Finance and Staffing Reporting Instructions for Calendar Year 2024

LOCAL PUBLIC HEALTH ACT ANNUAL REPORTING

These instructions will help you enter finance and staffing data into the REDCap reporting system for Local Public Health Act (LPH Act) annual reporting for calendar year 2024. Reporting for 2024 will open mid-February 2025 and must be completed by March 31, 2025. Please review the instructions before and during entering data and share with others as needed.

These instructions pertain to finance and staffing sections. The instructions for performance measures and the performance-related accountability requirement can be found here: Local Public Health Act Annual Reporting - MN Dept. of Health (https://www.health.state.mn.us/communities/practice/lphact/annualreporting/index.html)

What is LPH Act annual reporting?

LPH Act annual reporting for this period consists of three areas: finance, staffing, and performance measures. Information gathered through LPH Act annual reporting creates a big picture of Minnesota's local public health system, which helps identify and understand trends in how this portion of the governmental public health system operates. This data helps the Minnesota Department of Health (MDH), local public health, and counties to understand the funding sources, expenditures, and staffing capacity of the local public health system. The data is used to track trends over time and is essential of advocacy and partnership discussions at both local and state levels.

To see past data reports on staff and finance, visit.

You can find more information on LPH Act annual reporting at: Local Public Health Act Annual Reporting - MN Dept. of Health (https://www.health.state.mn.us/communities/practice/lphact/annualreporting/index.html)

NEW this year

In 2024, community health boards received the Foundational Public Health Responsibilities Grant funding. New this year in annual reporting, community health boards must report on the FPHR funding and match in the same way the Local Public Health Grant is reported on. This addition will be found in finance sections I through IV.

Another subtle change will be seen in the instruments related to the six areas of responsibility. Each area of responsibility will follow the corresponding responsibilities (areas/capabilities) found in the Foundational Public Health Responsibility Framework. This will impact finance section II and staffing sections I and II.

A few changes were made in the staff report. Follow-up questions related to staffing were removed. Community health boards no longer need to report on staff leaving and reasons for leaving. There will also not be specific COVID-19 staffing questions this year.

Help and questions

The MDH Center for Public Health Practice coordinates LPH Act annual reporting. If you have questions after reviewing these instructions, please either:

Contact your region's public health system consultant
(https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html), or
Refer to LPH Act annual reporting FAQ
(https://www.health.state.mn.us/communities/practice/lphact/annualreporting/faq.html)
Attend office hours, held Fridays throughout the month of March from 10:00 a.m. to 11:00 a.m.

Microsoft Teams
Join the meeting now
Meeting ID: 295 638 834 088
Passcode: 8Cm2WM6Y
Dial in by phone
+1 651-395-7448 United States, Minneapolis
Find a local number
Phone conference ID: 378 005 519#

Minnesota Department of Health
Center for Public Health Practice
PO Box 64975
St. Paul, MN 55164-0975
651-201-3880 health.ophp@state.mn.us
https://www.health.state.mn.us/communities/practice/lphact/annualreporting/index.html

January 2025. *To obtain this information in a different format, call: 651-201-3880.*

Contents

How to use these instructions

These instructions mirror the forms to collect data in REDCap, under the project titled "2024 Local Public Health Act Finance and Staffing": six forms for finance/expenditures, four forms for staffing/workforce, and one form for validation.[1]

Finance: Section I. Recap/Carry Forward
Finance: Section II. Expenditures
Finance: Section III. Match
Finance: Section IV. Breakdown
Finance: Section V. Follow-up Questions
Finance: Section VI. COVID-19

Staffing: Section I. Number of Filled FTEs
Staffing: Section II. Number of Contracted FTEs
Staffing: Section III. Number of Persons
Staffing: Section IV. Race/Ethnicity of Filled Persons

Finance Section VI is the only place your community health board will report COVID-19-related funding. Like last year, community health boards should include COVID-19 staffing as part of regular staffing sections. There is not a separate section for COVID-19 in staffing.

How to enter data in REDCap

These instructions explain the data you need to collect, but this document is not a data collection tool to complete or submit in itself. You will enter data into the REDCap reporting system. CHS administrators have selected staff to receive REDCap reporting accounts for each community health board.

REDCap at a glance

To log into REDCap, visit: MDH REDCap Production Environment (https://redcap.health.state.mn.us/redcap/).

At the end of each form, please leave Form Status as "Incomplete."

Remember to choose "Save & Exit Form," "Save & Stay," or "Save & Go to Next Form" before taking a break or leaving REDCap. REDCap will automatically close your session, without saving, after a period of inactivity.

For further assistance, visit: Local Public Health Act annual reporting (https://www.health.state.mn.us/communities/practice/lphact/annualreporting/index.html).

Navigating to finance and staffing within REDCap

When you log into REDCap to report your data, find "My Projects" at the top of your screen, and select **2024 Local Public Health Act Finance and Staffing**.

After you select this project, you will see the following data collection instruments on the left side of your screen. If you do not see the collection instruments, click on "Show data collection instruments."

[1] The form for validation is only open to CHS administrators.

Finance: Section I. Recap/Carry Forward
Finance: Section II. Expenditures
Finance: Section III. Match
Finance: Section IV. Breakdown
Finance: Section V. Follow-up Questions
Finance: Section VI. COVID-19
Staffing: Section I. Number of Filled FTEs
Staffing: Section II. Number of Contracted FTEs
Staffing: Section III. Number of Persons
Staffing: Section IV. Race/Ethnicity of Filled Persons

Finance Section VI is the only place your community health board will report COVID-19-related funding.

Once you choose a data collection instrument, please confirm you are reporting for the correct community health board. **Contact MDH immediately if the community health board listed is incorrect.**

CHS administrators have continuous access to all of their community health board's forms in REDCap.

Entering data in REDCap

Use whole numbers. When entering numbers, leave out commas (i.e., enter "311346" instead of "311,346").

Enter 0 for any blank fields (zero).

You can print REDCap forms with your responses at any time.

Tracking your own progress

At the bottom of each form, there is a place to mark **for your own reference** whether you've completed a form or not, which you can use to track your own progress, but **MDH does not use these indicators to check for completion**. **CHS administrators must still complete validation**. (You may see these complete/incomplete selections populate red-yellow-green indicators on your forms in the left-hand navigation pane; again, these are for your own internal reference only, and MDH does not use them to track progress.)

