Expenditures Summary for Minnesota's Local Public Health System in 2023

This report summarizes local public health expenditures in calendar year 2023 (January 1 to December 31) as reported by Minnesota's community health boards (CHBs) to the Minnesota Department of Health (MDH). This report does not include information about total revenues for community health boards.

For calendar year 2023, Community health boards reported all expenditures, including those related to COVID-19 response and recovery efforts, by funding source and the six areas of public health responsibility defined in MN Statute 145A.04, subd 1a. This report illustrates the alignment between the six areas of responsibility and the newly adopted foundational public health responsibilities (FPHR) to synchronize with system transformation efforts.

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

For information about funding sources supporting public health and to learn more about public health responsibilities (including alignment between the six areas of responsibility and the foundational public health responsibilities), visit Appendix A. Funding sources and Appendix B. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility.

In 2023, Minnesota's local public health system consisted of 51 community health boards. Of 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.

In this report, *general expenditures* refer to all spending, excluding COVID-19-related expenditures. The term, *all expenditures* include both general expenditures and COVID-19-related expenditures combined. MDH based per capita calculations on 2023 population estimates from the Minnesota Center for Health Statistics.

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Local public health system expenditures in 2023

Statewide expenditures summary

Minnesota's local public health system spent a total of $464 million on public health in 2023. Of that amount, $31.6 million was spent on COVID-19 response and recovery, accounting for 7% of all expenditures. The local system relies heavily on locally generated funds for their work. 50% of all expenditures come from local funding sources (local tax levy, reimbursements, fees for services, and other local funds).

For all expenditures, local tax levy accounted for the single largest funding source supporting governmental public health work—nearly 36% of all expenditures (**Table 1**). The vast majority (98%) of local tax levy was spent on general expenditures, and 2% of tax levy spent on COVID-19. Other federal funds, including WIC (Women, Infants, and Children Special Supplemental Nutrition Program), public health preparedness funds, and COVID-19 response funds, accounted for about 23% of expenditures. Nearly 26% of funding coming from federal sources were allocated to COVID-19 response and recovery. Local Public Health Grant state funds accounted for roughly 6% of all expenditures.

Table 1. Minnesota local public health system funding sources, all expenditures, 2023

Funding source	2023 dollars general expenditures	2023 dollars COVID-19 expenditures	2023 dollars all expenditures	2023 percentage of all expenditures
Local Tax Levy	$161,494,077	$3,493,451	$164,987,528	35.5%
Other Federal Funds	$78,398,917	$27,041,871*	$105,440,788	22.7%
Other State Funds	$43,511,801	$450,793	$43,962,594	9.5%
Other Fees	$30,937,645	$3,164	$30,940,809	6.7%
Medicaid	$30,559,019	$12,665	$30,571,684	6.6%
LPH Grant State Funds	$28,674,863	$0	$28,674,863	6.2%
Other Local Funds	$28,429,378	$154,197	$28,583,575	6.2%
Medicare	$10,125,585	$22,207	$10,147,792	2.2%
Federal Title V	$6,104,029	$279,809	$6,383,838	1.4%
Federal TANF	$6,061,170	$92,753	$6,153,923	1.3%
Private Insurance	$5,512,147	$18,168	$5,530,315	1.2%
Client Fees	$3,047,965	$0	$3,047,965	0.7%
Other COVID-19-specific funding		$713	$713	0.0%
Total	**$432,856,596**	**$31,569,790**	**$464,426,387**	**100.0%**

*Includes federal funds awarded by Minnesota Department of Health, federal funds awarded by another state agency, and other federal funds.

Tables 2 and 3 provide a breakdown of funding sources for general expenditures (excluding COVID-19 funding) and COVID-19 response and recovery respectively.

Table 2. Minnesota local public health system funding sources, general expenditures only, 2023

Funding source	2023 dollars general expenditures	2023 percentage of general expenditures
Local Tax Levy	$161,494,077	37.3%
Other Federal Funds	$78,398,917	18.1%
Other State Funds	$43,511,801	10.1%
Other Fees	$30,937,645	7.1%
Medicaid	$30,559,019	7.1%
LPH Grant State Funds	$28,674,863	6.6%
Other Local Funds	$28,429,378	6.6%
Medicare	$10,125,585	2.3%
Federal Title V	$6,104,029	1.4%
Federal TANF	$6,061,170	1.4%
Private Insurance	$5,512,147	1.3%
Client Fees	$3,047,965	0.7%
Total	**$432,856,596**	**100.0%**

Minnesota's local public health system spent a total of $31.6 million on COVID-19 response and recovery in 2023, slightly higher than 2022 COVID-19 expenditures ($30.5 million).

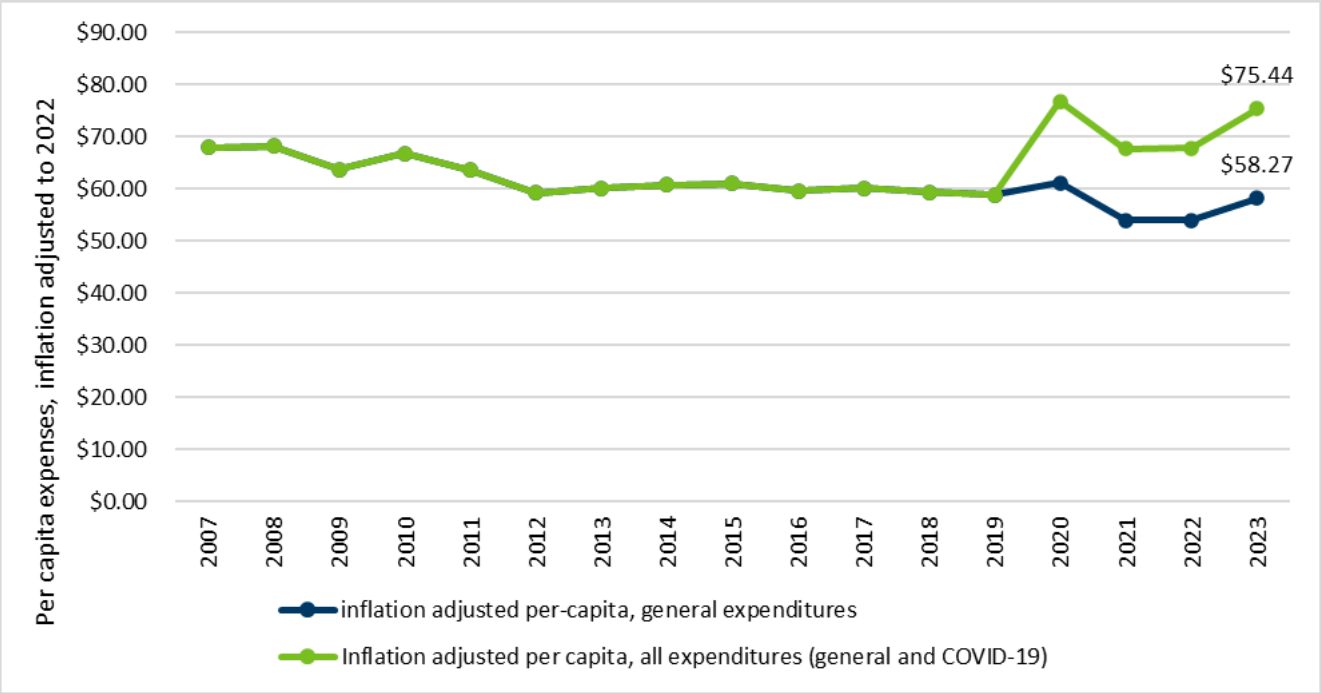
Federal funds awarded by MDH or from another state agency accounted for the single largest funding source supporting COVID response and recovery work—74% of all expenditures (**Table 2**). Local tax levy accounted for 11% of expenditures. Table 2 conveys exclusively COVID-19 expenditures.

