of responsibility, and 21 community health boards employed less than 1 FTE in this area.

Statewide workforce by race and ethnicity

Data on race and ethnicity of community health board staff are available for 50 community health boards (See **Table 7**). About 11 percent of community health board staff identified as a race other than white. This is an increase from 8 percent in 2019. Race other than white was determined by grouping black or African-American; American Indian or Alaska Native; Asian; Native, Hawaiian, or Other Pacific Islander; two or more races; and other/unknown into one category. In 2019, 2 percent of staff reported as Hispanic; there was no change in 2020.

Table 7. Staff race/ethnicity, Minnesota community health boards, 2020

Race/ethnicity	Count (#)	Minnesota public health workforce frequency (%)	Minnesota general population frequency (%)
White	2,267	87.06%	79.1%
Asian	110	4.22%	5.2%
Black or African-American	100	3.84%	7.0%
Hispanic	64	2.46%	5.6%
American Indian or Native Alaskan	11	0.42%	1.4%
Native Hawaiian / other Pacific Islander	2	0.08%	0.1%
More than one race reported	11	0.42%	2.6%
Other/unknown	39	1.50%	n/a
Total	2,604	100.00%	100.00%

Regional workforce comparisons

Table 8 shows the number of total FTEs and FTEs per 100,000 population by region. The metro region had the greatest total number of FTEs (1202) but the fewest number of FTEs per 100,000 (32). The Southeast and Northwest regions had the largest increases from 2019 (7 and 4 percent), while other regions' staffing decreased from 2019 by a range of 2 to 70 percent in total FTEs. Some community health boards outside the Metro provided direct services, which contributed to the higher number of FTEs per 100,000 in greater Minnesota.

Table 8. Regional FTE totals and FTEs per 100,000 population, Minnesota, 2020

Region	Total FTEs	% of total	FTEs per 100,000 population	Land area in square miles	Population per square mile
Northwest	121	5%	70	14,724	12
Northeast	137	5%	42	18,264	18
West Central	211	8%	91	8,076	29
Central	291	11%	37	11,829	66
Metro	1,202	47%	32	2,786	1,343
Southwest	94	4%	44	10,965	20
South Central	184	7%	63	5,779	51
Southeast	330	13%	64	7,205	71
All Regions	2,569	100%	43	79,628	79

Table 9 shows the number of FTEs working in each area of public health responsibility by region. The areas of assure health services and healthy communities accounted for the most FTEs in all regions. The metro region accounted for over half of the FTEs in the areas of environmental health (82 percent) and communicable diseases (56 percent).

Table 9. FTEs working in each area of public health responsibility, by region, Minnesota, 2020

Region	Assure an adequate local public health infrastructure	Promote healthy communities and healthy behavior	Prevent the spread of communicable diseases	Protect against environmental health hazards	Prepare and respond to emergencies	Assure health services	Total
Northwest	15	42	7	1	8	47	121
Northeast	23	61	6	2	17	27	137
West Central	23	75	4	10	4	95	211
Central	41	133	15	6	24	73	291
Metro	111	443	81	199	98	271	1,202
Southwest	14	36	10	5	13	15	94
South Central	44	66	12	9	5	50	184
Southeast	64	120	10	13	9	114	330
All Regions	335	976	143	243	179	692	2,569

Part 2: COVID-19 workforce in the local public health system in 2020

Between March 1 and December 31, 2020, Minnesota’s local public health system logged an estimated 886,033 workforce and volunteer hours on COVID. Hourly employees accounted for the single largest group supporting this work—56 percent of all hours spent on COVID (Table 10). Salaried employees accounted for 35 percent of workforce hours dedicated to COVID. Volunteers accounted for 2 percent of all hours spent on COVID.

