DEPARTMENT OF HEALTH

Finance and staffing reporting instructions for calendar year 2022

LOCAL PUBLIC HEALTH ACT ANNUAL REPORTING

These instructions will help you enter data into the REDCap reporting system, to report finance and staffing measures for Local Public Health Act (LPH Act) annual reporting for the calendar year 2022, when reporting is open during spring 2023.

Please review the instructions before entering data, and don't forget to share with others as needed.

What is LPH Act annual reporting?

LPH Act annual reporting collects data to create a big picture of public health resources and priorities. Each community health board reports how it uses the Local Public Health Grant and other local, state, and federal funds for public health, across six areas of responsibility.

The MDH Center for Public Health Practice administers the Local Public Health Grant, which provides funding to community health boards in Minnesota. The Center for Public Health Practice also coordinates LPH Act annual reporting.

LPH Act annual reporting for this period consists of two areas: Finance and Staffing (these instructions). As was the case for the past few years, MDH will not collect information on performance measures for the six areas of public health responsibility.

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

Help and questions

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)

Contents

How to use these instructions

These instructions mirror the forms to collect data in REDCap, under the project titled "2022 Local Public Health Act Finance and Staffing": six forms for finance/expenditures, six 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

Staffing: Section V: Follow-up Questions

Staffing: Section VI. COVID-19

Finance Section VI and Staffing Section VI are the only places your community health board will report COVID-19-related funding and 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 **2022 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."

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

Staffing: Section V: Follow-up Questions

Staffing: Section VI. COVID-19

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

Finance Section VI and Staffing Section VI are the only places your community health board will report COVID-19-related funding and staffing.

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.)

Questions and assistance

If you have questions on finance, staffing, or REDCap 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

- contact the MDH Center for Public Health Practice (health.ophp@state.mn.us).

Finance (expenditures) reporting

All expenditure data you enter during this reporting period should reflect services and expenditures that occurred January 1, 2022 through December 31, 2022.

- 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

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—State General Funds
- 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

Areas of public health responsibility for Sections I through V

For a full definition of each area of responsibility, see Appendix D. Areas of public health responsibility.

- Infrastructure: Assure an adequate local public health infrastructure
- Healthy communities: Promote healthy communities and healthy behavior
- Infectious disease: Prevent the spread of communicable diseases
- Environmental health: Protect against environmental health hazards
- Disaster preparedness: Prepare and respond to emergencies
- Health services: Assure health services

Navigating REDCap

When you log into REDCap to report your data, find "My Projects" at the top of your screen, and select **2022 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.

Finance: Section I. Recap/carry forward

This form captures high-level information on Local Public Health Grant awards, or state general funds.[2] It focuses on the use of all funding sources **except COVID-specific funding**. Please report all COVID-19 expenditures into *Finance: Section VI. COVID-19*.

- Line 1: The amount of Local Public Health Grant (State General Funds) carried forward from 2021.

- Line 2: The 2022 Local Public Health Grant (State General Funds) award amount for your community health board.

- Line 3: Total funds available for 2022, adding Lines 1 and 2 (REDCap will automatically calculate the amount in this field).

- Line 4: Total Local Public Health Grant (State General Funds) spent/invoiced in 2022. Note: The total spent in 2022 for each funding source MUST equal the total spent in the finance section.

- Line 5: Carry forward for 2023, subtracting Line 4 from Line 3 (REDCap will automatically calculate the amount in this field).

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, 2022 through December 31, 2022, by funding source and area of public health responsibility. Indicate the dollar amount for each cell. For a full definitions of funding sources and areas of responsibility, see Appendix B. Where do I put…? and Appendix D. 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 area of public health responsibility:

- For example, enter *Infrastructure* expenditures for each of the 12 funding sources.

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

- Repeat for each of the remaining areas of responsibility.

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

- Note: *Healthy Communities* is the only area of responsibility that contains Federal TANF Funds; this funding source will not appear in any of the other areas of responsibility.

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[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 III. Match

This form captures the dollar amount used to create local matching funds for the Local Public Health Grant (State General Funds), and thereby demonstrate meeting requirements of state statute.[3]

The sum of Local Public Health Grant (State General Funds) match cannot exceed the total dollar amount for each funding source.

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 (State General Funds) Match Expenditures" against Line 4 of *Finance: Section I. Recap/Carry Forward*, and will display an error message if this amount is not 75 percent of the 2022 Total Local Public Health Grant (State General Funds).