Table 3. Minnesota local public health system funding sources, COVID-19 expenditures only, 2023

Funding source	2023 dollars	2023 percentage of total COVID-19 expenditures
Federal funds awarded by Minnesota Department of Health	$12,708,589	40.3%
Federal funds awarded by another state agency	$10,595,073	33.6%
Other Federal Funds	$3,738,209	11.8%
Local Tax	$3,493,451	11.1%
Other State Funds	$450,793	1.4%
Federal Title V Funds	$279,809	0.9%
Other local funds for public health COVID-19 activities	$140,651	0.4%
Federal TANF Funds	$92,753	0.3%
Medicare	$22,207	0.1%
Private Insurance	$18,168	0.1%
Other Local Funds	$13,546	0.0%
MEDICAID	$12,665	0.0%
Other Fees (non-client)	$3,164	0.0%
Other COVID-19-specific funding	$713	0.0%
Local Public Health Grant (State General Funds)	$0	0.0%
Client Fees	$0	0.0%
Total	**$31,569,790**	**100.0%**

Figure 2 shows that inflation-adjusted, per capita public health expenditures fell from 2007 to 2012 and remained far below pre-recession levels at approximately $58 per capita for many years. 2020 saw an increase in per capita spending due to an influx of COVID-specific funding to address the COVID-19 pandemic. Excluding COVID-19 spending, inflation adjusted per-capita expenditures persist at pre-recession levels.

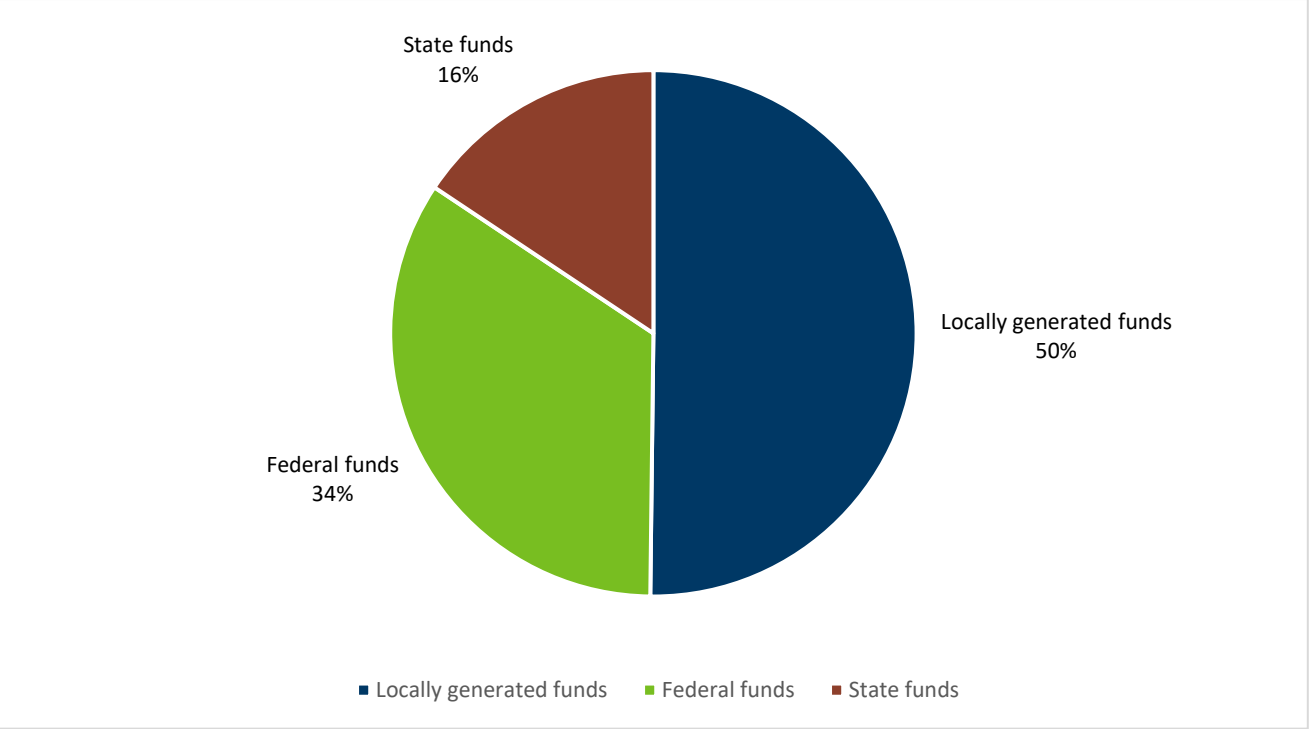
Figure 2. Per capita expenditures in Minnesota's local public health system, 2007-2023



Data is inflation-adjusted to 2022.

Figure 3 shows that half of the local public health system's funding for all expenditures (general expenditures and COVID-19), comes from locally generated funds (local tax levy, reimbursement, fees for service, and other local funds). Federal funds accounted for 34% of total expenditures, and state funds accounted for 16%. Figure 3 represents total expenditures (general and COVID-19 expenditures).

Figure 3. Minnesota local public health system funding sources for all expenditures, 2023



Figures 4 and 5 show the breakdown of local, state, and federal funding sources for general expenditures and COVID-19 expenditures respectively. **Figure 4** shows that most of the local public health system's funding for general expenditures came from locally generated funds (53%), which include reimbursements and fees for services, local tax levy, and other local funds. Federal funds accounted for 30% of general expenditures, and state funds accounted for 17%. Figure 4 does not include COVID-19 expenditures.