Table 10. Workforce hours spent on COVID, 2020

Workforce hours dedicated to COVID	2020 hours spent on COVID	2020 percentage of total hours spent on COVID
Hourly employees: Total COVID regular hours for 10-month period	493,007	56%
Hourly employees: Total COVID overtime hours for 10-month period	20,977	2%
Salaried employees: Total COVID hours during 8-hour workdays	309,603	35%
Salaried employees: Estimated excess hours worked due to COVID	45,783	5%
Estimated number of volunteer hours	16,663	2%
Total community health board workforce and volunteer hours	886,033	100%

Figure 11 shows the distribution of hours spent on COVID in 2020. Eleven community health boards (22 percent) spent fewer than 5,000 hours on COVID related activities. The distribution of hourly and salaried employee hours on COVID ranged from 1,350 to 160,812 hours, with a median of 10,633 hours dedicated to COVID.

Figure 11. Distribution of hourly and salaried employee hours spent on COVID, Minnesota community health boards, 2020

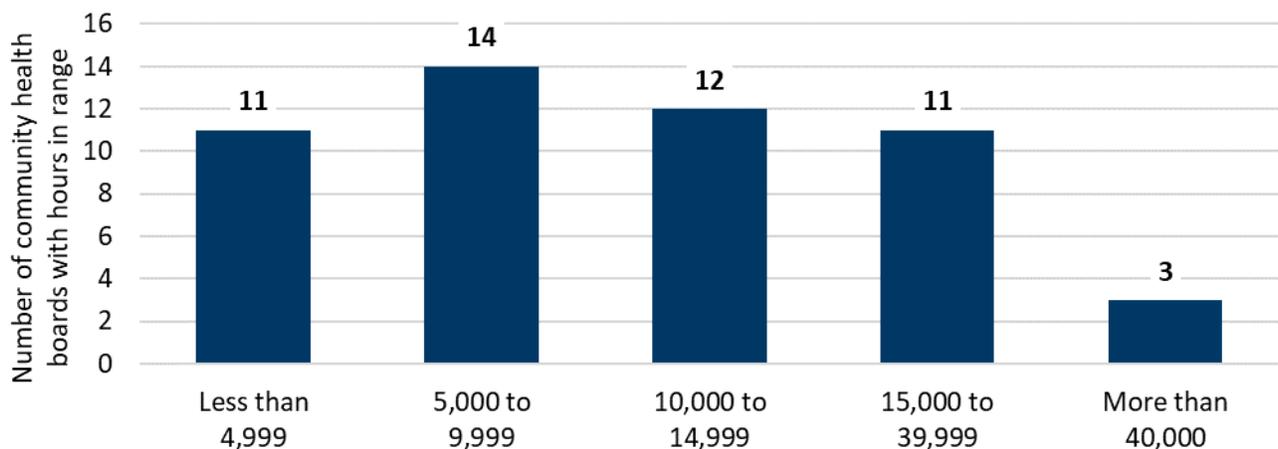


Table 12. Employee and volunteer hours worked on COVID, by region, Minn., 2020

Table 12 shows the number of hours worked by employees and volunteers on COVID by region. Hourly employees: Total covid regular hours for 10-month period accounted for the most hours in all regions except the southwest and southeast. The metro region accounted for nearly half of the total workforce and volunteer hours (45 percent).

Region	Hourly employees: Total COVID regular hours for 10-month period	Hourly employees: Total COVID overtime hours for 10-month period	Salaried employees: Total COVID hours during 8-hour workdays	Salaried employees: Estimated excess hours worked due to COVID	Estimated number of volunteer hours	Total CHB workforce and volunteer Hours
Northwest	22,636	1,743	9,728	3,309	2,670	40,086
Northeast	37,819	1,405	7,016	443	7,818	54,501
West Central	24,113	360	21,656	2,040	0	48,169
Central	60,380	5,100	35,495	3,824	16	104,815
Metro	261,704	8,780	119,947	5,507	3,520	399,458
Southwest	18,958	1,100	21,056	3,204	508	44,826
South Central	40,710	2,153	30,440	2,998	1,390	77,691
Southeast	26,687	336	64,265	24,458	741	116,487
All Regions	493,007	20,977	309,603	45,783	16,663	886,033

Table 13. Regional hourly COVID totals and hours per 100,000 population, Minnesota, 2020

Table 13 shows the number of regional workforce hours and hours per 100,000 population dedicated to COVID. The metro region accounted for the greatest total number of hours 399,458. However, the fewest number of hours per 100,000 (10677). Other regions with large hourly totals included the southeast 116,487 (13 percent) and central 104,815 (12 percent). While other regions' hourly COVID response ranged from 5 to 9 percent.

