Expenditures Summary for Minnesota's Local Public Health System in 2022

This report summarizes the 2022 expenditures of Minnesota's local public health system (January 1 to December 31) as reported to the Minnesota Department of Health (MDH) and contains two sections:

- **The first section (pp. 2-10)** summarizes the 2022 expenditures of Minnesota's local public health system (January 1 to December 31) and **does not include COVID-19-related expenditures**. Community health boards report these expenditures by funding source and area of public health responsibility. For information about funding sources supporting public health, visit Appendix A. Funding sources. To learn more about areas of public health responsibilities in which community health boards work, visit Appendix B. Areas of public health responsibility.
- **The second section (pp. 11-14)** captures expenditures of the local public health system's response to COVID-19 from January 1 to December 31, 2022, highlighting the nuance and complexity of this response. This section breaks down COVID-19-specific funding sources and per capita expenditures supporting the COVID-19 response across the local public health system. For more details on COVID-specific funding sources, visit Appendix A. Funding sources.

In 2022, Minnesota's local public health system consisted of 51 community health boards. Of those, 29 are single-county community health boards, 18 are multi-county community health boards, and four are city community health boards. MDH divides community health boards into eight geographic regions for analysis; to view a map of those regions, visit Appendix C. Regions of the State Community Health Services Advisory Committee.

MDH based per capita calculations on 2022 population estimates from the Minnesota Center for Health Statistics.

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Part 1: Local public health system expenditures in 2022, without COVID-19

Statewide expenditures summary

Minnesota's local public health system spent a total of $387 million on public health in 2022, not including its response to COVID-19.

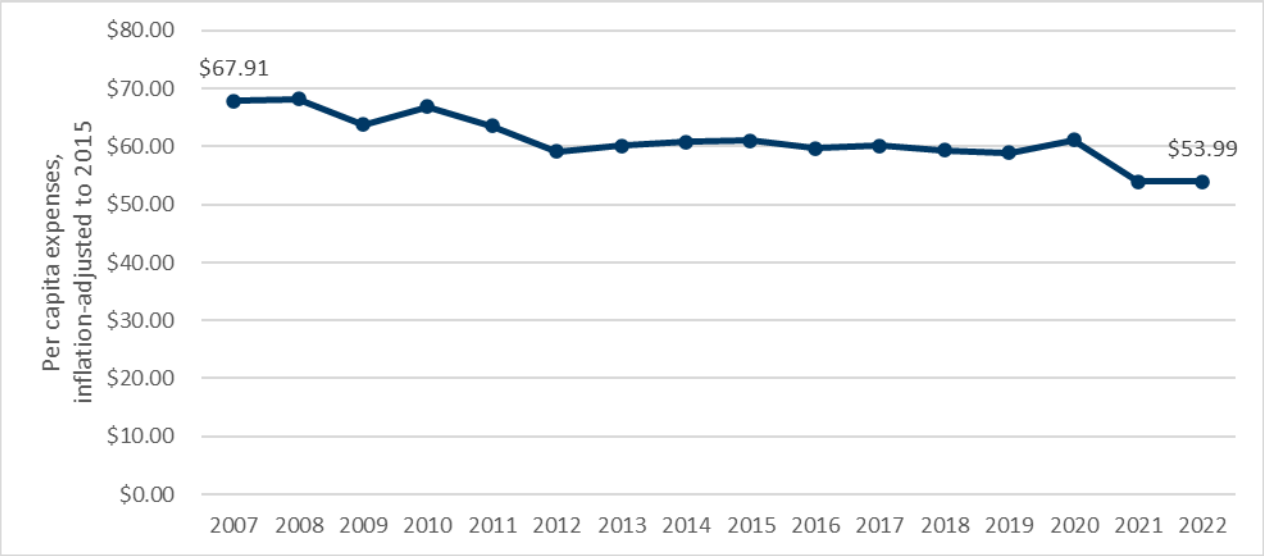
Local tax levy accounted for the single largest funding source supporting this work—36% of all expenditures (**Table 1**). Other federal funds, including WIC (Women, Infants, and Children Special Supplemental Nutrition Program) and public health preparedness funds, accounted for 20% of expenditures. Local Public Health Grant state funds accounted for 7% of all expenditures. Table 1 does not include COVID-19 expenditures.

Table 1. Minnesota local public health system funding sources, 2022

Funding source	2022 dollars	2022 percentage of total funding
Local tax levy	$139,206,722	35.9%
Other federal funds	$77,640,745	20.0%
Other state funds	$47,946,136	12.4%
Local Public Health Grant state funds	$27,956,623	7.2%
Other fees	$27,570,233	7.1%
Medicaid	$27,551,216	7.1%
Other local funds	$14,183,790	3.7%
Medicare	$8,732,247	2.3%
Federal TANF	$6,293,736	1.6%
Federal Title V	$5,717,146	1.5%
Client fees	$2,733,379	0.7%
Private insurance	$2,081,985	0.5%
Total	**$387,613,958**	**100.0%**

Figure 2 shows that inflation-adjusted, per capita public health expenditures fell sharply from 2007 to 2012, and since then, have remained far below pre-recession levels at approximately $54. A large decrease in per capita spending is also noted between 2020-2022; however, this should be viewed with caution. Because COVID-related expenditures are not included in Figure 2, it's possible the observed decrease in per capita spending reflects a shift in priority and spending to COVID-related activities. Figure 2 does not include COVID-19 expenditures.

Figure 2. Per capita expenditures in Minnesota's local public health system, 2007-2022



Data note: All data is self-reported and, given multiple funding streams with different allowable expenses, it is possible it was difficult to fully separate out COVID-19 vs. non-COVID-19 expenditures. Data is inflation-adjusted to 2015.

