

Written User Guide for Cost and Capacity Assessment Data Dashboards

[Center for Public Health Systems – UMN Tableau Dashboard \(https://public.tableau.com/app/profile/jp.leider6501/vizzes\)](https://public.tableau.com/app/profile/jp.leider6501/vizzes)

CREATED BY MDH DATA TECHNICAL ASSISTANCE TEAM

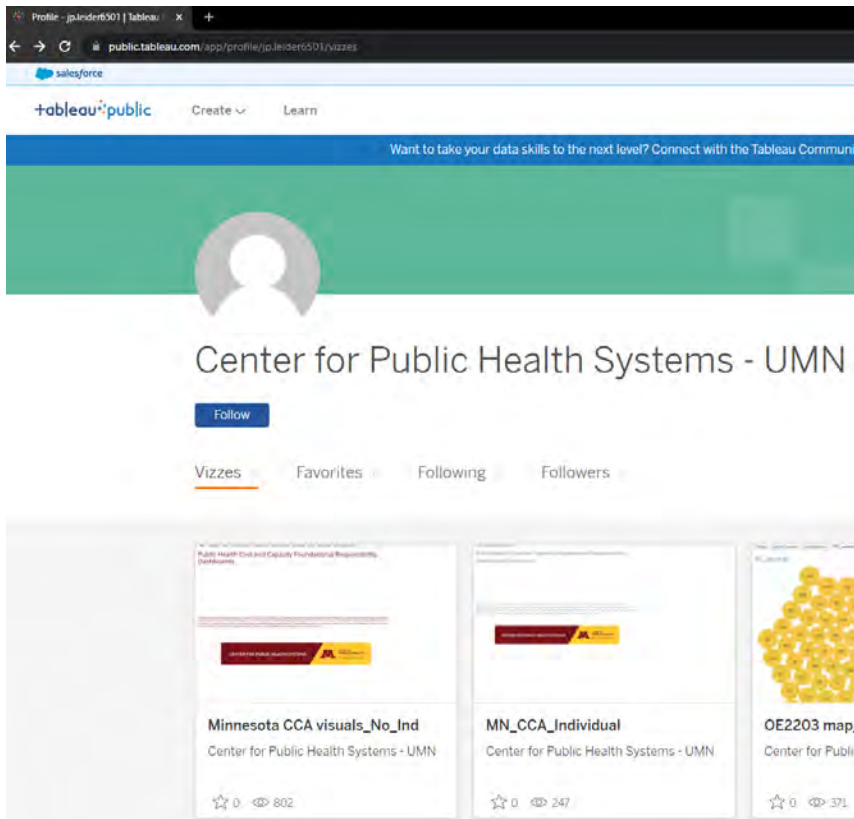


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Overview

This dashboard is meant to supplement and illustrate findings from the [2023 Minnesota Public Health Cost and Capacity Assessment \(https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202310costcapacity-memoreport-reduced.pdf\)](https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202310costcapacity-memoreport-reduced.pdf), created by the University of Minnesota School of Public Health Center for Public Health Systems (CPHS).

- The assessment was conducted in the field in 2022 and 2023, and the report was written in 2023. It covers data for local public health over fiscal year 2021 and state fiscal year 2022.

The dashboards were created with a data visualization software program called Tableau. Why use Tableau?

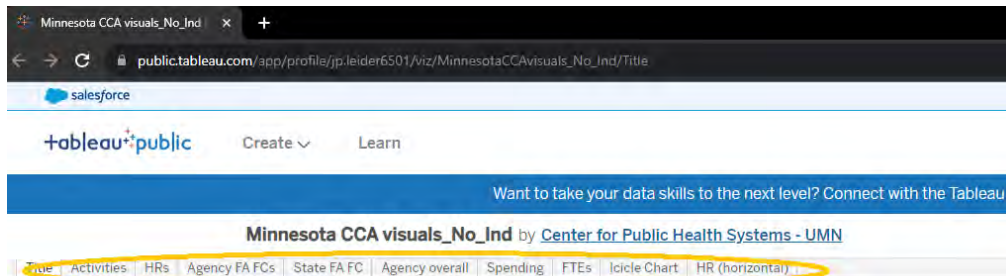
- It provides data visualization without the need for too much technical skills or coding expertise.
- It presents data in interactive dashboards that are easy to use.
- It allows for collaboration with data across the state of Minnesota.

Non-individualized dashboards

Public Health Cost and Capacity Foundational Responsibility Dashboards

(https://public.tableau.com/app/profile/jp.leider6501/viz/MinnesotaCCAvisuals_No_Ind/Title)

- a. **Title.** This page reminds us that these dashboards are meant to be dynamic and interactive and are connected to the 2023 Minnesota Public Health Cost and Capacity Assessment Summative Report. Each tab is meant to represent an appendix from that report. At first glance it might seem as if the data was not there, but as you can see on the banner, there are various tabs that we will go over.



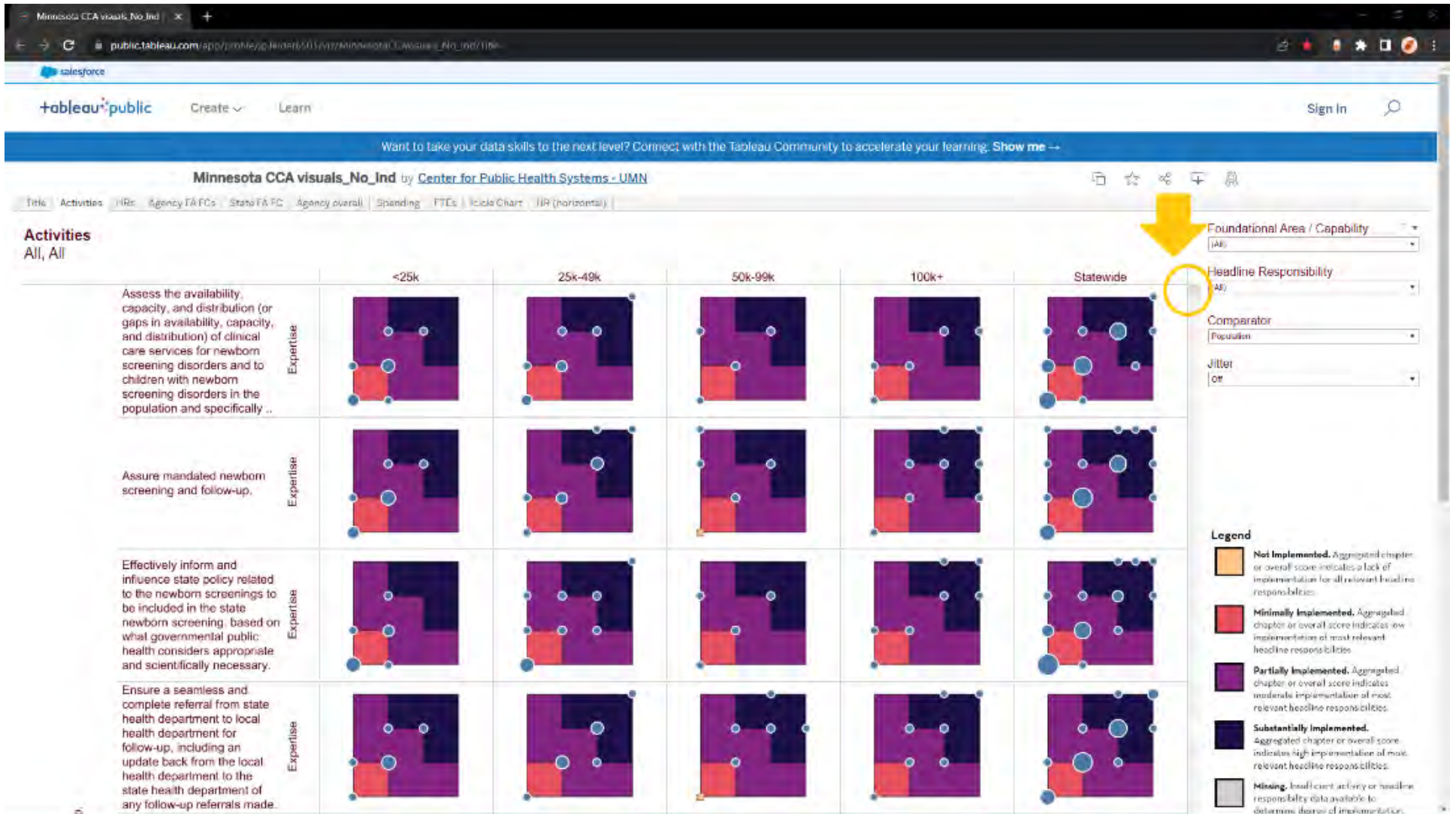
Public Health Cost and Capacity Foundational Responsibility Dashboards

Data visualized in these dashboards are meant to be dynamic appendices available alongside the 2023 Minnesota Public Health Cost and Capacity Assessment Summative Report, available at (z.umn.edu/CCAReport/). Each sheet represents a different Appendix Figure referenced from the report, collected here for ease of use. While these are interactive, they are meant more as dynamic figures than highly-featured dashboards. Fundamentally, they are meant to allow users to explore the data and save on sifting through dozens, or hundreds, of appendix figures. Please email cphs@umn.edu with questions on these figures.

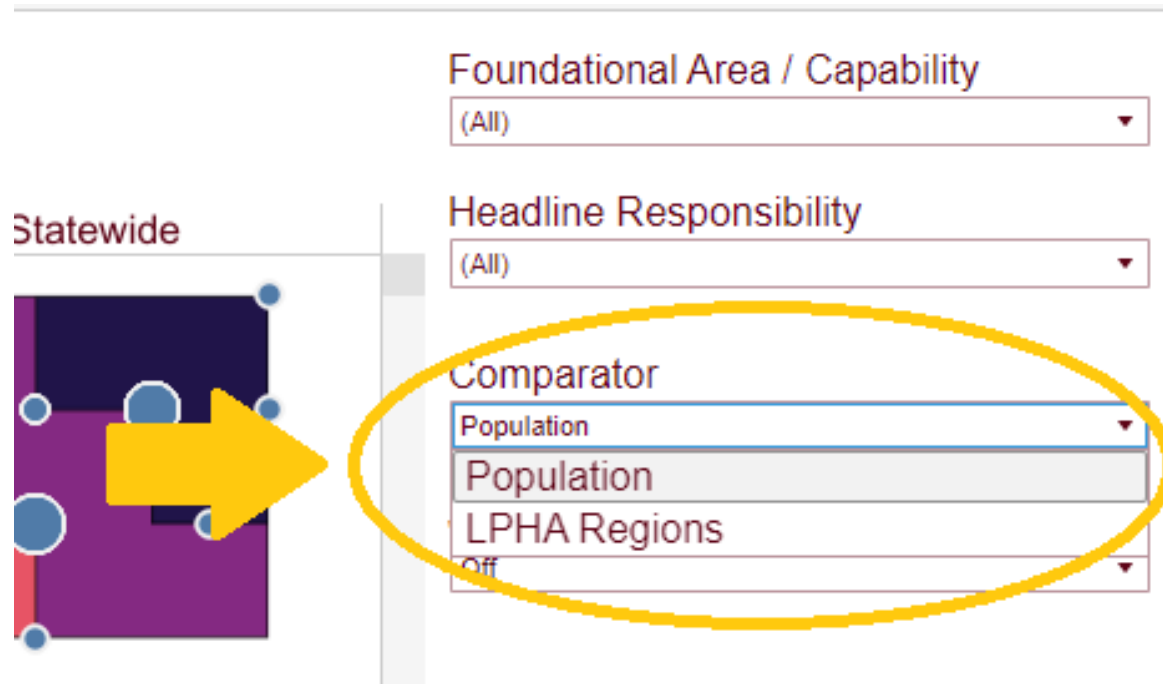


COST AND CAPACITY ASSESSMENT DATA DASHBOARD USER GUIDE

- b. **Activities.** This page seems relatively large because it encompasses all activities, as you can see when scrolling down here. Across the top are the population sizes, and that is compared across the state here.

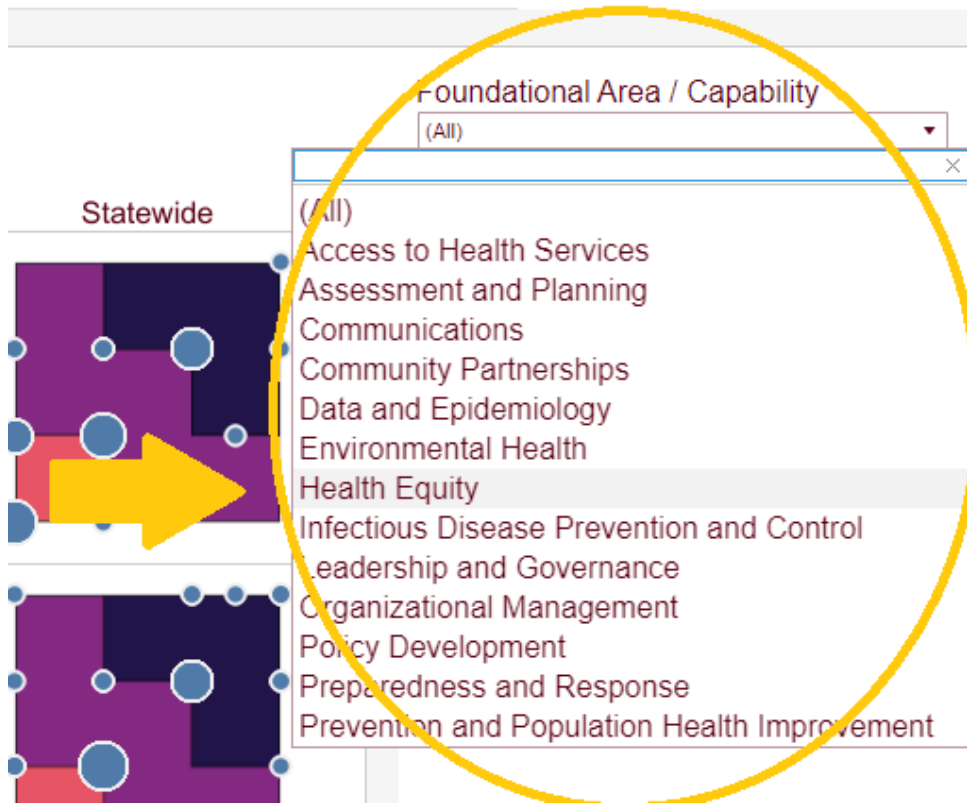


- i. You can change it from population sizes to regions by selecting the alternative option “LPHA regions” under the comparator list. This will then change each plot to be either MDH, Null, State or each of the 7 Local Public Health Association regions¹.

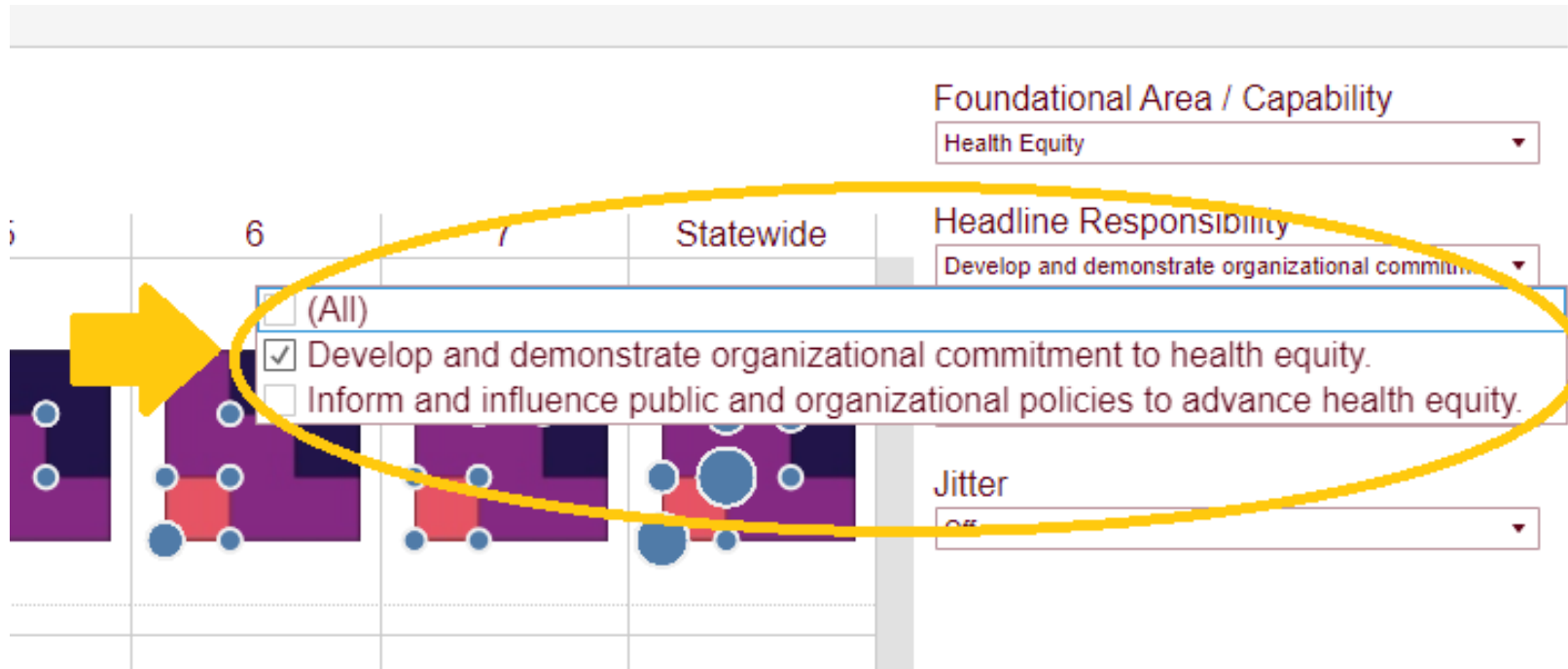


¹ Map of Local Public Health Association of Minnesota Regional Divisions (https://www.lpha-mn.org/about_lpha/lpha_regions.php)

- ii. If you want, you can also check and uncheck which dimensions you would like to look at. Right now, it is defaulted to all, all but if you wanted you specifically look at – for example, “Health Equity” -- you can select from the “Foundational Area / Capability”.
- iii. Definitions for commonly used terms in the report, such as Foundational Area / Capability and Headline Responsibility, can be found in the glossary of this document, on page 67.



- iv. You can further narrow down your search by selecting a “Headline Responsibility”, which will break down the activities on the left down even further.

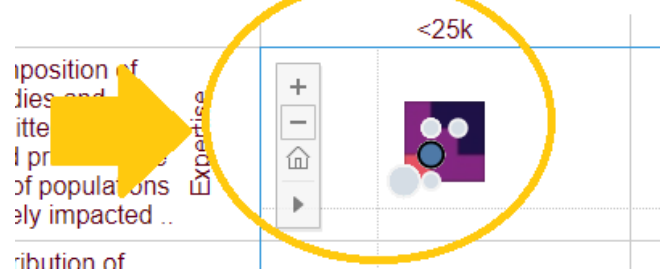


- v. You can see the legend on the right-hand side, which shows how each individual plot moves from “not implemented” to “minimally implemented”, “partially”, “substantially”, or “missing”.



- vi. If you would like to focus on certain parts of each plot, you can utilize these buttons here to zoom in or out, or several other functions as needed. Just click the home icon (which looks like a little house) if you want to revert it back to its original form.

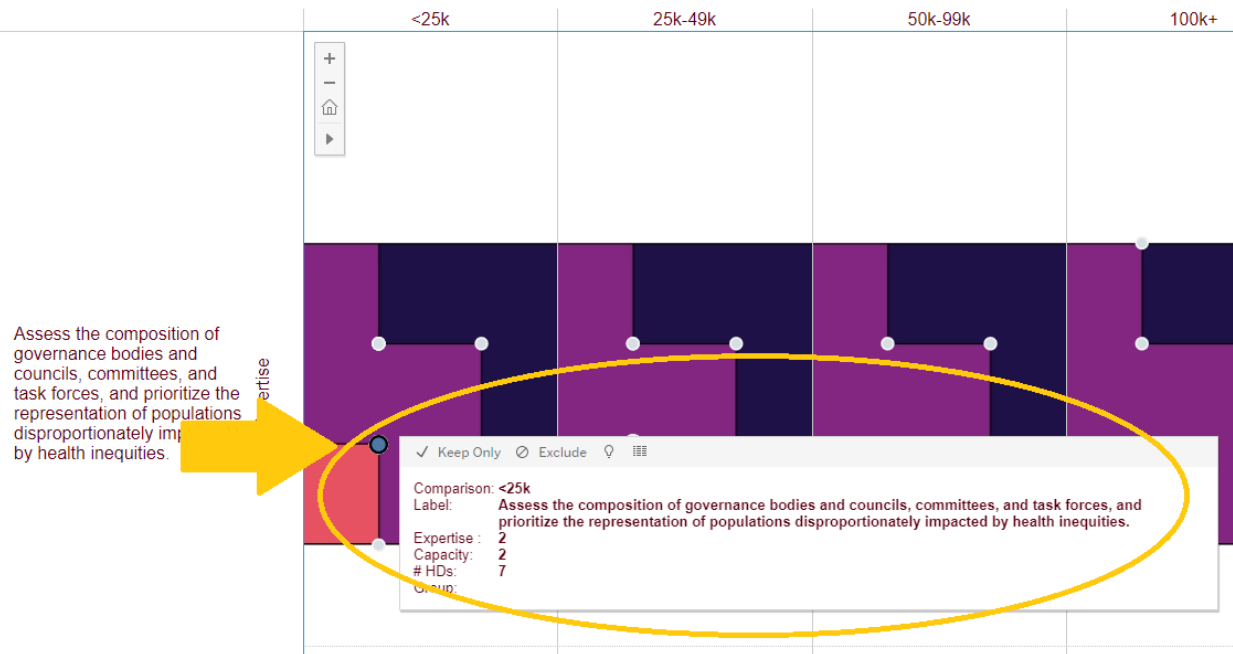
I demonstrate organizational commitment to h



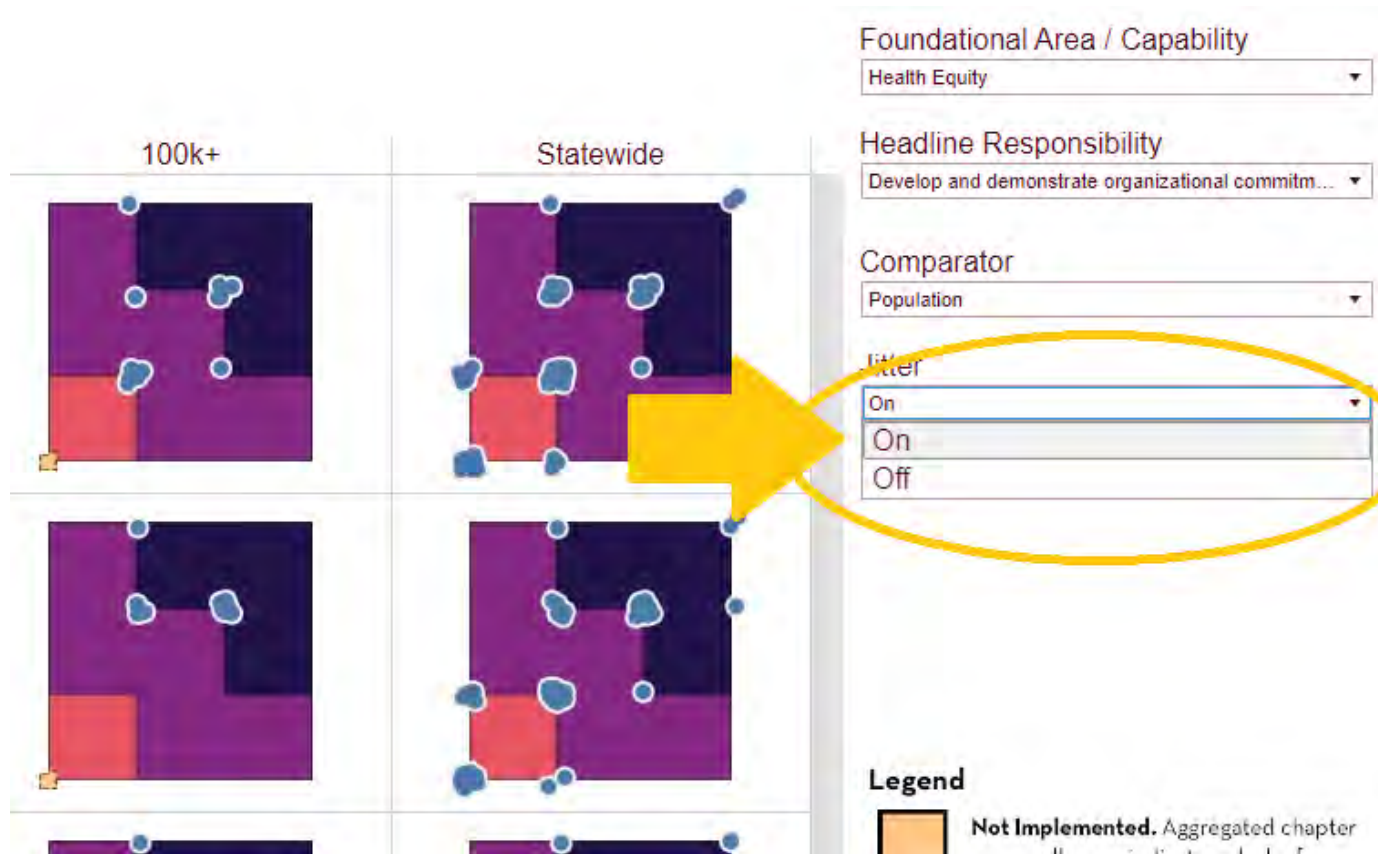
- vii. You can also focus on individual plot points by clicking on them.