REDCap questions and assistance

Contact Ghazaleh Dadres at Ghazaleh.dadres@state.mn.us

Finance (expenditures) reporting

All expenditure data you enter during this reporting period should reflect services and expenditures that occurred January 1, 2024, through December 31, 2024.

Finance: Section I. Carry Forward
Finance: Section II. Expenditures
Finance: Section III. Match
Finance: Section IV. Breakdown
Finance: Section V. Follow-up Questions
Finance: Section VI. COVID-19

Finance Sections I through V do not include COVID funding.

Finance Section VI is specific to COVID funding.

Funding sources for Sections I through V

For a full definition of each funding source, see Appendix A. Funding sources. If you're unsure where to place specific programs within funding sources, see Appendix B. Where do I put…?

For funding sources specific to *Section VI. COVID-19*, see Finance: Section VI. COVID-19.

Local Public Health Grant
Foundational Public Health Responsibilities Grant
Federal Title V Funds
Federal TANF Funds
Medicaid
Medicare
Private Insurance
Local Tax
Client Fees
Other Fees (non-client)
Other Local Funds
Other State Funds
Other Federal Funds

Navigating REDCap

When you log into REDCap to report your data, find "My Projects" at the top of your screen, and select **2024 Local Public Health Act Finance and Staffing**.

After you select this project, you will see the finance and staffing forms on the left side of your screen. If you do not see them, click on "Show data collection instruments."

Once you choose a form, please confirm you are reporting for the correct community health board. Contact MDH immediately if the community health board listed is incorrect.

REDCap hints

Use whole numbers. When entering numbers, leave out commas (i.e., enter "311346" instead of "311,346").

Enter 0 for any blank fields (zero).

At the end of each form, please leave Form Status as "Incomplete."

Remember to choose "Save & Exit Form," "Save & Stay," or "Save & Go to Next Form" before taking a break or leaving REDCap. REDCap will automatically close your session—without saving—after a period of inactivity.

You can print REDCap forms with your responses at any time.

Foundational Public Health Responsibilities for Section II, connection with area of responsibility

For this year's reporting, the form will translate expenditures for each area of responsibility to foundational public health responsibilities (FPHR). The crosswalk below will help guide the translation. The translation will also be in the form for section II. Each section of the form for section II will look as follows: FPHR (area of responsibility), or as an example: Foundational capabilities (Infrastructure). Appendix D. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility .

Foundational Public Health Responsibility	Area of Responsibility in Statute 145A
Foundational Capabilities: all except emergency preparedness and response	Infrastructure: Assure an adequate local public health infrastructure
Emergency Preparedness and Response (foundational capability)	Disaster Preparedness: Prepare and respond to emergencies
Communicable Disease Control	Infectious Disease: Prevent the spread of communicable diseases
Chronic Disease and Injury Prevention Maternal, Child, and Family Health	Healthy communities: Promote healthy communities and healthy behavior
Environmental Public Health	Environmental Health: Promote against environmental health hazards
Access to and Linkage with Care	Health services: Assure health services

Finance: Section I. Carry Forward

This first portion of the form captures high-level information on Local Public Health Grant awards, otherwise known as state general funds.[2]

Line 1: The amount of Local Public Health Grant carried forward from 2023.

Line 2: The 2024 Local Public Health Grant award amount for your community health board.

Line 3: Total funds available for 2024, adding Lines 1 and 2 (REDCap will automatically calculate the amount in this field).

Line 4: Total Local Public Health Grant spent/invoiced in 2024. Note: The total spent in 2024 *must* equal the total spent for the Local Public Health Grant in Section II. Expenditures.

Line 5: Carry forward for 2025, subtracting Line 4 from Line 3 (REDCap will automatically calculate the amount in this field).

The second portion of the form captures high-level information on the Foundational Public Health Responsibility (FPHR) grants.

Line 1: The amount of FPHR Grant carried forward from 2023. This amount will be $0 for all community health boards.

Line 2: The 2024 FPHR Grant award amount for your community health board.

Line 3: Total funds available for 2024, adding Lines 1 and 2 (REDCap will automatically calculate the amount in this field).

Line 4: Total FPHR Grant spent/invoiced in 2024. Note: The total spent in 2024 *must* equal the total spent for the FPHR Grant in Section II. Expenditures.

Line 5: Carry forward for 2025, subtracting Line 4 from Line 3 (REDCap will automatically calculate the amount in this field).

[2] You can find current and past LPH Grant awards online: Local Public Health Grant Funding (https://www.health.state.mn.us/communities/practice/lphact/lphgrant/funding.html).

Finance: Section II. Expenditures

The MDH Center for Public Health Practice compiles this data to create a system overview and to allow each community health board to examine their overall funding for public health responsibilities in one place. This data will not be compared to detailed grant reporting for SHIP, Title V, or other funding sources submitted to other grant administrators.

This form captures the amount spent by your community health board from January 1, 2024 through December 31, 2024, by funding source and area of public health responsibility. Indicate the dollar amount for each cell. For full definitions of funding sources and responsibility, see Appendix A. Funding Sources. If you are unsure what funding category a specific grant or funding stream is under, see Appendix B. Where do I put…? For alignment between the six areas of responsibility and FPHR, see Appendix D. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility .

Do not report expenditure data for COVID-19-related activities in this section. All COVID-19 expenditures are reported into *Finance: Section VI. COVID-19*.

Enter data by FPHR. The form heading will look like this: FPHR (area of responsibility); for example: All foundational capabilities except EPR (previously Infrastructure) (see crosswalk).

For example, enter *All capabilities except EPR (previously Infrastructure)* expenditures for each of the 13 funding sources.

REDCap will calculate the *All capabilities except EPR (previously Infrastructure)* total for you; compare this to your own data to ensure accurate entry.

Repeat for each of the remaining responsibilities.

REDCap will calculate the total expenditures by funding source in the final section of the form, "Total Expenditure for All Responsibilities." Compare this to your own data to ensure accurate entry.

Note: *Chronic Disease and Injury Prevention/Maternal, Child and Family Health* (*formerly Healthy Communities)* is the only responsibility that contains Federal TANF Funds; this funding source will not appear in any of the other areas of responsibility.