Finance: Section IV. Breakdown

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

If you did not use local or state match

If your community health board did not use Other Local Funds or Other State Funds for match, 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, select "Yes" on the form for the appropriate questions:

▪ Other Local Funds were used as Local Public Health Grant (State General Fund) Match

▪ Other State Funds were used as Local Public Health Grant (State General Fund) 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 (such as, for example, Title V[4] and State General Funds).

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[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).*

[4] For help with Title V reporting, visit: Title V Maternal and Child Health (MCH) Block Grant grantee information (https://www.health.state.mn.us/communities/titlev/grantees.html).

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 2022 data. **Do not report any COVID-19 data in this section; instead, report it in *Finance Section VI. COVID-19*.**

Follow-up questions (1-10)

▪ **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)

▪ Line 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.

▪ Line 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 2022 financial forms. Use these comments to provide context for 2022 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 2022.

Finance: Section VI. COVID-19

This section captures the amount spent by your community health board on COVID-19 from January 1, 2022 through December 31, 2022, 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 the six areas of local public health responsibility (see Appendix A. Funding sources).

Funding source specific to COVID-19	Example
Federal funds awarded by Minnesota Department of Health	Federal COVID Vaccine Implementation Grant dollars awarded by the MDH to community health boards. This may include: - Vaccine Implementation and Response funding (April 1, 2021 to December 31, 2023) - CDC COVID Workforce Grant (July 1, 2021 to June 30, 2023) - American Rescue Plan Act (ARP) funds - 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

Funding source specific to COVID-19	Example
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) reporting

All staffing data you enter during this reporting period should reflect staffing from January 1, 2022 through December 31, 2022.

- 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
- Staffing: Section V: Follow-up Questions
- Staffing: Section VI. COVID-19

Staffing Sections I through V do not include COVID-19-related staffing.

Staffing Section VI is specific to COVID-19-related 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 **2022 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.

Areas of public health responsibility for Sections I through V

For a full definition of each area of responsibility, see Appendix D. Areas of public health responsibility.

- Infrastructure: Assure an adequate local public health infrastructure
- Healthy communities: Promote healthy communities and healthy behavior
- Infectious disease: Prevent the spread of communicable diseases
- Environmental health: Protect against environmental health hazards
- Disaster preparedness: Prepare and respond to emergencies
- 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[5] by job classification and area of public health responsibility. **This section should not include any information on COVID-19-related staffing**; please report COVID-19 staffing in *Staffing: Section VI. COVID-19*.

Enter data by job classification and area of responsibility:

- Determine the number of contracted FTEs for the job classification.

- Classify these contracted FTEs by the area(s) of responsibility in which they do their work (for example, how many Health Administrator-contracted FTEs can be categorized as working in the *Infrastructure* area?).

- Repeat for the remaining five areas of responsibility.

- 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.

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[5] 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.

Staffing: Section II. Number of Contracted FTEs

This form captures the number of contracted FTEs[6] by job classification and area of public health responsibility. 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 not include any information on COVID-19-related staffing**; please report COVID-19 staffing in *Staffing: Section VI. COVID-19*.

Enter data by job classification and area of responsibility:

▪ Determine the number of contracted FTEs for the job classification.

▪ Classify these contracted FTEs by the area(s) of responsibility in which they do their work (for example, how many Health Administrator-contracted FTEs can be categorized as working in the *Infrastructure* area?).

▪ Repeat for the remaining five areas of responsibility.

▪ 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 not include any information on COVID-19-related staffing**; please report COVID-19 staffing in *Staffing: Section VI. COVID-19*.

Enter data by filled/contracted status and job classification:

▪ Enter the number of filled people in each job classification.

▪ 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.

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[6] 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.

Staffing: Section IV. Race/Ethnicity of Filled Persons

This form captures the race/ethnicity of the number of filled persons. [7] It also captures additional data about FTEs in specific positions. **This section should not include any information on COVID-19-related staffing**; please report COVID-19 staffing in *Staffing: Section VI. COVID-19*.

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 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. 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.

▪ 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.

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[7] 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.

Staffing comments

Enter any comments regarding information in the 2022 staffing forms. Use these comments to provide context for 2022 data, and to serve as a resource for future reporting (e.g., changes to your community health board).