Activities

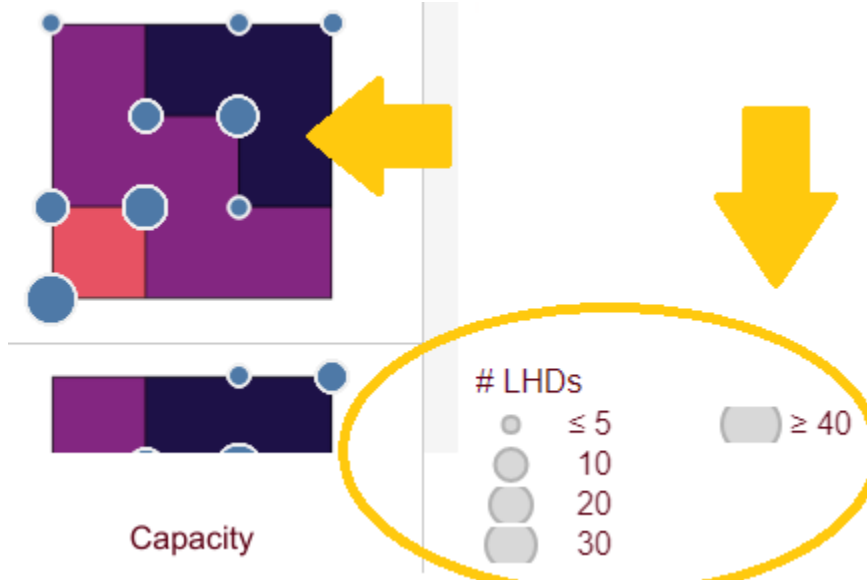
Health Equity, Develop and demonstrate organizational commitment to health equity.



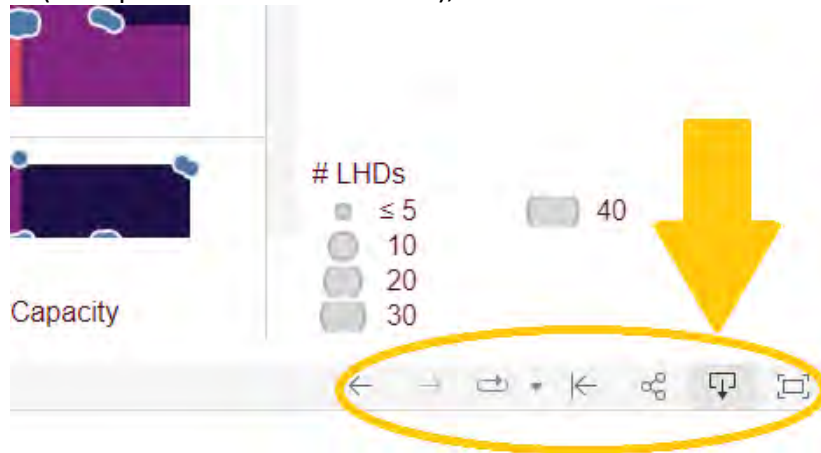
viii. You can also turn jitter on, which results in more individualized plot points.



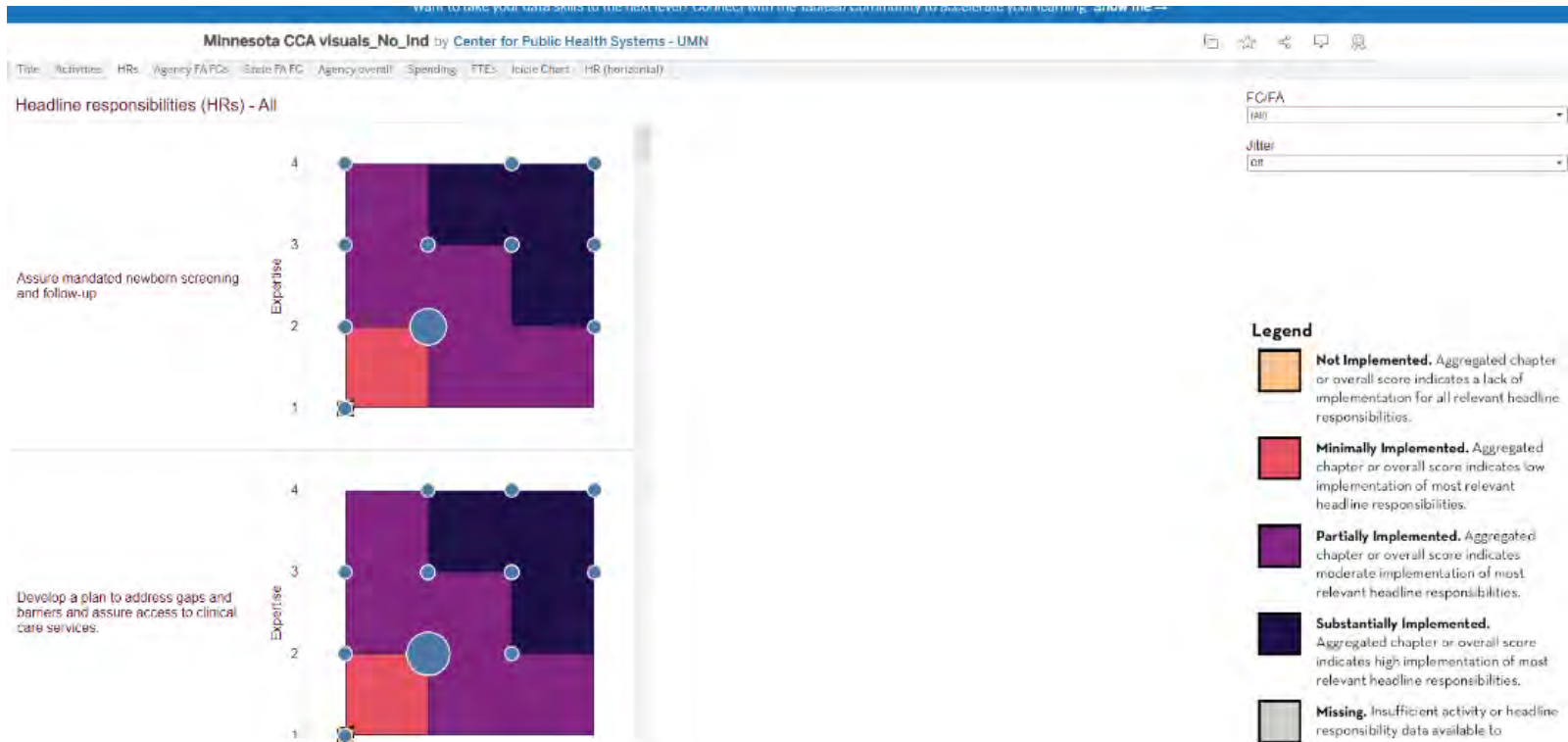
- ix. At the bottom left is a scale for the plot points for the LHDs, or local health departments. This shows that the larger the dot, the more local health departments there are under that plot point.



- x. From left to right, the functions of each button are “undo action”, “redo action”, “replay animation”, “reset view”, “share”, “download data” (multiple file formats available), and “make view full screen”. Here, the “reset view” button is being emphasized.



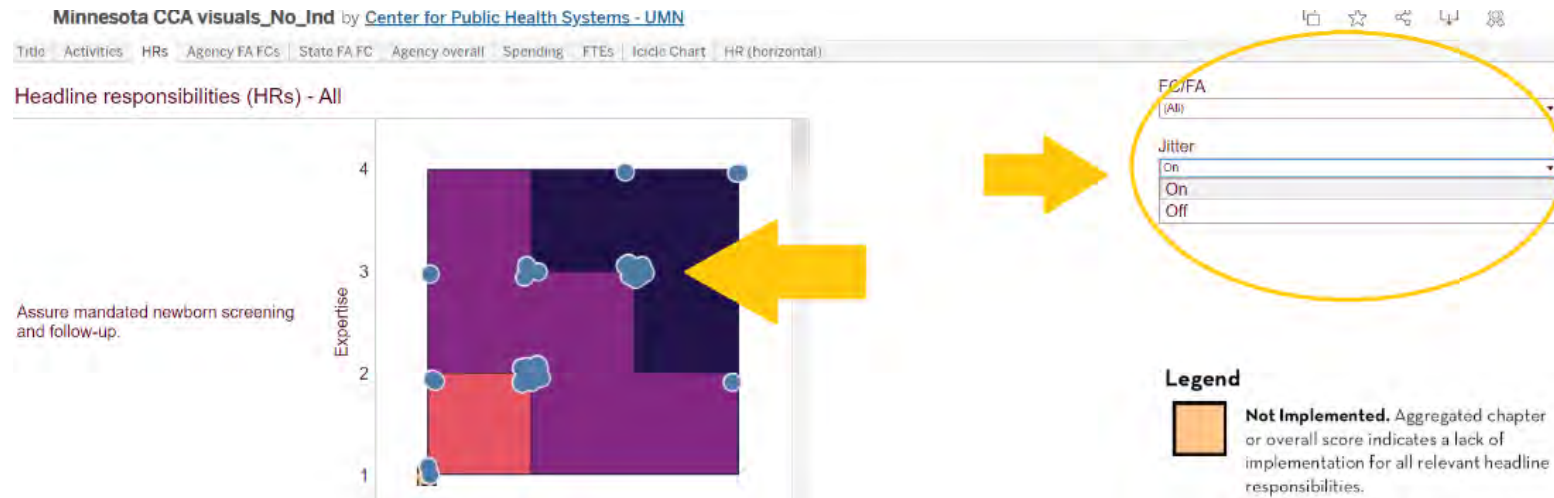
c. HRs – HRs or Headline responsibilities. From here on out, there are many graphs that break down the original larger one.



- i. You can once again select which HR you want to view under the dropdown on the right. You can search in the search box as well to find your desired HR faster.







- ii. Also, you can turn on the jitter here too, under the dropdown.

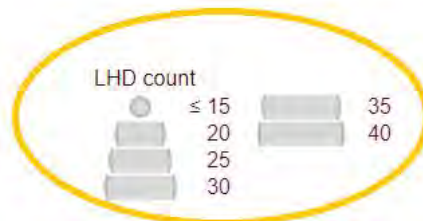


iii. On the right-hand side you can also see the legend for the charts, and the scaling again.









Legend

-  **Not Implemented.** Aggregated chapter or overall score indicates a lack of implementation for all relevant headline responsibilities.
-  **Minimally Implemented.** Aggregated chapter or overall score indicates low implementation of most relevant headline responsibilities.
-  **Partially Implemented.** Aggregated chapter or overall score indicates moderate implementation of most relevant headline responsibilities.
-  **Substantially Implemented.** Aggregated chapter or overall score indicates high implementation of most relevant headline responsibilities.
-  **Missing.** Insufficient activity or headline responsibility data available to determine degree of implementation.



LHD count

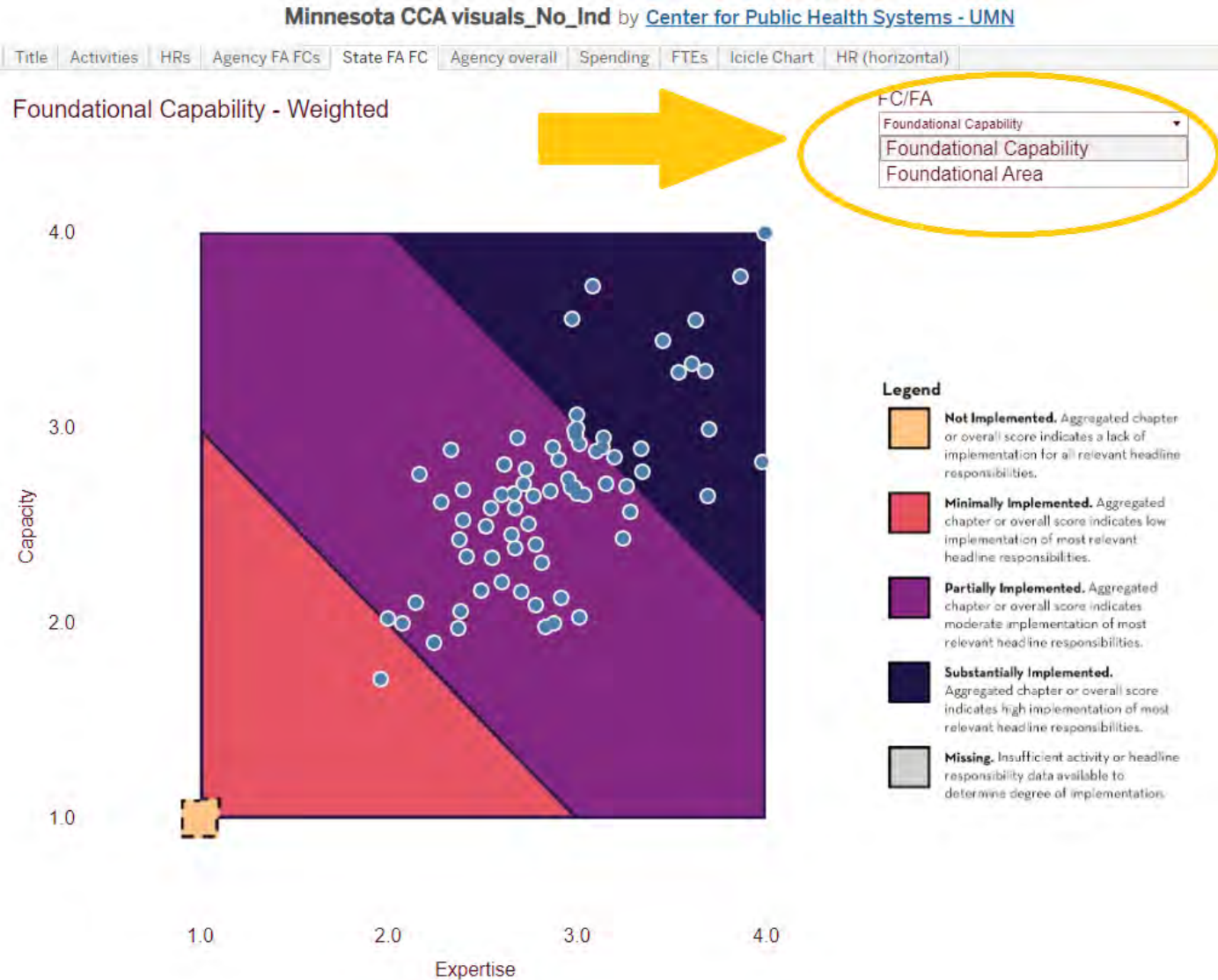
	≤ 15		35
	20		40
	25		
	30		

- d. **Agency Foundational Areas and Capabilities (FA / FCs)**. Next is the agency foundational areas and capabilities, weighted. There is not much to interact with here, but you can see the different sections categorized out.

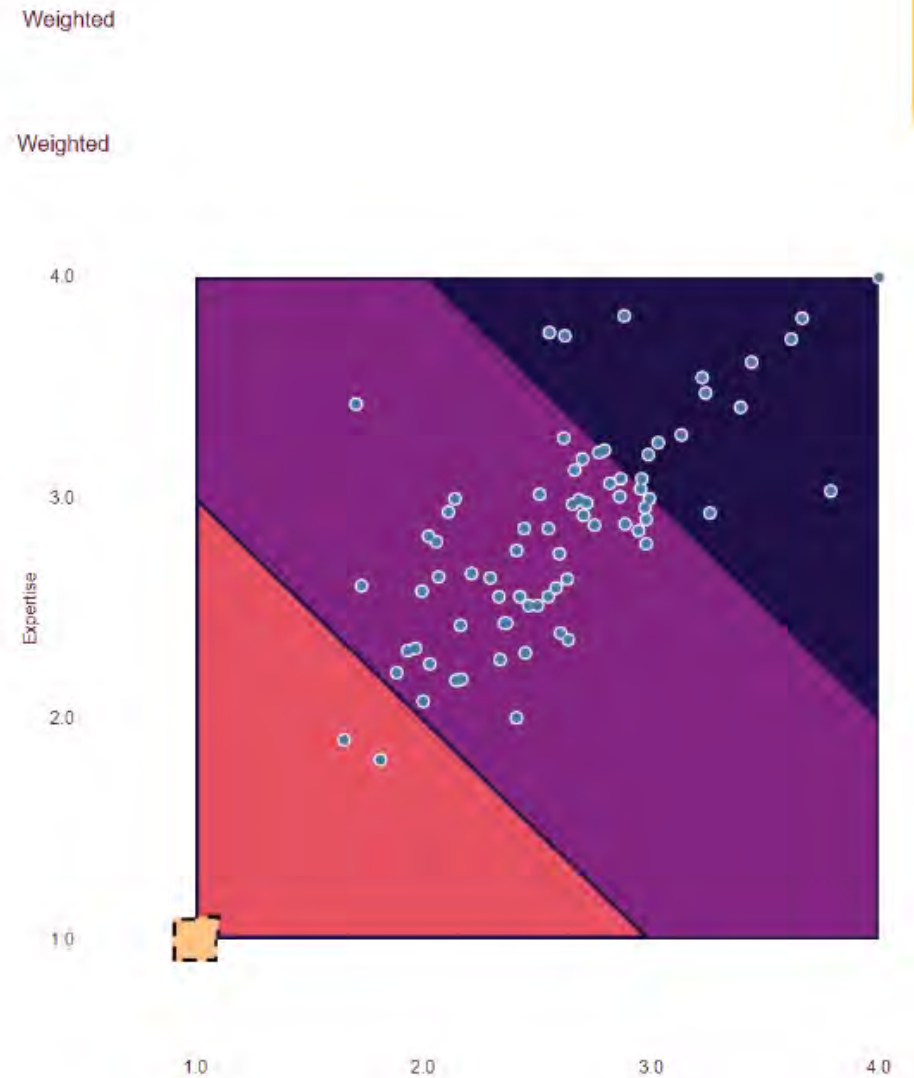
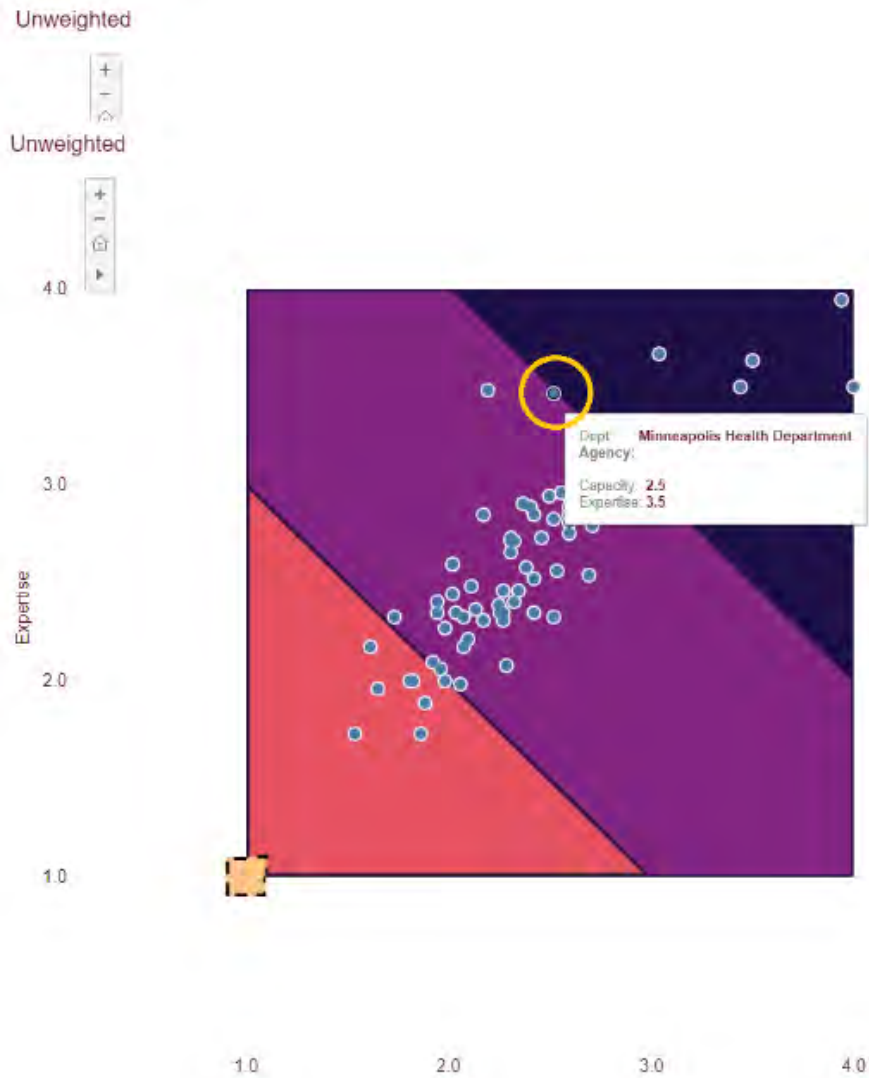
Foundational Areas and Capabilities (weighted)



- e. **State FA / FC** – Next is just the state FA / FC. You can switch between foundational area and foundational capabilities here, both weighted.



