

# Workforce Summary for Minnesota’s Local Public Health System in 2023

This report summarizes local public health system staffing in 2023 (January 1 to December 31), submitted by Minnesota’s community health boards (CHBs) to the Minnesota Department of Health (MDH). CHBs did not report separately on COVID-19-related staff and volunteers during this reporting cycle.

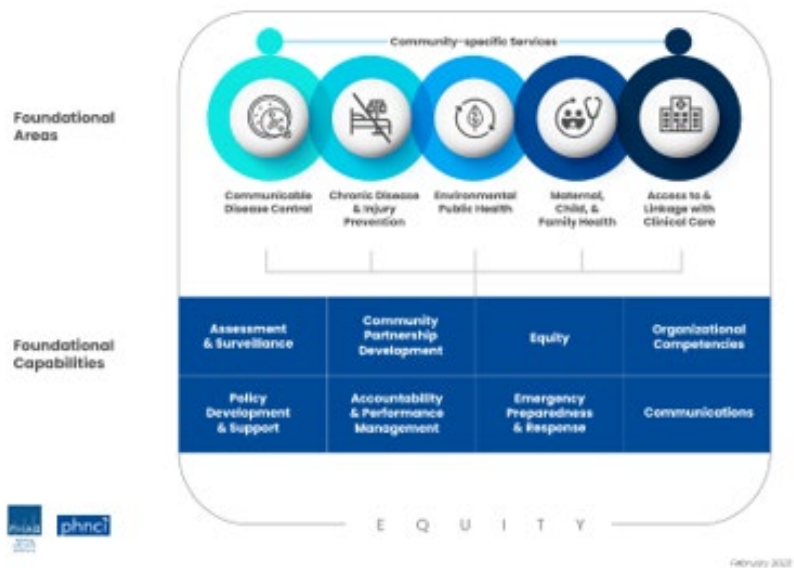
Community health boards reported staffing by job classification and the six areas of public health responsibility defined in MN Statute 145A.04, subd 1a. This report illustrates the alignment between the six areas of responsibility and the newly adopted foundational public health responsibilities (FPHR) to synchronize with system transformation efforts.

The foundational public health responsibilities outline what is needed in place everywhere for the governmental public health system to work anywhere. Generally, the data in this report does not distinguish between staff FTE allocation for foundational work from that which reflects important, community specific priorities. The exception is in Assure Health Services (FPHR Access to and Linkage with Clinical Care), where data around direct services such as home health, correctional health, hospice, and emergency medical services are included for those who provide those services. While the distinction between staffing towards foundational responsibilities and community specific work cannot be fully understood by the current reporting structure, a significant number of community health boards reported increased staffing towards foundational responsibilities since 2022, when Minnesota conducted an assessment of the public health system's capacity to fulfill foundational responsibilities, the cost associated with current work, and the cost associated with the entire system fulfilling all foundational responsibilities.

For a complete description of job classifications and areas of public health responsibility (including alignment with foundational public health responsibilities), visit [Appendix A. Job classifications](#) and [Appendix B. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility](#).

In 2023, 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

## Foundational Public Health Responsibility Framework



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 2023 population estimates from the Minnesota Center for Health Statistics.

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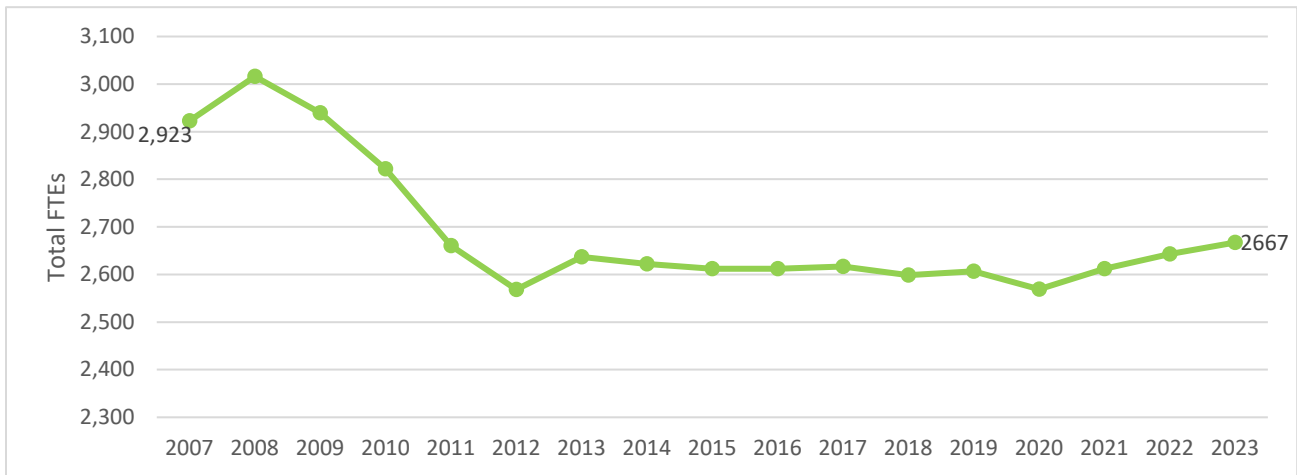
*This report was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local, and Territorial Support, under Federal Award Identification Number (FAIN) NB01TO000037. The content in this report is that of the authors, and does not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.*