Figure 3 shows that most of the local public health system's funding came from locally generated funds, which include reimbursements and fees for services, local tax levy, and other local funds. State funds accounted for 20% of total expenditures, and federal funds accounted for 32%. Together, state and federal funds represent over half of all community health board expenditures statewide. Figure 3 does not include COVID-19 expenditures.

Figure 3. Minnesota local public health system funding sources, 2022

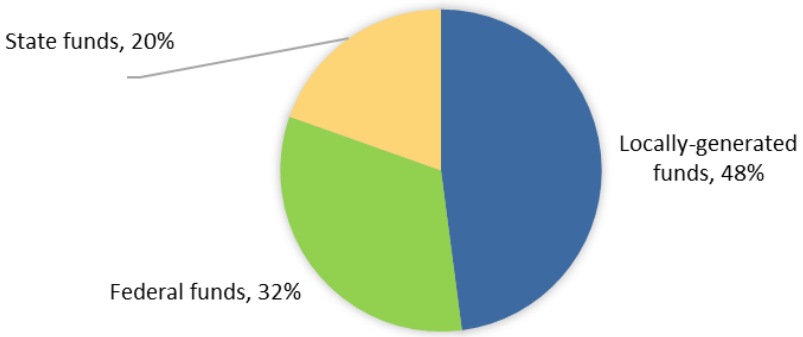
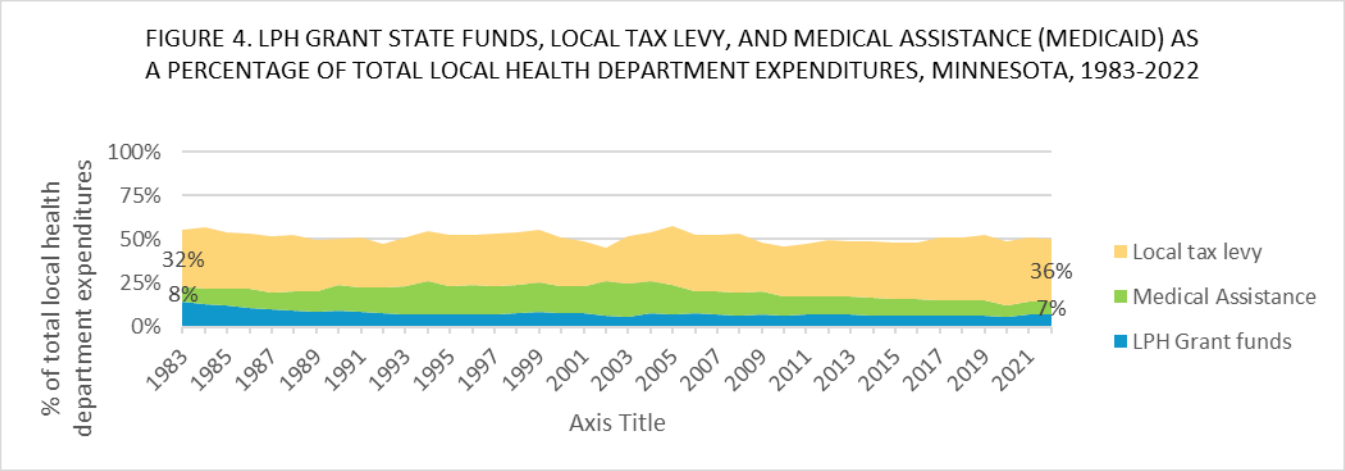


Figure 4 shows the trends of three funding sources as a percentage of total expenditures, not including COVID-19 expenditures. Local Public Health Grant state funds have decreased as a percentage of total expenditures over time. The local tax levy, as percentage of total expenditures, has generally fluctuated between 25% and 37% of total expenditures, with one outlier year in 2002.[a]

Figure 4. Local Public Health Grant funds, local tax levy, and Medical Assistance, as a percentage of total local health department expenditures, Minnesota, 1983-2022



In 2022, Medical Assistance (Medicaid) accounted for 7% of total expenditures. In 1983, the first year it was tracked, Medical Assistance represented 8% of total spending and has fluctuated between 7% and 10% over the past decade. Reimbursement rates and the number of community health boards providing home health care services affect the proportion of expenditures covered by Medical Assistance.

Local Public Health Grant state funds and local tax levy are flexible funding sources, meaning they are not associated with a particular program. Instead, they can be used to address high-priority public health issues and infrastructure needs. **Figure 5** shows the proportion of flexible funding has decreased from 52% in 1979 to 43% in 2022. In 2002, flexible funding dipped to a low of 26% of total expenditures. After growing to 41% of total expenditures in 2005, flexible funding remained stable until a decline to 35% of total expenditures in 2009 and 2010. Individual community health boards have a range of flexible funding amounts available, from 7% to 83%, with a median of 33% of their funding deemed flexible. Figure 5 does not include COVID-19 expenditures.

[a] Local tax levy is a component of locally generated funds.