Finance: Section III. Match

To demonstrate meeting requirements of state statute,[3] the first portion of the form captures the dollar amount used to create local matching funds for the Local Public Health Grant, and the second portion of the form captures the dollar amount used to create local matching funds for the Foundational Public Health Responsibility (FPHR) Grant. Both grants require a 75 percent match.

The sum of Local Public Health Grant match and the FPHR grant match cannot exceed the total dollar amount for each funding source.

[3] See: Minn. Stat. § 145A.131. Local Public Health Grant (https://www.revisor.mn.gov/statutes/cite/145A.131):
Subdivision 2 (a) A community health board that receives a local public health grant shall provide at least a 75 percent match for the state funds received through the local public health grant.
(b) Eligible funds must be used to meet match requirements. Eligible funds include funds from local property taxes, reimbursements from third parties, fees, other local funds, and donations or nonfederal grants that are used for community health services described in Minn. Stat. § 145A.02, subd. 6 (www.revisor.mn.gov/statutes/cite/145A.02#stat.145A.02.6).

Indicate the dollar amount in each cell. For a full definition of each funding source, see Appendix A. Funding sources.

REDCap will calculate the line "Total Local Public Health Grant Match Expenditures" and the line "Total Foundational Public Health Grant Match Expenditures" against each grant's respective Line 4 of *Finance: Section I. Recap/Carry Forward*, and will display an error message if this amount is not 75 percent of the 2024 Total Local Public Health Grant or the FPHR grant.

Finance: Section IV. Breakdown

This form verifies the Other Local Funds and Other State Funds used as match for the Local Public Health Grant and the FPHR Grant.

If you did not use local or state match

If your community health board did not use Other Local Funds or Other State Funds as a match for either grant, select "No" on the form for these questions.

If you used local and/or state match

If your community health board did use Other Local Funds or Other State Funds for match for either the Local Public Health Grant or the FPHR Grant, select "Yes" on the form for the appropriate questions:

Other Local Funds were used as Local Public Health Grant Match

Other State Funds were used as Local Public Health Grant Match

Other Local Funds were used as FPHR Grant Match

Other State Funds were used as FPHR Grant Match

You will need to provide the name of the funding source and the amount used for either or both matches.

If you need to list more than one source, answer "Yes" to the prompt asking if you would like to list an additional source of other funds. Continue until you have reported all sources, and then choose "No" for the final prompt asking if you would like to list an additional source of other funds. Be sure you do not double count funds used to match more than one grant.

Finance: Section V. Follow-up questions

This form captures data about home health, hospice, emergency medical services, correctional health, environmental health, and community funding. This form also allows you to enter financial comments related to the 2024 data.

Follow-up questions (1-10)

Do not report any COVID-19 data in this section; instead, report it in *Finance Section VI. COVID-19*.

Questions 1-8: If **at least one** local health department in the community health board provides **any** of the listed services, select "Yes."

If the service is provided by the local health department (or the local health dept. contracts with another entity to provide the service), enter the total expenditures for that service.

Question 9-10: If your community health board's expenditures contain expenditures from **another** department that provides environmental health services, select "Yes."

Enter the total expenditures for that service, from the other entity.

Note: You will be asked to provide the number of FTEs working on these programs in Staffing: Section IV. Race/Ethnicity of Filled Persons.

Review the terms below if necessary:

Emergency Medical Services (EMS): Services provided by an EMT, EMT-I, EMT-P, first responder, or volunteer ambulance attendant. This includes transportation and treatment. Please consult Minn. Stat. § 144E.001 for more information. These funds are placed in Assure the Accessibility and Quality of Health Services.

Correctional Health: Direct cares services provided to the correctional population in county facilities. This is often a service provided through a contract between the county and the local health department. The correctional population may include inmates, detainees, juveniles, night residents, and other persons.

Home Care Services: State licensed services delivered in a place of residence to a person whose illness, disability, or physical condition creates a need for the services as according to Minn. Stat. § 144A.43. This does not include case management. These funds are placed in Assure the Accessibility and Quality of Health Services.

Hospice Services, Hospice Care: State licensed palliative and supportive care and other services provided by an interdisciplinary team under the direction of an identifiable hospice administration to terminally ill hospice patients and their families (Minn. Stat. § 144A.75). These funds are placed in Assure the Accessibility and Quality of Health Services.

Community funding (11-12)

Do not report any COVID-19 data in this section; instead, report it in *Finance Section VI. COVID-19*.

Question 11: The estimated number of organizations (excluding local health departments in your community health board) receiving funding (this includes but is not limited to grants, contracts, and subcontracts) from the community health board.

Question 12: The estimated amount of funding (this includes but is not limited to grants, contracts, and subcontracts) provided to other organizations (excluding local health departments in your community health board) by the community health board.

Financial comments

Enter any comments regarding information in the 2024 financial forms. Use these comments to provide context for 2024 data, and to serve as a resource for future reporting. This is an opportunity to document any changes to the way funds were categorized, or to note any organization changes occurring in 2024.

Finance: Section VI. COVID-19

This section captures the amount spent by your community health board on COVID-19 from January 1, 2024 through December 31, 2024, by funding source. **Only expenditure data for the community health board's COVID-19-related public health activities should be entered here**.

Indicate the dollar amount for each cell.

REDCap will calculate the total for you; compare this to your own data to ensure accurate entry.

Activities related to COVID-19

Examples of COVID-19-related activities include:

Incident command
Case investigation and contact tracing
Communications
Convening, coordinating, consulting, and meeting with partners
Engaging with communities
Outbreak and cluster response
Outreach and education
Mental/behavioral health efforts
Long-term care work
Volunteer management
Vaccination
Testing
Staff and/or community recovery

Funding sources for COVID-19-related activities

Community health boards may have used funding from a variety of sources to support their COVID-19-related activities. This could include COVID-19-specific sources (see the table immediately below) and/or sources used routinely to carry out public health responsibilities (see Appendix A. Funding sources).