## Local public health system workforce in 2023

### Statewide workforce summary

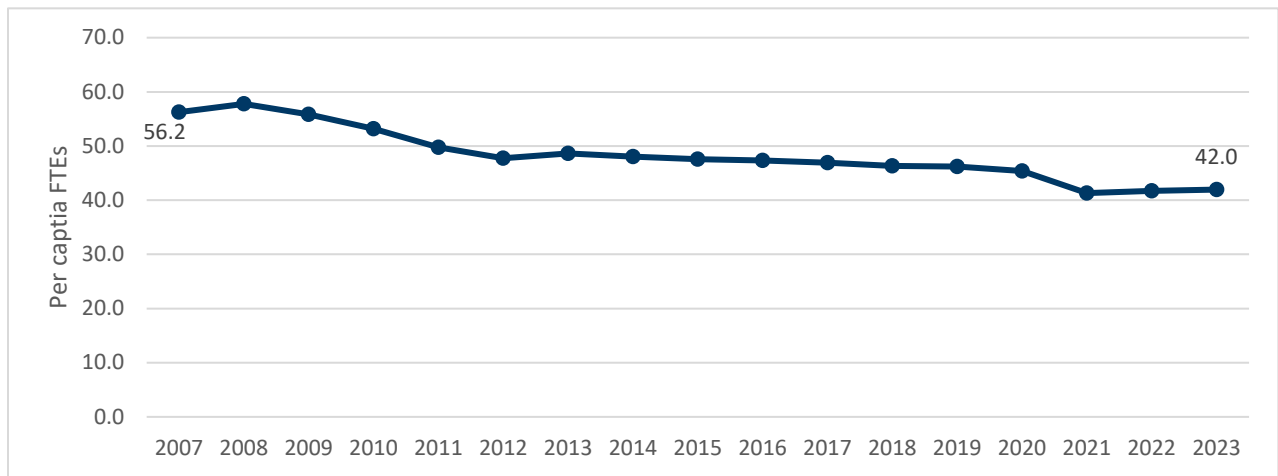
In 2023, Minnesota's local public health system employed a total of 2,667 FTEs. (This includes staff and volunteer time devoted to COVID-19). Between 2007 and 2023, the local public health system lost 256 FTEs, equivalent to 9% of the state's local public health workforce. The number of total FTEs fell 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, 2007-2023**



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 42 FTEs in 2023 (**Figure 2**).

**Figure 2. Per capita FTEs in Minnesota's local public health system, 2007-2023**



WORKFORCE SUMMARY FOR MINNESOTA'S LOCAL PUBLIC HEALTH SYSTEM IN 2023

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 23% of the local public health system workforce. Together, public health nurses and other nurses represented 33% of the workforce. Other job classifications with a high proportion of workers were administrative support (11%) and public health educator (6%), administrative/business professional (6%), paraprofessional (5%), and public health program specialist (5%). Only seven community health boards (1%) have epidemiologists, and all but two of these community health boards are in the metro region.

The distribution of job classifications as a percentage of FTEs in 2023 remained virtually the same as 2022.

**Table 3. Public health FTEs by job classification, and community health boards with FTEs in each job classification, Minnesota, 2023**