Figure 4. Minnesota local public health system funding sources for general expenditures only, 2023

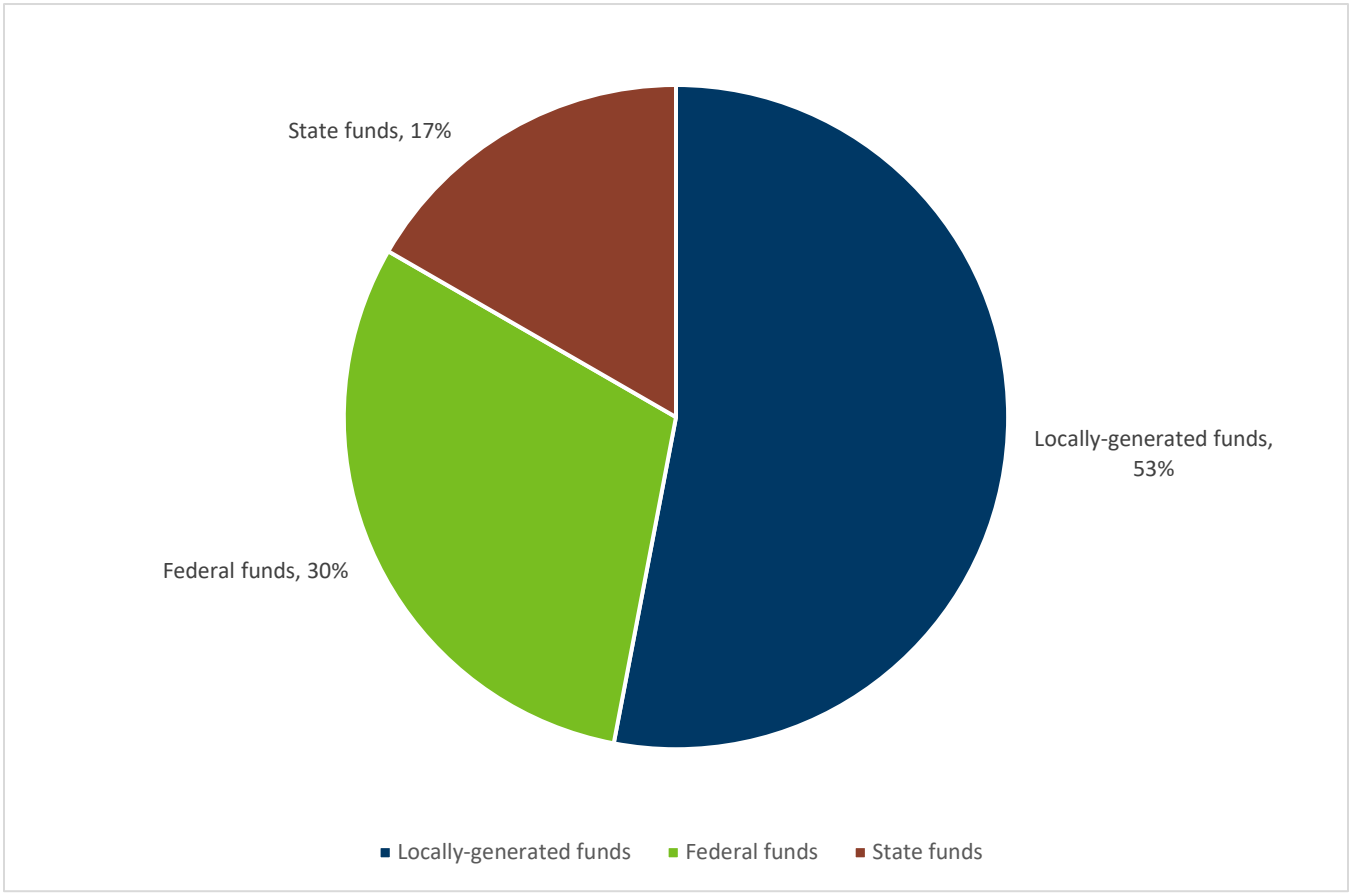


Figure 5 shows that a majority (87%) of the local public health system's funding used for COVID-19 expenses came from federal funds. State funds accounted for 1% of COVID-19 expenditures, locally-generated funds, which include reimbursements and fees for services, local tax levy, and other local funds for public health COVID-19 activities accounted for 12% of expenditures, and other COVID-19 funds accounted for less than 1%. Together, state, local and other funds represent nearly 13% of all community health board expenditures statewide for COVID-19. Figure 5 conveys exclusively COVID-19 expenditures.

Figure 5. Minnesota local public health system funding sources for COVID-19 expenditures only, 2023