Funding source specific to COVID-19	Example
Federal funds awarded by Minnesota Department of Health	Federal COVID Grant dollars awarded by the MDH to community health boards. This may include: COVID Vaccine Implementation and Recovery Grant (one grant) which includes funds from both Immunization (April 1, 2021 to June 30, 2025)and Epidemiology and Laboratory Capacity (ELC) funds (April 1, 2021 to March 31, 2026) CDC COVID Workforce Grant (July 1, 2021 to June 30, 2024) Other federal COVID funding from MDH
Other local COVID-19 funds	Funds that don't originate from a state or federal source; locally generated funds specific to COVID-19
Federal funds awarded by another state agency or directly from the federal government	Any federal funding that did not pass through MDH or from federal government to local government and then to the community health board
Other COVID-19-specific funding	Community health boards may select this option if none of the above applies (please explain)

Financial comments related to COVID-19

Enter optional comments here regarding COVID-19-related expenditures. Use these comments to provide context and help improve annual reporting. For example: If your county awarded funds to community organizations that serve our community health board, but were not expenditures of the community health board, feel free to indicate in the optional COVID-19 expenditures comment area.

Staffing (workforce) reportingAll staffing data you enter during this reporting period should reflect staffing from January 1, 2024 through December 31, 2024.

Staffing: Section I. Number of Filled FTEs
Staffing: Section II. Number of Contracted FTEs
Staffing: Section III. Number of Persons
Staffing: Section IV. Race/Ethnicity of Filled Persons

Again for this year, staffing sections I through IV should include COVID-19-related staffing. There is no separate COVID-19 section for staffing.

Job classifications for Sections I through V

For a full definition of each job class, see Appendix C. Job classifications.

Health Administrator
Administrative/Business Professional
Administrative Support (Including Clerical and Sales)
Community Health Worker
Environmental Scientist and Specialist
Epidemiologist
Health Planner/Researcher/Analyst
Interpreter
Licensure/Inspection/Regulatory Specialist
Medical and Public Health Social Worker
Mental Health Counselor
Occupation Safety and Health Specialist
Other Nurse
Other Public Health Professional
Paraprofessionals
Public Health Dental Worker
Public Health Educator
Public Health Informatician
Public Health Nurse
Public Health Nutritionist
Public Health Physical Therapist
Public Health Physician
Public Health Program Specialist
Service-Maintenance
Technicians

Navigating REDCap

When you log into REDCap to report your data, find “My Projects” at the top of your screen, and select **2024 Local Public Health Act Finance and Staffing**.

After you select this project, you will see the finance and staffing forms on the left side of your screen. If you do not see them, click on “Show data collection instruments.”

Once you choose a form, please confirm you are reporting for the correct community health board. Contact MDH immediately if the community health board listed is incorrect.

REDCap hints

Use whole numbers. When entering numbers, leave out commas (i.e., enter “311346” instead of “311,346”).

Enter 0 for any blank fields (zero).

At the end of each form, please leave Form Status as “Incomplete.”

Remember to choose “Save & Exit Form,” “Save & Stay,” or “Save & Go to Next Form” before taking a break or leaving REDCap. REDCap will automatically close your session—without saving—after a period of inactivity.

You can print REDCap forms with your responses at any time.

Foundational Public Health Responsibilities for Sections I through II, connection with area of responsibility

For this year's reporting, community health boards should translate staffing for each the area of responsibility to FPHR. The crosswalk below illustrates the translation. The translation will also be in the form for sections I and II. The form will look as follows: FPHR (area of responsibility), or as an example: Foundational capabilities (Infrastructure). See Appendix D. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility

Foundational Public Health Responsibility	Area of Responsibility in Statute 145A
Foundational Capabilities: all except emergency preparedness and response	Infrastructure: Assure an adequate local public health infrastructure
Emergency Preparedness and Response (foundational capability)	Disaster Preparedness: Prepare and respond to emergencies
Communicable Disease Control	Infectious Disease: Prevent the spread of communicable diseases
Chronic Disease and Injury Prevention Maternal, Child, and Family Health	Healthy communities: Promote healthy communities and healthy behavior
Environmental Public Health	Environmental Health: Promote against environmental health hazards
Access to and Linkage with Care	Health services: Assure health services

FTEs (full-time equivalents)

A FTE's time can be divided between more than one area of responsibility. You must round all FTEs to the nearest hundredth (x.xx).

Filled FTEs are employees who are employed directly by the community health board or one of the local health departments in the community health board.

Contracted FTEs are positions contracted by the community health board or one of the local health departments in the community health board, to provide a service or activity.

Total number of persons is the sum of filled and contracted persons in each job classification, and will be reported in *Staffing: Section III. Number of Persons*.

Race/ethnicity of persons employed directly by the community health board or one of the local health departments in the community health board will be reported in *Staffing: Section IV. Race/Ethnicity of Filled Persons*.

Staffing: Section I. Number of filled FTEs

This form captures the number of filled FTEs[4] by job classification and FPHR. **This section should include COVID-19-related staffing**.

[4] Remember, filled FTEs are employees who are employed directly by the community health board or one of the local health departments in the community health board.

Enter data by job classification and FPHR. The form heading will look like this: FPHR (area of responsibility); for example: Foundational capabilities (Infrastructure) (see crosswalk on page 14)

Determine the number of filled FTEs for the job classification.

Classify these filled FTEs by the FPHR in which they do their work (for example, how many Health Administrator-contracted FTEs can be categorized as working in foundational capabilities)

Repeat for the remaining responsibilities.

REDCap will calculate the total filled FTEs for each job classification; compare this to your own data to ensure accurate entry.

Repeat for all job classifications.

In the line "Total Filled FTEs," REDCap will calculate the number of total filled FTEs in the form. Compare this total to your data to ensure accurate entry.

Staffing: Section II. Number of contracted FTEs

This form captures the number of contracted FTEs[5] by job classification and FPHR. If you contracted with AmeriCorps for staff, for example, this is likely where you would categorize those staff within the role and area of responsibility in which they're working. **This section should include COVID-19-related staffing**.

Enter data by job classification and FPHR. The form heading will look like this: FPHR (area of responsibility); for example: All foundational capabilities except EPR (previously Infrastructure) (see crosswalk).

Determine the number of contracted FTEs for the job classification.

Classify these contracted FTEs by the responsibility in which they do their work (for example, how many Health Administrator-contracted FTEs can be categorized as working in foundational capabilities)

Repeat for the remaining responsibilities.

REDCap will calculate the total contracted FTEs for each job classification; compare this to your own data to ensure accurate entry.