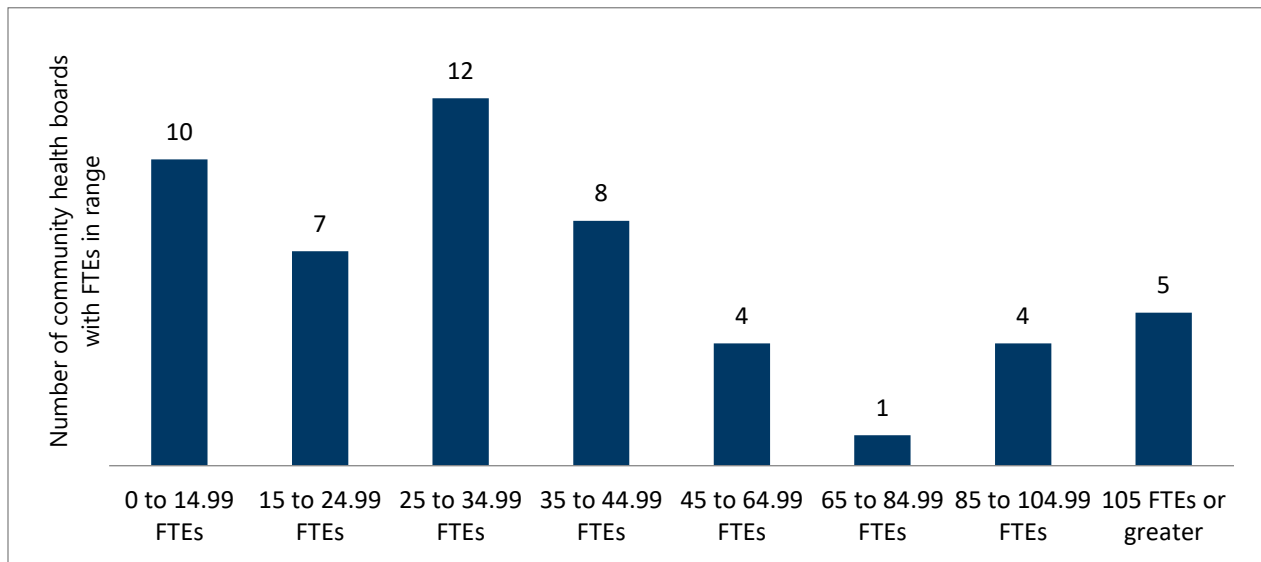
Job classification	Total FTEs in state of Minnesota (#)	Total FTEs in state of Minnesota (%)	Community health boards with FTEs in job class (#)	Community health boards with FTEs in job class (%)
Public health nurse	623.67	23%	50	98%
Administrative support	289.85	11%	49	96%
Other nurse	255.90	10%	37	73%
Administrative/business professional	166.41	6%	40	78%
Public health educator	165.68	6%	38	75%
Public health program specialist	139.51	5%	18	35%
Health planner	129.99	5%	27	53%
Paraprofessional	129.63	5%	27	53%
Nutritionist	127.92	5%	34	67%
Environmental scientist and specialist	121.92	5%	22	43%
Health administrator	116.11	4%	51	100%
Medical and public social worker	113.07	4%	20	39%
Technician	29.82	1%	9	18%
Epidemiologist	16.69	1%	7	14%
Other <sup>a</sup>	241.32	9%	n/a	n/a
<b>Total</b>	<b>2667</b>	<b>100%</b>	<b>n/a</b>	<b>n/a</b>

<sup>a</sup> 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.

**Figure 4** shows the distribution of total FTEs across all community health boards. Ten community health boards (20%) employed fewer than 15 total FTEs. Total FTEs employed ranged from 6 FTEs to 416 FTEs, with a median of 32 FTEs.

The five largest community health boards by population accounted for 39% of all FTEs and employed 1047 FTEs. This was 150 more FTEs than the 37 smallest community health boards ( $\leq 45$  FTEs) combined. The 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.

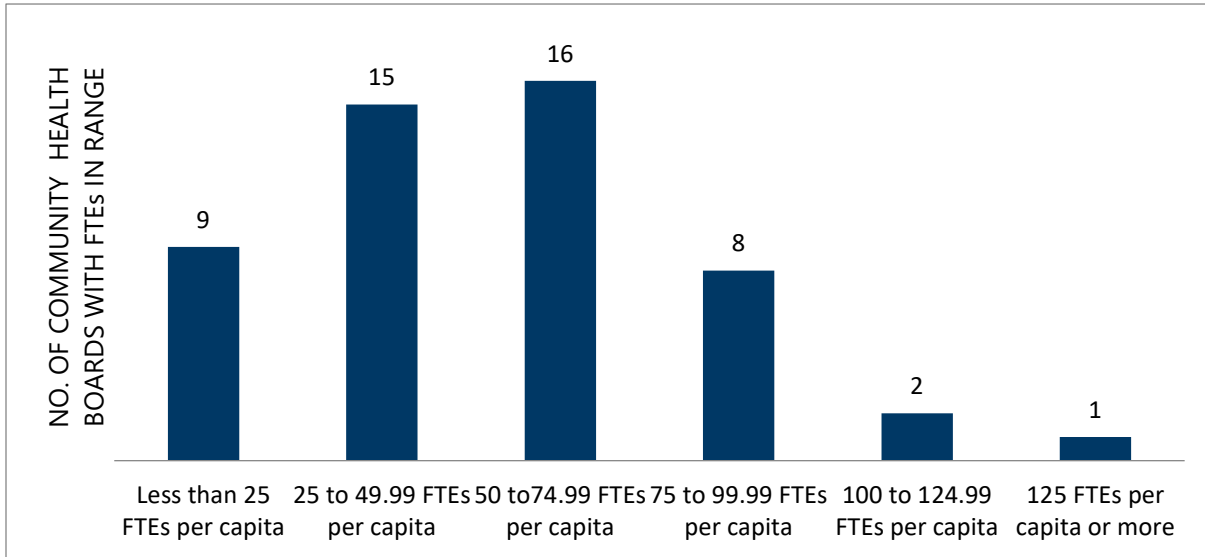
**Figure 4. Distribution of total FTEs among community health boards, Minnesota, 2023**



**Figure 5** shows the local public health system's FTEs per 100,000 population. Twenty-four community health boards (47%) employed fewer than 50 FTEs per 100,000. FTEs per 100,000 ranged from 16 FTEs to 179 FTEs, with a median of 52 FTEs per 100,000.