Region	2020 workforce hours dedicated to COVID	Hours per 100,000 population	Land area in square miles	Population per square mile
Northwest	40,086	23,404	14,724	12
Northeast	54,501	16,845	18,264	18
West Central	48,169	20,703	8,076	29
Central	104,815	13,446	11,829	66
Metro	399,458	10,677	2,786	1,343
Southwest	44,826	20,907	10,965	20
South Central	77,691	26,561	5,779	51
Southeast	116,487	22,721	7,205	71
All Regions	886,033	14,851	79,628	79

Appendices

Appendix A. Job classifications

This glossary includes brief definitions and decision guidelines for the titles in the expanded Bureau of Health Professions listing. The listing was developed over the course of the enumeration project conducted by Columbia University School of Nursing Center for Health Policy. These definitions have been slightly modified to better describe Minnesota's public health workforce; modifications have been noted.

Health administrator: This single category encompasses all positions identified as leading a public health agency, program, or major sub-unit. This includes occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, direct individual departments or special phases of the agency's operations, or provide specialized consultation on a regional, district or area basis. Examples of occupations include department heads, bureau chiefs, division chiefs, directors, deputy directors, community health services administrators, public health nursing directors, and environmental health directors. This does NOT include managers, supervisors, or team leaders.

Administrative/business professional: Performs work in business, finance, auditing, management, and accounting. Individuals trained at a professional level in their field of expertise prior to entry into public health. Examples of occupations include office manager and accountants.

Administrative support (including clerical and sales): Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information and other paperwork required in an office. Examples of occupations include bookkeepers, messengers, clerk-typists, stenographers, court transcribers, hearing reporters, statistical clerks, dispatchers, license distributors, payroll clerks, office machine and computer operators, telephone operators, legal assistants, secretaries, clerical support, WIC clerks, and receptionists.

Community health worker: Assist individuals and communities to adopt healthy behavior. Conduct outreach for public health, medical personnel, or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. Provide culturally appropriate health information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. In Minnesota, this may mean a person with a Community Health Worker certificate from a higher education institution or staff working in a CHW capacity as defined by the local health department/community health board personnel standards. Excludes "Health Educators".

Environmental Scientist and Specialist: Applies biological, chemical, and public health principles to control, eliminate, ameliorate, and/or prevent environmental health hazards. Examples of occupations include environmental researcher, environmental health specialist, food scientist, soil and plant scientist, air pollution specialist, hazardous materials specialist, toxicologist, water/waste water/solid waste specialist, sanitarian, and entomologist.

Epidemiologist: Investigates, describes, and analyzes the distribution and determinants of disease, disability, and other health outcomes, and develops the means for their prevention and control; investigates, describes and analyzes the efficacy of programs and interventions. Includes individuals specifically trained as

epidemiologists, and those trained in another discipline (e.g., medicine, nursing, environmental health) working as epidemiologists under job titles such as nurse epidemiologist.

Health planner/researcher/analyst: Analyzes needs and plans for the development of public health and other health programs, facilities, and resources, and/or analyzes and evaluates the implications of alternative policies relating to public health and health care. Includes a number of job titles without reference to the specific training that the individual might have (e.g., health analyst, community planner, research scientist).

Interpreter: Individuals who translate information in one language to another language for public health purposes. (This definition was modified.)

Licensure/inspection/regulatory specialist: Audits, inspects and surveys programs, institutions, equipment, products, and personnel, using approved standards for design or performance. Includes those who perform regular inspections of a specified class of sites or facilities, such as restaurants, nursing homes, and hospitals where personnel and materials present constant and predictable threats to the public, without specification of educational preparation. This classification probably includes a number of individuals with preparation in environmental health, nursing and other health fields.