Repeat for all job classifications.

In the line "Total Contracted FTEs," REDCap will calculate the number of total contracted FTEs in the form. Compare this total to your data to ensure accurate entry.

Staffing: Section III. Number of persons

This form captures the number of people, filled and contracted, in each job classification. **This section should include COVID-19-related staffing**.

Enter data by filled/contracted status and job classification:

Enter the number of filled people in each job classification.

[5] Remember, contracted FTEs are positions contracted by the community health board or one of the local health departments in the community health board, to provide a service or activity.

If an individual's time is divided between multiple job classifications, select the job classification that best reflects the work they do.

Do not double-count individuals.

Repeat for all job classifications, and for contracted people.

REDCap will calculate the total number of filled persons, contracted persons, and filled + contracted persons for each job classification; compare this to your own data to ensure accurate entry.

Staffing: Section IV. Race/ethnicity of filled persons

This form captures the race/ethnicity of the number of filled persons. [6] It also captures additional data about FTEs in specific positions. **This section should include COVID-19-related staffing**.

Race/ethnicity

Enter data by race/ethnicity: Enter the number of people in each race/ethnicity category, including more than one race, and other/unknown.

Remember, Hispanic is an ethnicity; people may identify as white and Hispanic, or Black and Hispanic. The total number of filled persons is the total of all races and does not include the number identified as Hispanic.

Additional questions

FTEs working in Emergency Medical Services (EMS): FTEs supporting or providing emergency medical services including EMT, EMT-I, EMT-P, first responder, or ambulance attendant. This includes transportation and treatment. Please consult Minn. Stat. § 144E.001 for more information. These FTEs are primarily placed in Assure the Accessibility and Quality of Health Services.

FTEs working in Correctional Health: FTEs supporting or providing direct care services provided to the correctional population in county facilities. This is often a service provided through a contract between the county and the local health department. The correctional population may include inmates, detainees, juveniles, night residents, and other persons. These FTEs are primarily placed in Assure the Accessibility and Quality of Health Services.

FTEs working in Home Health programs: FTEs supporting or providing home health care services (State licensed services delivered in a place of residence to a person whose illness, disability, or physical condition create a need for the services as according to Minn. Stat. § 144A.43.) This can include nurses, physical therapists, scheduling, and billing staff. This does not include case management. These FTEs are primarily placed in Assure the Accessibility and Quality of Health Services.

FTEs working in Hospice Services, Hospice Care: FTEs supporting or providing hospice services or hospice care as part of a state licensed palliative and supportive care and other services provided by an interdisciplinary team under the direction of an identifiable hospice administration to terminally ill hospice patients and their families (Minn. Stat. § 144A.75). These FTEs are primarily placed in Assure the Accessibility and Quality of Health Services.

[6] Remember, filled FTEs are employees who are employed directly by the community health board or one of the local health departments in the community health board.

FTEs working in Title V (MCH) programs: FTEs supporting or providing Title V programs (Services for pregnant women, mothers and infants, children and adolescents and children and youth with special health care needs). This can include health educators, nurses, WIC, scheduling, and billing staff.

Supervisors, managers, or health administrators: Individuals who have a defined supervisory role.

Staffing comments

Enter any comments regarding information in the 2024 staffing forms. Use these comments to provide context for 2024 data, and to serve as a resource for future reporting (e.g., changes to your community health board).

Error messages

As you complete each finance and staffing form, you can check the accuracy of your data by comparing totals appearing in REDCap with your original calculations. In certain fields, you will see a message titled ***Error*** as soon as you enter data, if your data does not meet the form's criteria.

In REDCap, you can see errors in real time.

All errors must be resolved by March 31, 2025. We strongly encourage you to complete reporting in REDCap in a timely manner, to ensure you can fix all errors by this deadline.

When you see an error message, double-check your work and make corrections as applicable. Once you have made corrections, click "Save & Stay" at the bottom of the form to see if the error message disappears. Remember:

When entering numbers, leave out commas (i.e., enter "311346" instead of "311,346").

Enter 0 for any blank fields (zero).

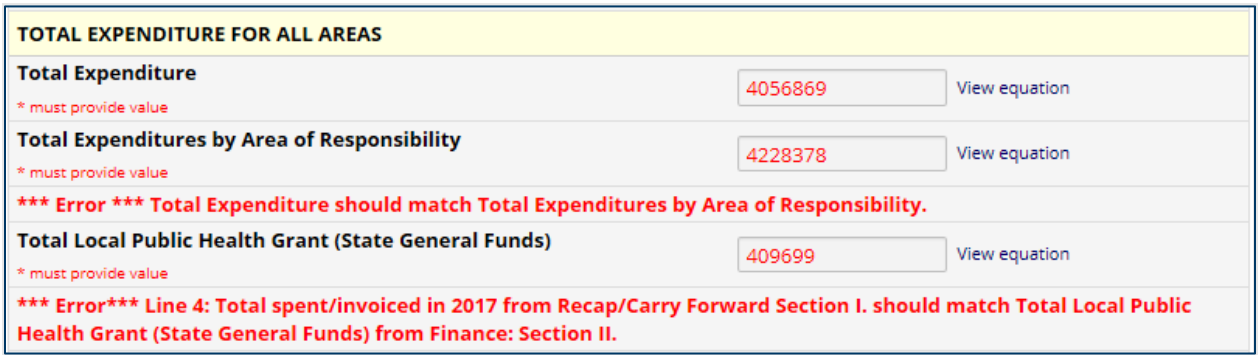
Errors in Finance: Section II. Expenditures

At the end of the Expenditures form, you will see a summary of Total Expenditures for all areas.

If the values listed for Total Expenditure and Total Expenditure by Area of Responsibility do not match, you will see an error message. If this happens:

Double-check your numbers and make corrections as needed. This will ensure that the values for Total Expenditure and Total Expenditure by Area of Responsibility add correctly.

Once you've made the corrections and have clicked Save & Stay, the Error Message should disappear.