Most 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, 2023**



## Statewide workforce by area of responsibility

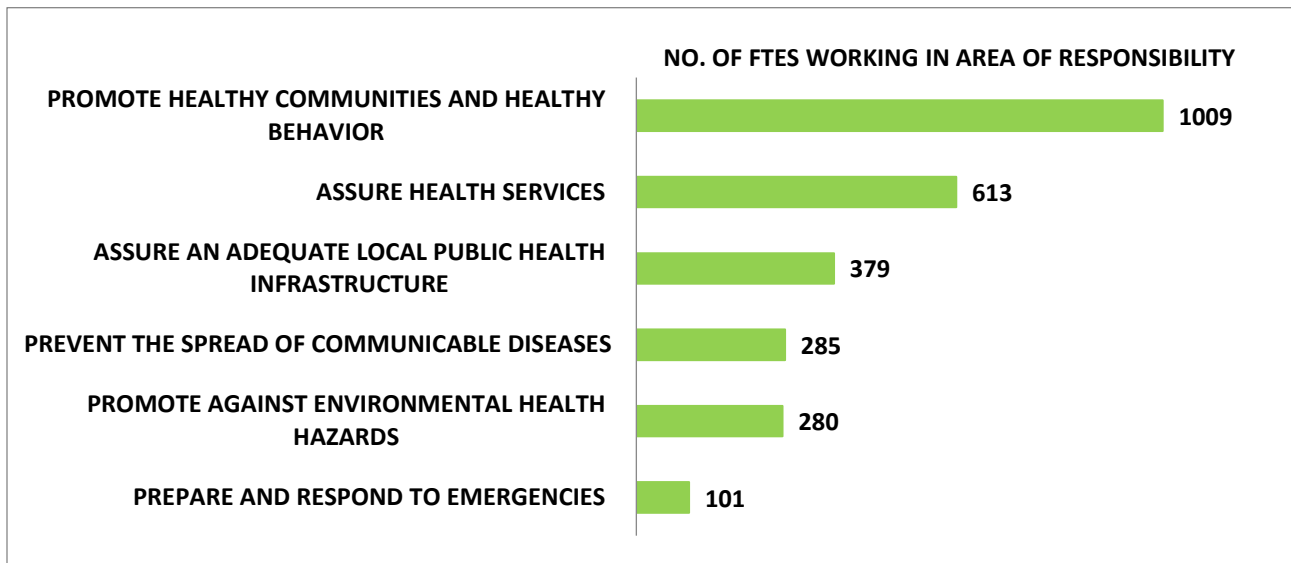
In 2023, foundational public health responsibilities (FPHR) were adopted to define the core responsibilities of Minnesota's governmental public health system. Until reporting system updates are implemented, community health boards will continue reporting according to the six areas of responsibility outlined in Minnesota Statute 145A. FTEs in this section are organized by the six areas of responsibility. This crosswalk shows how the six areas of responsibility align with the newly adopted FPHR for future reporting. For more information, see [Appendix B. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility](#).

Area of Responsibility in Statute 145A	Foundational Public Health Responsibility
Assure an adequate local public health infrastructure	All Foundational Capabilities (assessment and surveillance, communications, community partnership development, equity, accountability and performance management, organizational competencies, and policy development and support) except emergency preparedness and response
Prepare and respond to emergencies	Emergency Preparedness and Response (foundational capability)
Prevent the spread of communicable diseases	Communicable Disease Control

Promote healthy communities and healthy behavior	Chronic Disease and Injury Prevention and Maternal, Child, and Family Health
Promote against environmental health hazards	Environmental Public Health
Assure health services	Access to and Linkage with Care

Figure 6 shows the number of FTEs working by the six areas of responsibility. Promote healthy communities and healthy behavior and assure health services accounted for 61% of the entire local public health workforce.

**Figure 6. Total FTEs in each Area of Public Health Responsibility, Minnesota community health boards, 2023**



### Healthy communities and healthy behavior (Chronic Disease and Injury Prevention; Maternal, Child, and Family Health)

This area was staffed by 1009 FTEs, or 38% of the local public health system workforce; this is an increase of 4% (40 FTEs) from 2022. Public health nurses accounted for 34% of FTEs in this area. Other staff in this area included health educators (11%), public health nutritionists (12%), administrative support (8%), paraprofessionals (6%), and public health program specialists (6%).

### Assure health services (Access to and Linkage with Clinical Care)

This area employed 613 FTEs, a decrease of 70 FTEs (10%) from 2022. Nurses, including public health and other nurses, accounted for 51% of FTEs in this area. Other staff included paraprofessionals (6%), medical and public social workers (10%), and administrative support (10%).

A significant part of this area includes providing direct services through home health care, hospice, correctional health, and emergency medical services programs. These direct services accounted for 149 FTEs, an decrease of

7 FTEs (less than 1%) from 2022 and 307 FTEs (102%) fewer than 2011. These FTEs account for 23% of all assure health services FTEs and 6% of all FTEs.