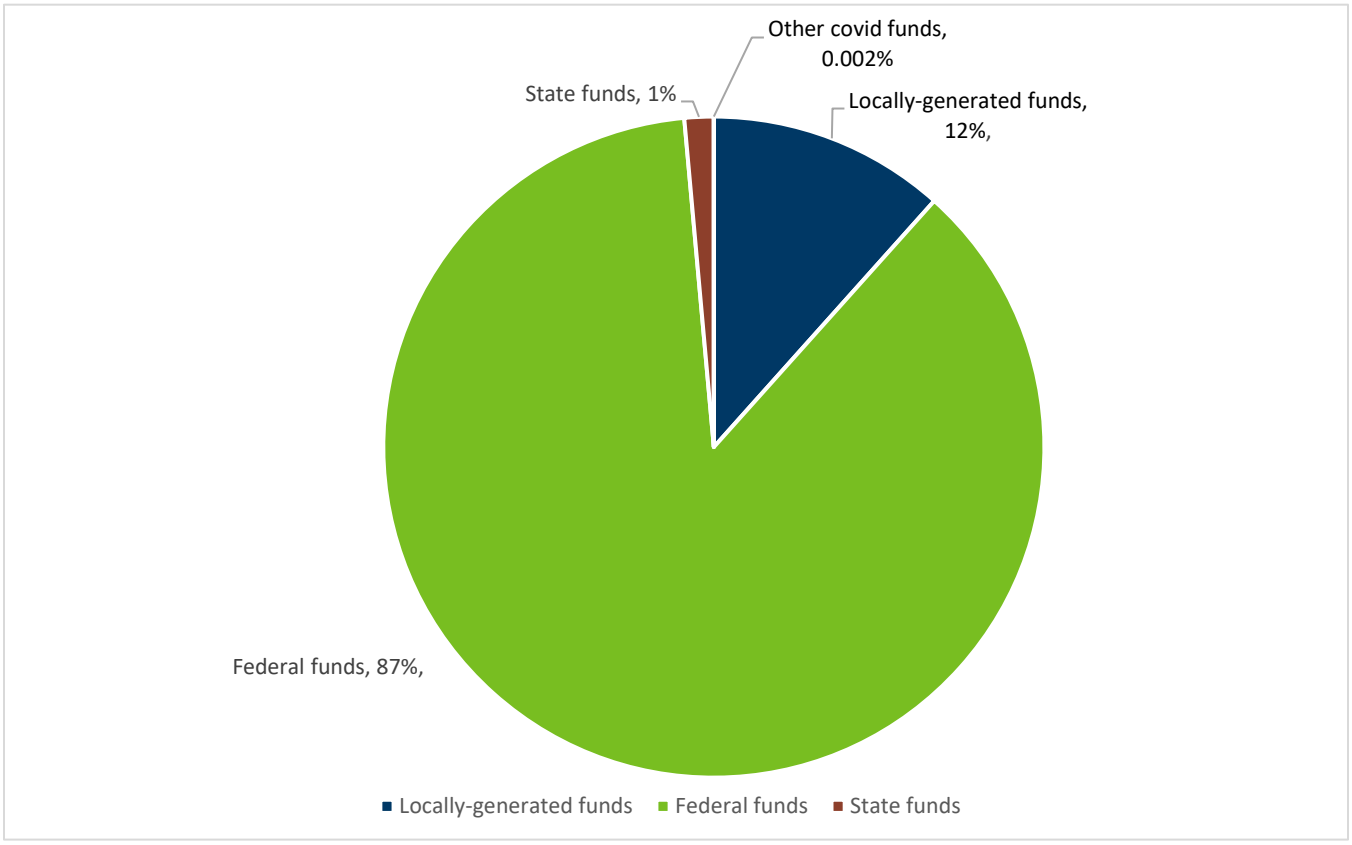
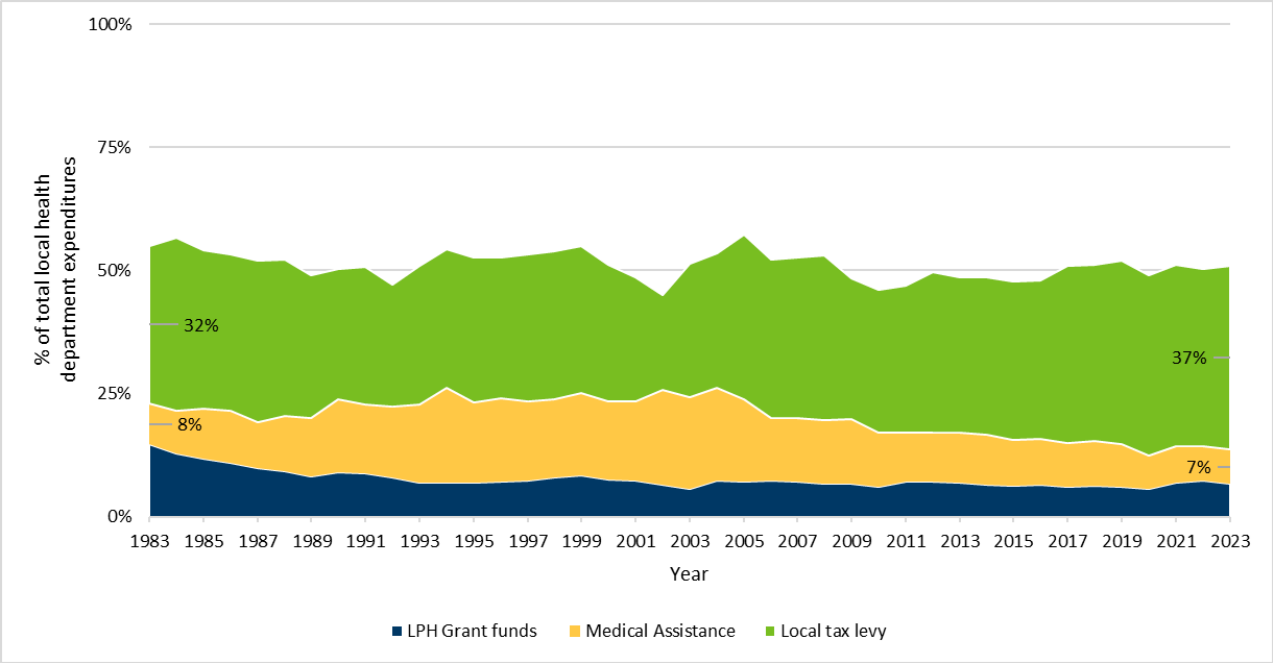


Figure 6 shows the trends of three funding sources as a percentage of general expenditures. Local Public Health Grant state funds have decreased as a percentage of expenditures over time. The local tax levy, as percentage of expenditures, has generally fluctuated between 25% and 37% of expenditures, with one outlier year in 2002.[a]

Figure 6. Local Public Health Grant funds, local tax levy, and Medical Assistance, as a percentage of local health department general expenditures, Minnesota, 1983-2023



In 2023, Medical Assistance (Medicaid) accounted for 7% of 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. In CY2023, 18% (9) of community health boards were providing home health care services.

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

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 7** shows the proportion of flexible funding has decreased from 52% in 1979 to 44% in 2023. In 2002, flexible funding dipped to a low of 26%. After growing to 41% of expenditures in 2005, flexible funding remained stable until a decline to 35% of expenditures in 2009 and 2010. Individual community health boards have a range of flexible funding amounts available, from 6% to 90%, with a median of 34% of their funding deemed flexible. Figure 7 does not include COVID-19 expenditures. In 2023, only of a few CHBS reported spending local tax levy and LPH grant dollars on COVID-19, totaling 0.008%.

Figure 7. Flexible funding as a percentage of public health funding, Minnesota local health departments, 1979-2023

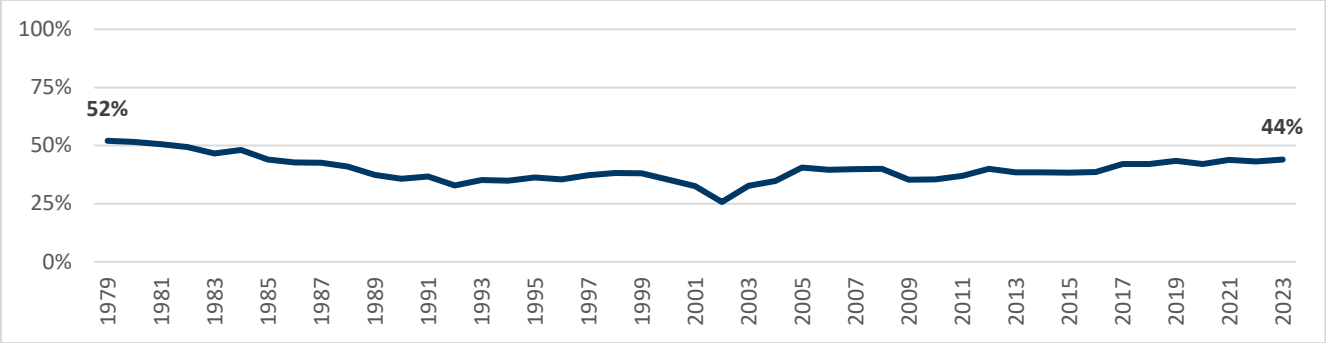
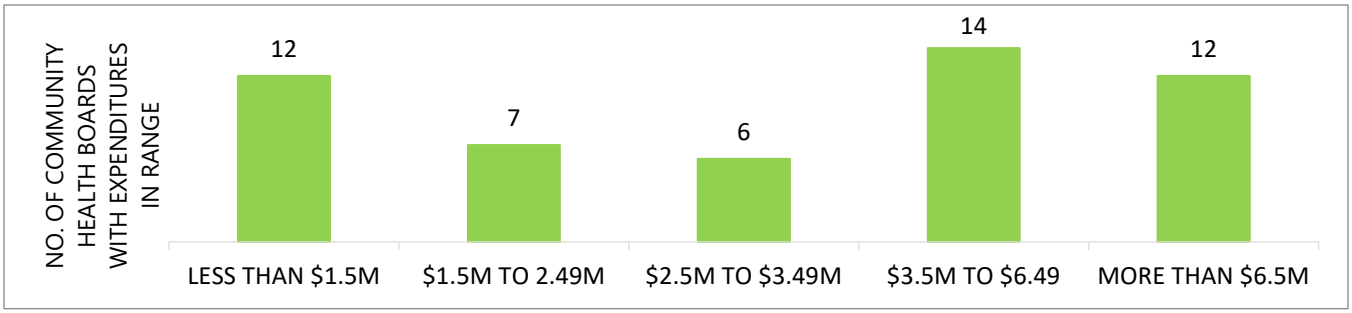