Medical and public health social worker: Identifies, plans, develops, implements, and evaluates social work interventions on the basis of social and interpersonal needs of total populations or populations-at-risk in order to improve the health of a community and promote and protect the health of individuals and families. This job classification includes titles specifically referring to social worker. (This category has been modified from the original occupational title and includes "Mental Health/Substance Abuse Social Worker.")

Mental health counselor: Emphasizes prevention and works with individuals and groups to promote optimum mental health. This occupation may help individuals deal with addictions and substance abuse; family, parenting, and marital problems; suicidal tendencies; stress management; problems with self-esteem; and issues associated with aging, and mental and emotional health. It can also provide services for persons having mental, emotional, or substance abuse problems and may provide such services as individual and group therapy, crisis intervention, and social rehabilitation. May also arrange for supportive services to ease patients, return to the community. It includes such titles as crisis team worker. This category excludes psychiatrists, psychologists, social workers, marriage and family therapists, and substance abuse counselors.

Occupation safety and health specialist: Reviews, evaluates, and analyzes workplace environments and exposures and designs programs and procedures to control, eliminate, ameliorate, and/or prevent disease and injury caused by chemical, physical, biological, and ergonomic risks to workers. Occupations include industrial hygienist, occupational therapist, occupational medicine specialist and safety specialist. It also includes a physician or nurse specifically identified as an occupational health specialist.

Other nurse: Helps plan, develop, implement, and evaluate nursing and public health interventions for individuals, families and populations at risk of illness or disability. Other nurses include nurses with the following titles: RN, NP, and LPN. A nurse that has a baccalaureate or higher degree with a major in nursing and meets the requirements stated in Minnesota Rules Chapter 6316 should be classified as a "Public Health Nurse." (This is not an official EEO-4/CHP/BHPr+ definition.)

Other public health professional: This includes positions in a public health setting occupied by professionals (preparation at the baccalaureate level or above) that do not fall under the specific professional categories. (This category has been slightly modified from the original occupational title.). Examples of occupations include

physician assistant, laboratory professional, EMS professional, intern, speech therapist, and public relations/media specialist.

Paraprofessional: Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually require less formal training and/or experience normally required for professional or technical status. This includes research assistants, medical aides, child support workers, home health aides, library assistants and clerks, ambulance drivers and attendants, homemaker, case aide, community outreach/field worker, and advocate.

Public health dental worker: Plans, develops, implements, and evaluates dental health programs to promote and maintain optimum oral health of the public; public health dentists may provide comprehensive dental care; the dental hygienist may provide limited dental services under professional supervision. This category is specific in its inclusion of only employees trained in dentistry or dental health, but abnormally broad in that it neglects the professional/technician distinction and includes the entire range of qualifications, from dental surgeon to dental hygienist.

Public health educator: Designs, organizes, implements, communicates, provides advice on, and evaluates the effect of educational programs and strategies designed to support and modify health-related behaviors of individuals, families, organizations, and communities. This title includes all job titles that include health educator, unless specified to another specific category, such as dental health educator or occupational health educator.

Public health informatician: Provides informatics expertise to establish policies, practices, and procedures for public health informatics within a program or across the agency to ensure effective use of information and information technology. Also known as public health informatics analyst, public health informatics specialist, health scientist (Informatics).

Public health nurse: Plans, develops, implements, and evaluates nursing and public health interventions for individuals, families, and populations at risk of illness or disability. This title only includes public health nurses who meet the requirements stated in Minnesota Rules Chapter 6316. Public health nurses must have a baccalaureate or higher degree with a major in nursing. (This category has been modified from the original occupational title.)

Public health nutritionist: Plans, develops, implements, and evaluates programs or scientific studies to promote and maintain optimum health through improved nutrition; collaborates with programs that have nutrition components; may involve clinical practice as a dietitian. Examples include community nutritionist, community dietitian, nutrition scientist, and registered dietician.