### Assure an adequate local public health infrastructure (Foundational Capabilities (All except Emergency Preparedness and Response))

Community health boards classified 379 FTEs in infrastructure, which accounted for 14% of all FTEs. Infrastructure supports basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes. While nearly all community health boards classified at least a portion of an FTE for infrastructure, four community health boards had less than 1 FTE for this area. Twenty-three% of FTEs were classified as administrative support. Health administrators (17%) and administrative/business professionals (17%) also accounted for a high proportion of FTEs in this area.

### Prevent the spread of communicable diseases (Communicable Disease Control)

In the local public health system, 285 FTEs (11% of all FTEs system-wide) were reported as working in this area. Nurses, both public health and other nurses, accounted for 34% of the staff in communicable disease. Other professions included administrative support (9%), and paraprofessionals (9%). It is important to note that two metro community health boards accounted for 61% of FTEs in this area of responsibility, and 17 community health boards employed less than 1 FTE in this area.

### Protect against environmental health hazards (Environmental Public Health)

This area of was staffed by 280 FTEs, or 10% of the local public health system workforce. Nearly, half of this area's FTEs were environmental scientists and specialists (41%). Other occupations included administrative support (8%), licensure/inspection/regulatory specialist (19%), and service/maintenance (3%). Six community health boards from the metro region accounted for 80% of all FTEs in this area, and eight community health boards mostly rural reported no FTEs in this area.

### Prepare and respond to emergencies (Emergency Preparedness and Response)

This capability as staffed by 101 FTEs, accounting for 4% of all FTEs. This is a decrease of 12% (14 fewer FTEs) from 2022. This difference is likely impacted from COVID-19. Sixteen percent of emergency preparedness FTEs were public health nurses. Other professions in this area included administrative support (8%), health planner (18%), public health educator (16%) and program specialist (11%).

### Shifts in staffing towards FPHR

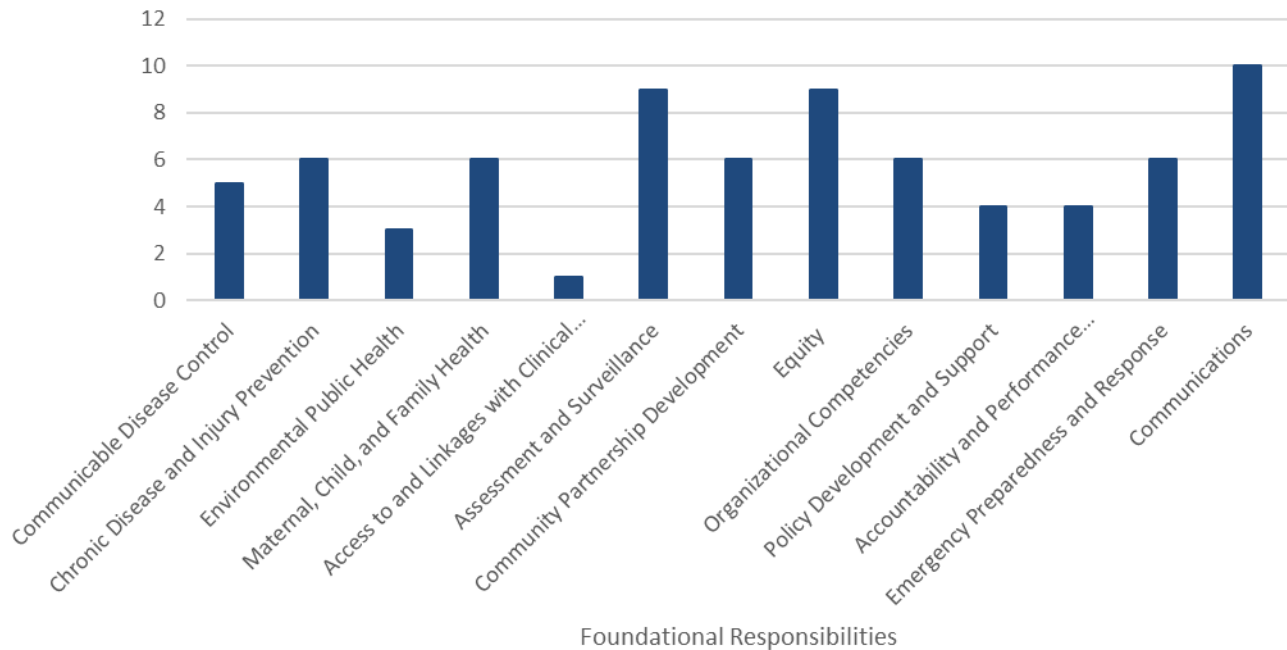
In 2022, a cost and capacity assessment measured the Minnesota governmental public health system's capacity to fulfill foundational responsibilities, the cost associated with current work, and the cost associated with the entire system fulfilling all foundational responsibilities. As part of the assessment, health departments were asked to indicate staff allocations towards each foundational capability and area. This assessment represented a point in time of the state-local government public health system in 2021. [Publications, Newsletters, and Resources - Transforming the Public Health System in Minnesota - MN Dept. of Health](#)