Figure 5. Flexible funding as a percentage of total public health funding, Minnesota local health departments, 1979-2022

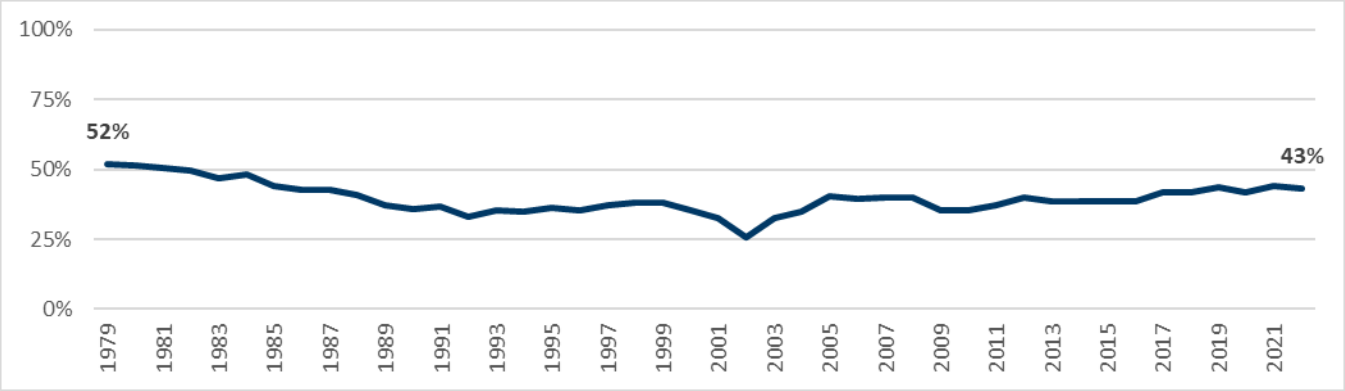
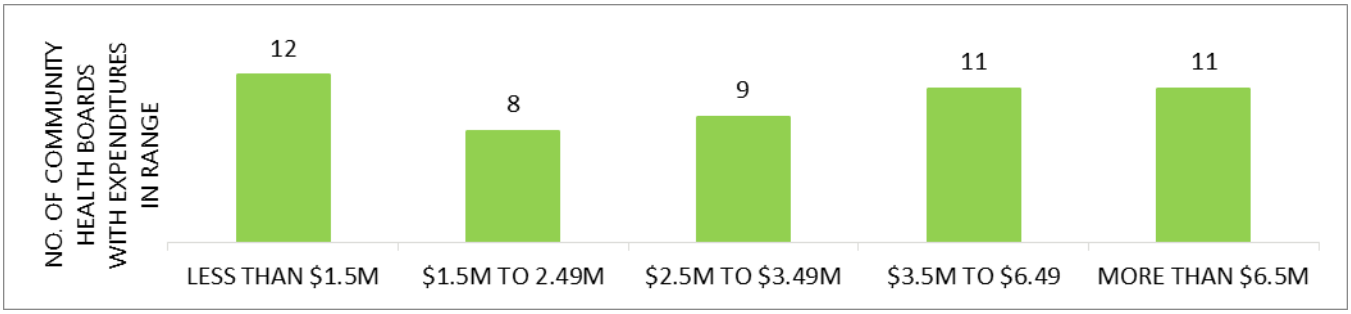


Figure 6 shows that 12 community health boards (24%) spent less than $1.5 million on public health in 2022, and eight (16%) spent between $1.5 and $2.5 million. Of the eleven community health boards spending over $6.5 million, four are multi-county community health boards, one contains the state's third-largest city, and six are in the metro region (see Appendix C for a map of regions). Figure 6 does not include COVID-19 expenditures.

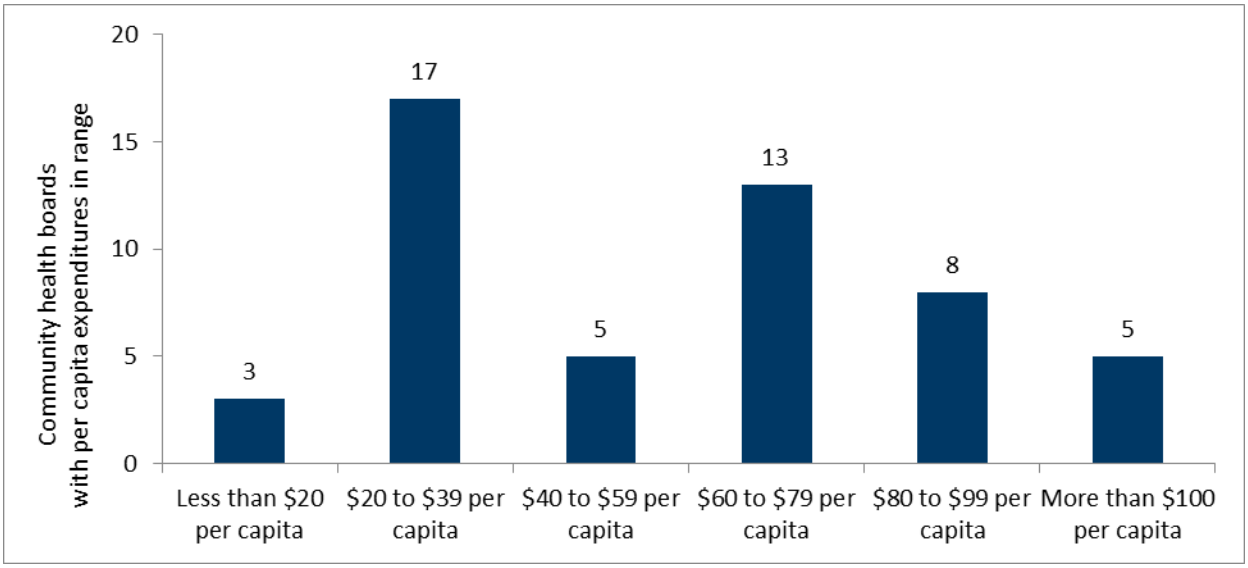
Figure 6. Distribution of total public health expenditures (in millions) among community health boards, Minnesota, 2022



Community health boards spent a median of $3.3 million on public health in 2022, with a range of $640,258 to $88.1 million. Among community health boards that spent the least on public health in 2022, the bottom quarter of community health boards accounted for a total of 3% of the entire system's expenditures. The community health board with the largest population accounted for 23% of the local public health system's total expenditures; the two largest community health boards represented 38% of total expenditures.