Figure 8 shows that 12 community health boards (24%) spent less than $1.5 million on public health general expenditures in 2023, and seven (14%) spent between $1.5 and $2.5 million. Of the twelve community health boards spending over $6.5 million, three are multi-county community health boards, one contains the state's third-largest city, and seven are in the metro region (see Appendix C for a map of regions). Figure 8 does not include COVID-19 expenditures.

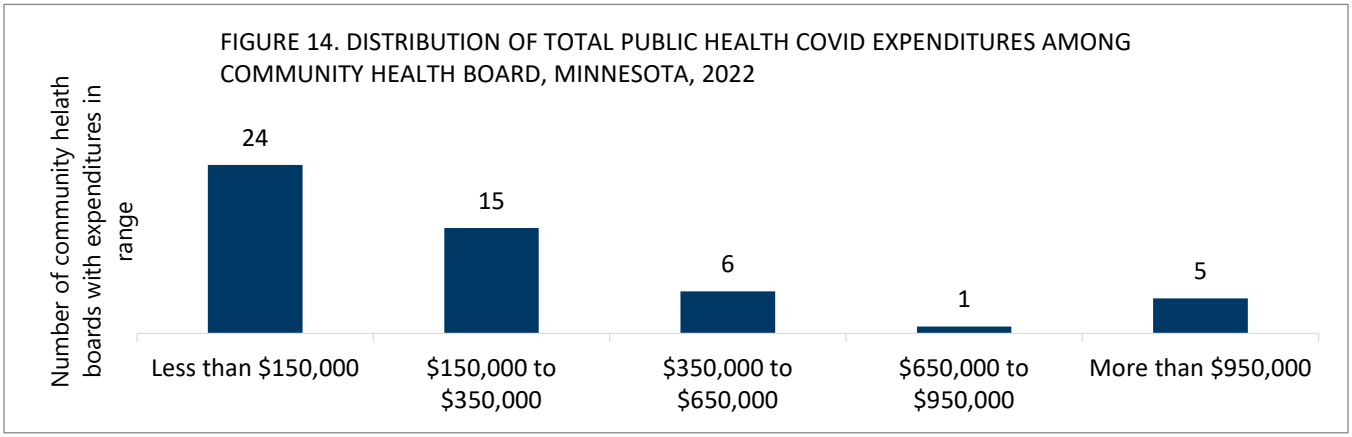
Figure 8. Distribution of public health general expenditures (in millions) among community health boards, Minnesota, 2023



Community health boards spent a median of $3.6 million on public health general expenditures in 2023, with a range of $575,252 to $120 million. Among community health boards that spent the least on public health in 2023, the bottom quarter of community health boards accounted for a 3% of the entire system's expenditures. The community health board with the largest population accounted for 28% of the local public health system's expenditures; the two largest community health boards represented 43% of expenditures.

Figure 9 shows 24 community health boards (47%) spent less than $150,000 on COVID-19 response in 2023, and 15 community health boards (29%) spent between $150,000 and $350,000. Of the five community health boards spending over $950,000, one is a multi-county community health board and four are in the metro region (see Appendix C for a map of regions). Figure 8 conveys exclusively COVID-19 expenditures.

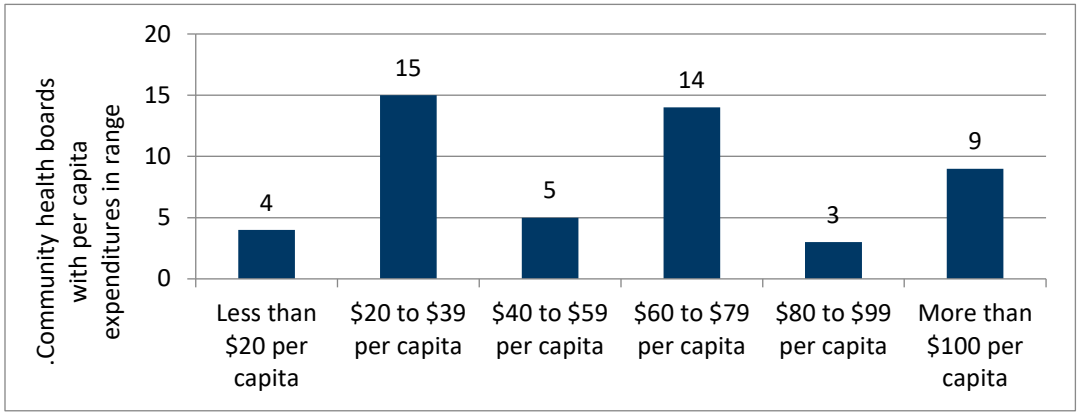
Figure 9. Distribution of COVID-19 expenditures among community health boards, Minnesota, 2023



Community health boards spent a median of $162,930 on COVID-19 response in 2023, ranging from $0 to $12 million. Among community health boards that spent the least on COVID-19 in 2023, the bottom fourth of community health boards accounted for a 2% of the entire system's expenditures on COVID-19. The community health board with the largest population accounted for 38% of the local public health system's expenditures; the two community health boards that spent the greatest amount represented 58% of expenditures.

Figure 10 shows the distribution of per capita for general expenditures among community health boards. In 2023, 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 10 does not include COVID-19 expenditures.