The distinction between staffing towards foundational responsibilities and community specific work cannot be fully understood by the current reporting structure, however CHBs have been shifting staffing towards



foundational responsibilities since 2022. For CY2023, CHBs had the option to report if they had made staffing shifts towards foundational responsibilities since the cost and capacity assessment, and what foundational responsibilities they increased staffing on. 94% (48 out of 51) of CHBs responded. 42% of the respondents reported increased staffing towards FPHR, 56% said they stayed about the same, and one CHB said staffing towards FPHR decreased since the cost and capacity assessment was conducted. Figure 7 shows 10 CHBs (over 20%) reported increased staff for communications work, followed by assessment and surveillance (19%) and equity (19%). This data reflects a shift towards strengthening the foundation was starting for some CHBs prior to an allocation of funds for Foundational Public Health Responsibilities from the MN legislature, which began in 2024.

**Figure 7. Number of CHBs reporting increased staffing toward FPHR, 2023**



## 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 15% of community health board staff identified as a race other than white, compared to Minnesota's general population, where 23% identify as a race other than white. 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 2023, 2% of staff reported as Hispanic.

Note: This data is limited, with one of the largest CHBs reporting race/ethnicity as other/unknown for all staff.

**Table 7. Staff race/ethnicity, Minnesota community health boards, 2023**

Race/ethnicity	Count (#)	Minnesota public health workforce frequency (%)	Minnesota general population frequency (%)
White	2068	82.29%	76.9%
Asian	86	3.42%	5.5%
Black or African-American	135	5.37%	7.9%
Hispanic	63	2.51%	6.5%
American Indian or Native Alaskan	10	0.40%	1.4%
Native Hawaiian / other Pacific Islander	3	0.12%	0.1%
More than one race reported	37	1.47%	2.9%
Other/unknown	111	4.42%	n/a
<b>Total</b>	<b>2513</b>	<b>100.00%</b>	<b>101.20%</b>

## 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 (1261) but one of the fewest number of FTEs per 100,000 (33). The Central and Northeast regions had the largest increases from 2022 (8 and 10%), while other regions' staffing decreased from 2022 by a range of less than 1 to 20% 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, 2023**

Region	Total FTEs	% of Total FTEs	FTEs per 100,000 Population	Land area in square miles	Population per square mile
Northwest	97	4%	58	14,724	11
Northeast	155	6%	47	18,264	18
West Central	215	8%	90	8,076	30
Central	304	11%	38	11,829	68
Metro	1261	47%	33	27,86	1356
Southwest	132	5%	61	10,965	20

WORKFORCE SUMMARY FOR MINNESOTA'S LOCAL PUBLIC HEALTH SYSTEM IN 2023

<b>South Central</b>	188	7%	63	5,779	52
<b>Southeast</b>	314	12%	60	7,205	72
<b>All Regions</b>	2667	100%	43	7,9628	80

**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 (83%) and communicable diseases (74%).

**Table 9. FTEs by area of responsibility, by region, Minnesota, 2023**

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
<b>Northwest</b>	16	35	8	2	5	31	<b>97</b>
<b>Northeast</b>	38	61	9	4	5	38	<b>155</b>
<b>West Central</b>	30	72	4	10	4	95	<b>215</b>
<b>Central</b>	53	143	23	5	19	61	<b>304</b>
<b>Metro</b>	113	445	212	234	47	211	<b>1261</b>
<b>Southwest</b>	27	60	8	7	6	25	<b>132</b>
<b>South Central</b>	43	71	8	7	8	51	<b>188</b>
<b>Southeast</b>	60	121	13	11	7	102	<b>314</b>
<b>All Regions</b>	<b>379</b>	<b>1009</b>	<b>285</b>	<b>280</b>	<b>101</b>	<b>613</b>	<b>2667</b>

## 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 community health worker 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/wastewater/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 several 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 several 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 dietitian.

**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. Foundational public health responsibility alignment to areas of public health responsibility