Figure 7 shows the distribution of per capita expenditures among community health boards. In 2022, 20 community health boards spent less than $40 per capita. Community health board spending ranged from $10 to $162 per capita, with a median of $61 per capita. Figure 7 does not include COVID-19 expenditures.

Figure 7. Per capita public health expenditure distribution among Minnesota community health boards, 2022



Of the thirteen community health boards with expenditures greater than $80 per capita, two were in the metro, four provided direct care services to the correctional population in county facilities, and two provided home health services to smaller, rural populations.

The variety of services offered by community health boards make it difficult to interpret the wide distribution in per capita public health expenditures.

Expenditures by area of public health responsibility

Table 8 shows the distribution and total expenses of the local public health system in 2022 by area of public health responsibility. Community health boards support activities with different mixes of funding depending on the area of public health responsibility. Table 8 does not include COVID-19 expenditures.

Table 8. Expenditures by area of public health responsibility, Minnesota local public health system, 2022

Area of public health responsibility	2022 dollars (in millions)	2022 percentage of total spending
Promote healthy communities and healthy behavior	$132	34%
Assure health services	$108	28%
Protect against environmental health hazards	$56	14%
Assure an adequate local public health infrastructure	$45	12%
Prepare and respond to emergencies	$7	2%
Prevent the spread of communicable diseases	$39	10%
Total spending	**$387**	**100%**

Promote healthy communities and healthy behavior

The local public health system spent 34% of its total funding ($132 million) in this area of responsibility. Community health board spending ranged from $129,592 to $18 million in this area, with a median of $1.3 million.

Across the local public health system, nearly all funding sources contributed to expenditures in this area of responsibility. Other federal funds supported 30% of the total spending in this area ($40.5 million), and local tax levy provided 21% of this area's total funding ($28 million). The remainder came from other state funds (22%), Medicaid (5%), TANF funds (5%), and the Local Public Health Grant (7%).

Assure health services

This area of responsibility accounted for the second-largest amount of system expenditures in 2022 ($108 million), $100,587 less than in 2021. Eighteen community health boards decreased spending in this area of responsibility; 33 increased spending. Community health board spending ranged from $0 spent to $46 million in this area of responsibility, with a median of $886,400; spending varied significantly depending on the community health board's population. These expenditures were supported primarily by local tax levies (46%), Medicaid (17%), and other federal funds (11%).

A significant portion of the funding in this area of responsibility represent services provided through home health care, hospice, correctional health, and emergency medical services program; these direct services accounted for 40% of expenditures in this area in 2022, and 11% of total system expenditures. Emergency medical services accounted for 24% of spending in this area, correctional health for 7%, and home care and hospice services for 6% ($6 million).

57% of community health boards reported spending nothing on direct services in 2022; one community health board spent $26 million on emergency medical services, accounting for 24% of overall expenditures in this area.

Protect against environmental health hazards

Environmental health expenditures totaled $56 million in 2022. Eighteen community health boards spent less than $10,000 on environmental health; nine community health boards spent $0 in this area in 2022.[b] Community health board spending ranged from $0 to $21 million in this area of responsibility, with a median of $30,847.

Fees supported 43% ($24 million) of the environmental health expenditures. Other funding sources included local tax levy (36%) and other state funds (8%). Seven metro area community health boards spent more than $1 million on this area. They spent $52 million, and they accounted for 92% of total environmental health spending.

Assure an adequate local public health infrastructure

Community health board spending ranged from $0 to $6 million in this area of responsibility, with a median of $443,263.

Local tax levy supported 65% of $30 million total spent in this area of responsibility; other significant funding sources included the Local Public Health Grant (20%) and other local sources (6%). Nine community health boards do not use local tax levy for funding in this area, and four community health boards do not use Local Public Health Grant state general funds.

Prepare and respond to emergencies

Emergency preparedness total expenditures comprised $6 million or 2%, which is 2 million less than was spent in 2021 in this area of responsibility. Community health board spending ranged from $15,444 to $994,594 in this area of responsibility, with a median of $76,371.

Sixty-seven percent ($4 million) of emergency preparedness funding came from other federal funds, and 25% ($1 million) came from local tax levies.

Prevent the spread of communicable diseases

The area of infectious disease accounted for 10% ($39 million) of total system expenditures. Community health board spending ranged from $1,172 to $10 million in this area of responsibility, with a median of $153,511.

Other federal funds supported 46% ($18 million) of infectious disease spending. Other funding sources supporting this area included local tax levy (21%) and Local Public Health Grant state funds (11%). Two community health boards spent $20 million in this area of responsibility, accounting for 53% of all spending in this area.

[b] In Minnesota, the protecting against environmental health hazards sometimes occurs at the local level by delegation agreement, and sometimes at the state level.

Expenditures by region

Table 9 shows total and per capita expenditures by region; see Appendix C for a map of the Minnesota's regions by county. The state's West Central region spent the most per capita on public health, $102.59 The Central region spent the least, $38.63. Regions with high per capita expenditures often provide direct services such as home health, hospice, correctional, and environmental health. Tables 9 does not include COVID-19 expenditures.