- f. **Agency overall.** Then there is a plot with all the agencies overall, both unweighted and weighted. If you hover over the dots, you can see each specific local public health agency. In the image below, the Minneapolis Health Department is the one being hovered over and highlighted.

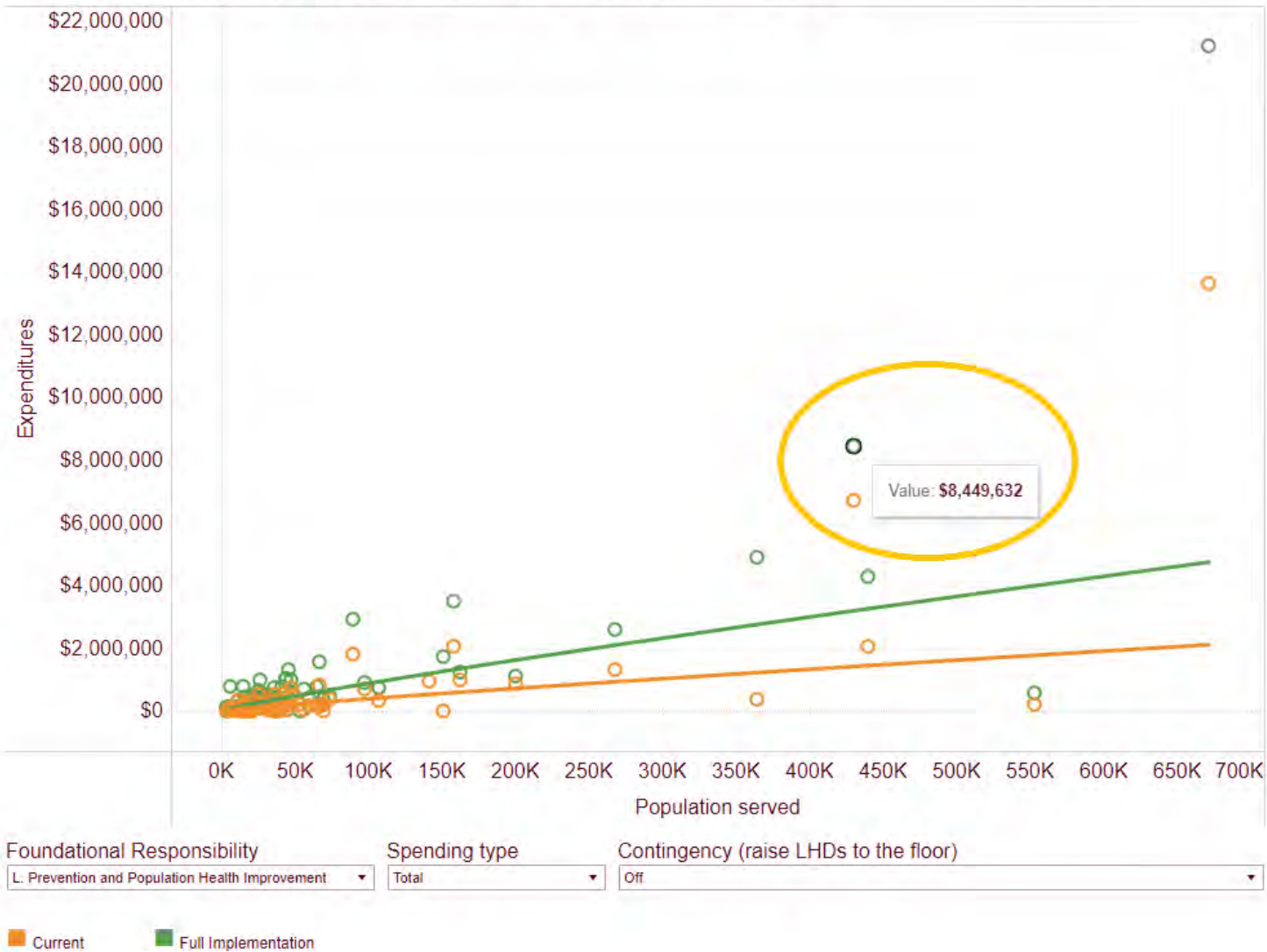


- g. **Spending.** Now with spending, this graph is a little different. Each plot point is marked with population size on the bottom, and total expenditures on the left. There are two colored lines: yellow for current spending, and green for projected funding necessary for full implementation of public health responsibilities.

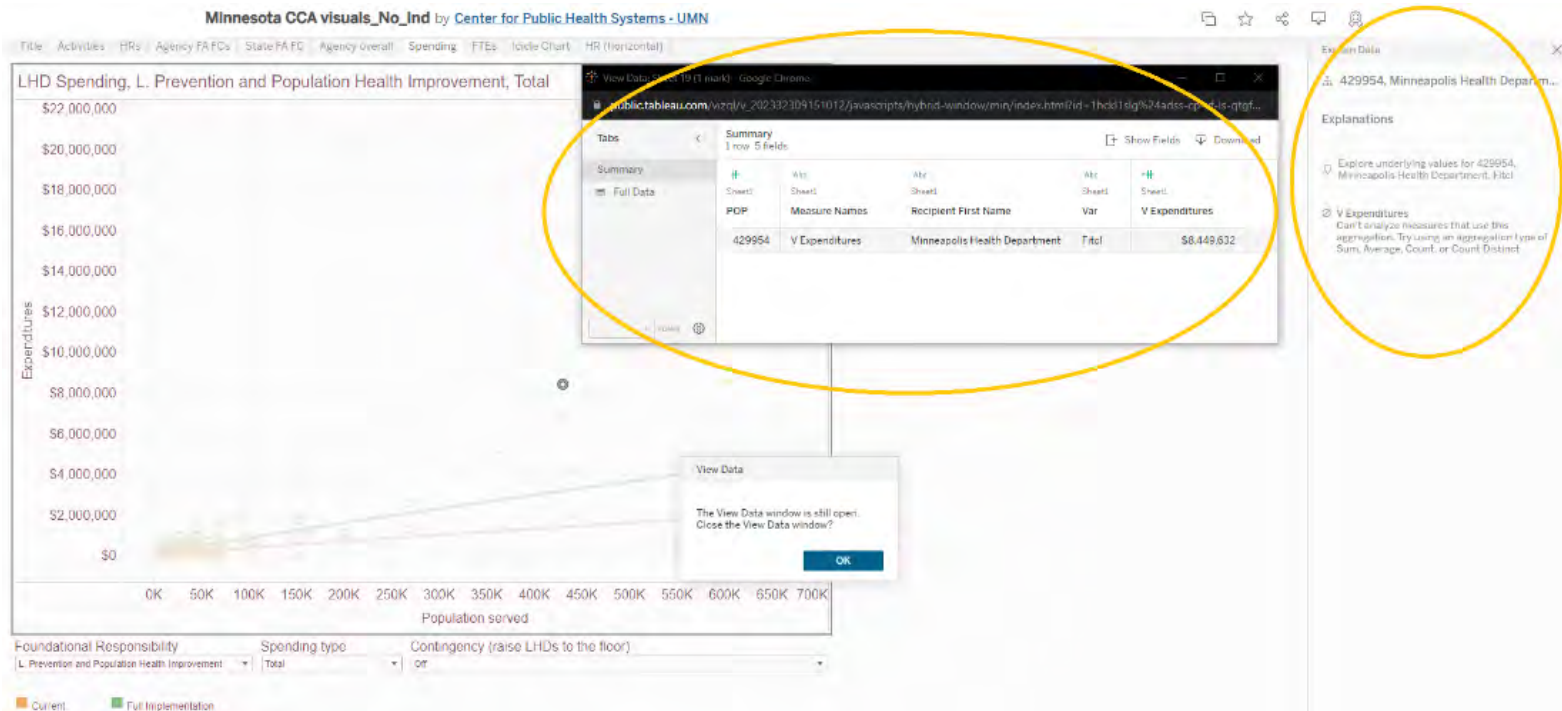


- i. You can highlight each point to see the specific expenditure value.

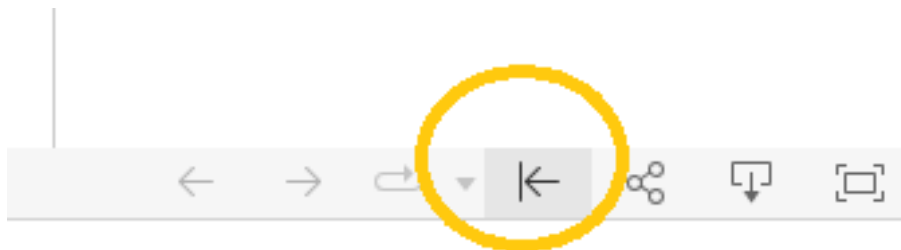
LHD Spending, L. Prevention and Population Health Improvement, Total



- ii. If you click on the specific plot point, you can also have an explanation pop up on the side explaining more about the data point, which health department is being represented, as well as viewing more specifics about the data.

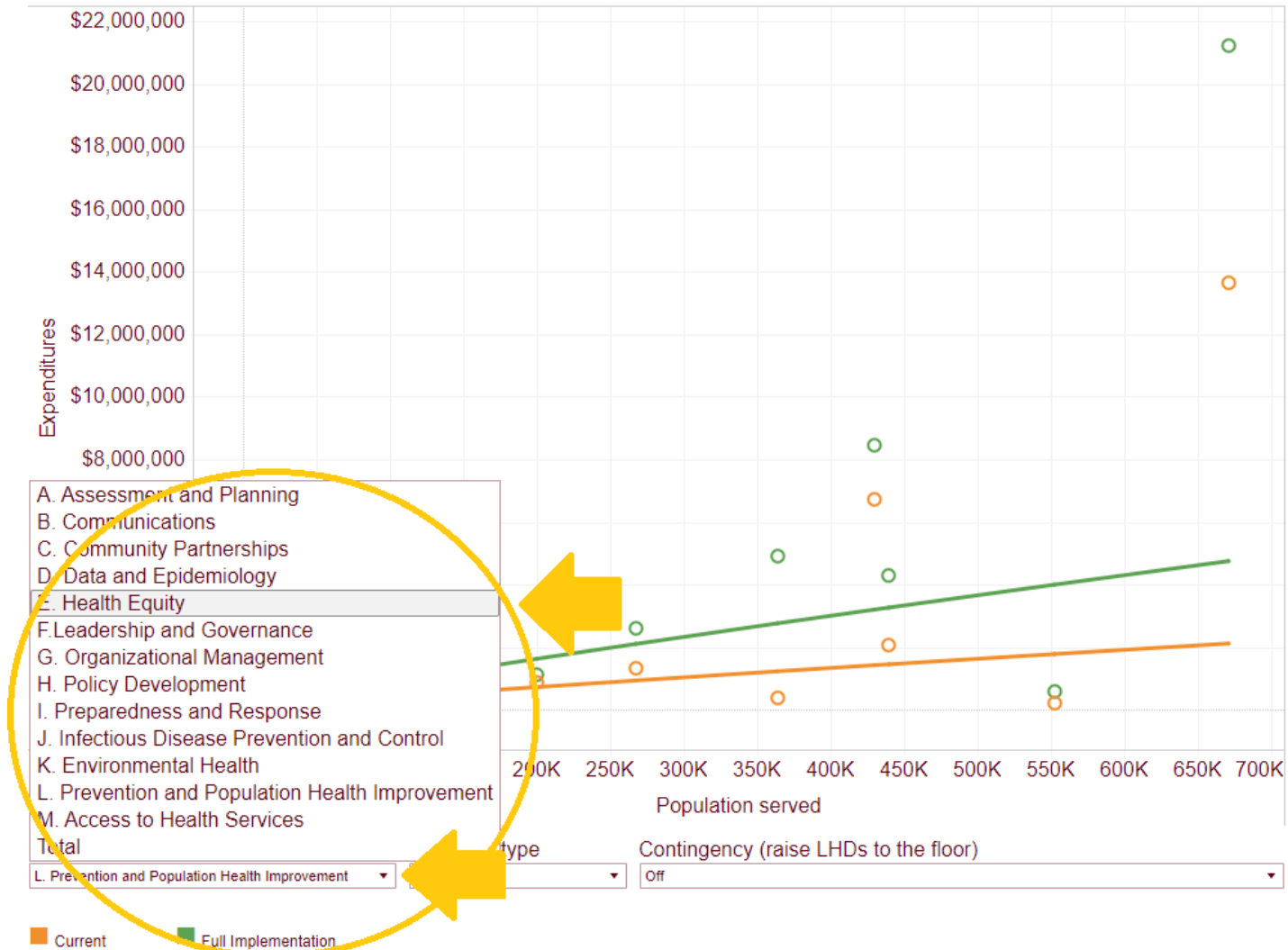


- iii. Remember that if you want to go back to the default view, you can reset on the bottom right. From left to right, the functions of each button are "undo action", "redo action", "replay animation", "reset view", "share", "download data" (multiple file formats available), and "make view full screen".



- iv. Also, you can see that the chart view defaults to the Foundational Area “Prevention and Population Health Improvement”, but on the bottom left here, you can select a different foundational responsibility such as “Health Equity”.

LHD Spending, L. Prevention and Population Health Improvement, Total



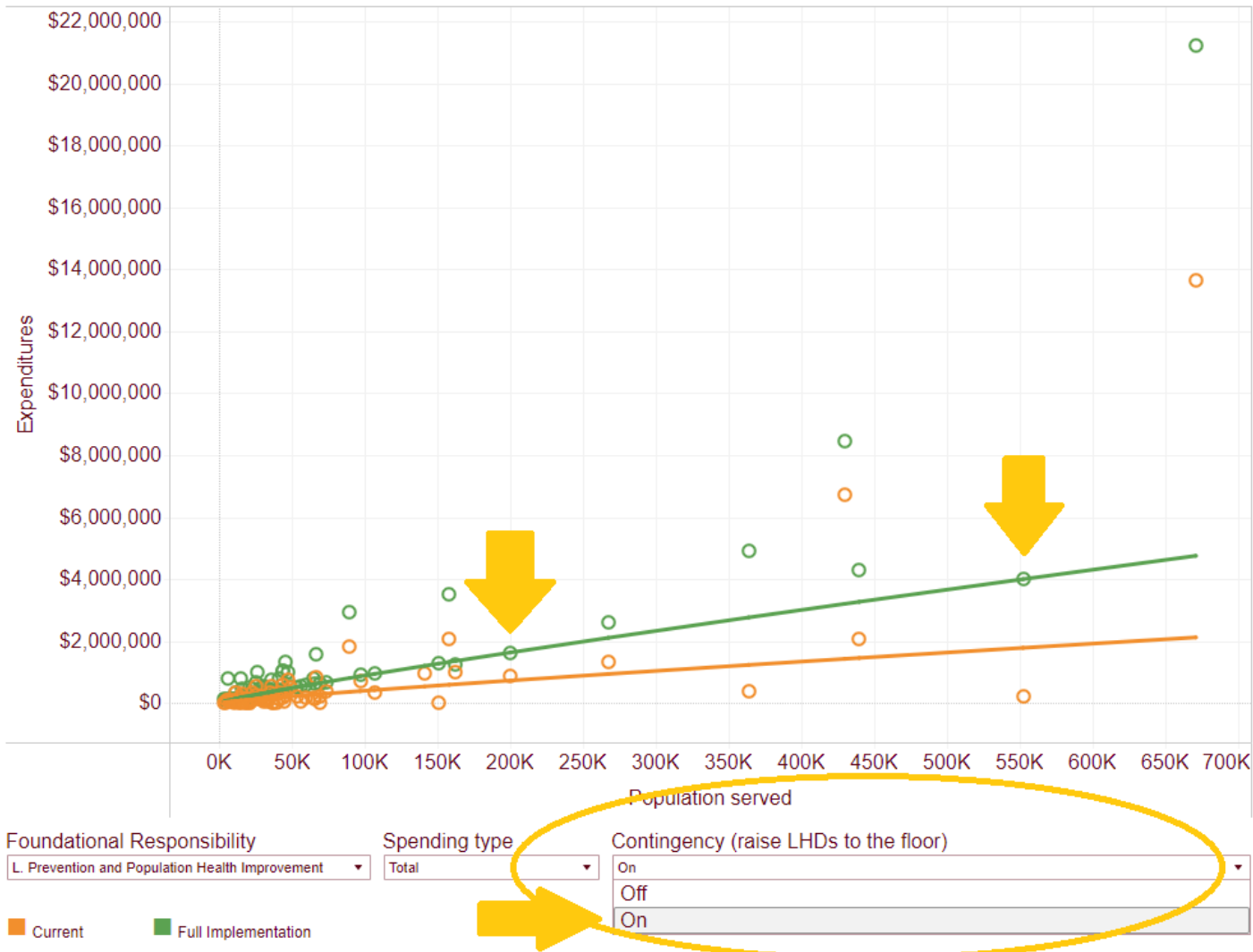
- v. You can switch the spending type to “per capita”, which will change the scale on the left side of the graph.

LHD Spending, L. Prevention and Population Health Improvement, Total

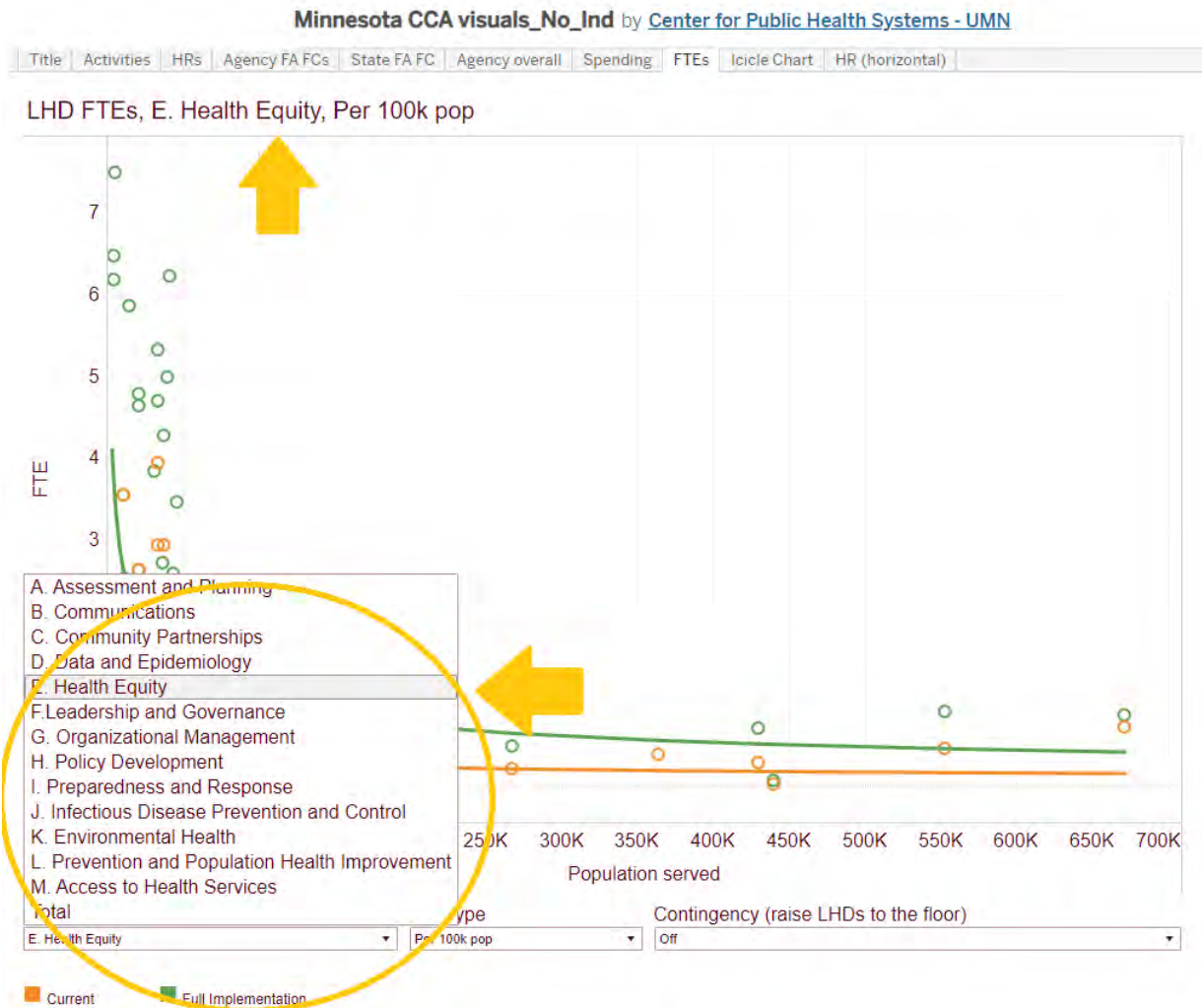


- vi. You can also turn contingency on to raise the local health departments to the floor, which will move all the green dots to at least the level of the green line.