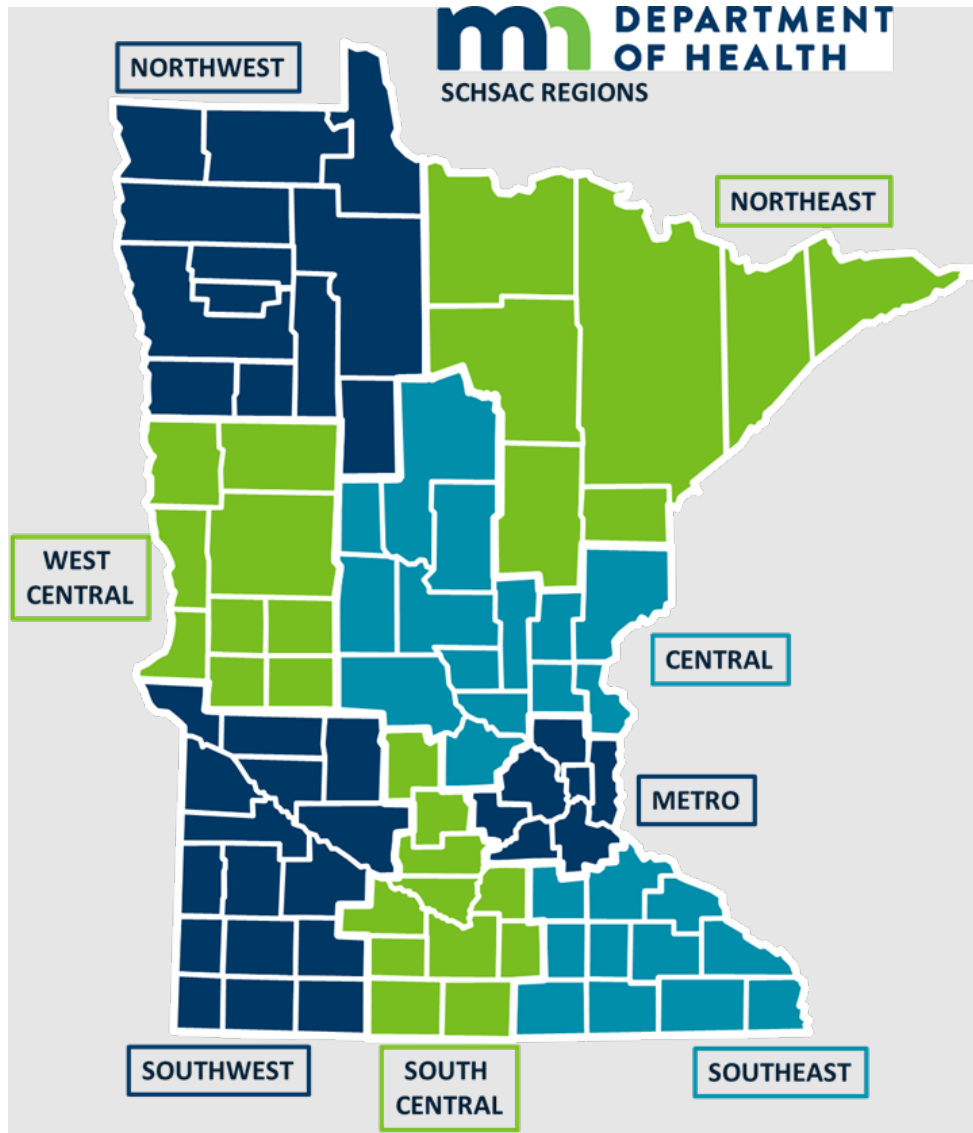
<p><b>Foundational Public Health Responsibility</b></p> <p>Descriptions of the foundational capabilities and foundational areas can be found here: <a href="#">FPHS-Factsheet-2022.pdf (phaboard.org)</a></p>	<p><b>Six Areas of Public Health Responsibility</b></p>
<p>Foundational capabilities:</p> <ul style="list-style-type: none"> <li>▪ <b>Assessment and Surveillance</b></li> <li>▪ <b>Community Partnership Development</b></li> <li>▪ <b>Communications</b></li> <li>▪ <b>Equity</b></li> <li>▪ <b>Accountability and Performance Management</b></li> <li>▪ <b>Organizational Competencies</b></li> <li>▪ <b>Policy Development and Support.</b></li> </ul> <p>These represent all foundational capabilities, except Emergency Preparedness and Response.</p>	<p><b>Assure an adequate local public health infrastructure:</b> 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.</p>
<p>Foundational capability: <b>Emergency Preparedness and Response</b></p>	<p><b>Prepare and respond to emergencies:</b> This area of responsibility includes activities that prepare public health to respond to disasters and assist communities in responding to and recovering from disasters.</p>
<p><b>Communicable Disease Control</b></p>	<p><b>Prevent the spread of communicable diseases:</b> 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.</p>
<p><b>Chronic Disease and Injury Prevention Maternal, Child, and Family Health</b></p>	<p><b>Promote healthy communities and healthy behavior:</b> 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.</p>



WORKFORCE SUMMARY FOR MINNESOTA'S LOCAL PUBLIC HEALTH SYSTEM IN 2023

<p><b>Foundational Public Health Responsibility</b></p> <p>Descriptions of the foundational capabilities and foundational areas can be found here: <a href="#">FPHS-Factsheet-2022.pdf (phaboard.org)</a></p>	<p><b>Six Areas of Public Health Responsibility</b></p>
<p><b>Environmental Public Health</b></p>	<p><b>Protect against environmental health hazards:</b> 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.</p>
<p><b>Access to and Linkage with Care</b></p>	<p><b>Assure health services:</b> 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.</p>