Table 9. Regional and per capita public health expenditures, Minnesota, 2022

Region	Total expenditures (in millions)	Per capita expenditures
Northwest	$10.0	$59.20
Northeast	$15.0	$47.29
West Central	$24.0	$102.59
Central	$31.0	$38.63
Metro	$239.0	$63.47
Southwest	$13.0	$58.64
South Central	$20.0	$66.20
Southeast	$35.0	$67.62
All regions	**$387.0**	**n/a**

Table 10. Percent of regional public health expenditures by area of public health responsibility, Minnesota, 2022

Region	Assure an adequate local public health infrastructure	Promote healthy communities and healthy behavior	Prevent the spread of communicable diseases	Protect against environmental health hazards	Prepare and respond to emergencies	Assure health services
Northwest	15.3%	40.7%	6.2%	0.7%	3.5%	33.6%
Northeast	17.6%	50.1%	4.6%	1.5%	2.4%	23.9%
West Central	22.4%	25.0%	1.4%	4.2%	1.1%	46.0%
Central	14.2%	51.5%	8.2%	0.8%	2.9%	22.5%
Metro	8.3%	29.3%	13.2%	21.8%	1.3%	26.1%
Southwest	16.1%	44.0%	5.5%	6.1%	6.7%	21.6%
South Central	19.3%	39.0%	4.9%	3.8%	2.3%	30.7%
Southeast	16.9%	42.0%	3.5%	3.1%	1.4%	33.1%
All regions	**11.8%**	**34.0%**	**10.0%**	**14.5%**	**1.8%**	**27.9%**

Percent of expenditures by area of public health responsibility for each region are shown in **Table 10**. The variation between all regions in the areas of communicable disease and emergency preparedness is between 2% and 10%. The assure health services area of responsibility saw the most variation across regions (spanning about 24 percentage points). Regional environmental health expenditures as a proportion of total spending vary from

less than 1% to 22%. Expenditures on infrastructure as a portion of total spending vary from 8% to 22% by region. Table 10 does not include COVID-19 expenditures.

Seven regions spent the highest proportion of funding to promote healthy communities and healthy behavior (Central, South Central, Metro, Northeast, Northwest, Southwest, and Southeast). The West Central region spent the largest proportion of their funding to assure health services.

Table 11 compares each region's funding sources. Local tax levy accounted for 9% to 44% of total expenditures for all regions. Local Public Health Grant state general funds accounted for between 6% to 14% of total expenditures for all regions. Table 11 does not include COVID-19 expenditures.

Table 11. Regional comparison of public health funding sources, Minnesota, 2022

Region	State funds (LPH Grant)	Federal Title V	Federal TANF	Medical Assistance	Medicare	Private insurance	Local tax	Client funds	Other fees	Other local funds	Other state funds	Other federal funds
Northwest	13%	3%	3%	14%	3%	5%	9%	1%	0%	7%	16%	26%
Northeast	14%	2%	3%	9%	1%	0%	32%	1%	0%	2%	15%	19%
West Central	6%	1%	1%	18%	13%	0%	15%	5%	3%	5%	15%	16%
Central	11%	2%	2%	10%	6%	0%	24%	0%	1%	4%	18%	22%
Metro	6%	1%	1%	2%	0%	0%	44%	0%	10%	4%	11%	20%
Southwest	11%	4%	3%	11%	4%	3%	20%	1%	4%	3%	12%	24%
South Central	8%	1%	2%	12%	8%	0%	31%	0%	3%	2%	13%	19%
Southeast	7%	1%	2%	22%	4%	0%	26%	2%	3%	1%	16%	16%
All regions	**7%**	**1%**	**2%**	**7%**	**2%**	**1%**	**36%**	**1%**	**7%**	**4%**	**12%**	**20%**

Part 2: COVID-19-related expenditures for the local public health system in 2022

COVID-19 statewide expenditures summary

Minnesota's local public health system spent a total of $30.5 million on COVID-19 response to public health in 2022.

Federal funds awarded by MDH or from another state agency accounted for the single largest funding source supporting this work—89% of all expenditures (**Table 12**). Local tax levy accounted for 7% of expenditures. Local Public Health Grant funds accounted for nearly 2% of all expenditures. Table 12 conveys exclusively COVID-19 expenditures.

Table 12. Minnesota local public health system COVID-19 funding sources, 2022

Funding source	2022 dollars	2022 percentage of total funding
Federal funds awarded by Minnesota Department of Health	$18,847,669	61.7%
Federal funds awarded by another state agency	$8,473,939	27.7%
Local Tax	$2,353,630	7.7%
Local Public Health Grant (State General Funds)	$468,690	1.5%
Other Federal Funds	$78,530	0.3%
Other local funds for public health COVID-19 activities	$172,943	0.6%
Other COVID-19-specific funding	$75,049	0.2%
Private Insurance	$38,407	0.1%
Medicare	$19,222	0.1%
MEDICAID	$7,982	0.0%
Other State Funds	$5,090	0.0%
Other Local Funds	$4,928	0.0%
Other Fees (non-client)	$7	0.0%
Federal Title V Funds	$0	0.0%
Federal TANF Funds	$0	0.0%
Client Fees	$0	0.0%
Total	**$30,546,086**	**100.0%**

Figure 13 shows that a majority (90%) of the local public health system's COVID-19 funding came from federal funds. State funds accounted for 2% of total expenditures, locally-generated funds, which include reimbursements and fees for services, local tax levy, and other local funds for public health COVID-19 activities accounted for 8% of total expenditures, and other COVID-19 funds accounted for less than 1%. Together, state, local and other funds represent nearly 10% of all community health board expenditures statewide. Figure 13 conveys exclusively COVID-19 expenditures.