LHD Spending, L. Prevention and Population Health Improvement, Total

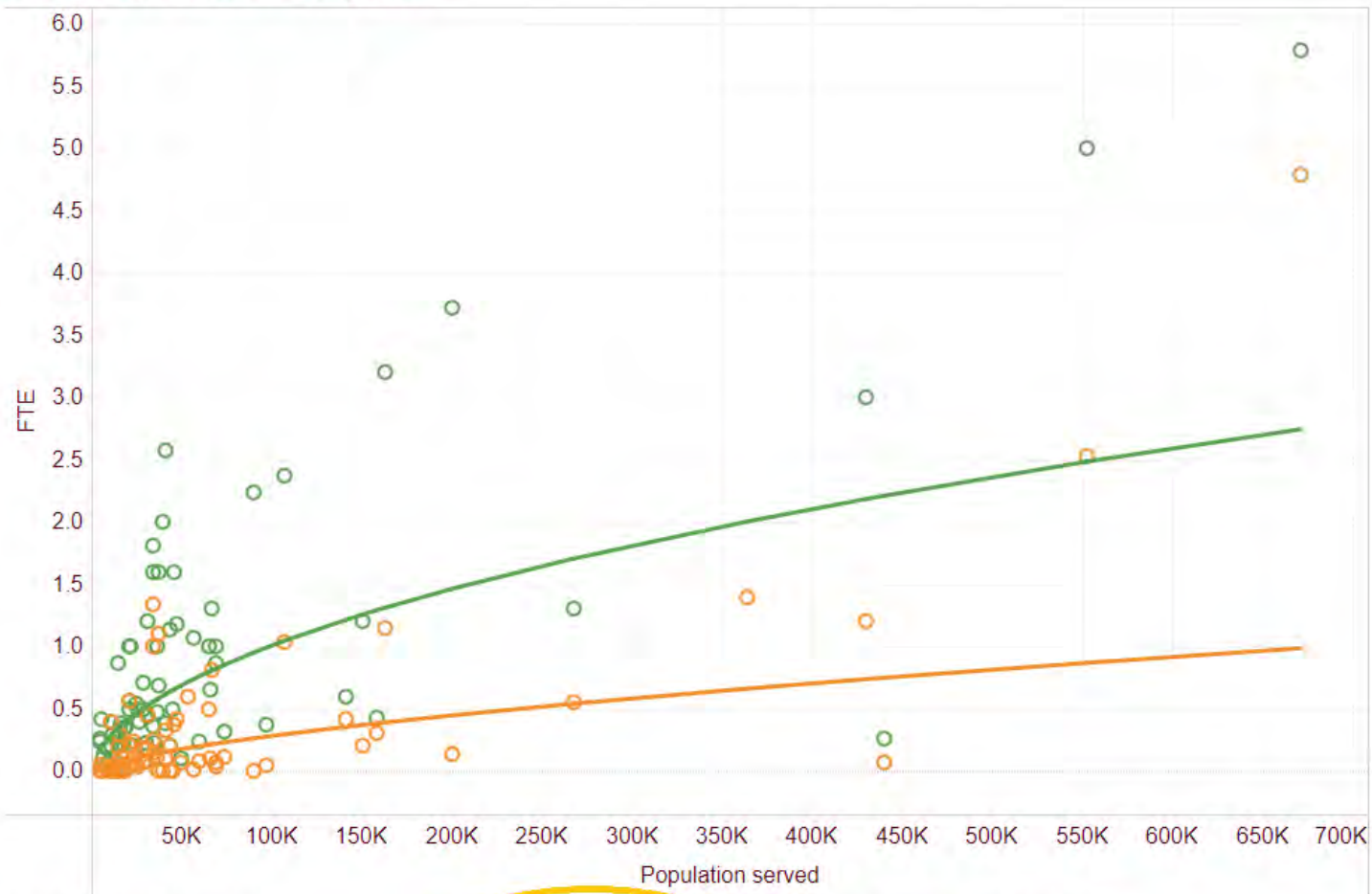


- h. **FTEs** – FTEs or Full Time Equivalents, shows a similar graph with FTE on the left and population size on the bottom. This page is defaulted to the Foundational Area “Prevention and Population Health Improvement”, but again, you can change that under the first dropdown. If you change the foundational responsibility on the previous graph, it will actually carry over to this graph if you wanted to keep looking at say, “Health Equity” across both FTEs and spending.



- i. You can change FTE type from “per 100 thousand population” to “total”.

LHD FTEs, E. Health Equity, Total



Foundational Responsibility

E. Health Equity

Current

Full Implementation

FTE type

- Total
- Total
- Per 100k pop

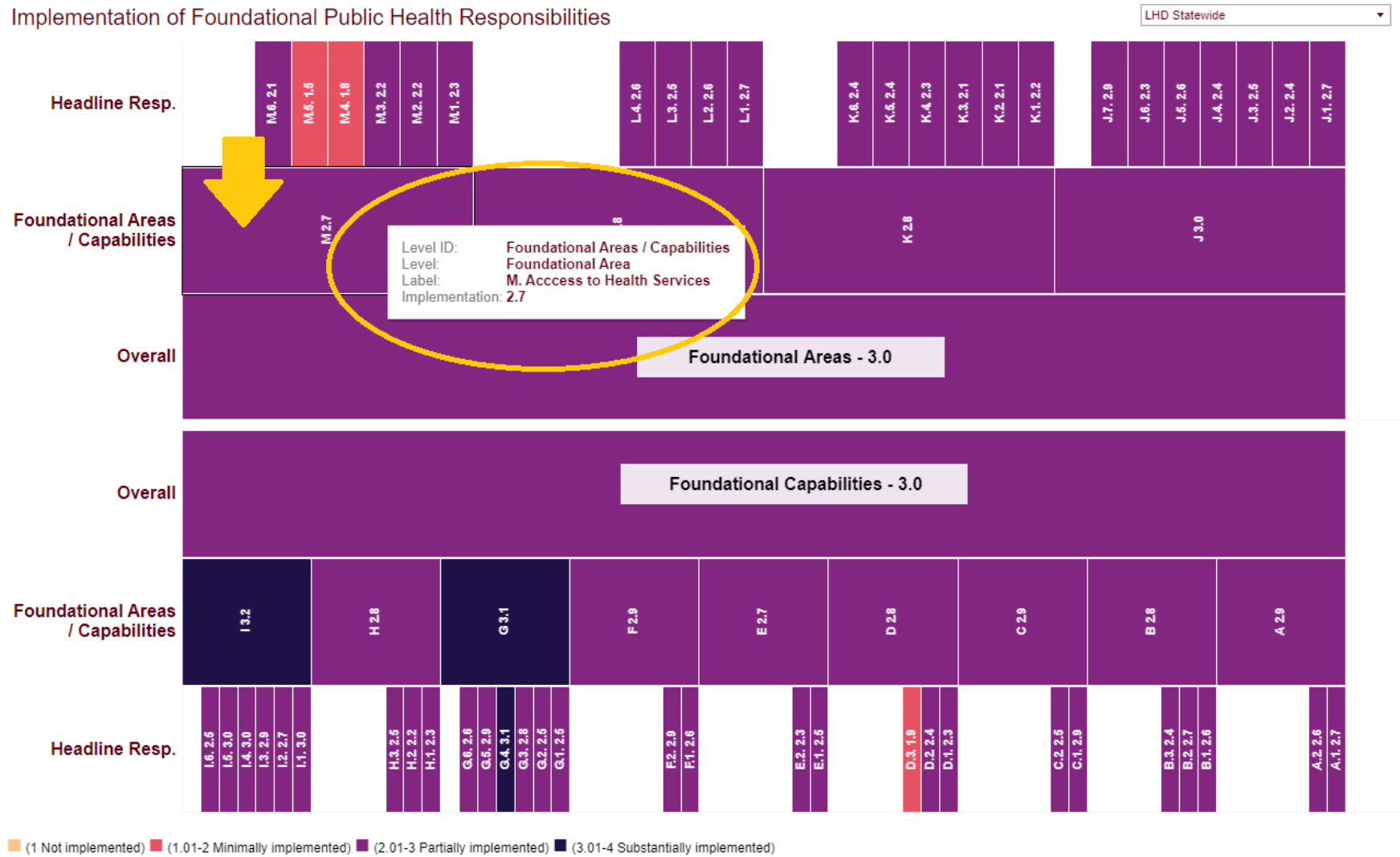
Contingency (raise LHDs to the floor)

Off

ii. Additionally, you can turn on contingency again. This option carries over from the last graph too.



- i. **Icicle Chart.** Finally, there is the icicle chart, which you can hover your mouse over and see details on which foundational area or capability you are looking at. You can do this with their subcategories/headline responsibilities as well.



i. You can again click on individual boxes to explain or view the data too.

Minnesota CCA visuals_No_Ind by Center for Public Health Systems - UMN

Title | Activities | HRs | Agency FA FCs | State FA FC | Agency overall | Spending | FTEs | Icicle Chart | HR (horizontal)

Implementation of Foundational Public Health Responsibilities

Headline Resp.

Foundational Areas / Capabilities

M2.7

Keep Only Exclude Filter

Level ID: Foundational Areas / Capabilities
 Level: Foundational Area
 Label: M. Access to Health Services
 Implementation: 2.7

Minnesota CCA visuals_No_Ind by Center for Public Health Systems - UMN

Title | Activities | HRs | Agency FA FCs | State FA FC | Agency overall | Spending | FTEs | Icicle Chart | HR (horizontal)

Implementation of Foundational Public Health Responsibilities

Headline Resp.

Foundational Areas / Capabilities

M2.7

Explain Data

M, M, M. Access to Health Services...

Explanations

Can't explain because this uses a table calculation as a filter.

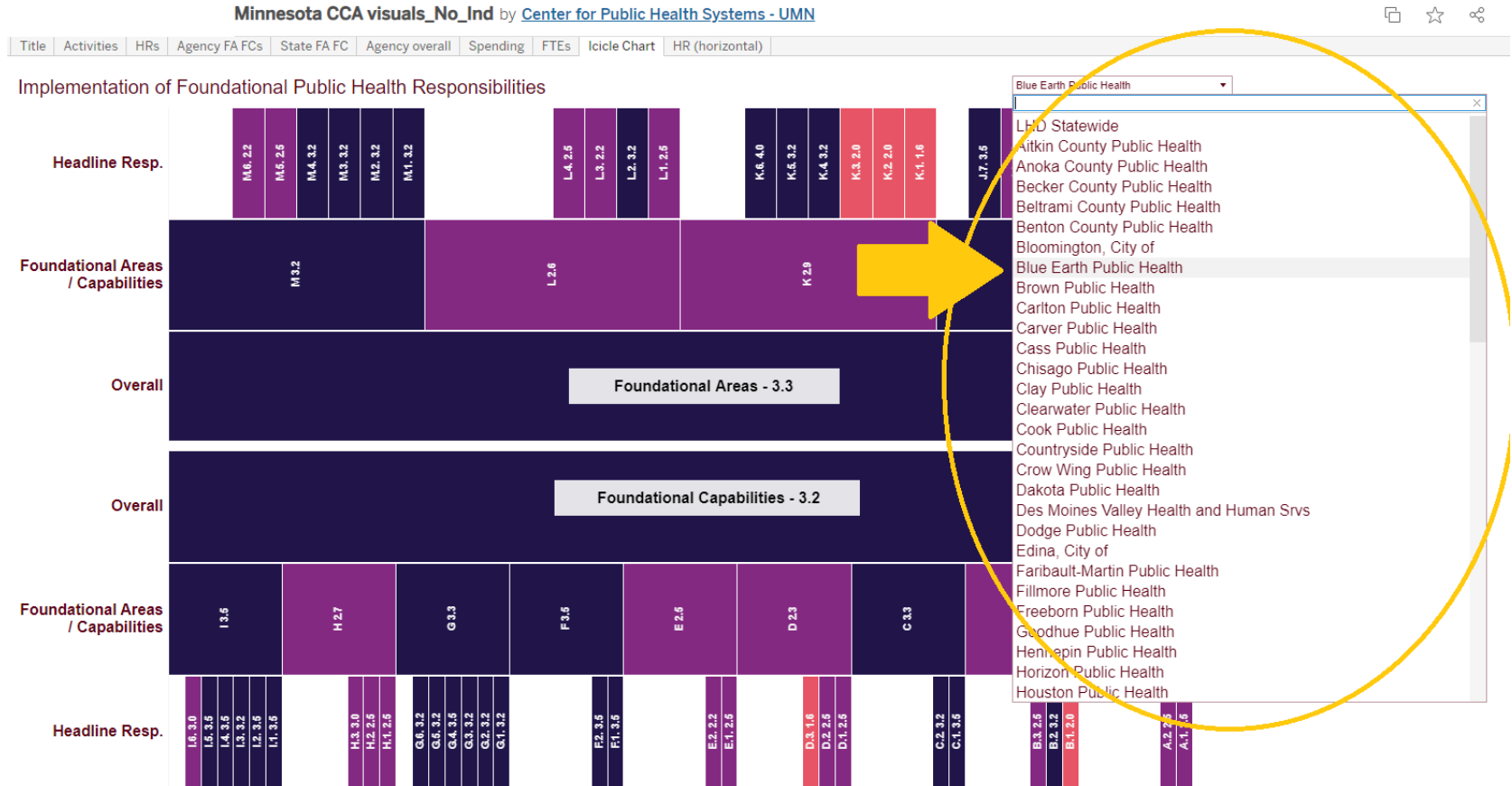
View Data: All Foundational Areas (1 row) - Google Chrome

public.tableau.com/vizq/v_202332899151012/avaascripts/hybrid-window/ven/index.html?id=1acktdog9%24zc3l-bw-02-bw-ty68f%emoduleid=view_data

Summary	#	Score	Avg. Score	Avg. Score	Avg. Score	Avg. Score	Avg. Score	Avg. Score	Avg. Score	Avg. Value	Sum of Degree of Implementation (legend)	Score calc
Summary	Level ID	Label	Label	Sort	Level	Level 2	Level 3	Avg. Value	Sum of Degree of Implementation (legend)	Score calc		
Foundational Areas / Capabilities	M	M. Access to Health Services	M	M04	Foundational Area	M. Access to Health Services	Null	16.0000	3	2.7		

COST AND CAPACITY ASSESSMENT DATA DASHBOARD USER GUIDE

- ii. This chart is defaulted to the view “LHD Statewide”, but you can change that again under the drop down on the top right and choose your own local public health agency, or any other agency you would like to look at.



1.

- iii. Remember, the legend is here at the bottom in terms of implementation level of each of these foundations.

(1 Not implemented) (1.01-2 Minimally implemented) (2.01-3 Partially implemented) (3.01-4 Substantially implemented)

- j. HR (horizontal): The last tab is the headline responsibilities, displayed horizontally instead of vertically. It is defaulted to start showing at “Health Equity”, but as you might be able to guess, you can change this with the dropdown on the right as well.



- i. You can turn jitter on and off again too.



Individual dashboards

Public Health Cost and Capacity Foundational Responsibility Dashboard (Individual)

(https://public.tableau.com/app/profile/jp.leider6501/viz/MN_CCA_Individual/Title)

- k. **Title.** This page reminds us that these dashboards are meant to be dynamic and interactive and are connected to the 2023 Minnesota Public Health Cost and Capacity Assessment Summative Report. Each tab is meant to represent an appendix from that report. At first glance it might seem as if the data was not there, but you must click on the second header on the banner on the top here.



Data visualized in these dashboards are meant to be dynamic appendices available alongside the 2023 Minnesota Public Health Cost and Capacity Assessment Summative Report, available at [z.umn.edu/CCAReport]. Each sheet represents a different Appendix Figure referenced from the report, collected here for ease of use. While these are interactive, they are meant more as *dynamic figures* than highly-featured dashboards. Fundamentally, they are meant to allow users to explore the data and save on sifting through dozens, or hundreds, of appendix figures. Please email cphs@umn.edu with questions on these figures.

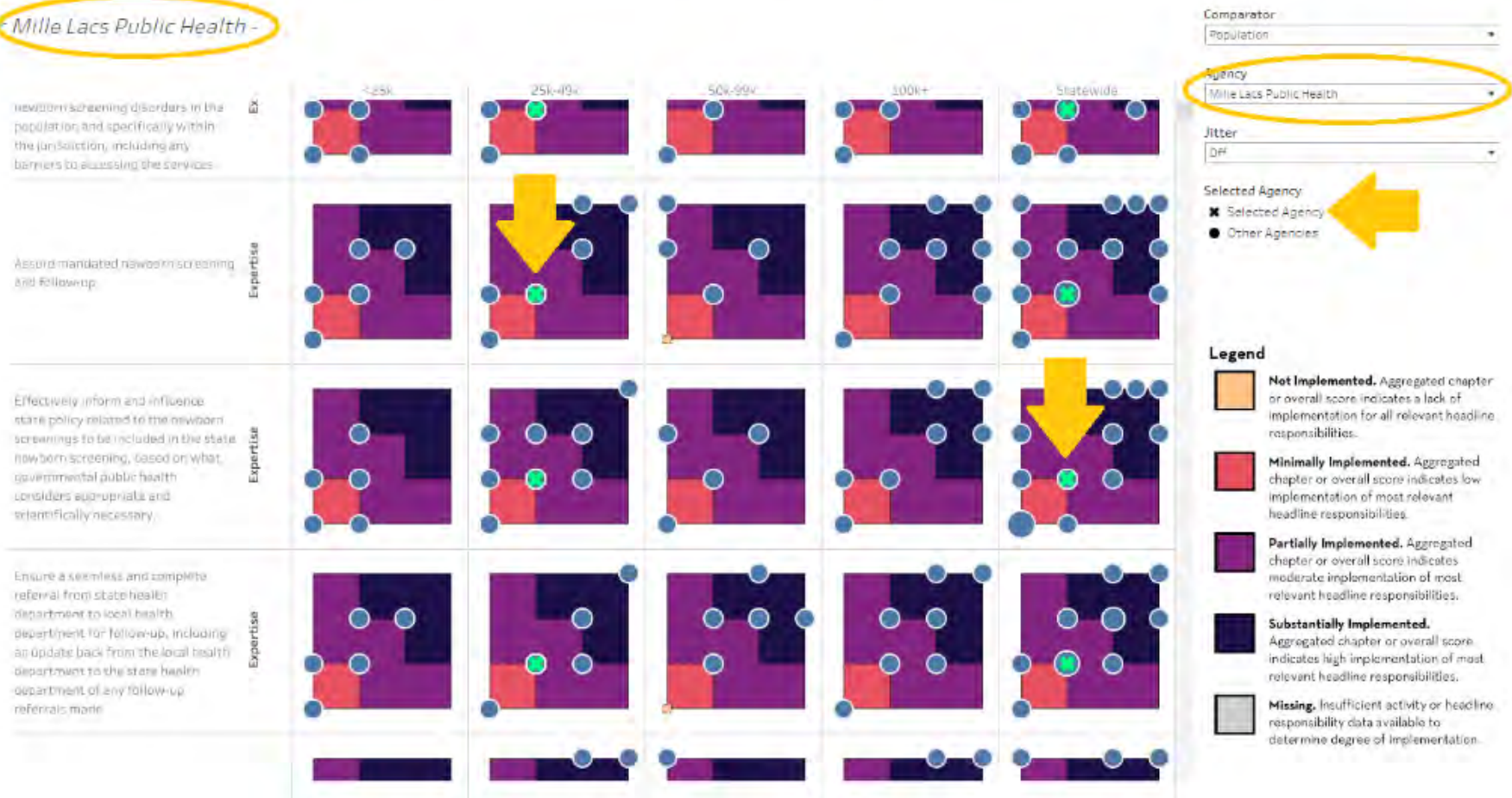


- Individual Agency Dashboard.** Unlike the collective data set, this individual dashboard only has the two main banner headers. Instead, most of the options for viewing the data are found under this sub-banner, like the collective version of this dashboard.



m. **Activities**. The first thing you may notice is that right now, the data is defaulted to highlight Mille Lacs, with the green “X”. However, regardless of which agency is highlighted, the data itself in the graphs remains the same – only where the green “X” falls on the chart will change, depending on which public health agency is selected to be highlighted at the tab on the right. The rest of the blue dots represent the other local public health agencies.

Activities for *Mille Lacs Public Health* - All, All



- i. You can change which agency you are viewing by selecting it from the drop-down menu.

MN_CCA_Individual by Center for Public Health Systems - UMN

Title: Individual Agency dashboard

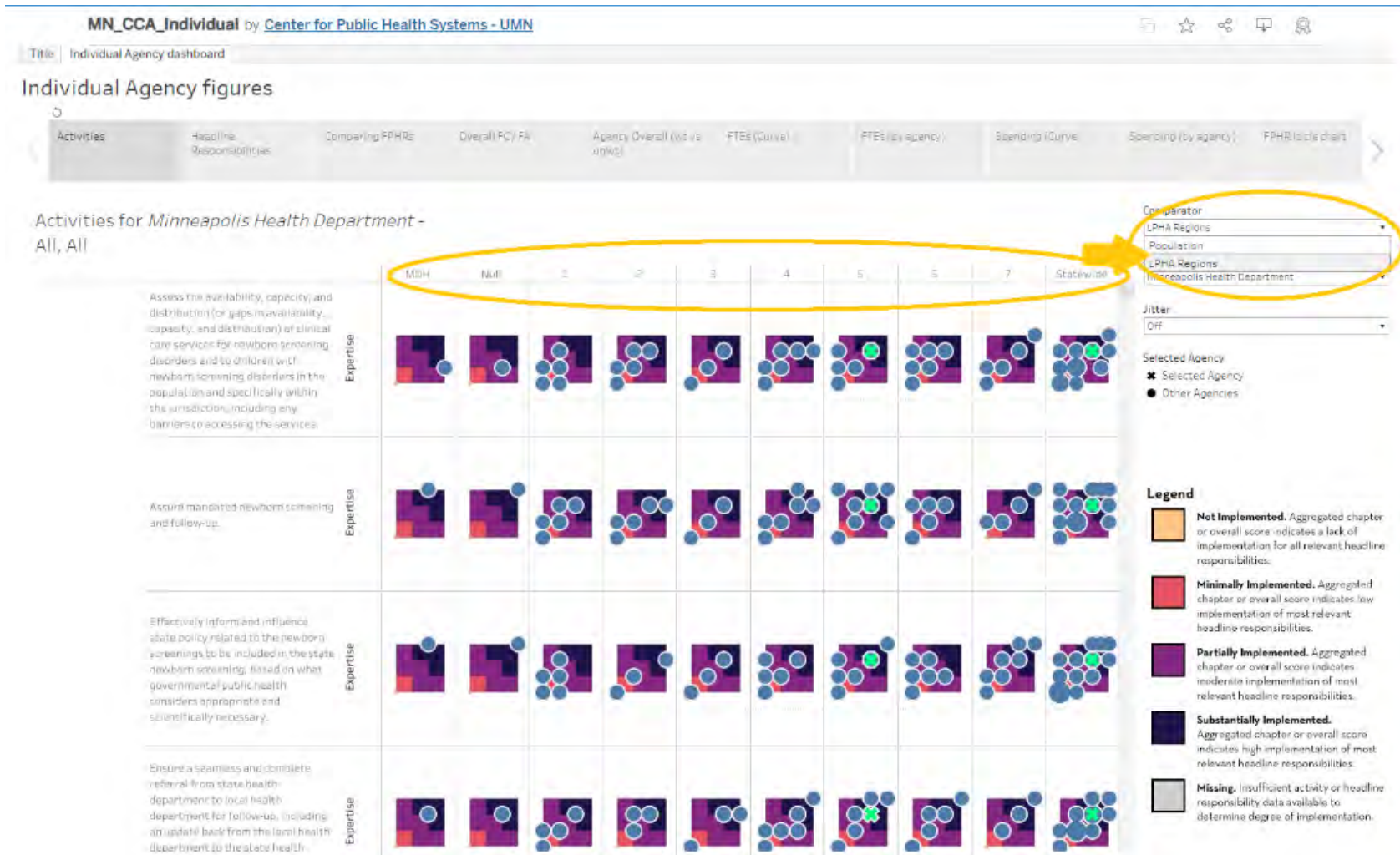
Individual Agency figures

Activities | **Headline Responsibility** | Comparing FPRs | Overall FC/FS | Agency Overview (works on) | FTEs (Curve) | FTEs (by agency) | Spending (Curve) | Spending (by agency) | FPR (uple chart)

Activities for *Minneapolis Health Department* - All, All

	<25k	25k-49k	50k-99k	100k+	Statewide	Comparator
Assess the availability, capacity, and distribution (or gaps in availability, capacity, and distribution) of clinical care services for newborn screening disorders and to children with newborn screening disorders in the population and specifically within the jurisdiction, including any barriers to accessing the services.						Population
Assure mandated newborn screening and follow-up.						Agency
Effectively inform and influence state policy related to the newborn screenings to be included in the state newborn screening, based on what governmental public health considers appropriate and scientifically necessary.						Minneapolis Health Department
Ensure a seamless and complete referral from state health department to local health department for follow-up, including an update back from the local health department to the state health						<ul style="list-style-type: none"> Minneapolis Health Department Hennepin Public Health Horizon Public Health Houston Public Health Hubbard County (CHI St. Joseph's Community Health) Isanti Public Health Itasca Public Health Kanabec Public Health Kandiyohi Public Health Kittson Memorial Health Care Koochiching Public Health Lake of the Woods County (CHI Lakewood Public Health) Lake Public Health LeSueur Public Health Marshall County (North Valley Public Health) McLeod Public Health Meeker Public Health Millie Lacs Public Health Morrison Public Health Mower Public Health Nicollet Public Health Nobles Public Health Norman-Mahnomen Olmsted Public Health Otter Tail Public Health Pennington County and Red Lake (Inter County Nursing Services) Pine Public Health Polk Public Health Renville Public Health Rice Public Health Richfield, City of Roseau County (LifeCare Public Health)

- ii. You can also change whether the data is viewed by size of population served or viewed by the seven LPHA regions. Both options are compared statewide, but this view also has MDH and Null as well. However, in terms of which activities, all will be selected for this view. It is meant as an overview of agency implementation of foundational capabilities and areas, which is explained further at the legend on the right.



iii. You can turn the jitter on and off to disaggregate the data points a little more.