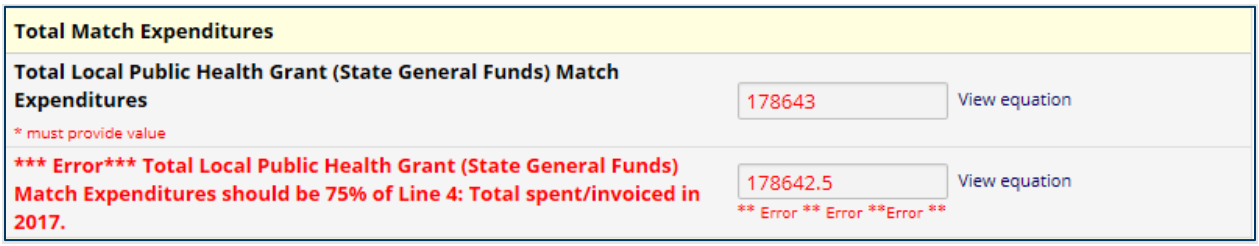


Errors in Finance: Section III. Match

If the value entered for your match is off by even a decimal point, you will see an error message. This is OK and expected (you do not need to correct it), but you should double-check your numbers:

If the value entered is correct and this is a rounding error, you can save the form and proceed such as in the case below.

If the match is less than 75 percent, you will also see an error message; you need to make the corrections in Finance: Section I. Recap/Carry Forward before moving on.



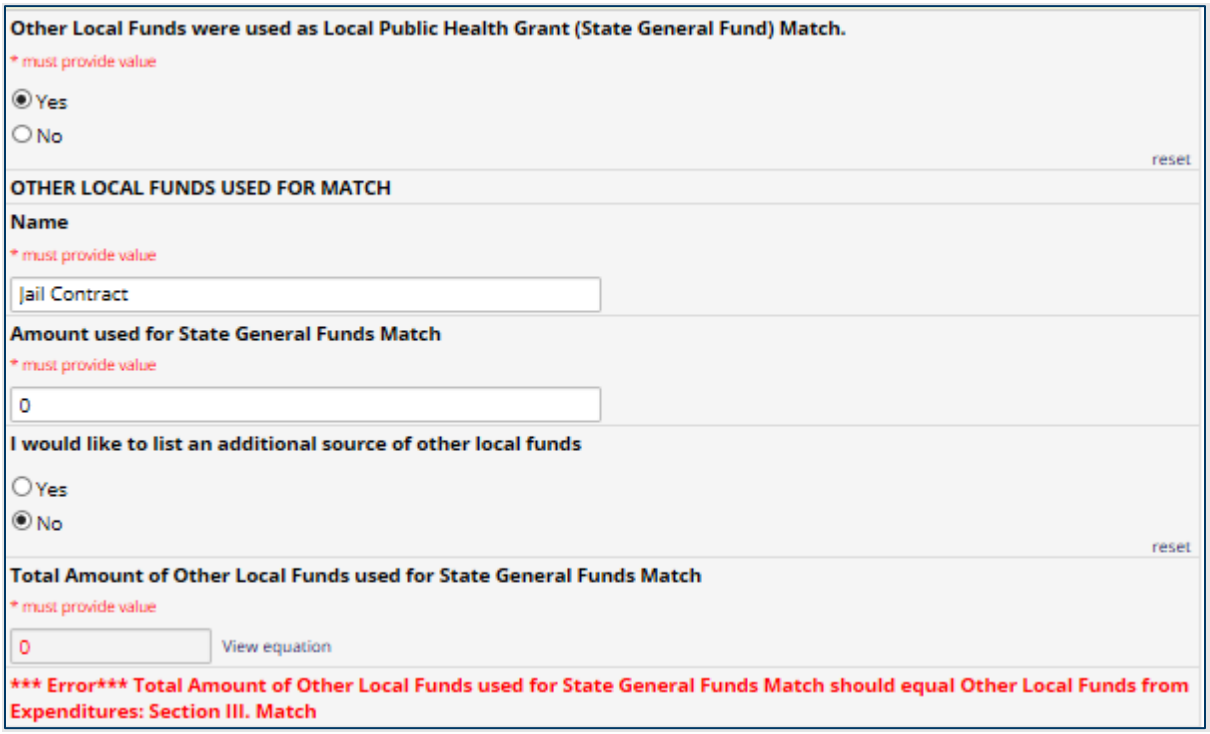
Errors in Finance: Section IV. Breakdown

The Finance breakdown form verifies other local and other state funds used as match for the Local Public Health Act Funds (State General Funds) and the Foundational Public Health Responsibility Grant.

If the total amount entered for other local funds and other state funds in the match form do not equal the value entered for other local funds and other state funds in the breakdown form, you will see an error message. If this happens:

Double-check your numbers and make corrections as needed. This will ensure that the values in the breakdown and match forms total correctly.

Once you've made the corrections and have clicked Save & Stay, the Error Message should disappear.