Figure 10. Per capita public health general expenditure distribution among Minnesota community health boards, 2023

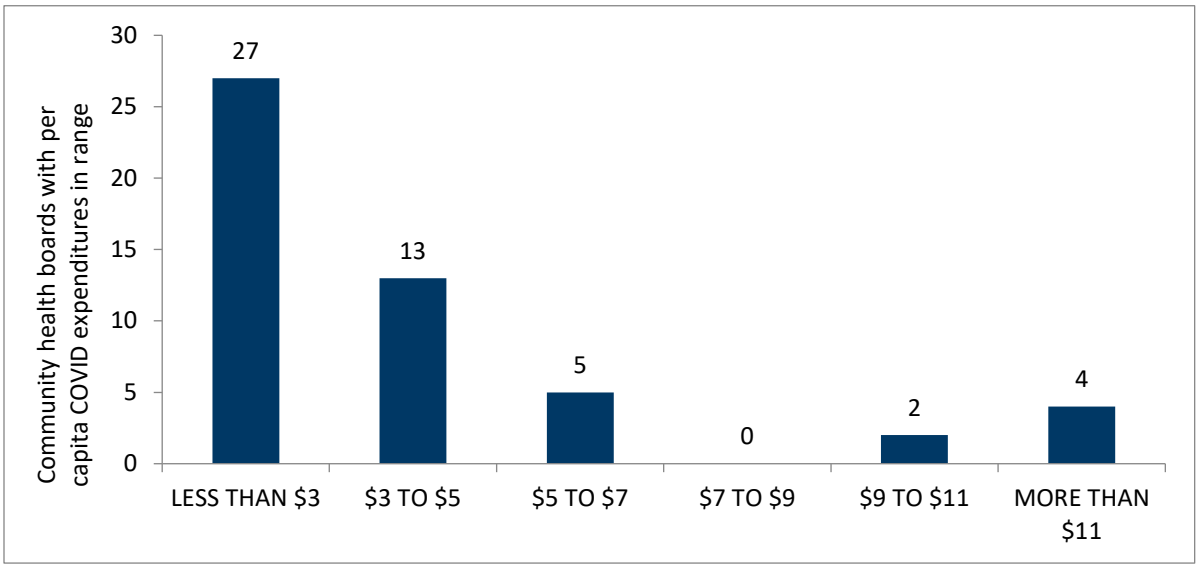


Of the twelve community health boards with expenditures greater than $80 per capita, two were in the metro, three provided direct care services to the correctional population in county facilities, and three provided home health services to smaller, rural populations.

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

Figure 11 shows the distribution of per capita COVID-19 expenditures among community health boards. In 2023, 27 community health board spent less than $3 per capita. Community health board spending ranged from $0 to $19 per capita, with a median of $3 per capita. Figure 11 shows exclusively COVID-19 expenditures.

Figure 11. Per capita public health COVID-19 expenditure distribution among Minnesota community health boards, 2023



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.

Funding partnerships with community organizations

CHBs work closely with community partners and other organizations to improve community health. In 2023, 73% of CHBs reported providing funding to other organizations. They estimated over 1000 organizations (1126) receive funding though agreements including, but not limited to, grants, subcontracts, and contracts, totaling $35,852,646. This accounts for nearly 8% of total expenditures.

Expenditures by area of responsibility

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

Area of Responsibility in Statute 145A	Foundational Public Health Responsibility

Assure an adequate local public health infrastructure	All Foundational Capabilities (assessment and surveillance, communications, community partnership development, equity, accountability and performance management, organizational competencies, and policy development and support) except emergency preparedness and response
Prepare and respond to emergencies	Emergency Preparedness and Response (foundational capability)
Prevent the spread of communicable diseases	Communicable Disease Control
Promote healthy communities and healthy behavior	Chronic Disease and Injury Prevention Maternal, Child, and Family Health
Promote against environmental health hazards	Environmental Public Health
Assure health services	Access to and Linkage with Care

Table 4 shows the distribution and expenses of the local public health system in 2023 organized by the six areas of responsibility. Community health boards support activities with different mixes of funding depending on the area of responsibility. Generally, the information about expenditures in this section do not distinguish between expenditures for foundational work from that which reflects important, community specific priorities. The exception is in assure health services, where data around direct services such as home health, correctional health, hospice, and emergency medical services are included for those who provide those services. Table 4 includes COVID-19 expenditures under the area of communicable disease.

Table 4. Expenditures by Six Areas of Responsibility, Minnesota community health boards, 2023

Six Areas of Responsibility	2023 dollars (in millions)	2023 percentage of all spending
Promote healthy communities and healthy behavior	$136	29%
Assure health services	$135	29%
Promote against environmental health hazards	$64	14%
Prevent the spread of communicable diseases (including COVID-19)	$59	13%
Assure an adequate local public health infrastructure	$54	12%
Prepare and respond to emergencies	$16	3%
Total spending	**$464**	**100%**

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

The local public health system spent 29% of its funding ($136 million) on this area. Community health board spending ranged from $124,538 to $21 million, with a median of $1.3 million.

Across the local public health system, all funding sources contributed to expenditures in these areas. Other federal funds supported 33% of the spending ($45 million), and local tax levy provided 21% of these area's funding ($28 million). The remainder came from other state funds (19%), Medicaid (7%), TANF funds (4%), and the Local Public Health Grant (7%).

Assure health services (Access to and Linkage with Care)

This area accounted for the second-largest amount of system expenditures in 2023 ($135 million), $27,315,033 more than in 2022. Twenty-two (22) community health boards decreased spending in this area; Twenty-six (26) increased spending. Community health board spending ranged from $0 spent to $47 million in this area, with a median of $716,372; spending varied significantly depending on the community health board's population. These expenditures were supported primarily by local tax levies (51%), Medicaid (15%), and other federal funds (9%).

Expenditures in this area includes services provided for home health care, hospice, correctional health, and emergency medical services program; these direct services accounted for 13% of expenditures in this area in 2023, and 4% of system expenditures. Correctional health accounted for 7% of spending in this area ($9 million), and home care and hospice services for 6% ($8 million). CHB reported expenditures towards emergency medical services in 2023. 53% of community health boards reported spending nothing on direct services in 2023.

Protect against environmental health hazards (Environmental Public Health)

This area totaled $64 million in 2023. Nineteen community health boards spent less than $10,000 on environmental public health; Ten community health boards spent $0 in this area in 2023.[b] Community health board spending ranged from $0 to $25 million in this area, with a median of $35,704.

Fees supported 45% ($29 million) of the expenditures. Other funding sources included local tax levy (36%) and other state funds (6%). Six metro area community health boards spent more than $1 million on this area. They spent $58 million, and they accounted for 90% of environmental public health spending.

Prevent the spread of communicable diseases (Communicable Disease Control)

Of the $59 million expenditures in this area, $31.6 million was spent on COVID-19 response and recovery. Other communicable disease expenditures (excluding COVID) comprised $27 million.

Excluding expenditures on COVID-19, the area of communicable disease accounted for 6% ($27 million) of system expenditures. Community health board spending ranged from $1,524 to $10 million, with a median of $92,133.

Other federal funds supported 66% ($39 million) of communicable disease spending (including COVID-19). Other funding sources supporting this area included local tax levy (16%) and Local Public Health Grant state funds (6%). Two community health boards spent $17 million in this area of responsibility, accounting for 77% of all spending in this area.