Individual Agency figures

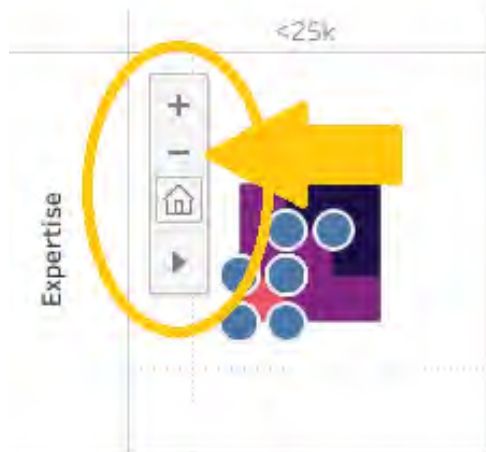


iv. You can highlight individual data points for a more in-depth explanation of each individual data point.

Activities for *Minneapolis Health Department* - All, All

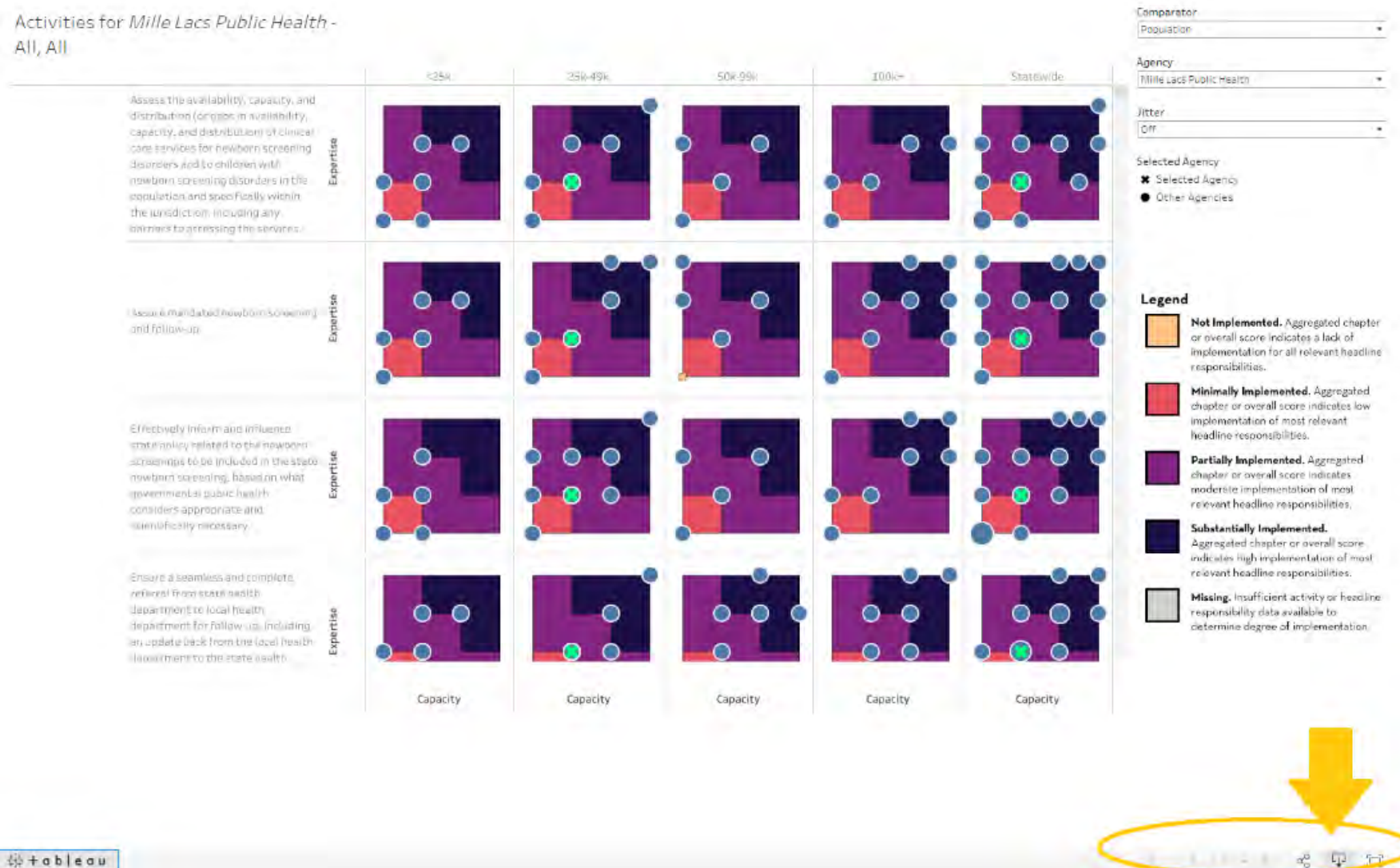


v. You can zoom the view in and out and reset the graph view if needed.

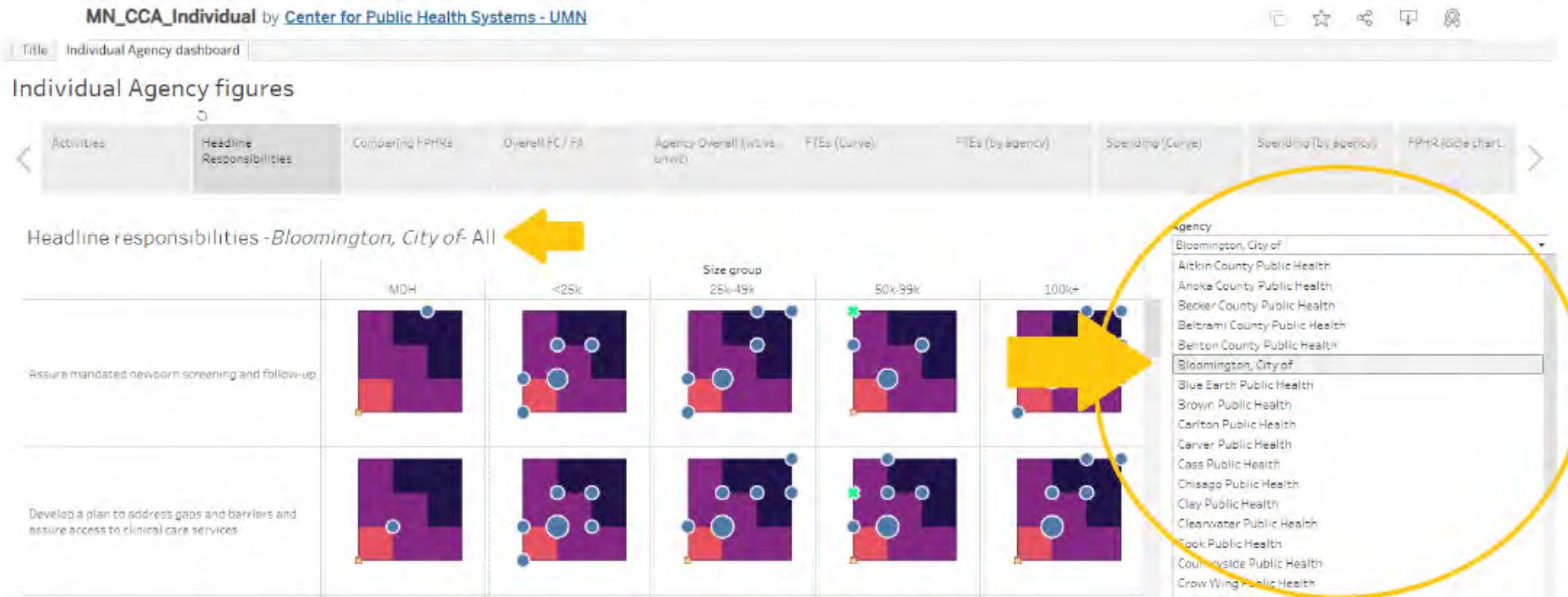


- vi. You can also reset the entire page as well, back to the default of Mille Lacs, and use full screen view and download the data too. Remember, from left to right, the functions of each button circled at the lower right-hand corner are “undo action”, “redo action”, “replay animation”, “reset view”, “share”, “download data” (multiple file formats available), and “make view full screen”.

Activities for *Mille Lacs Public Health* - All, All

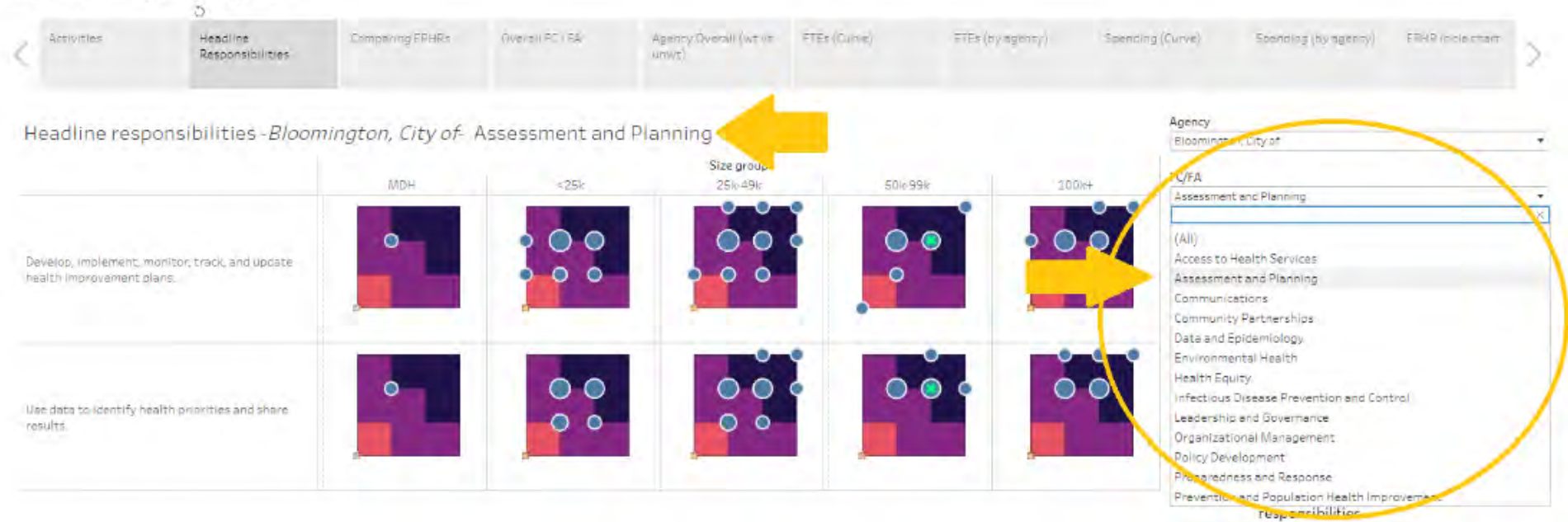


- n. **Headline Responsibilities.** Under the headline responsibilities tab, this view again defaults to Mille Lacs Public Health. To change the view, a different agency can be selected using the drop-down menu on the right.

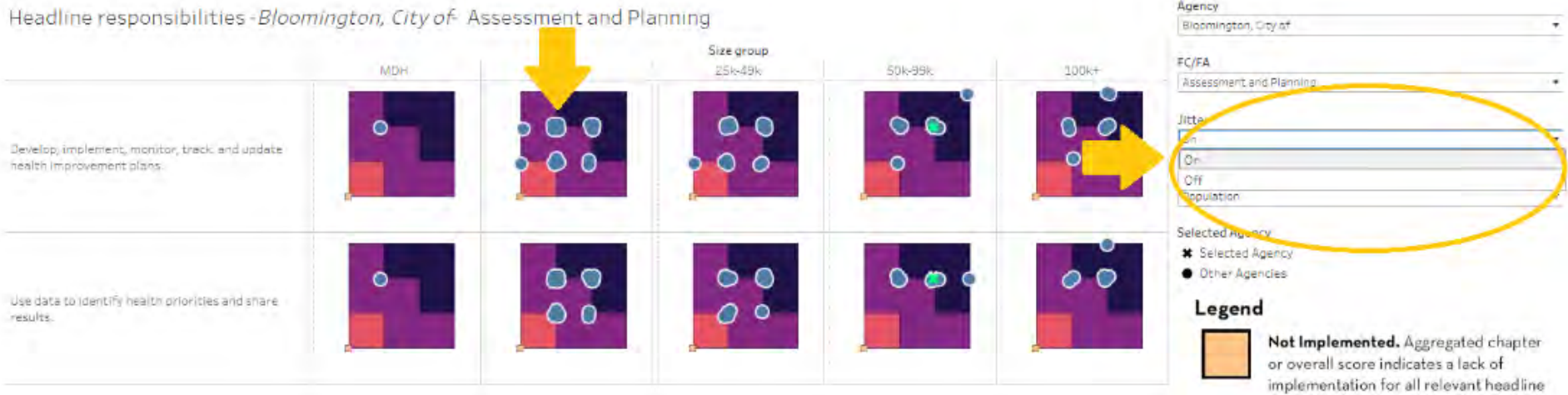


- i. You can also focus in on specific headline responsibilities such as “Assessment and Planning”, here.

Individual Agency figures



ii. Jitter can also be turned off on this plot.



iii. And in terms of comparison, this graph is defaulted to various population bands and comparison to MDH, but you can also select "Statewide" under the dropdown again to see how the selected agency compares with the rest of the state.



iv. Once again, the legend is on the right-hand side for reference.

Legend

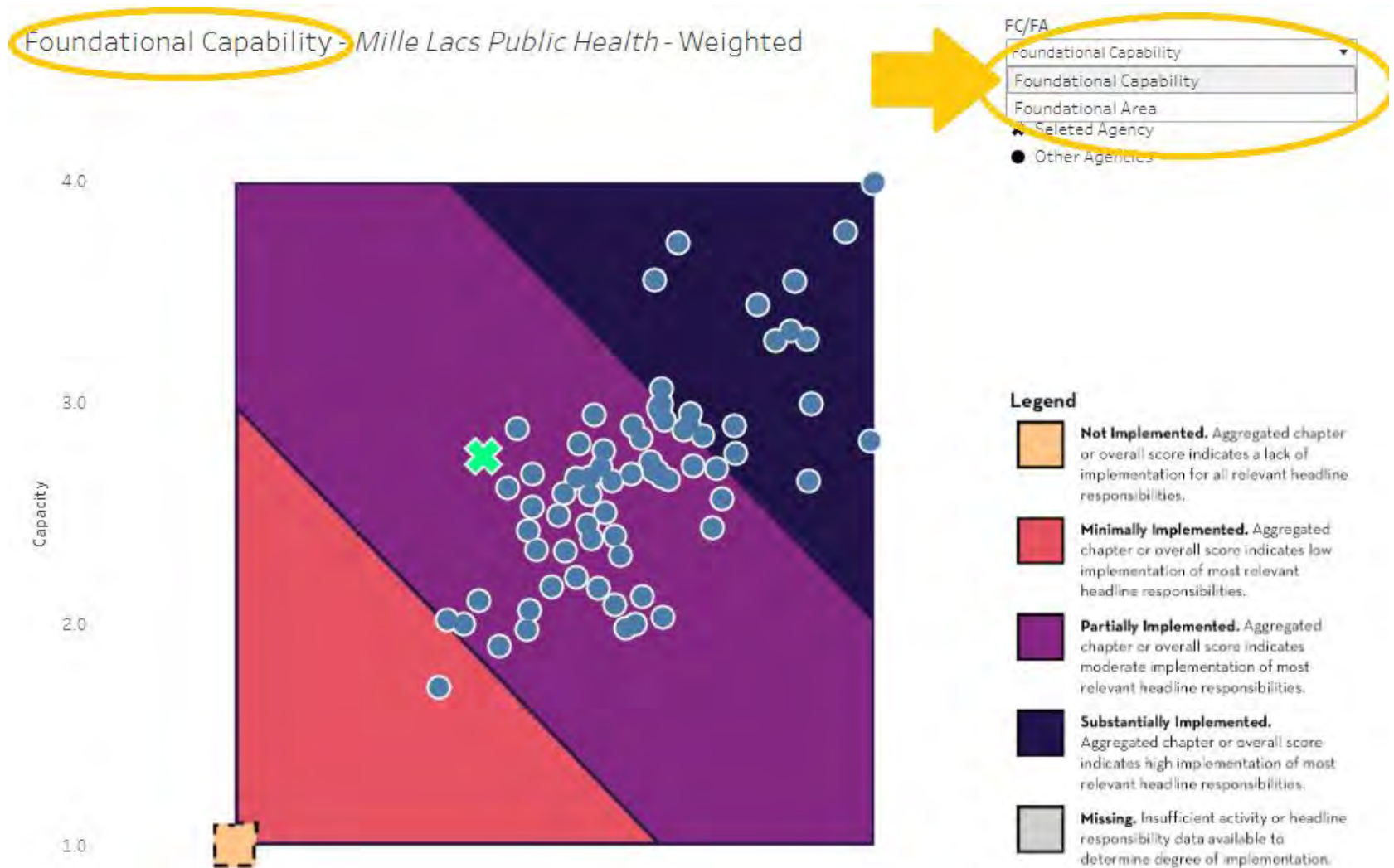
-  **Not Implemented.** Aggregated chapter or overall score indicates a lack of implementation for all relevant headline responsibilities.
-  **Minimally Implemented.** Aggregated chapter or overall score indicates low implementation of most relevant headline responsibilities.
-  **Partially Implemented.** Aggregated chapter or overall score indicates moderate implementation of most relevant headline responsibilities.
-  **Substantially Implemented.** Aggregated chapter or overall score indicates high implementation of most relevant headline responsibilities.
-  **Missing.** Insufficient activity or headline responsibility data available to determine degree of implementation.

- o. **Comparing Foundational Public Health Responsibilities (FPHR).** On this view, you cannot switch agencies, but you can see overall how spread-out each local public health agency is under the various foundational areas and capabilities. This data is weighted.