Staffing: Section V: Follow-up Questions

This form captures information on permanent staff (filled FTEs[8]) turnover, retirement, hiring, and more at your agency.

If permanent staff left your agency in 2022

If permanent (filled FTEs) staff left your agency, you'll be asked to answer a series of questions noted below.

- How many permanent staff voluntarily left, retired, or had their position ended (e.g., end of a grant/funding cycle) in your agency? Were they administrative, professional/programmatic staff, or leadership?

- How did the number of staff who left in 2022 compare with the number who left in previous years? If more left than in previous years, what impact do you think COVID-19 had on this?

- How much do you think the following factors contributed to staff departures?

  - Burnout (energy depletion/exhaustion, increased mental distance or negative feelings toward one's job, reduced professional efficacy)
  - Feeling unsafe (e.g., being bullied, harassed, threatened, etc.)
  - Work-life balance challenges
  - Decreased authority
  - Lack of community support
  - Unpredictable funding
  - Low wages
  - Limited advancement
  - Vaccination status or mandate
  - Diversity, equity, and inclusion (DEI) initiatives (or lack thereof)

- We'd also like your feedback on staff burnout, safety, and staffing in general, via an open-ended comment box.

If no permanent staff left your agency in 2022

If no permanent staff left your agency, we'd still like your feedback on staff burnout, safety, and staffing in general, via an open-ended comment box.

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[8] 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.

Staffing: Section VI. COVID-19

This form captures information on the community health board workforce and volunteers who contributed to the COVID-19-related public health activities of the community health board. This includes all COVID-19 activities, such as the following:

- 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

Workforce time for COVID-19-related activities

Please estimate hours community health board employees spent on COVID-19-related local public health activities.

We realize that the time of spent on COVID-19 this year may seem countless. We would like to capture an estimate of that time, to the extent you reasonably can. This is part of understanding the burden of COVID-19 on Minnesota's local public health workforce. Please provide your best estimates. Include hours of filled and contracted employees for all job classifications engaged in COVID-19-related activities, whether redeployed or newly hired/contracted.

Hourly employees

- Total number of COVID-19 hours for the 2022 calendar year (includes regular hours, not overtime)

- Total number of COVID-19 overtime hours for the 2022 calendar year

Salaried employees

- Total number of COVID-19 hours during 8-hour workdays for the 2022 calendar year

- Total number of excess hours worked due to COVID-19 over 7 days (Imagine a "typical" seven-day week; for that seven-day period, approximately how many hours more than usual did salaried employees work as a result of COVID-19?)

- You'll have a chance to indicate whether you have salaried employees who are not eligible to work overtime.

New employees for COVID-19

Enter whether the community health board hired new employees for COVID-19-related activities. Include part time or temporary employees. If yes, enter the number of new filled and contracted FTEs.

- New filled employees for COVID-19 are employees who are employed directly by the community health board or one of the local health departments in the community health board to carry out COVID-19-related activities.

- New contracted employees for COVID-19 are positions contracted by the community health board or one of the local health departments in the community health board, to provide COVID-19-related activities.

Community volunteers for COVID-19

Enter whether the community health board relied on community volunteers for COVID-19-related activities for the 2022 calendar year. If Yes, estimate the number of volunteers and the number of volunteer hours. Exclude people contributing to COVID-19-related public health activities while paid or redeployed (e.g., by the community health board, or any local agency or organization).

COVID-19 comments

Use the free response option to share additional information about your community health board workforce as it relates to your community health board's response to COVID-19 for the 2022 calendar year.

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, 2023. 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.

Total Match Expenditures		
Total Local Public Health Grant (State General Funds) Match Expenditures * must provide value	178643	View equation
*** Error*** Total Local Public Health Grant (State General Funds) Match Expenditures should be 75% of Line 4: Total spent/invoiced in 2017.	178642.5 ** Error ** Error **Error **	View equation

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).

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.

Other Local Funds were used as Local Public Health Grant (State General Fund) Match.
* must provide value

◉ Yes
○ No

    reset

OTHER LOCAL FUNDS USED FOR MATCH

Name
* must provide value

Jail Contract

Amount used for State General Funds Match
* must provide value

0

I would like to list an additional source of other local funds

○ Yes
◉ No

    reset

Total Amount of Other Local Funds used for State General Funds Match
* must provide value

0   View equation

*** Error*** Total Amount of Other Local Funds used for State General Funds Match should equal Other Local Funds from Expenditures: Section III. Match

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**.[9]

MDH continues to update the validation form to make it more clear and intuitive for CHS administrators; some of the steps below may be slightly different than in years past.