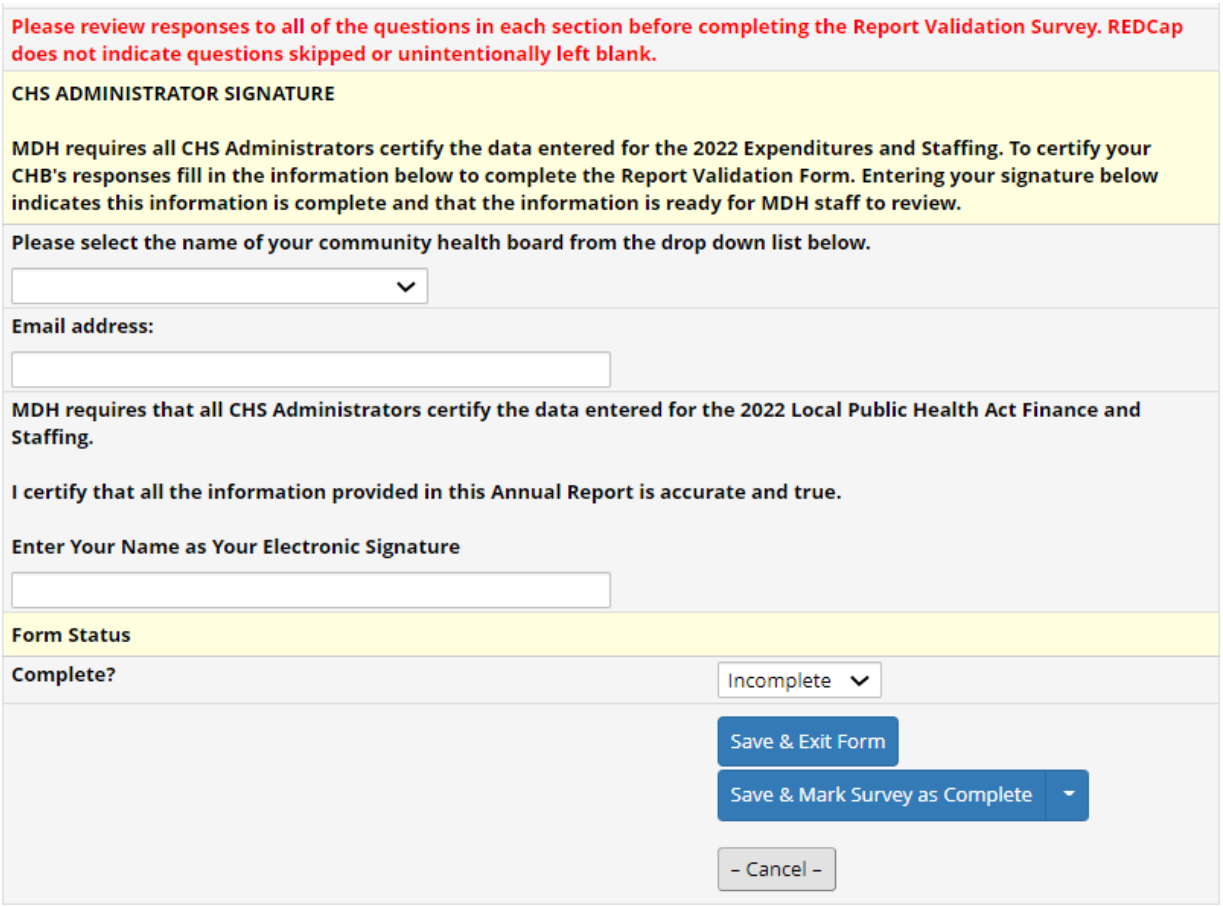
Report validation: CHS administrator review

CHS administrators are responsible for reviewing all finance and staffing forms for completeness and accuracy. **This validation form is how MDH knows your reporting is fully complete**.[7]

To verify this:

1. Under the left-hand menu for "Data Collection," choose Report Validation Form 2024.
2. Select the name of your community health board from the drop-down list.
3. Enter your email address.
4. Submit your electronic signature to certify the data your organization entered for 2024 finance and staffing annual reporting; read the text below and provide an electronic signature by typing your name in the box:

[7] At the bottom of each finance and staffing form, there is a place to mark **for your own reference** whether you've completed a form or not, which you can use to track your own progress, but **MDH does not use these indicators to check for completion**. **CHS administrators must still complete validation**. (You may see these complete/incomplete selections populate red-yellow-green indicators on your forms in the left-hand navigation pane; again, these are for your own internal reference only, and MDH does not use them to track progress.)



5. If you entered your email address, you will immediately receive an email message:

   Thank you for completing the [community health board name name] 2024 Annual Reporting Validation Form for Finance and Staffing. This is your final step in reporting Local Public Health Act Finance and Staffing data.

   MDH staff are in the process of validating responses for community health boards who have completed the report validation form in REDCap. MDH will notify your CHS administrator if it finds any discrepancies upon review your data.

Appendix A. Funding sources

You can find COVID-19-specific funding sources at the end of this appendix.

Client Fees: Report expenditures paid with revenue generated from client fees (i.e., sliding fees for a health care or MCH service).

Foundational Public Health Responsibility Grant: Report expenditures paid with the Foundational Public Health Responsibility Grant. This was new grant funding allocated by the state legislature. Funding began in 2024 and is used for foundational capabilities and foundational areas. Funding for Foundational Public Health Responsibilities - MN Dept. of Health.

Local Tax: Report expenditures paid with revenue generated local tax levies.

Medicaid (Title XIX of the Social Security Act): Report expenditures paid with revenue generated from Medicaid reimbursements. This includes Prepaid Medical Assistance Plans (PMAPs), community based purchasing and community alternative care (CAC), community alternatives for disabled individuals (CADI), development disabled (DD) (formerly known as mental retardation or related conditions (MR/RC)), elderly (EW), and traumatic brain injury (TBI) waivers. This does not include alternative care (AC) which is reported in Other State Funds.

Medicare (Title XVIII of the Social Security Act): Report expenditures paid with revenue generated from Medicare reimbursements. Also include revenue from Minnesota Health Senior Options (MSHO).

Other Federal Funds: Report expenditures paid with revenue generated from the Federal Government other than those specified elsewhere in the glossary (i.e. Medicaid, Medicare, TANF, and Title V). This includes dollars that come directly and as pass thru funds. Any funds with a Catalog of Federal Domestic Assistance (CFDA) number are federal funds. Examples include WIC, Veteran's Administration, Pandemic Flu Supplemental Funding, and Public Health Preparedness. This does NOT include Medicaid, Medicare, Medicaid waivers, Title V, and TANF funds. If a grant is funded by both state and federal sources (e.g., 30% state funds and 70% federal funds) divide the amount appropriately between Other State Funds and Other Federal Funds.

Other Fees (non-client): Report expenditures paid with revenue generated from a fee for service, or for a license or permit. Usually the charge has been set by statute, charter, ordinance, or board resolution.

Other Local Funds: Report expenditures paid with revenue generated from other local funds (not pass thru from state or federal government) including in-kind and contracts, grants or gifts from local agencies such as schools, social service agencies, community action agencies, hospitals, regional groups, non-profits, corporations or foundations. Please confirm that these funds do not originate from a federal or state source.

Other State Funds: : Report expenditures paid with revenue generated from other state funds other than those specified including grants and contracts from the Minnesota Department of Health and other state agencies that are not "pass thru" dollars from the federal government. Funding with a CFDA number are federal dollars. Examples of other state funding include alternative care and family planning special project. Please confirm that these funds do not originate from a federal source. If a grant is funded by both state and federal sources (e.g., 30% state funds and 70% federal funds) divide the amount appropriately between Other State Funds and Other Federal Funds.

Private Insurance: Report expenditures paid with revenue generated from reimbursements received from private insurance companies as their source.