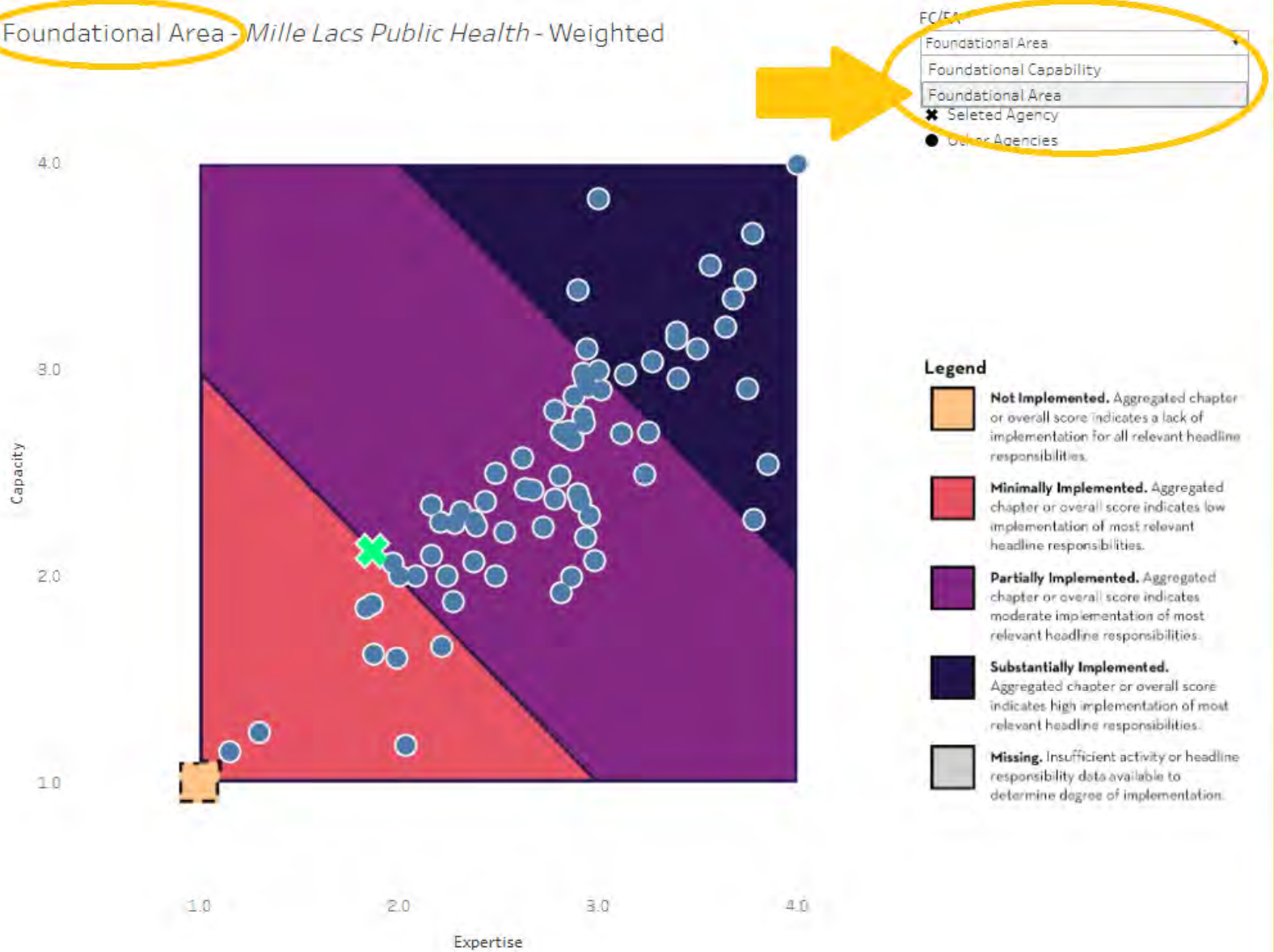
Foundational Areas and Capabilities (weighted)



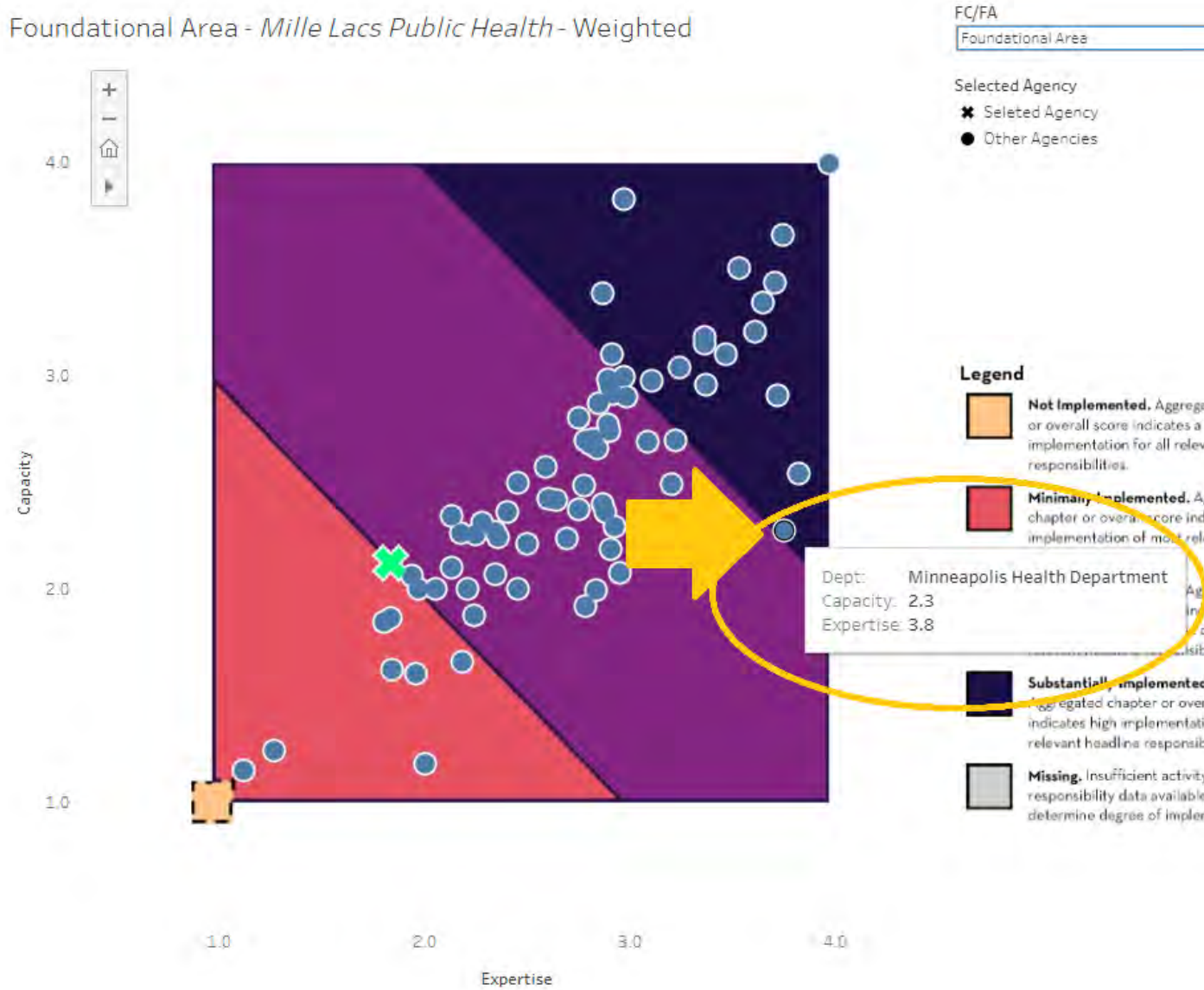
- p. Overall Foundational Capabilities and Areas (FC / FA). This tab shows how each public health agency is doing in terms of implementing either their foundational capabilities or their foundational areas.



Foundational Area - *Mille Lacs Public Health - Weighted*

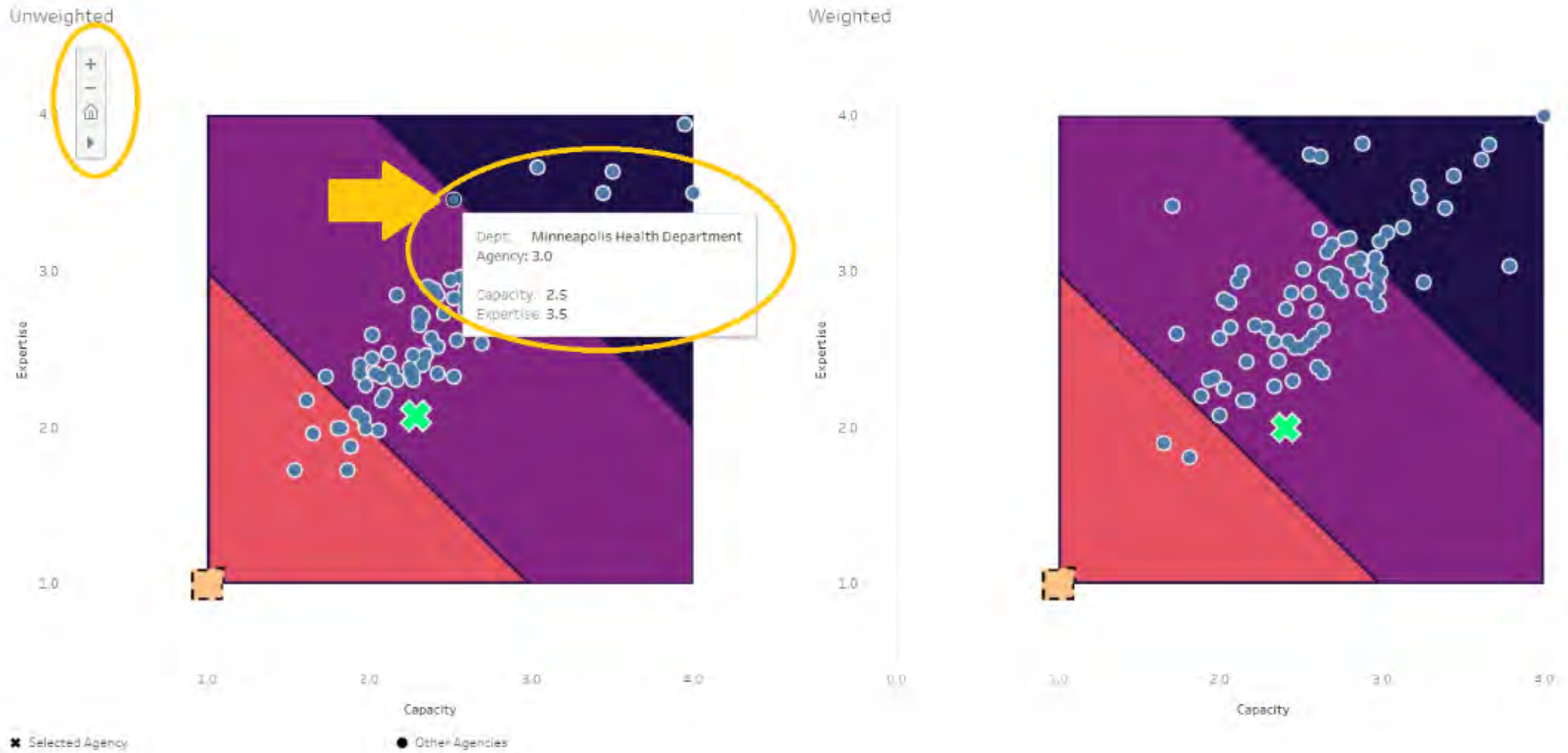


- i. It is again defaulted to Mille Lacs, but you can hover over the dots to see which public health agencies each represent.



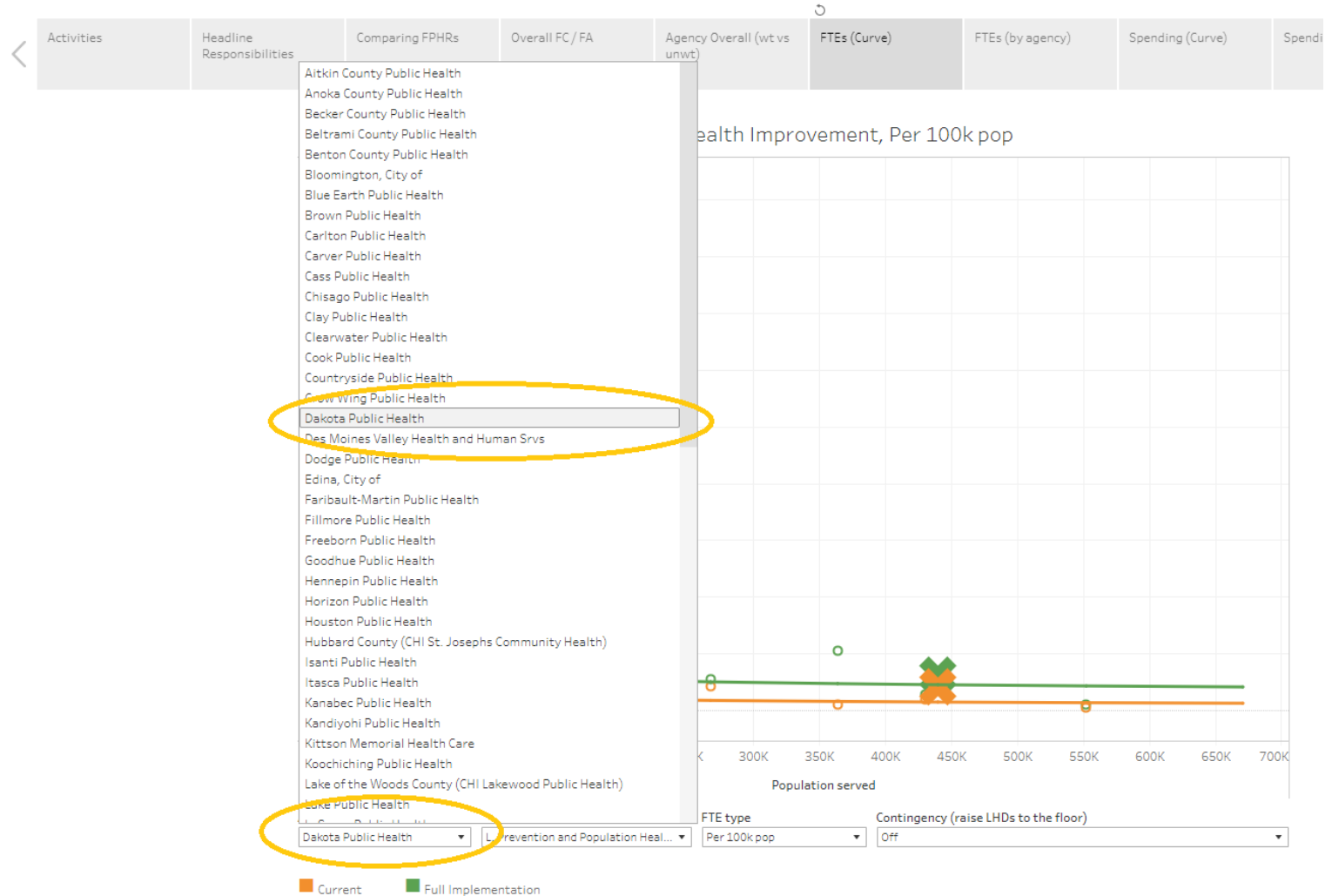
1. Agency Overall (weighted vs. unweighted): You can see the comparison between weighted and unweighted in terms of each agency overall, again defaulted to Mille Lacs. You can zoom in and out amongst other options on this pop-up tool bar.

Agency overall - Mille Lacs Public Health

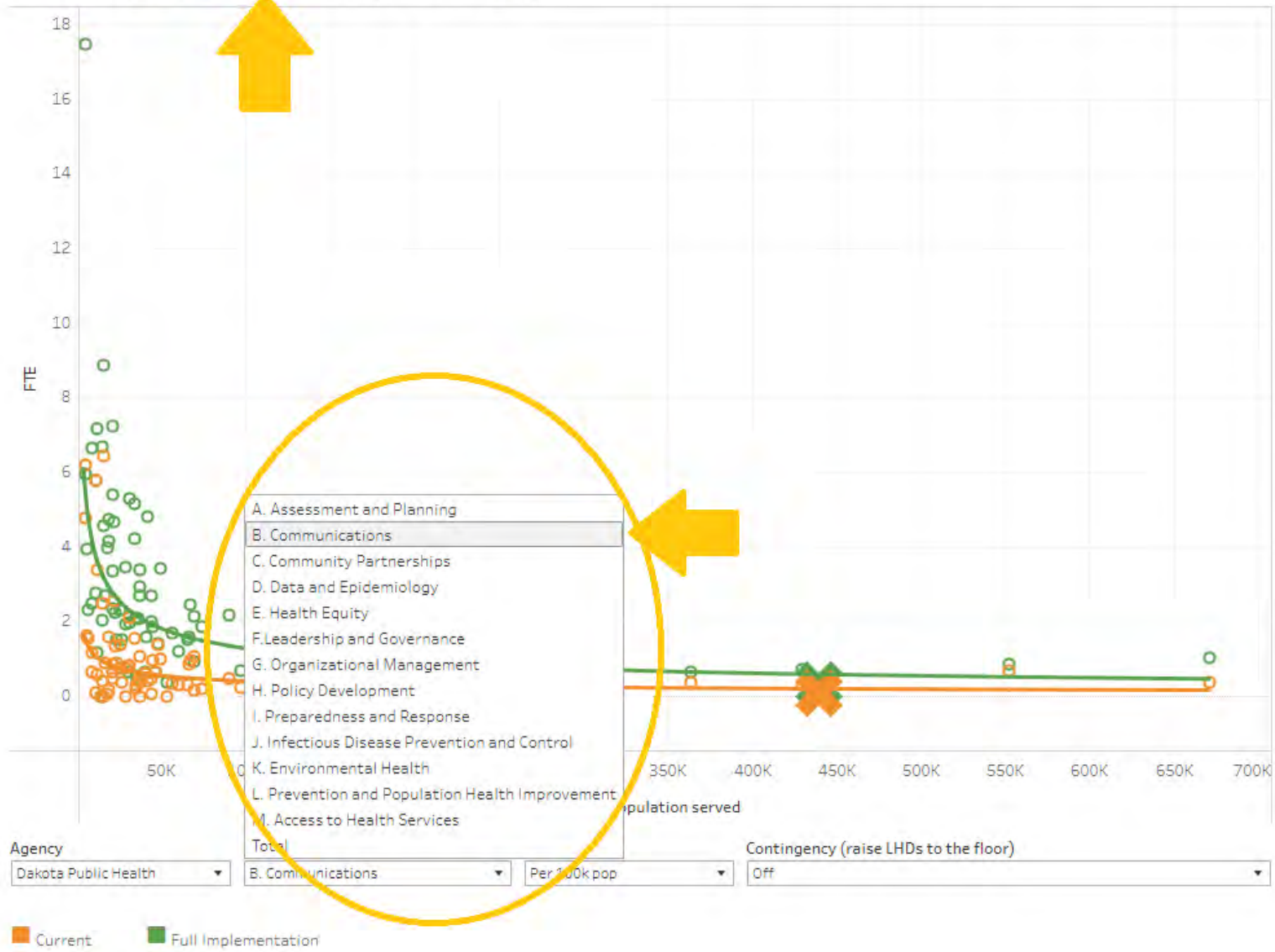


- q. **FTEs (Curve)** - This graph represents local health department Full-Time Equivalents (FTEs) on a curve. It is defaulted to Mille Lacs (highlighted with the large "X"s) and to the Foundational Responsibility "L. Prevention and Population Health" (the curve and plots), but both can be changed under the first two drop down menus.

Individual Agency figures



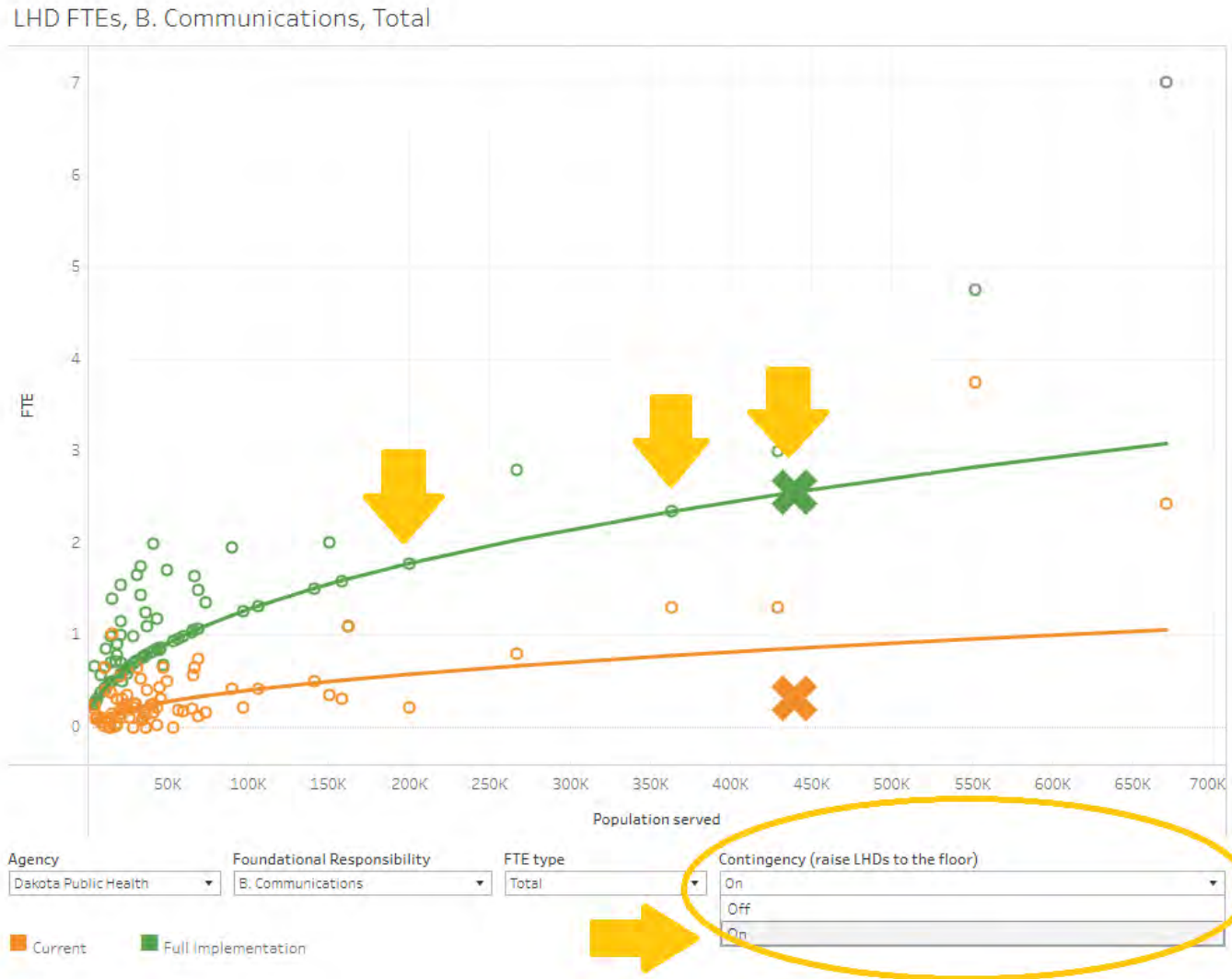
LHD FTEs, B. Communications, Per 100k pop



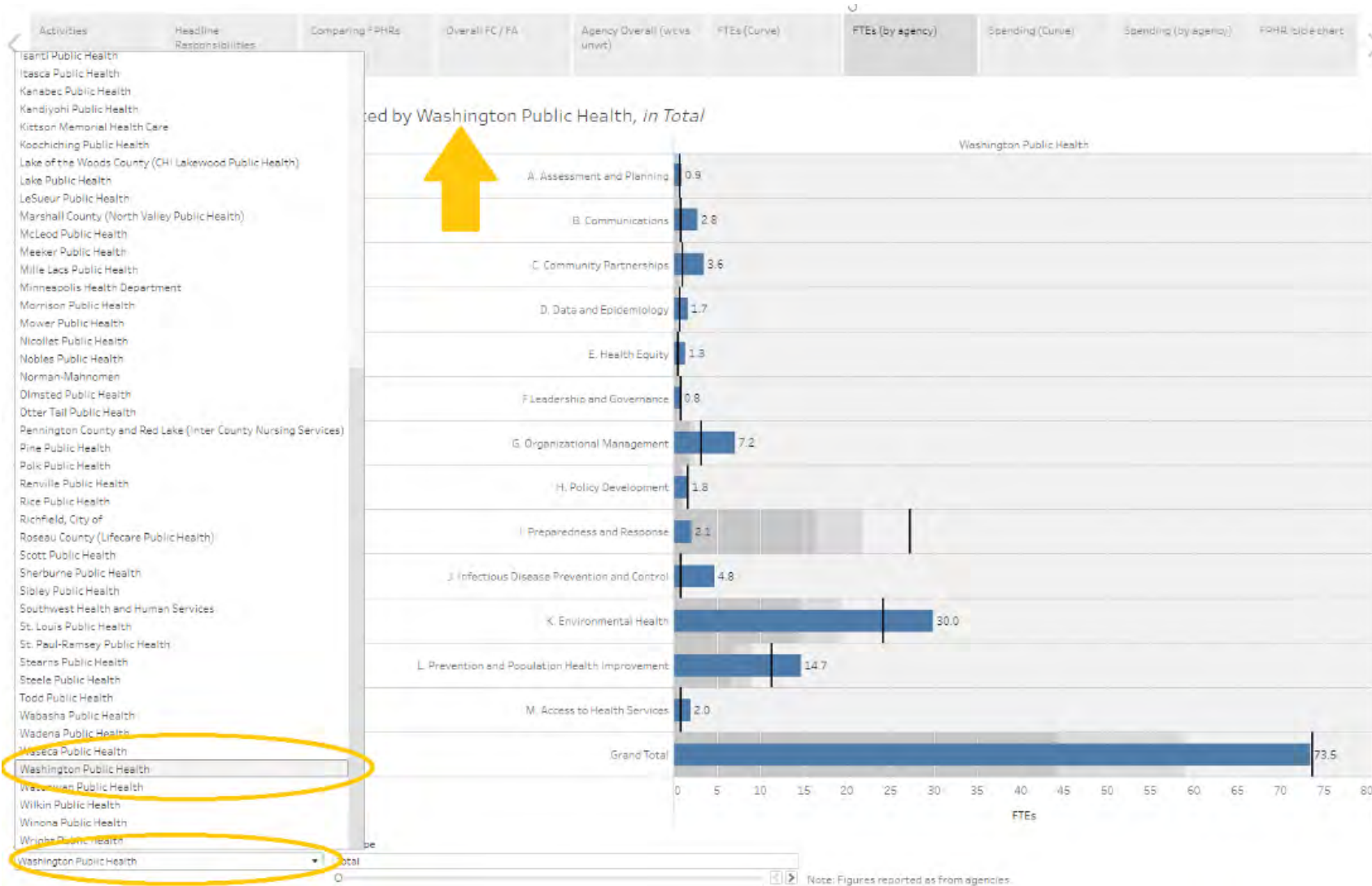
- i. It is also defaulted to “Per 100 thousand population”, which you can switch to “total population” if you would like.