Public health physical therapist: Assesses, plans, organizes, and participates in rehabilitative programs that improve mobility, relieve pain, increase strength, and decrease or prevent deformity of individuals, populations and groups suffering from disease or injury.

Public health physician: Identifies persons or groups at risk of illness or disability, and develops, implements, and evaluates programs or interventions designed to prevent, treat, or ameliorate such risks; may provide direct medical services within the context of such programs. Examples include MD and DO generalists and specialists, some of whom have training in public health or preventive medicine. This job classification does not include physicians working in administrative positions (health administrator or official) and some in specialty areas (epidemiology, occupational health).

Public health program specialist: Plans, develops, implements, and evaluates programs or interventions designed to identify persons at risk of specified health problems, and to prevent, treat or ameliorate such problems. This job classification includes public health workers reported as public health program specialists without specification of the program, as well as some reported as specialists working on a specific program (e.g., AIDS Awareness Program Specialist, immunization program specialist.) Includes individuals with a wide range of educational preparation, and may include individuals who have preparation in a specific profession (e.g., dental health, environmental health, medicine, and nursing).

Service-maintenance: Occupations in which workers perform duties which result in or contribute to the comfort, convenience, hygiene, or safety of the general public or which contribute to the upkeep and care of buildings, facilities or grounds of public property. Workers in this group may operate machinery. This includes chauffeurs, laundry and dry-cleaning operatives, truck drivers, bus drivers, garage laborers, custodial employees, grounds keepers, drivers, transportation, and housekeepers.

Technicians: This classification includes occupations that require a combination of basic scientific or technical knowledge and manual skill that can be obtained through specialized post-secondary school education or through equivalent on-the-job training. Examples include computer programmers, drafters, survey and mapping technicians, photographers, technical illustrators, technicians (medical, dental, electronic, physical sciences), inspectors, environmental health technicians, nutritional technicians, detox technicians, EMS technicians, hearing and vision technicians, laboratory technicians, and computer specialists.

Appendix B. Areas of public health responsibility

Assure an adequate local public health infrastructure: This area of public health responsibility describes aspects of the public health infrastructure that are essential to a well-functioning public health system—including assessment, planning, and policy development. This includes those components of the infrastructure that are required by law for community health boards. It also includes activities that assure the diversity of public health services and prevents the deterioration of the public health system.

Promote healthy communities and healthy behavior: This area of public health responsibility includes activities to promote positive health behavior and the prevention of adverse health behavior—in all populations across the lifespan in the areas of alcohol, arthritis, asthma, cancer, cardiovascular/stroke, diabetes, health aging, HIV/AIDS, infant, child, and adolescent growth and development, injury, mental health, nutrition, oral/dental health, drug use, physical activity, pregnancy and birth, STDs/STIs, tobacco, unintended pregnancies, and violence. It also includes activities that enhance the overall health of communities.