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



Community health board	Member counties, cities, or local health departments (2023)	SCHSAC region
<b>Aitkin-Itasca-Koochiching</b>	Aitkin County Health & Human Services Itasca County Health & Human Services Koochiching County Public Health & Human Services	Northeast
<b>Anoka</b>	Anoka County Human Services	Metro
<b>Beltrami</b>	Beltrami County Public Health	Northwest
<b>Benton</b>	Benton County Public Health	Central
<b>Bloomington</b>	City of Bloomington Community Services	Metro
<b>Blue Earth</b>	Blue Earth County Human Services/Social Services	South Central
<b>Brown-Nicollet</b>	Brown County Public Health Nicollet County Public Health	South Central

WORKFORCE SUMMARY FOR MINNESOTA'S LOCAL PUBLIC HEALTH SYSTEM IN 2023

<b>Community health board</b>	<b>Member counties, cities, or local health departments (2023)</b>	<b>SCHSAC region</b>
<b>Carlton-Cook-Lake-St. Louis</b>	Carlton County Public Health & Human Services Cook County Public Health Lake County Health & Human Services St. Louis County Public Health & Human Services	Northeast
<b>Carver</b>	Carver County Public Health	Metro
<b>Cass</b>	Cass County Health, Human, & Veterans Services	Central
<b>Chisago</b>	Chisago County Health & Human Services	Central
<b>Countryside</b>	Big Stone County                      Swift County Chippewa County                      Yellow Medicine County Lac qui Parle County	Southwest
<b>Crow Wing</b>	Crow Wing County Community Services	Central
<b>Dakota</b>	Dakota County Public Health	Metro
<b>Des Moines Valley</b>	Cottonwood County Jackson County	Southwest
<b>Dodge-Steele</b>	Dodge County Public Health Steele County Community Services	Southeast
<b>Edina</b>	City of Edina: Public Health	Metro
<b>Faribault-Martin</b>	Faribault County Martin County	South Central
<b>Fillmore-Houston</b>	Fillmore County Community Services Houston County Public Health	Southeast
<b>Freeborn</b>	Freeborn County Public Health	Southeast
<b>Goodhue</b>	Goodhue County Health & Human Services	Southeast
<b>Hennepin<sup>b</sup></b>	Hennepin County Public Health Promotion	Metro
<b>Horizon</b>	Douglas County                      Stevens County Grant County                          Traverse County Pope County	West Central
<b>Isanti</b>	Isanti County Public Health	Central
<b>Kanabec</b>	Kanabec County Community Health	Central
<b>Kandiyohi-Renville</b>	Kandiyohi County Health & Human Services Renville County Health & Human Services	Southwest
<b>Le Sueur-Waseca</b>	Le Sueur County Public Health Waseca County Public Health Services	South Central
<b>Meeker-McLeod-Sibley</b>	McLeod County Public Health Nursing Meeker County Public Health Sibley County Public Health	South Central
<b>Mille Lacs</b>	Mille Lacs County Public Health	Central
<b>Minneapolis</b>	City of Minneapolis Health Department	Metro
<b>Morrison-Todd-Wadena</b>	Morrison County Public Health Todd County Health & Human Services Wadena County Public Health	Central
<b>Mower</b>	Mower County Health & Human Services	Southeast
<b>Nobles</b>	Nobles County Community Health Services	Southwest

<sup>b</sup> Bloomington, Edina, Minneapolis, and Richfield are independent community health boards located within Hennepin County.

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Community health board	Member counties, cities, or local health departments (2023)	SCHSAC region
<b>North Country</b>	Clearwater County Public Health/Nursing Services Hubbard County: CHI St. Joseph's Health Lake of the Woods County: LakeWood Health Center	Northwest
<b>Olmsted</b>	Olmsted County Public Health Services	Southeast
<b>Partnership4Health</b>	Becker County Public Health Clay County Social & Health Services Otter Tail County Public Health Wilkin County Public Health	West Central
<b>Pine</b>	Pine County Public Health	Central
<b>Polk-Norman-Mahnomen</b>	Mahnomen County: Norman-Mahnomen Public Health Norman County: Norman-Mahnomen Public Health Polk County Public Health	Northwest
<b>Quin County</b>	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
<b>Rice</b>	Rice County Public Health	Southeast
<b>Richfield</b>	City of Richfield Public Health	Metro
<b>Scott</b>	Scott County Public Health	Metro
<b>Sherburne</b>	Sherburne County Health & Human Services	Central
<b>St. Paul-Ramsey</b>	Ramsey County City of St. Paul	Metro
<b>Stearns</b>	Stearns County Human Services	Central
<b>SWHHS (Southwest Health and Human Services)</b>	Lincoln County Lyon County Murray County	Pipestone County Rock County Redwood County
<b>Wabasha</b>	Wabasha County Public Health	Southeast
<b>Washington</b>	Washington County Public Health & Environment	Metro
<b>Watonwan</b>	Watonwan County Human Services	South Central
<b>Winona</b>	Winona County Community Services	Southeast
<b>Wright</b>	Wright County Human Services	Central

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December 2024. To obtain this information in a different format, call: 651-201-3880.

*This report was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local, and Territorial Support, under Federal Award Identification Number (FAIN) NB01TO000037. The content in this report is that of the authors, and does not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.*