- ii. You can also turn the contingency on to raise local health departments to the floor of full implementation, represented by the green line. The yellow line is the current implementation level. Again, the X's here, both green and yellow, represent each highlighted public health agency, which changes if you select a different agency.



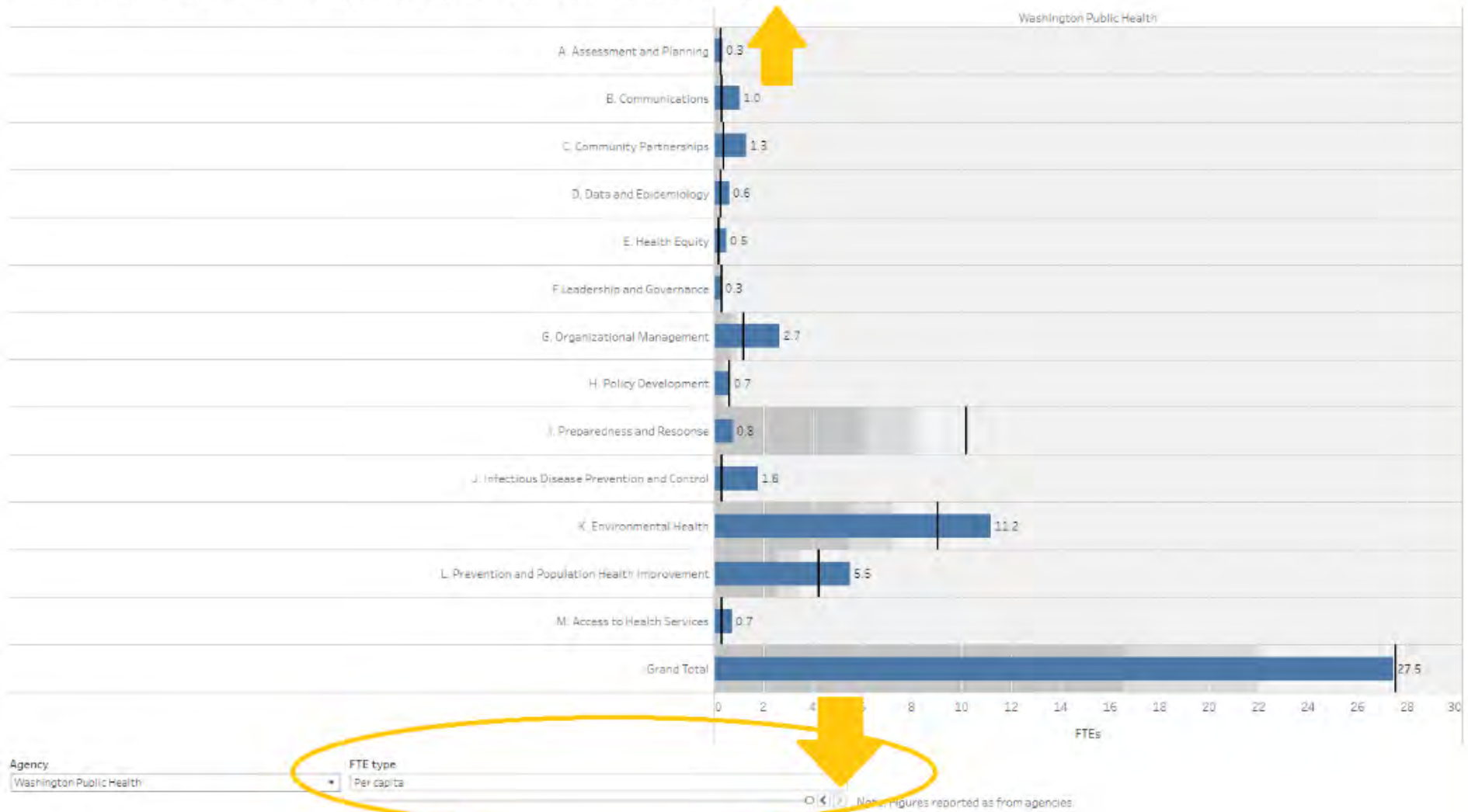
- r. **FTEs (by agency)**. This bar chart shows the levels of current versus full implementation of FTE, or full-time equivalents, by foundational capability/area. At first view, it is defaulted to Mille Lacs in Total. If you want to view a different agency, first select the health agency you are interested in.



COST AND CAPACITY ASSESSMENT DATA DASHBOARD USER GUIDE

- i. You can then also change the FTE type from Total to Per capita by clicking on these arrows down here. A note, that these figures are based on reports from your agency.

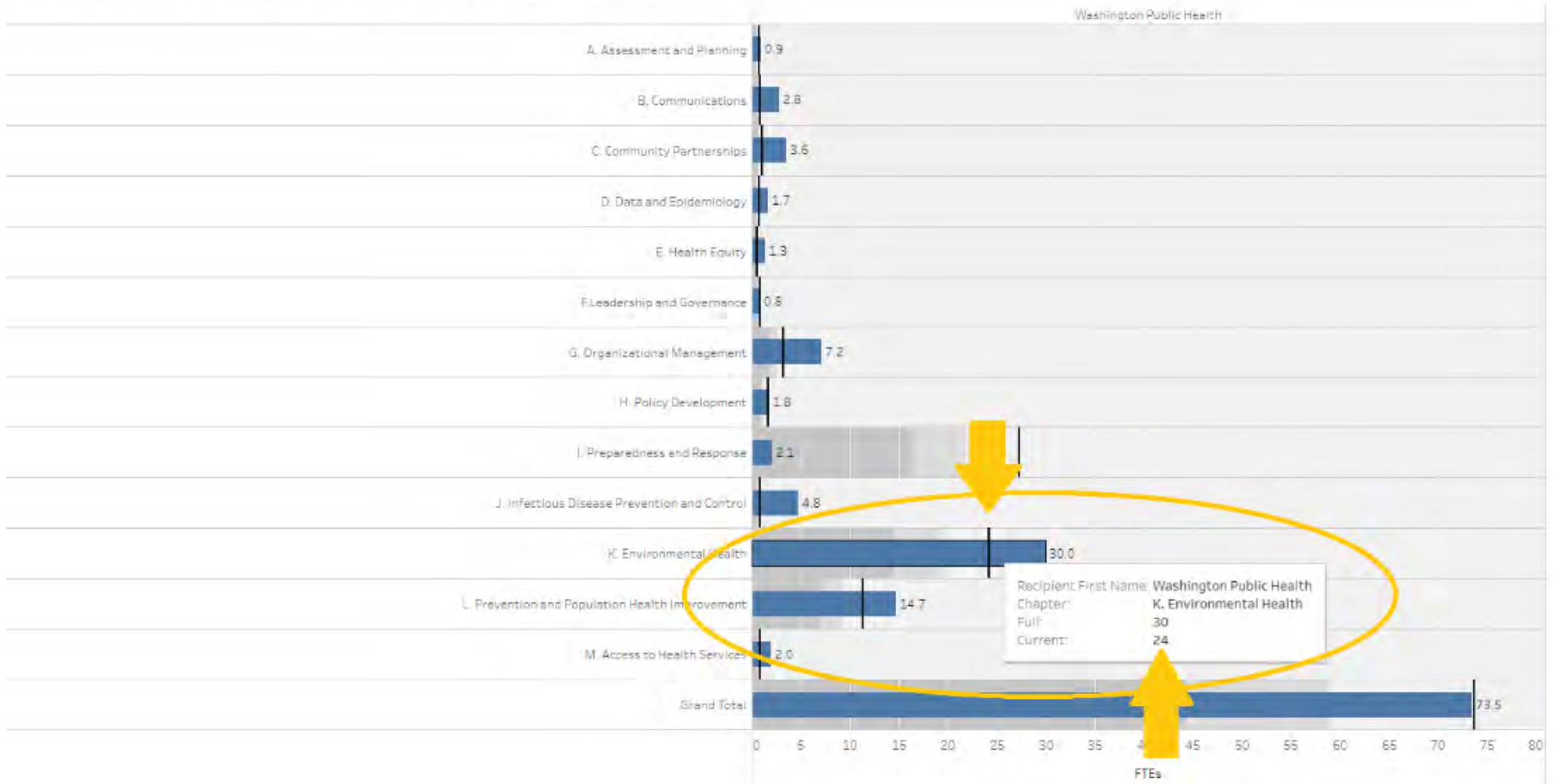
Current vs full implementation FTE reported by Washington Public Health, *in Per capita*



COST AND CAPACITY ASSESSMENT DATA DASHBOARD USER GUIDE

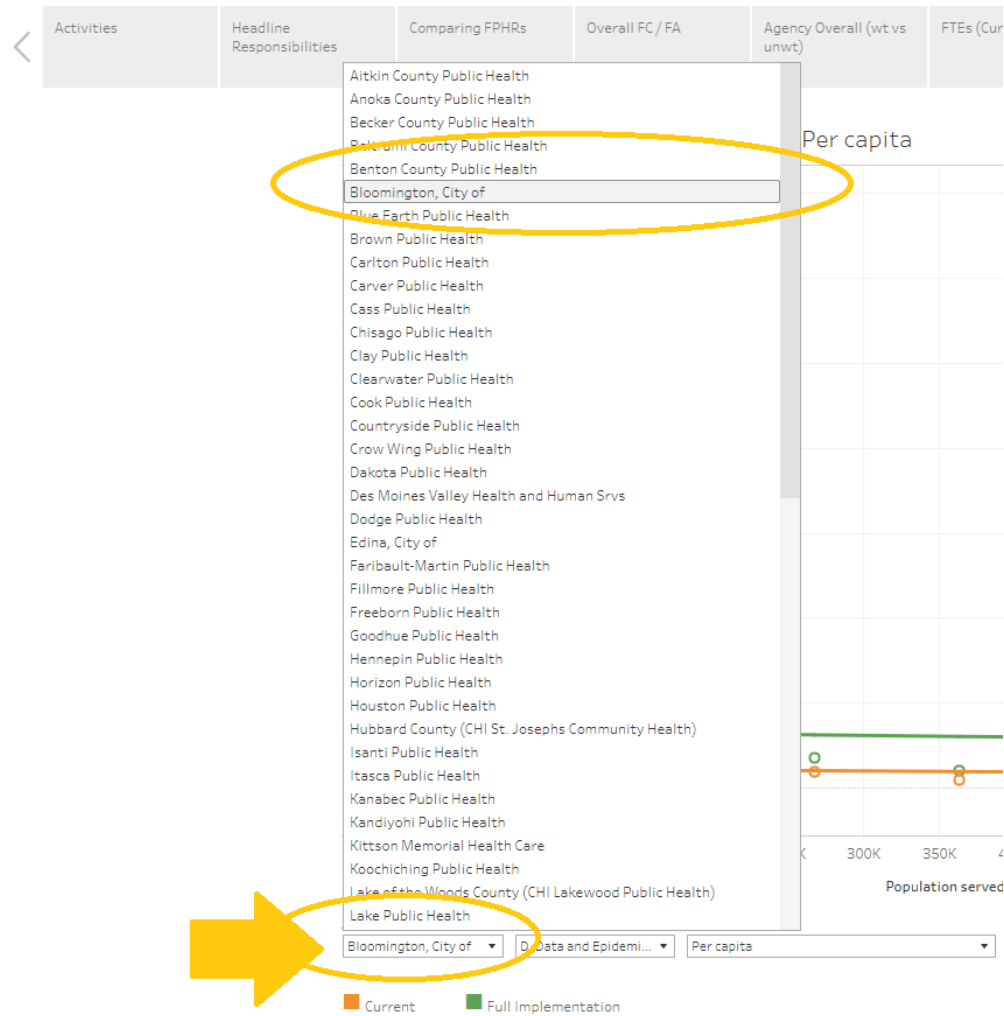
- ii. You can highlight each foundational area/capability and see the actual values for each. The black bar marks current FTEs versus the blue bar, which represents full implementation.

Current vs full implementation FTE reported by Washington Public Health, *in Total*



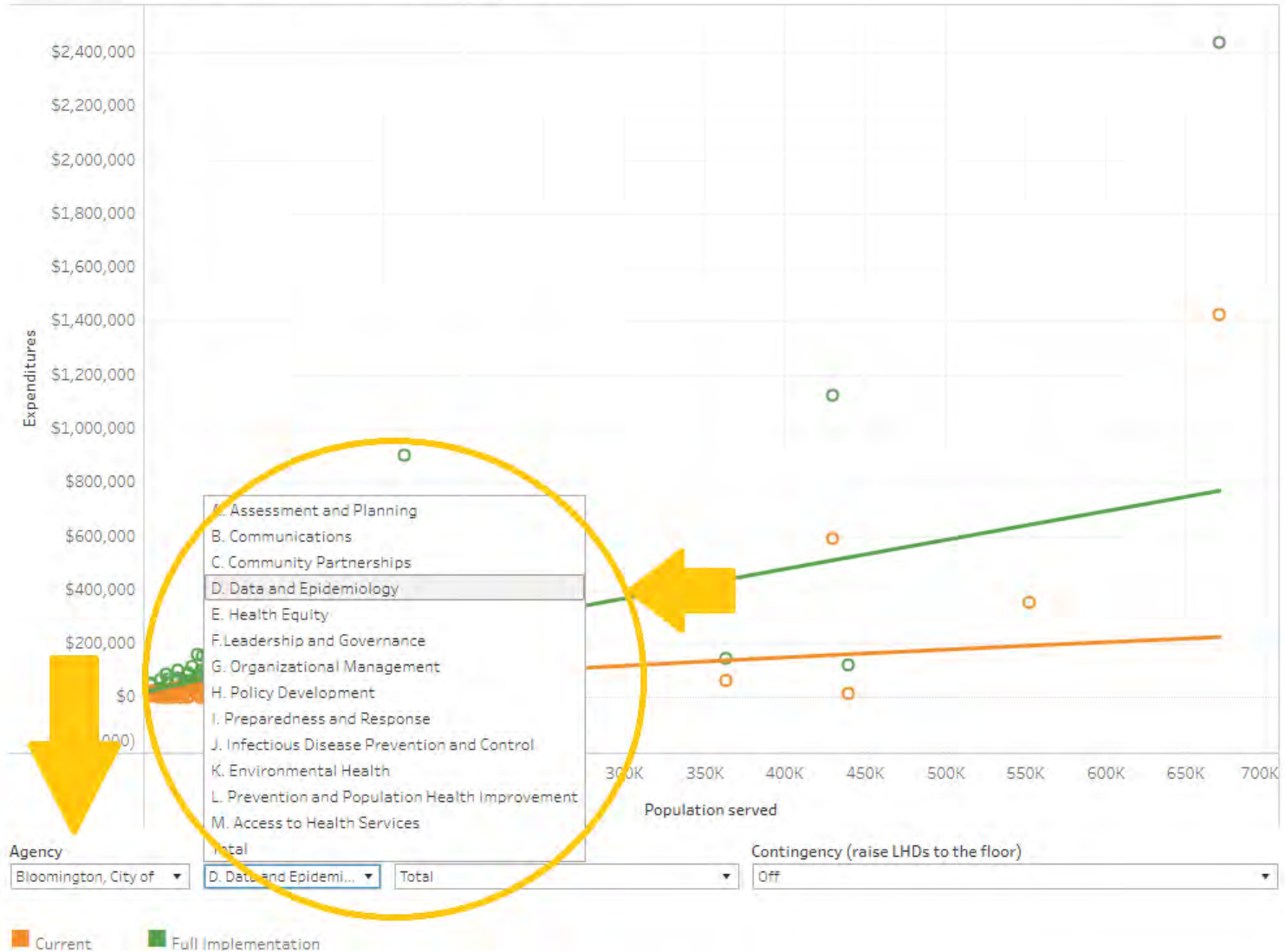
- s. **Spending (Curve)**. Here, we see local health department spending by millions of dollars. It is defaulted to Mille Lacs and “L. Prevention and Population Health Improvement” in Total. All of these can be changed in the drop-down menus.

Individual Agency figures

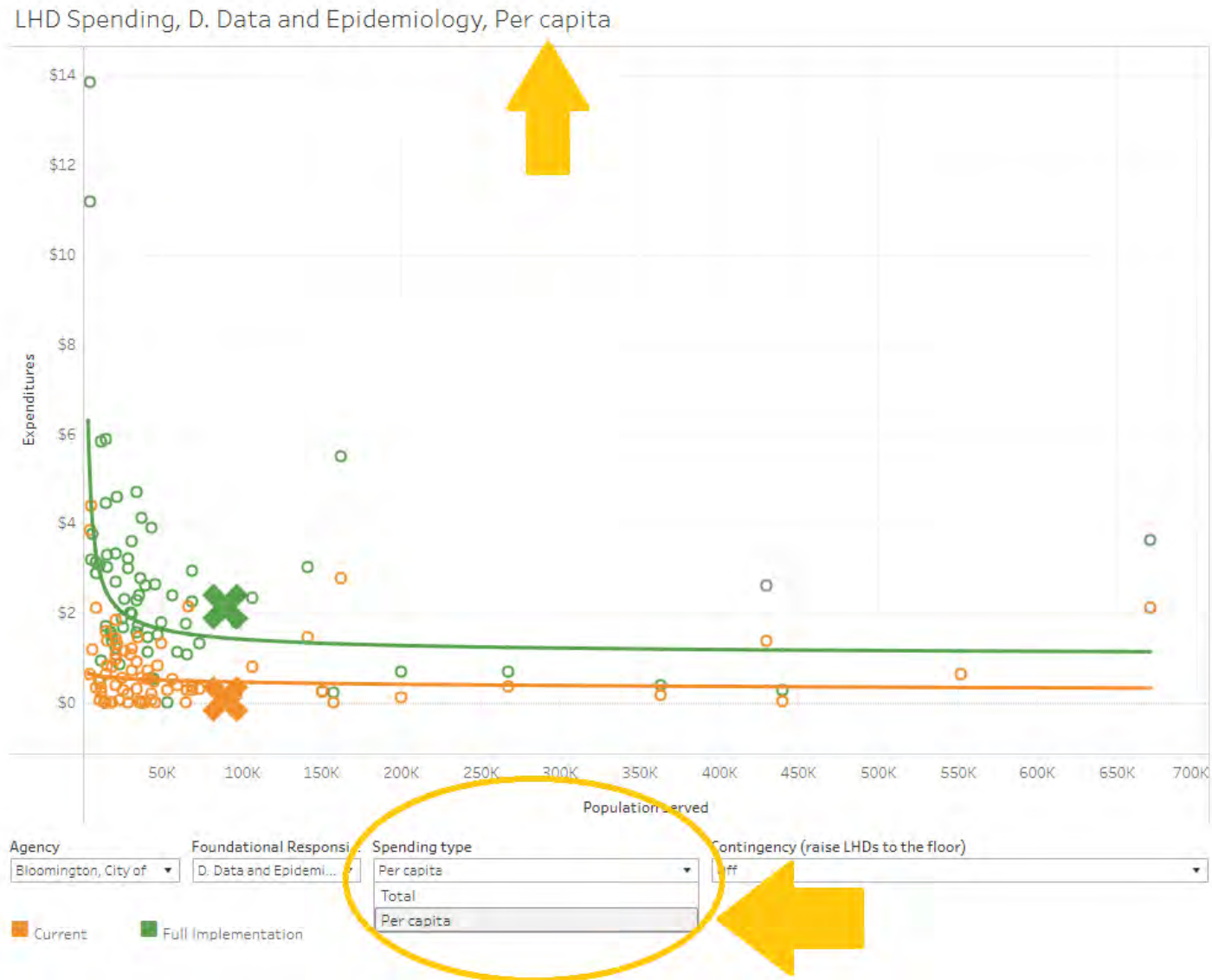


- i. First, select your health agency, and then select which foundational capability/area you are interested in.