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

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

CHBs reported that 12% of their expenditures went towards local public health infrastructure. Infrastructure supports basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes. Community health board spending ranged from $31,506 to $7 million in this area, with a median of $500,604.

Local tax levy supported 59% of $54 million total spent in this area; other significant funding sources included the Local Public Health Grant (19%) and other local sources (9%). Five community health boards do not use local tax levy for funding in this area, and three community health boards do not use Local Public Health Grant state general funds.

Prepare and respond to emergencies (Emergency Preparedness and Response)

Emergency preparedness total expenditures comprised $16 million or 3%, which is 10 million more than was spent in 2022 in this area of responsibility. Community health board spending ranged from $0 to $8 million in this capability, with a median of $92,325.

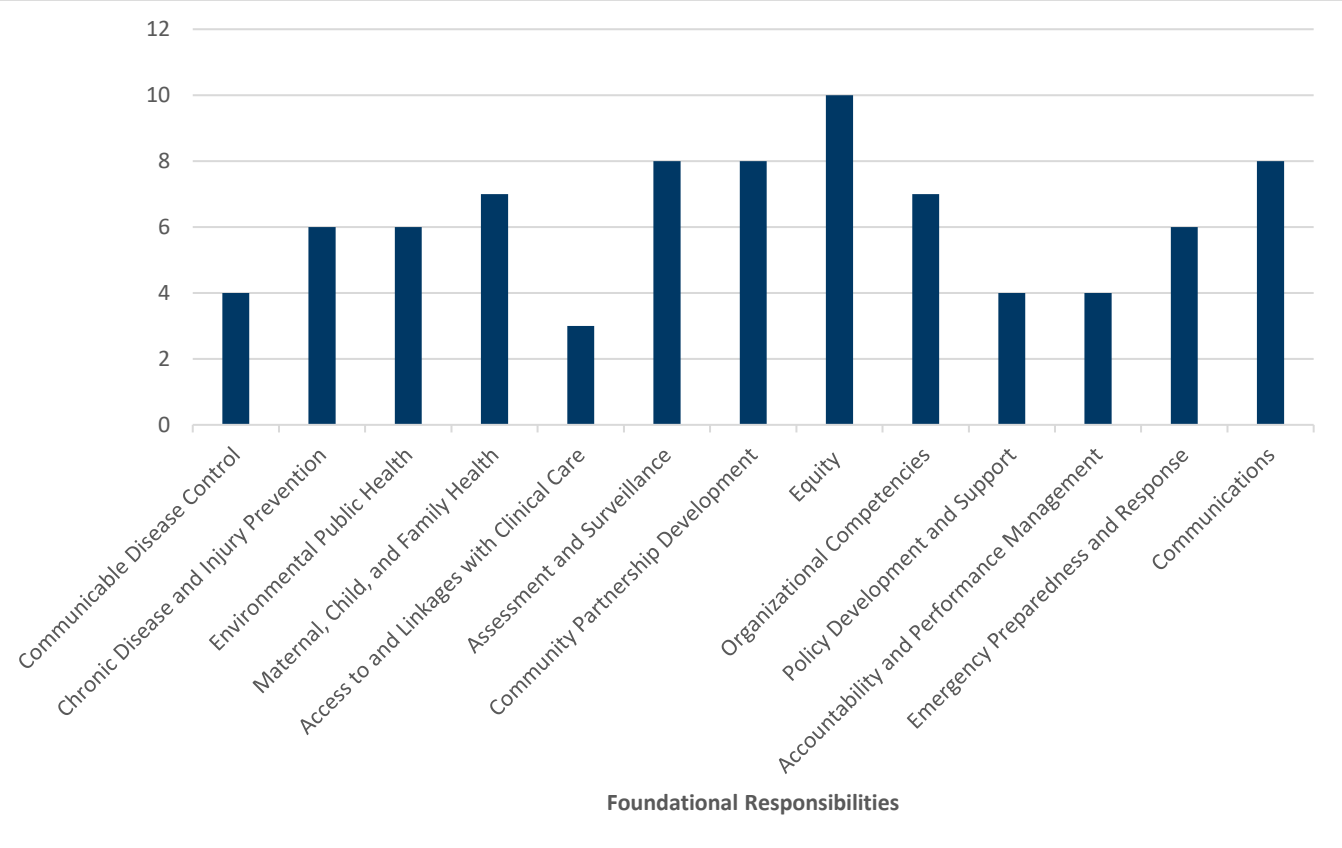
Thirty-two percent ($5 million) of emergency preparedness funding came from other federal funds, and 15% ($2 million) came from local tax levies.

Shifts in expenditures towards FPHR

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

The distinction between expenditures towards foundational responsibilities and community specific work cannot be fully understood by the current reporting structure, however CHBs have been shifting expenditures towards foundational responsibilities since 2022. For CY2023, CHBs had the option to report if they had made expenditure shifts towards foundational responsibilities since the cost and capacity assessment, and what foundational responsibilities they increased spending on. 94% (48 out of 51) of CHBs responded. 40% of the respondents reported increased spending towards FPHR, 59% said they stayed about the same, and one CHB said spending on FPHR decreased since the cost and capacity assessment was conducted. **Figure 12** shows over 20% of CHBs had increased expenditures on equity work, followed by assessment and surveillance, community partnership and development, and communications. This data reflects a shift towards strengthening the foundation was starting for some CHBs prior to an allocation of funds for Foundational Public Health Responsibilities from the MN legislature, which began in 2024.

Figure 12. Number of CHBs reporting increased funding toward FPHR, 2023



Expenditures by region

Table 5 shows total and per capita expenditures by region and includes COVID-19 expenditures; 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, $115.98. The Central region spent the least, $42.29. Regions with high per capita expenditures often provide direct services such as home health, hospice, correctional, and environmental health. Table 9 includes COVID-19 expenditures. The state's Metro region spent the most per capita on COVID-19 public health expenditures, $6.32. The Southeast region spent the least, $2.30. Table 5 shows both general and COVID expenditures per capita combined.

Table 5. Regional and per capita public health expenditures, including COVID, Minnesota, 2023

Region	Total expenditures (in millions)	Per capita expenditures
Northwest	$9.4	$57.40
Northeast	$18.2	$54.79
West Central	$27.6	$115.98
Central	$34.1	$42.29
Metro	$296.0	$78.25
Southwest	$14.8	$67.87

Region	Total expenditures (in millions)	Per capita expenditures
South Central	$23.3	$79.97
Southeast	$40.2	$78.19
All regions	**$463.6**	**n/a**

Table 6 shows the regional distribution of total COVID-19 expenses in the local public health system in 2023; see Appendix C for a map of the Minnesota's regions by county. Table 6 shows exclusively COVID-19 expenditures.