Figure 13. Minnesota local public health system COVID-19 funding sources, 2022

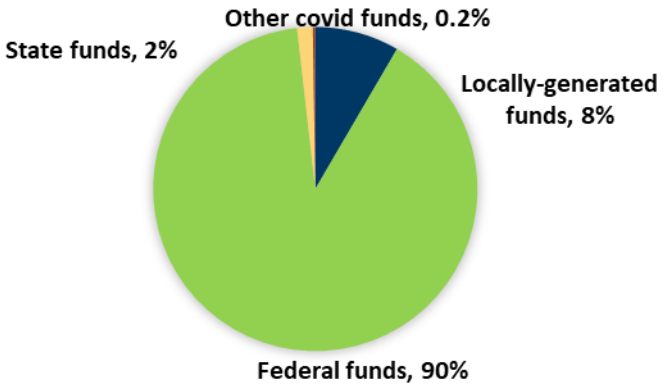


Figure 14 shows 10 community health boards (20%) spent less than $150,000 on COVID-19 response in 2022, and 23 community health boards (45%) spent between $150,000 and $350,000. Of the four community health boards spending over $950,000, one is a multi-county community health board and three are in the metro region (see Appendix C for a map of regions). Figure 14 conveys exclusively COVID-19 expenditures.

Community health boards spent a median of $260,768 on COVID-19 response in 2022, ranging from $0 to $9 million. Among community health boards that spent the least on COVID-19 in 2022, the bottom fourth of community health boards accounted for a total of 12% of the entire system's expenditures on COVID-19. The community health board with the largest population accounted for 31% of the local public health system's total expenditures; the two community health boards that spent the greatest amount represented 42% of total expenditures.

Figure 14. Distribution of total COVID-19 expenditures among community health boards, Minnesota, 2022

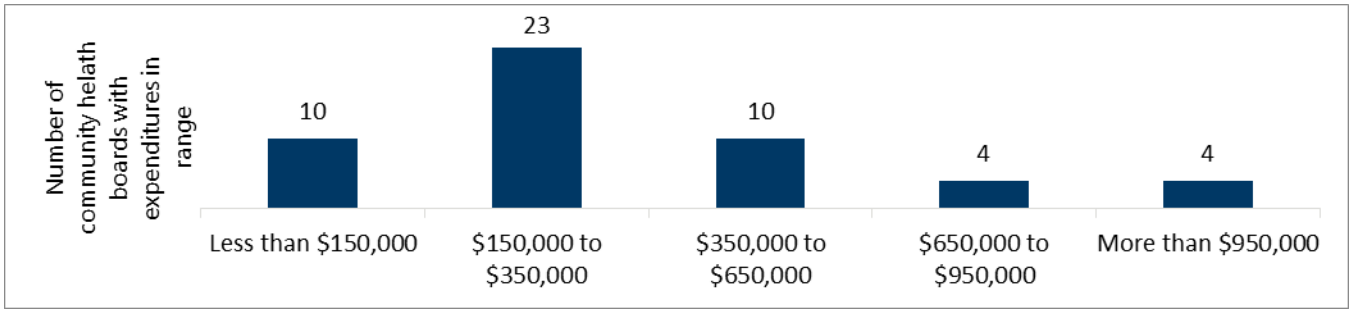


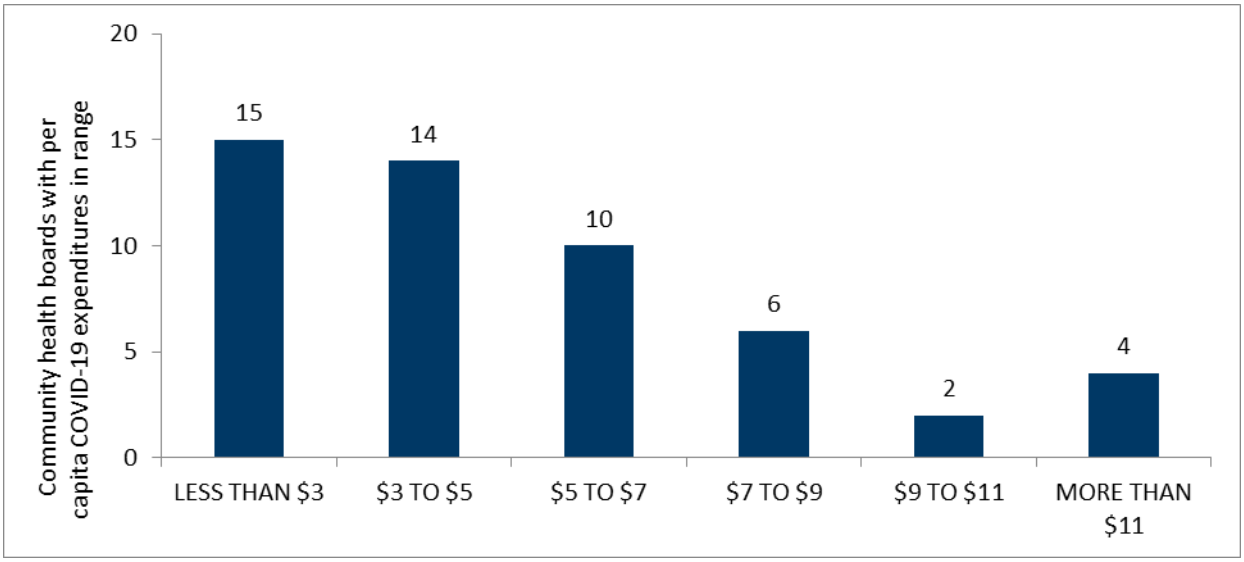
Table 15 shows the regional distribution of total COVID-19 expenses in the local public health system in 2022; see Appendix C for a map of the Minnesota's regions by county. The state's Metro region spent the most on COVID-19, $19.2 million. The Northwest region spent the least, approximately $0.7 million. Table 15 shows exclusively COVID-19 expenditures.