Local Public Health Grant (State General Funds): Report expenditures paid with the Local Public Health Gant. These state general funds are to be used for the operations of community health boards.

State General Match: Criteria are defined in state statute (Minn. Stat. § 145A.131). A community health board that receives a local public health grant shall provide at least a 75 percent match for the state funds received through the local public health grant. Eligible funds must be used to meet match requirements. Eligible funds include funds from local property taxes, reimbursements from third parties, fees, other local funds, and donations or nonfederal grants that are used for community health services described in Minn. Stat. § 145A.02, subd. 6.

TANF (Temporary Assistance for Needy Families): Report the total of invoices sent to MDH for reimbursement for the period of January 1 to December 31 that had Federal TANF as their funding source.

Title V: Report expenditures paid with the federal Title V (MCH).

COVID-19-specific funding sources

Federal COVID Grant dollars awarded by the MDH to community health boards. This may include:

- COVID Vaccine Implementation and Recovery Grant (one grant) which includes funds from both Immunization (April 1, 2021 to June 30, 2025) and Epidemiology and Laboratory Capacity (ELC) funds (April 1, 2021 to March 31, 2026). These funds come from both immunization and Epidemiology and Laboratory Capacity (ELC) funds and are managed as one single grant to local public health for COVID work.
- CDC COVID Workforce Grant (July 1, 2021 to June 30, 2024)
- Other federal COVID funding from MDH

Other local COVID-19 funds: Funds that do not originate from a state or federal source; locally generated funds specific to COVID-19.

Federal funds awarded by another state agency or directly from the federal government: Any federal funding that did not pass through MDH or from federal government to local government and then to the community health board.

Other COVID-19-specific funding: Community health boards may select this option if none of the above applies (please explain).

Appendix B. Where do I put…?

Funding sources are in alphabetical order. This is not an exhaustive list.

Alternative Care (AC): Other State Funds
Child and Teen Check-Up Clinics and Outreach: 50% Other Federal Funds, 50% Other State Funds
City Readiness Initiative: Other Federal Funds
Community Alternative Care (CAC): Medicaid
Community Alternatives for Disabled Individuals (CADI): Medicaid
County-Based Purchasing: Medicaid
Developmentally Disabled (DD): Medicaid
Early Hearing Detection and Intervention (EHDI): Other Federal Funds
Elderly Waivers (EW): Medicaid
Eliminating Health Disparities: Other State Funds
Evidence-Based Home Visiting—Nurse-Family Partnership Implementation and Training: Other Federal Funds
Family Planning Special Projects: 70% Other State Funds, 30% Other Federal Funds
Family Services Collaborative: Mix of other local, other state, and other federal funds; the percentage of each funding source comprises differs for each collaborative
Immunization Practices Improvement Program (IPI): Other Federal Funds
Immunization Registry: Minnesota Dept. of Health: Other Federal Funds
Immunization Registry: Minnesota Dept. of Human Services: 50% Other State Funds, 50% Other Federal Funds (C&TC)
Indoor Radon Grant: Other Federal Funds
Interagency Early Intervention Committees (IEIC): Other Federal Funds
Lead Safe Housing Grant: Other State Funds
Minnesota Family Planning Program: Other Federal Funds
Mental Health Collaborative: Mix of other local, other state, and other federal funds; the percentage of each funding source comprises differs for each collaborative
Minnesota Senior Care Plus (MSC+): Medicaid
Minnesota Senior Health Options (MSHO): Medicare
Opioid Settlement funds: Other local funds if directly paid to the county. Opioid settlement funds through a state grant should be reported as Other State Funds.
Pandemic Flu Supplemental Funding: Other Federal Funds
Perinatal Hepatitis B: Other Federal Funds
Prepaid Medical Assistance Plan (PMAP): Medicaid
Public Health Emergency Response (PHER): Other Federal Funds
Public Health Emergency Preparedness (PHEP): Other Federal Funds
Statewide Health Improvement Partnership (SHIP): Other State Funds
Suicide Prevention: 50% Other State Funds, 50% Other Federal Funds
TANF Training—FHV—Growing Great Kids Training Support: Other Federal Funds
Tobacco-Free Communities: Other Federal Funds
Traumatic Brain Injury (TBI): Medicaid
WIC Breastfeeding Peer Support Program: Other Federal Funds
WIC Program: Other Federal Funds

Appendix C. Job classifications

This glossary includes brief definitions and decision guidelines for the titles in the expanded Bureau of Health Professions listing developed by Columbia University School of Nursing Center for Health Policy in 2000. These definitions have been slightly modified to fit with Minnesota's public health workforce; MDH has noted where modified.

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, of 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, CHS administrator, public health nursing director, and environmental health director. 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 includes 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 receptionist.

Community Health Workers: Assist individuals and communities to adopt healthy behaviors. 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/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 a number of job titles without

reference to the specific training that the individual might have (e.g., health analyst, community planner, research scientist).

Informatics/Informatician: See "Public Health Informatician."

Interpreter: Individuals who translate information in one language to another language for public health purposes. (This is not an official EEO-4/CHP/BHPr+ definition.)

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 based on 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 community health worker and 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.

Paraprofessionals: 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, home maker, 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 specialist 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 housekeeper.

Technicians: This classification includes occupations which require a combination of basic scientific or technical knowledge and manual skill which 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 technician, nutritional technician, detox technician, EMS technician, hearing and vision technician, laboratory technician, and computer specialist.

Appendix D. Foundational public health responsibility alignment to areas of public health responsibility

Foundational Public Health Responsibility Descriptions of the foundational capabilities and foundational areas can be found here: FPHS-Factsheet-2022.pdf (phaboard.org)	**Six Areas of Public Health Responsibility**
Foundational capabilities: ▪ **Assessment and Surveillance** ▪ **Community Partnership Development** ▪ **Communications** ▪ **Equity** ▪ **Accountability and Performance Management** ▪ **Organizational Competencies** ▪ **Policy Development and Support.** These represent all foundational capabilities, except Emergency Preparedness and Response.	**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.
Foundational capability: **Emergency Preparedness and Response**	**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.
Communicable Disease Control	**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.
Chronic Disease and Injury Prevention **Maternal, Child, and Family Health**	**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.
Environmental Public Health	**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.
Access to and Linkage with Care	**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.