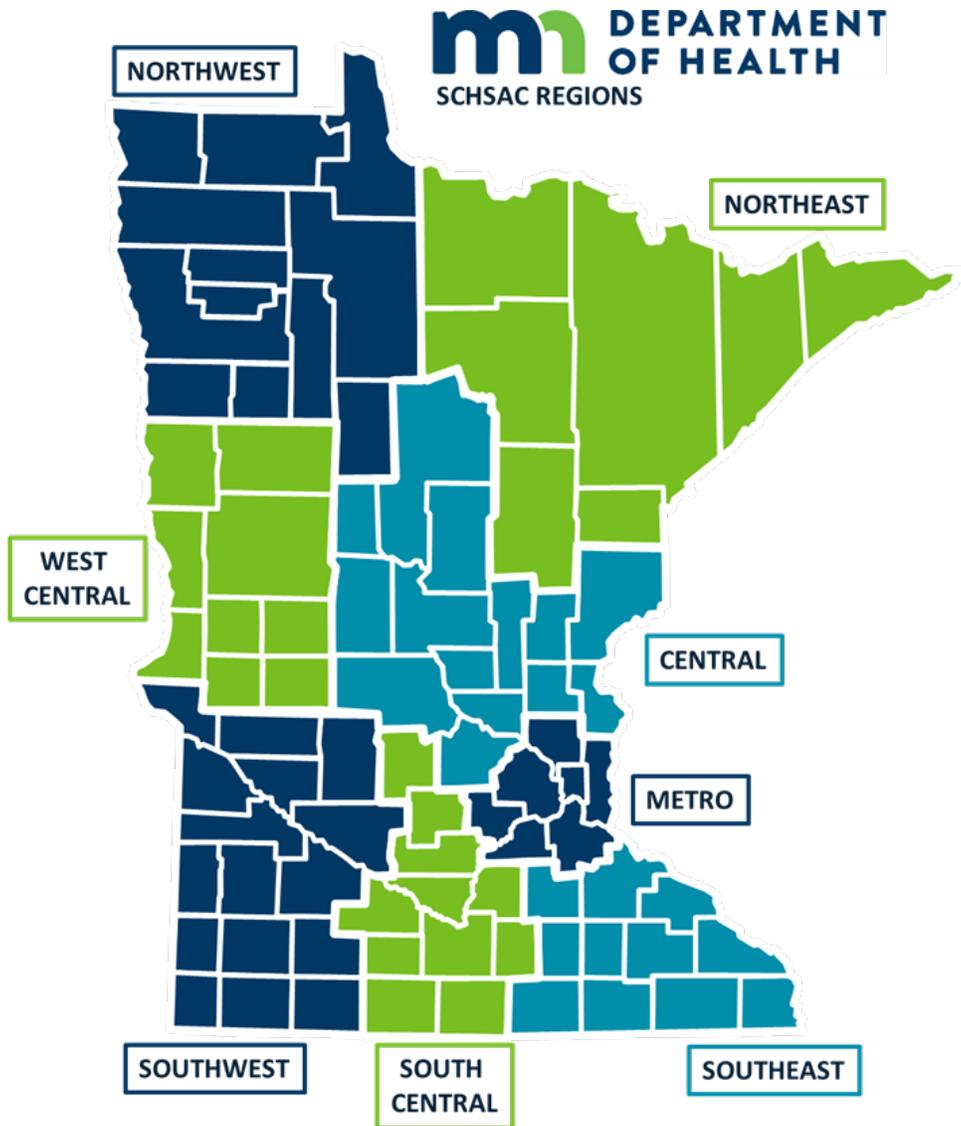
Prevent the spread of communicable diseases: This area of responsibility focuses on communicable (or infectious) diseases that are spread person to person, as opposed to diseases that are initially transmitted through the environment (e.g., through food, water, vectors and/or animals). It also includes the public health department activities to detect acute and infectious diseases, assure the reporting of communicable diseases, prevent the transmission of disease (including immunizations), and implement control measures during infectious disease outbreaks.

Protect against environmental health hazards: This area of responsibility includes aspects of the environment that pose risks to human health (broadly defined as any risk emerging from the environment), but does not include injuries. This area also summarizes activities that identify and mitigate environmental risks, including foodborne and waterborne diseases and public health nuisances.

Prepare and respond to emergencies: This area of responsibility includes activities that prepare public health to respond to disasters and assist communities in responding to and recovering from disasters.

Assure health services: This area of responsibility includes activities to assess the availability of health-related services and health care providers in local communities. It also includes activities related to the identification of gaps and barriers in services; convening community partners to improve community health systems; and providing services identified as priorities by the local assessment and planning process.