Table 15. Regional COVID-19 expenditures, Minnesota, 2022

Region	Total COVID-19 expenditures (in millions)	2022 percentage of total COVID-19 funding
Northwest	$0.7	2%
Northeast	$1.3	4%
West Central	$1.0	4%
Central	$3.2	10%
Metro	$19.2	63%
Southwest	$1.3	4%
South Central	$1.3	4%
Southeast	$2.5	8%
All regions	**$30.5**	**n/a**

Figure 16 shows the distribution of per capita COVID-19 expenditures among community health boards. In 2022, 15 community health board spent less than $3 per capita. Community health board spending ranged from $0 to $20 per capita, with a median of $5 per capita. Figure 16 shows exclusively COVID-19 expenditures.

Figure 16. Per capita public health COVID-19 expenditure distribution among Minnesota community health boards, 2022



Of the four community health boards with COVID-19 expenditures greater than $11 per capita, one rural community health board spent $17 per capita on public health, and one is from the metro region.

COVID-19 expenditures by region

Table 17 shows total and per capita COVID-19 expenditures by region; see Appendix C for a map of the Minnesota's regions by county. The state's Southwest region spent the most per capita on COVID-19 public health expenditures, $5.83. The Northwest region spent the least, $3.87. Table 17 shows exclusively COVID-19 expenditures.

Table 17. Regional and per capita public health COVID-19 expenditures, Minnesota, 2022

Region	Total expenditures (in millions)	Per capita expenditures
Northwest	$0.7	$3.87
Northeast	$1.3	$4.13
West Central	$1.0	$4.49
Central	$3.2	$4.00
Metro	$19.2	$5.10
Southwest	$1.3	$5.83
South Central	$1.3	$4.52
Southeast	$2.5	$4.74
All regions	**$30.5**	**n/a**

Appendix A. Funding sources

Client Fees: Expenditures that had revenue received as a client fee (i.e., sliding fees for a health care or MCH service) as their source.

Local Public Health Grant state funds: Expenditures that had the state general funds portion of the Local Public Health Grant allocation as their source.

Local Tax Levy: Expenditures that had revenue from local tax levies as their source.

Medical Assistance [Medicaid] (Title XIX of the Social Security Act): 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), developmental 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): Expenditures that had Medicare reimbursements as their source. Also include revenue from Minnesota Health Senior Options (MSHO).

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

Other fees (non-client): Expenditures from 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: Expenditures from other local funds including in-kind and contracts, grants or gifts from local agencies such as schools, social service agencies, community action agencies, hospitals, regional groups, nonprofits, corporations or foundations. These funds should not originate from a federal source.

Other state funds: Expenditures of dollars spent from 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. Funds with a CFDA number are federal dollars. Examples of other state funding include alternative care and family planning special project grants. 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: Expenditures that had reimbursements received from private insurance companies as their source.

State General Funds: 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% 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): Total of invoices sent to MDH for reimbursement for the period of January 1 to December 31 that had federal TANF from the Local Public Health Grant allocation as their funding source.

Title V: Expenditures of dollars that had the federal Title V (MCH) portion of the Local Public Health Grant 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-specific funding sources

Federal funds awarded by Minnesota Department of Health; examples include federal COVID-19 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-19 Workforce Grant (July 1, 2021 to June 30, 2023)
- American Rescue Plan Act (ARP) funds
- Other federal COVID-19 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. Areas of public health responsibility

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

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

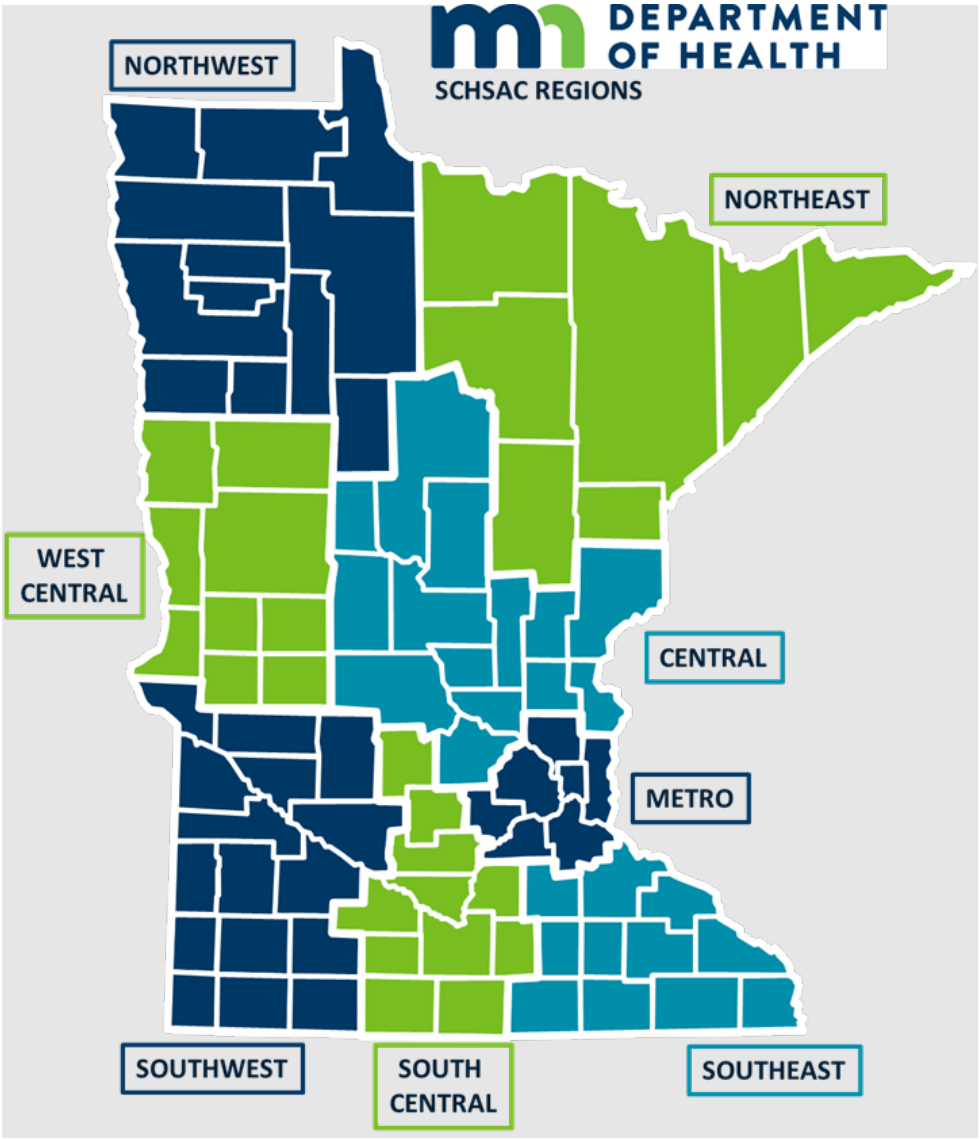
Prevent the spread of communicable diseases: This area of responsibility focuses on communicable (or infectious) diseases that are spread person to person, as opposed to diseases that are initially transmitted through the environment (e.g., through food, water, vectors and/or animals). It also includes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