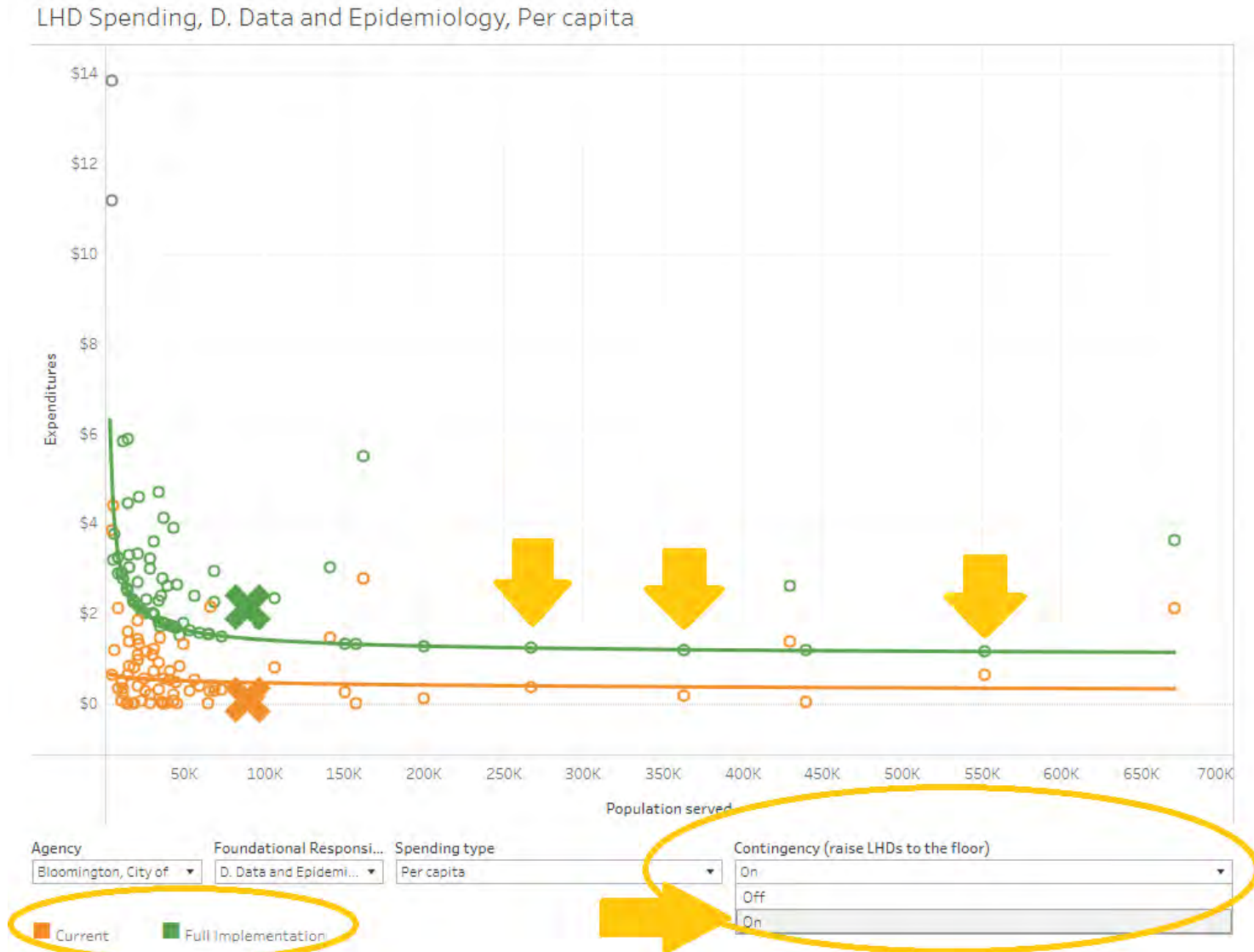
LHD Spending, D. Data and Epidemiology, Total



- ii. You can either keep it defaulted to the total spending type or select Per Capita under drop down menu labeled "Spending type".

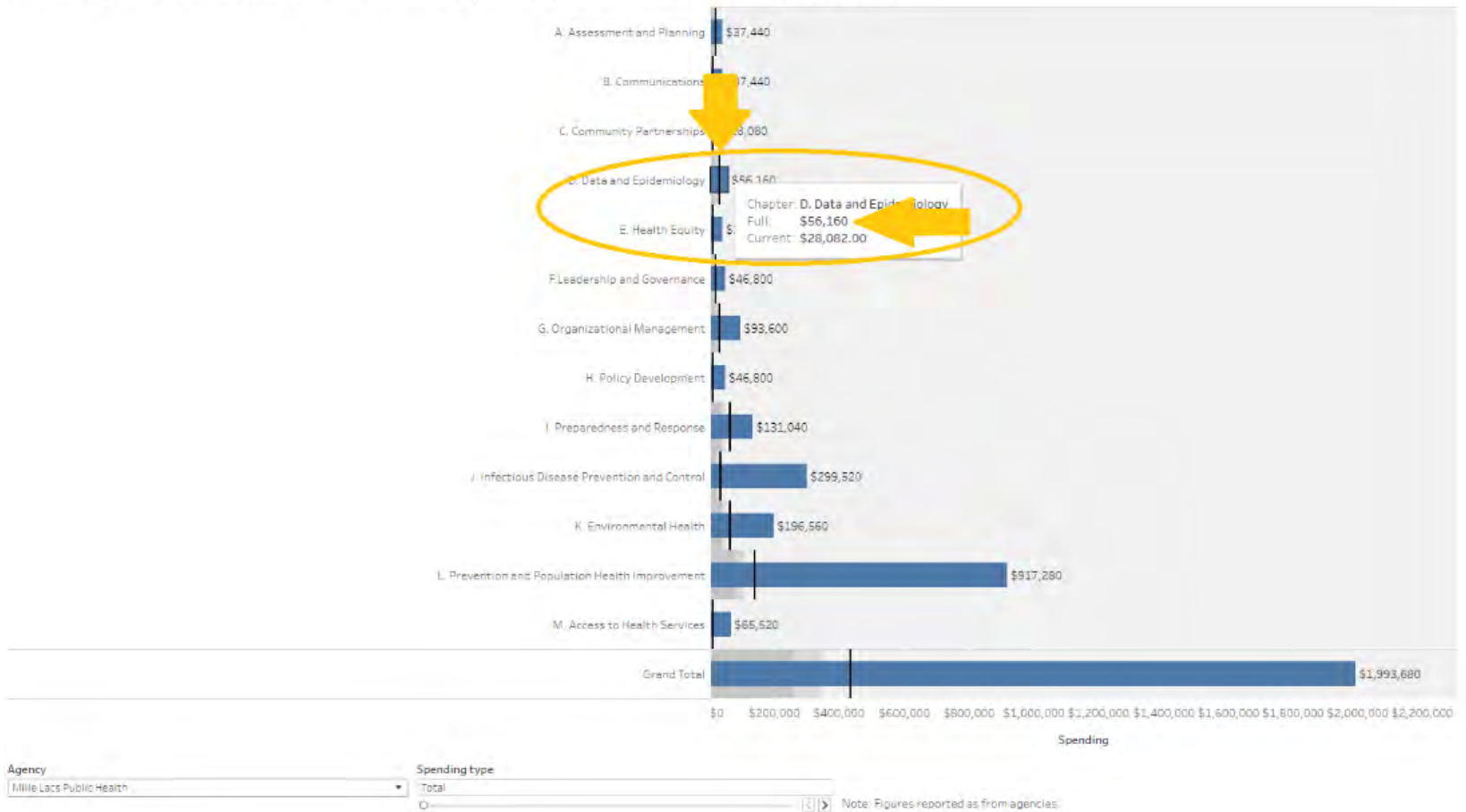


- iii. Finally, you can select the contingency on or off to raise full implementation to the floor of the green line. The legend again shows the current implementation level as yellow, full implementation as green, and the "X"s representing the selected public health agency.



- t. **Spending (by agency).** This is a bar chart showing current versus full implementation spending by foundational capability/area, again defaulted to Mille Lacs in Total. The black bars represent current implementation level while the blue bars represent full implementation levels. You can highlight each bar representing foundational capabilities/areas for more information.

Current vs full implementation spending reported by Mille Lacs Public Health, *Expenditures in Total*



COST AND CAPACITY ASSESSMENT DATA DASHBOARD USER GUIDE

i. Again, remember to select the desired public health agency.

The screenshot displays the dashboard interface with the following components:

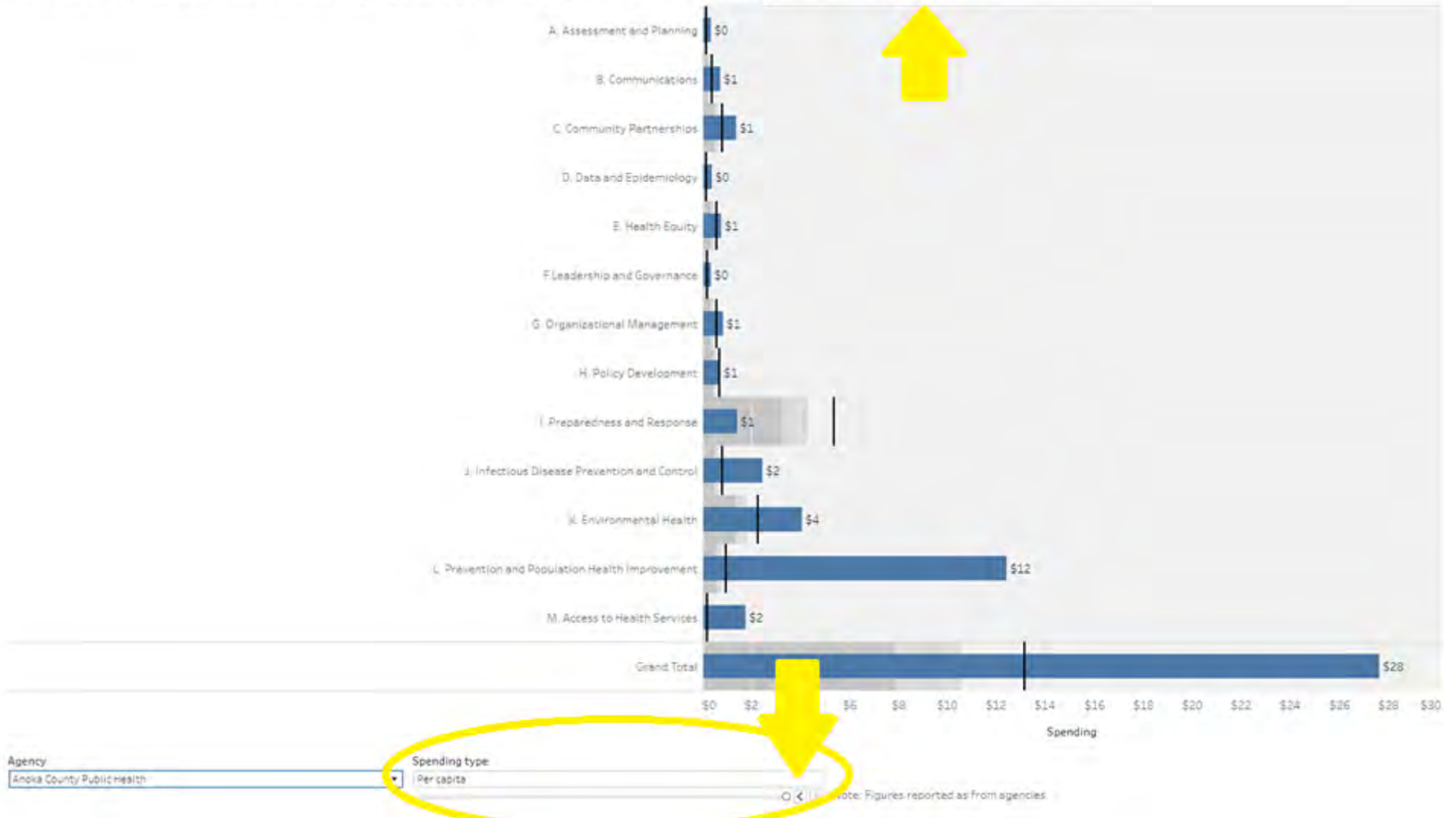
- Navigation Tabs:** Activities, Headline Responsibilities, Comparing FPHRs, Overall FC/FA, Agency Overall (wt vs unwt), FTEs (Curve), FTEs (by agency), Spending (Curve), Spending (by agency), FPHR icicle chart.
- Agency List:** A scrollable list of public health agencies. 'Anoka County Public Health' is highlighted with a yellow circle. At the bottom, a dropdown menu also shows 'Anoka County Public Health' selected, indicated by a yellow arrow.
- Chart Title:** 'Sorted by Anoka County Public Health, Expenditures in Total'.
- Horizontal Bar Chart:** Shows spending by activity category. The x-axis is labeled 'Spending' and ranges from \$0 to \$10,000,000. The y-axis lists categories A through M, plus a Grand Total.

Category	Spending
A. Assessment and Planning	\$129,693
B. Communications	\$266,367
C. Community Partnerships	\$505,721
D. Data and Epidemiology	\$132,651
E. Health Equity	\$277,057
F. Leadership and Governance	\$131,004
G. Organizational Management	\$310,342
H. Policy Development	\$263,421
I. Preparedness and Response	\$513,079
J. Infectious Disease Prevention and Control	\$888,204
K. Environmental Health	\$1,480,706
L. Prevention and Population Health Improvement	\$4,513,360
M. Access to Health Services	\$638,431
Grand Total	\$10,050,036
- Footer:** 'Note: Figures reported as from agencies.'

COST AND CAPACITY ASSESSMENT DATA DASHBOARD USER GUIDE

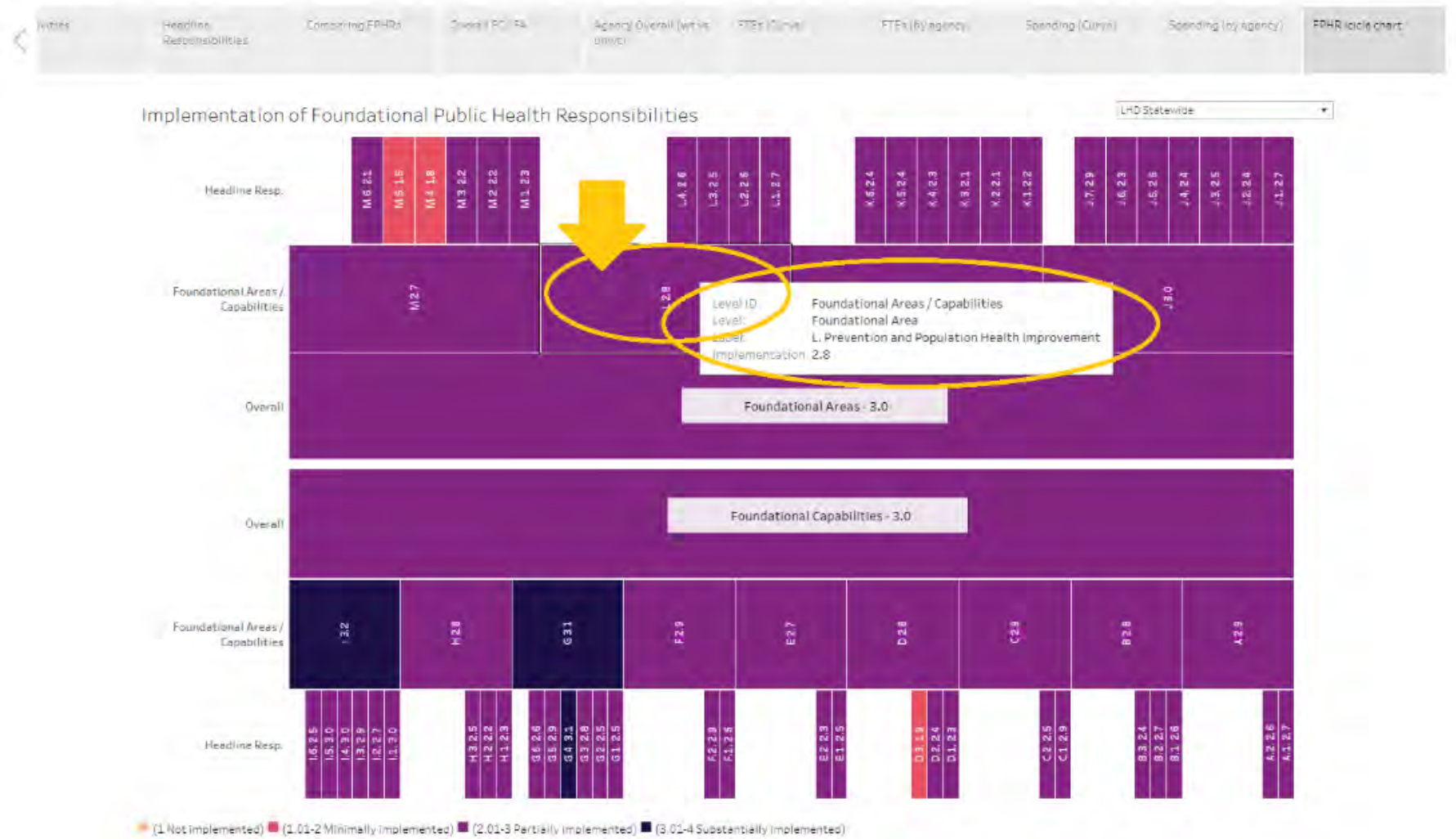
ii. You can also change the bottom axis from total spending type to per capita by clicking this arrow at the bottom of the screen.

Current vs full implementation spending reported by Anoka County Public Health, *Expenditures in Per capita*



u. **FPHR Icicle Chart.** Finally, here is the foundational public health responsibilities icicle chart, broken down by foundational areas on top and foundational capabilities on bottom. You can highlight each subcategory of foundational area/capabilities to see more information.

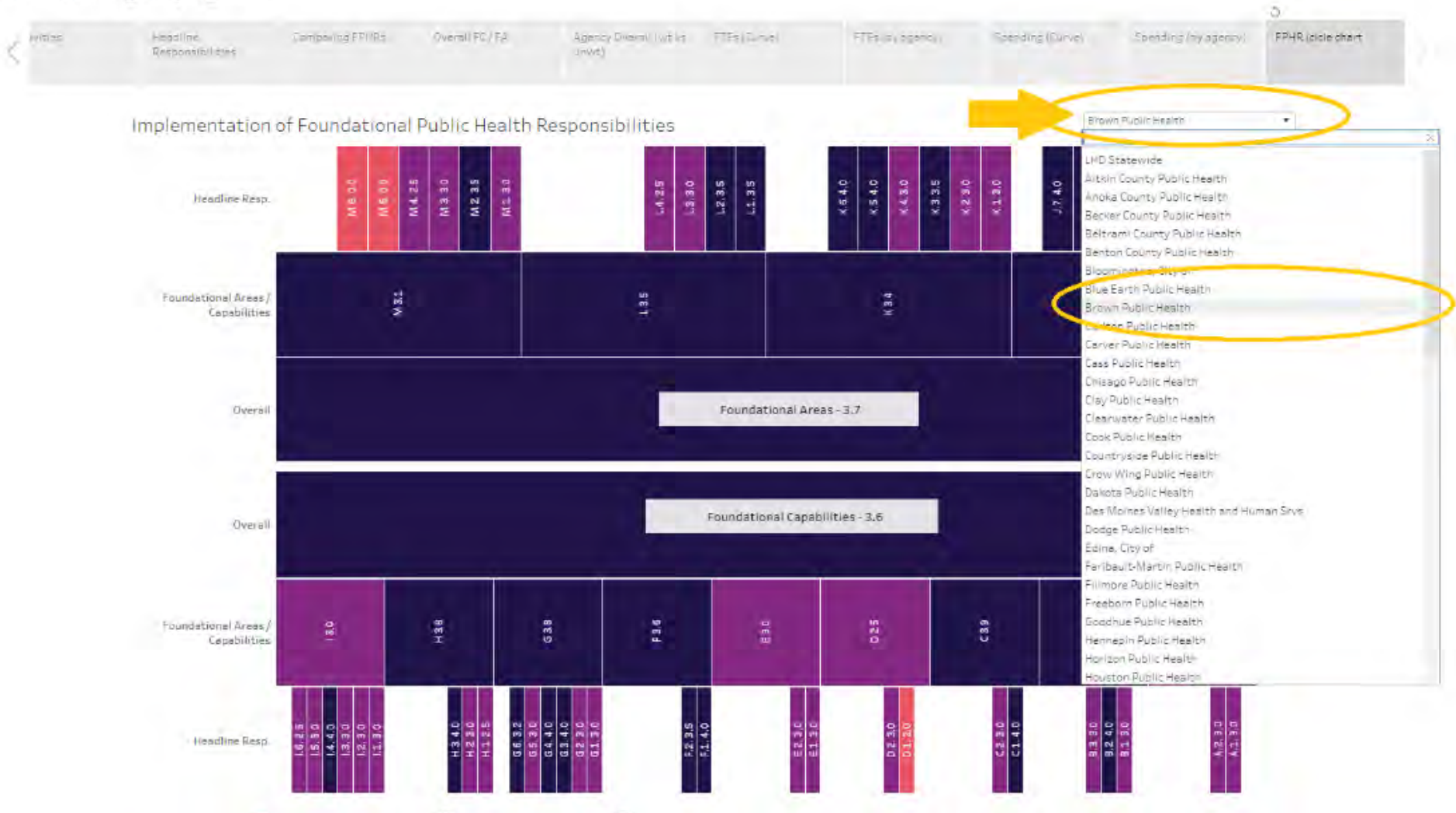
Individual Agency figures



COST AND CAPACITY ASSESSMENT DATA DASHBOARD USER GUIDE

- i. This is defaulted to a statewide view, but can be changed to your public health agency up at the top right here. You can reference the legend below, from yellow meaning “not implemented”, orange being “minimally implemented”, purple being “partially implemented”, and blue being “substantially implemented”.

Individual Agency figures



Interpreting the Data

There will be a separate document developed by the University of Minnesota School of Public Health Center for Public Health Systems detailing more about how to interpret the data in the dashboards, to be published at a future date.

Commonly Used Acronyms

- CCA: Cost Capacity Assessment
- HR: Headline Responsibilities
- LHD: Local Health Department
- FA: Foundational Area
- FC: Foundational Capability
- FPHR: Foundational Public Health Responsibilities
- FTE: Full Time Equivalent
- WT: Weighted
- UNWT: Unweighted
- K: 1000
- CPHS: Center for Public Health Systems

Glossary – Frequently Used Terms

- Tableau: a platform to create and interact with dashboards containing dynamic graphic visualizations of data.
- Icicle Chart: a visual graph showing hierarchical data represented by rectangles that represent different organizational categories depending on their level or sub levels.
- Jitter plot: a graph with overlapping data points used to group and visualize multiple individual data points or values.
- Foundational Area: Basic public health, topic-specific responsibilities aimed at improving the health of people and communities.
- Foundational Capability: The knowledge, skills, and abilities needed to successfully implement the basic public health protections key to ensuring the community’s health and achieving equitable health outcomes.
- Foundational Public Health Responsibilities: The sum of Foundational Areas and Foundational Capabilities put together – duties which must be carried out by governmental public health.
- Headline Responsibility: A level of public health activity within Foundational Capabilities and Areas. For example, within the Foundational Area of Communications, one Headline Responsibility is “Develop and implement strategies for risk communication”.

FAQs

What is an icicle chart?

- It is a graphical representation of clusters of results that resembles rows of icicles corresponding to different themes. For us, it is the different dimensions of the foundational areas or capabilities.
 - How can it be used?
 - This icicle chart is color coded once again to display, at a quick glance, the level of implementation for each dimension of foundational area or capability.

Is there additional information available about the Cost and Capacity Assessment?

- Memo: [Publications and resource documents](https://www.health.state.mn.us/communities/practice/systemtransformation/resources.html)
(<https://www.health.state.mn.us/communities/practice/systemtransformation/resources.html>)

- Full report: [Center for Public Health Systems Minnesota Public Health Cost and Capacity Assessment Summative Report \(https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202310costcapacity-memoreport-reduced.pdf\)](https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202310costcapacity-memoreport-reduced.pdf)
 - Appendix D: Overview of Project Dashboards
 - Appendix E: Abbreviations and Glossary

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To obtain this information in a different format, call: 651-201-5905.
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