To verify this:

1. Under the left-hand menu for "Data Collection," choose Report Validation Form 2022.

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 2022 finance and staffing annual reporting; read the text below and provide an electronic signature by typing your name in the box:

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[9] 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] 2022 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 that had as their source revenue received as a client fee (i.e., sliding fees for a health care or MCH service).

- Local Tax: Report expenditures that had as their source revenue from local tax levies.

- Medicaid (Title XIX of the Social Security Act): Report expenditures that had revenue from Medicaid reimbursements as their source. 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 that had Medicare reimbursements as their source. Also include revenue from Minnesota Health Senior Options (MSHO).

- Other Federal Funds: Report expenditures that had as their source of revenue as 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 that had as their source revenue received as 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 that had their source 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 of dollars spent 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 that had reimbursements received from private insurance companies as their source.

- State General Funds: Report expenditures of dollars that had the state general funds portion of the Local Public Health Act as their source. 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 of dollars that had the federal Title V (MCH) portion of the Local Public Health Act as their source.

- Title V Match: Nonfederal funds that were used for Title V programs are eligible for match. This includes state general funds of the LPH Act, Medicaid, local taxes, client fees, private insurance, other state funds, and other local sources that were used to support programs in the areas of improved pregnancy outcomes; family planning; children with special health care needs; child and adolescent health (ages 1 to 22); and infant health (under one year or age). If you want to use all of your MATCH dollars in one area such as Children with Special Health Needs you can. It is not necessary to use them only in the areas that you used Title V dollars in. For example, you can use Title V dollars in Improved Pregnancy Outcome, Family Planning and Children with Special Health Needs and use Title V match dollars to support Children with Special Health Needs and Child and Adolescent Health.

COVID-19-specific funding sources

- Federal funds awarded by Minnesota Department of Health; examples include federal COVID Vaccine Implementation Grant dollars awarded by the MDH to community health boards, including:

  - Vaccine Implementation and Response funding (April 1, 2021 to December 31, 2023)

  - CDC COVID Workforce Grant (July 1, 2021 to June 30, 2023)

  - American Rescue Plan Act (ARP) funds

  - 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).

Appendix B. Where do I put…?

- 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
- 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. Areas of public health responsibility

The full text of each area of public health responsibility can be found in Minn. Stat. § 145A.04 , subd. 1a. The community health board shall identify local public health priorities and implement activities to address the priorities and the areas of public health responsibility.

- Assure an adequate local public health infrastructure: Assure an adequate local public health infrastructure by maintaining the basic foundational capacities to a well-functioning public health system that includes data analysis and utilization; health planning; partnership development and community mobilization; policy development, analysis, and decision support; communication; and public health research, evaluation, and quality improvement.

- Promote healthy communities and healthy behavior: Promote healthy communities and healthy behavior through activities that improve health in a population, such as investing in healthy families; engaging communities to change policies, systems, or environments to promote positive health or prevent adverse health; providing information and education about healthy communities or population health status; and addressing issues of health equity, health disparities, and the social determinants of health.

- Prevent the spread of communicable diseases: Prevent the spread of communicable disease by preventing diseases that are caused by infectious agents through detecting acute infectious diseases, ensuring the reporting of infectious diseases, preventing the transmission of infectious diseases, and implementing control measures during infectious disease outbreaks.

- Protect against environmental health hazards: Protect against environmental health hazards by addressing aspects of the environment that pose risks to human health, such as monitoring air and water quality; developing policies and programs to reduce exposure to environmental health risks and promote healthy environments; and identifying and mitigating environmental risks such as food and waterborne diseases, radiation, occupational health hazards, and public health nuisances.

- Prepare and respond to emergencies: Prepare and respond to emergencies by engaging in activities that prepare public health departments to respond to events and incidents and assist communities in recovery, such as providing leadership for public health preparedness activities with a community; developing, exercising, and periodically reviewing response plans for public health threats; and developing and maintaining a system of public health workforce readiness, deployment, and response.

- Assure health services: Assure health services by engaging in activities such as assessing the availability of health-related services and health care providers in local communities, identifying 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.