Appendix C. Regions of the State Community Health Services Advisory Committee (SCHSAC)



Community health board	Member counties, cities, or local health departments (2020)	SCHSAC region
Aitkin-Itasca-Koochiching	Aitkin County Health & Human Services Itasca County Health & Human Services Koochiching County Public Health & Human Services	Northeast
Anoka	Anoka County Human Services	Metro
Beltrami	Beltrami County Public Health	Northwest
Benton	Benton County Public Health	Central
Bloomington	City of Bloomington Community Services	Metro
Blue Earth	Blue Earth County Human Services/Social Services	South Central

WORKFORCE SUMMARY FOR MINNESOTA'S LOCAL PUBLIC HEALTH SYSTEM IN 2020

Community health board	Member counties, cities, or local health departments (2020)	SCHSAC region
Brown-Nicollet	Brown County Public Health Nicollet County Public Health	South Central
Carlton-Cook-Lake-St. Louis	Carlton County Public Health & Human Services Cook County Public Health Lake County Health & Human Services St. Louis County Public Health & Human Services	Northeast
Carver	Carver County Public Health	Metro
Cass	Cass County Health, Human, & Veterans Services	Central
Chisago	Chisago County Health & Human Services	Central
Countryside	Big Stone County Chippewa County Lac qui Parle County	Southwest
Crow Wing	Crow Wing County Community Services	Central
Dakota	Dakota County Public Health	Metro
Des Moines Valley	Cottonwood County Jackson County	Southwest
Dodge-Steele	Dodge County Public Health Steele County Community Services	Southeast
Edina	City of Edina: Public Health	Metro
Faribault-Martin	Faribault County Martin County	South Central
Fillmore-Houston	Fillmore County Community Services Houston County Public Health	Southeast
Freeborn	Freeborn County Public Health	Southeast
Goodhue	Goodhue County Health & Human Services	Southeast
Hennepin^b	Hennepin County Public Health Promotion	Metro
Horizon	Douglas County Grant County Pope County	West Central
Isanti	Isanti County Public Health	Central
Kanabec	Kanabec County Community Health	Central
Kandiyohi-Renville	Kandiyohi County Health & Human Services Renville County Health & Human Services	Southwest
Le Sueur-Waseca	Le Sueur County Public Health Waseca County Public Health Services	South Central
Meeker-McLeod-Sibley	McLeod County Public Health Nursing Meeker County Public Health Sibley County Public Health	South Central
Mille Lacs	Mille Lacs County Public Health	Central

^b Bloomington, Edina, Minneapolis, and Richfield are independent community health boards located within Hennepin County.

WORKFORCE SUMMARY FOR MINNESOTA'S LOCAL PUBLIC HEALTH SYSTEM IN 2020

Community health board	Member counties, cities, or local health departments (2020)	SCHSAC region
Minneapolis	City of Minneapolis Health Department	Metro
Morrison-Todd-Wadena	Morrison County Public Health Todd County Health & Human Services Wadena County Public Health	Central
Mower	Mower County Health & Human Services	Southeast
Nobles	Nobles County Community Health Services	Southwest
North Country	Clearwater County Public Health/Nursing Services Hubbard County: CHI St. Joseph's Health Lake of the Woods County: LakeWood Health Center	Northwest
Olmsted	Olmsted County Public Health Services	Southeast
Partnership4Health	Becker County Public Health Clay County Social & Health Services Otter Tail County Public Health Wilkin County Public Health	West Central
Pine	Pine County Public Health	Central
Polk-Norman-Mahnomen	Mahnomen County: Norman-Mahnomen Public Health Norman County: Norman-Mahnomen Public Health Polk County Public Health	Northwest
Quin County	Kittson County: Kittson Memorial Healthcare Center Marshall County: North Valley Public Health Pennington County: Inter-County Nursing Service Red Lake County: Inter-County Nursing Service Roseau County: LifeCare Public Health	Northwest
Rice	Rice County Public Health	Southeast
Richfield	City of Richfield Public Health	Metro
Scott	Scott County Public Health	Metro
Sherburne	Sherburne County Health & Human Services	Central
St. Paul-Ramsey	Ramsey County City of St. Paul	Metro
Stearns	Stearns County Human Services	Central
SWHHS (Southwest Health and Human Services)	Lincoln County Lyon County Murray County	Pipestone County Rock County Redwood County
Wabasha	Wabasha County Public Health	Southeast
Washington	Washington County Public Health & Environment	Metro
Watonwan	Watonwan County Human Services	South Central
Winona	Winona County Community Services	Southeast
Wright	Wright County Human Services	Central