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

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

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

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



Community health board	Member counties, cities, or local health departments (2022)	SCHSAC region
Aitkin-Itasca-Koochiching	Aitkin County Health & Human Services Itasca County Health & Human Services Koochiching County Public Health & Human Services	Northeast
Anoka	Anoka County Human Services	Metro
Beltrami	Beltrami County Public Health	Northwest
Benton	Benton County Public Health	Central
Bloomington	City of Bloomington Community Services	Metro
Blue Earth	Blue Earth County Human Services/Social Services	South Central

Community health board	Member counties, cities, or local health departments (2022)	SCHSAC region
Brown-Nicollet	Brown County Public Health Nicollet County Public Health	South Central
Carlton-Cook-Lake-St. Louis	Carlton County Public Health & Human Services Cook County Public Health Lake County Health & Human Services St. Louis County Public Health & Human Services	Northeast
Carver	Carver County Public Health	Metro
Cass	Cass County Health, Human, & Veterans Services	Central
Chisago	Chisago County Health & Human Services	Central
Countryside	Big Stone County Chippewa County Lac qui Parle County Swift County Yellow Medicine County	Southwest
Crow Wing	Crow Wing County Community Services	Central
Dakota	Dakota County Public Health	Metro
Des Moines Valley	Cottonwood County Jackson County	Southwest
Dodge-Steele	Dodge County Public Health Steele County Community Services	Southeast
Edina	City of Edina: Public Health	Metro
Faribault-Martin	Faribault County Martin County	South Central
Fillmore-Houston	Fillmore County Community Services Houston County Public Health	Southeast
Freeborn	Freeborn County Public Health	Southeast
Goodhue	Goodhue County Health & Human Services	Southeast
Hennepin[c]	Hennepin County Public Health Promotion	Metro
Horizon	Douglas County Grant County Pope County Stevens County Traverse County	West Central
Isanti	Isanti County Public Health	Central
Kanabec	Kanabec County Community Health	Central
Kandiyohi-Renville	Kandiyohi County Health & Human Services Renville County Health & Human Services	Southwest
Le Sueur-Waseca	Le Sueur County Public Health Waseca County Public Health Services	South Central
Meeker-McLeod-Sibley	McLeod County Public Health Nursing Meeker County Public Health Sibley County Public Health	South Central
Mille Lacs	Mille Lacs County Public Health	Central
Minneapolis	City of Minneapolis Health Department	Metro

[c] Bloomington, Edina, Minneapolis, and Richfield are independent community health boards located within Hennepin County.

Community health board	Member counties, cities, or local health departments (2022)	SCHSAC region
Morrison-Todd-Wadena	Morrison County Public Health Todd County Health & Human Services Wadena County Public Health	Central
Mower	Mower County Health & Human Services	Southeast
Nobles	Nobles County Community Health Services	Southwest
North Country	Clearwater County Public Health/Nursing Services Hubbard County: CHI St. Joseph's Health Lake of the Woods County: Lake Wood Health Center	Northwest
Olmsted	Olmsted County Public Health Services	Southeast
Partnership4Health	Becker County Public Health Clay County Social & Health Services Otter Tail County Public Health Wilkin County Public Health	West Central
Pine	Pine County Public Health	Central
Polk-Norman-Mahnomen	Mahnomen County: Norman-Mahnomen Public Health Norman County: Norman-Mahnomen Public Health Polk County Public Health	Northwest
Quin County	Kittson County: Kittson Memorial Healthcare Center Marshall County: North Valley Public Health Pennington County: Inter-County Nursing Service Red Lake County: Inter-County Nursing Service Roseau County: LifeCare Public Health	Northwest
Rice	Rice County Public Health	Southeast
Richfield	City of Richfield Public Health	Metro
Scott	Scott County Public Health	Metro
Sherburne	Sherburne County Health & Human Services	Central
St. Paul-Ramsey	Ramsey County City of St. Paul	Metro
Stearns	Stearns County Human Services	Central
SWHHS (Southwest Health and Human Services)	Lincoln County Lyon County Murray County Pipestone County Redwood County Rock County	Southwest
Wabasha	Wabasha County Public Health	Southeast
Washington	Washington County Public Health & Environment	Metro
Watonwan	Watonwan County Human Services	South Central
Winona	Winona County Community Services	Southeast
Wright	Wright County Human Services	Central

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