Table 6. Regional COVID-19 expenditures, Minnesota, 2023

Region	Total COVID-19 expenditures (in millions)	2023 percentage of total COVID-19 funding
Northwest	$0.4	1%
Northeast	$1.2	4%
West Central	$0.6	2%
Central	$2.1	7%
Metro	$24.0	76%
Southwest	$0.8	3%
South Central	$1.3	4%
Southeast	$1.2	4%
All regions	**$31.6**	**n/a**

Percent of expenditures by the six areas of responsibility for each region are shown in **Table 7**. The variation between all regions in the areas of communicable disease and emergency preparedness is between 4% and 6%. Assure health services saw the most variation across regions (spanning about 29 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 7 excludes COVID-19 expenditures from communicable disease control.

Table 7. Percent of regional public health expenditures, excluding COVID-19, by six areas of responsibility, Minnesota, 2023

Region	Assure an adequate local public health infrastructure	Promote healthy communities and healthy behavior	Prevent the spread of communicable diseases	Promote against environmental health hazards	Prepare and respond to emergencies	Assure health services
Northwest	18.0%	43.3%	4.5%	0.8%	2.8%	30.7%
Northeast	17.6%	50.7%	4.6%	1.7%	1.9%	23.5%
West Central	22.2%	23.7%	1.0%	4.0%	1.0%	48.1%
Central	15.4%	51.1%	3.3%	1.6%	4.9%	23.7%
Metro	8.2%	25.8%	8.1%	22.0%	4.2%	31.7%
Southwest	19.2%	45.7%	5.3%	5.8%	4.8%	19.2%
South Central	21.6%	37.8%	3.4%	3.5%	4.2%	29.6%

Region	Assure an adequate local public health infrastructure	Promote healthy communities and healthy behavior	Prevent the spread of communicable diseases	Promote against environmental health hazards	Prepare and respond to emergencies	Assure health services
Southeast	22.3%	38.8%	2.4%	2.9%	1.6%	32.0%
All regions	**12.5%**	**31.3%**	**6.2%**	**14.9%**	**3.7%**	**31.3%**

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

Table 8 compares each region's funding sources for general expenditures only. Local tax levy accounted for 14% to 44% of general expenditures for all regions. Local Public Health Grant accounted for between 5% to 14% of total expenditures for all regions. Table 8 does not include COVID-19 expenditures.

Table 8. Regional comparison of public health funding sources, general expenditures only Minnesota, 2023

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	14%	2%	2%	12%	3%	5%	14%	1%	0%	10%	12%	26%
Northeast	13%	3%	3%	9%	1%	1%	34%	1%	0%	1%	16%	18%
West Central	5%	1%	1%	22%	11%	0%	15%	2%	4%	6%	15%	16%
Central	10%	2%	3%	11%	5%	0%	26%	0%	1%	3%	16%	22%
Metro	5%	1%	1%	3%	0%	1%	44%	1%	10%	7%	8%	18%
Southwest	11%	3%	2%	15%	3%	1%	17%	1%	4%	9%	13%	22%
South Central	7%	1%	1%	5%	7%	4%	39%	0%	3%	3%	12%	16%
Southeast	6%	1%	1%	17%	7%	0%	27%	1%	3%	7%	13%	16%
All regions	**7%**	**1%**	**1%**	**7%**	**2%**	**1%**	**37%**	**1%**	**7%**	**7%**	**10%**	**18%**

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.

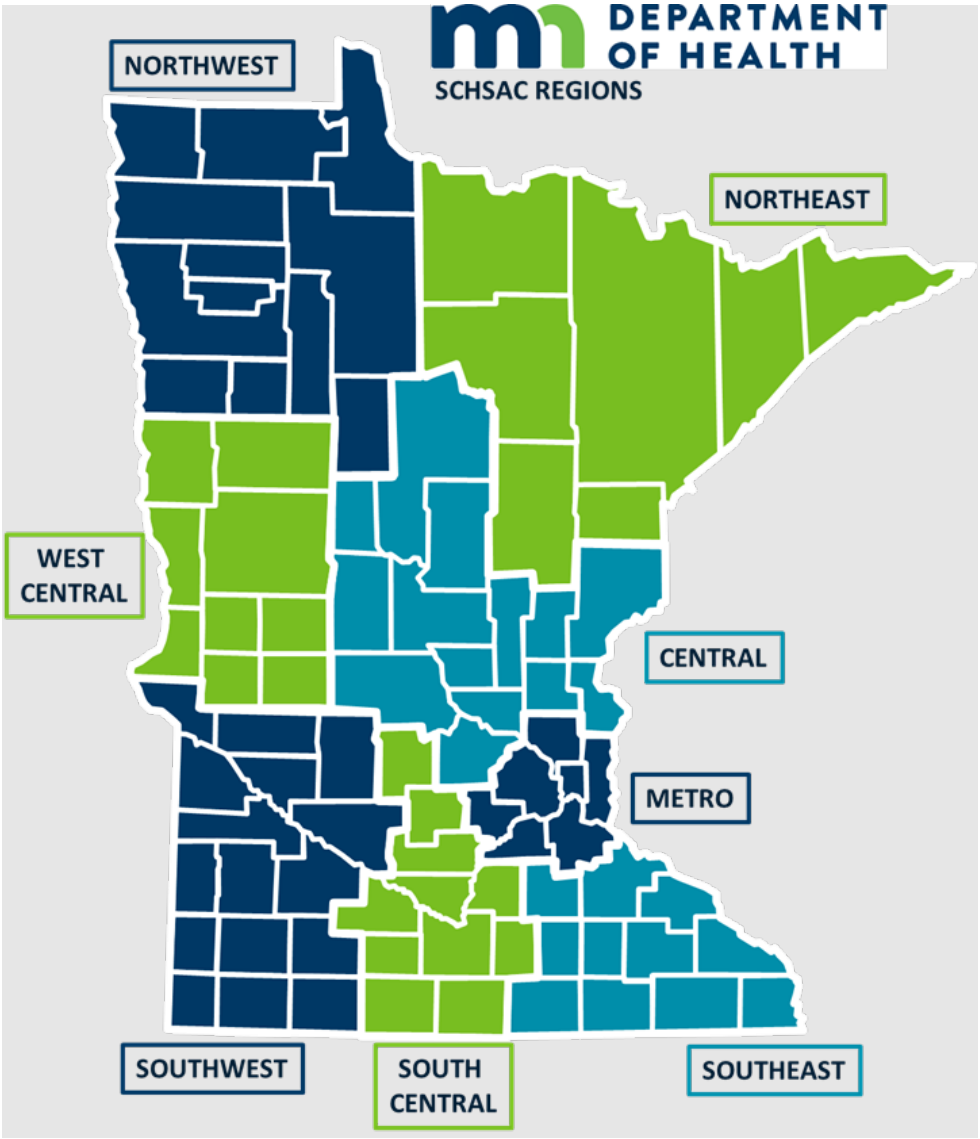
Other COVID-19-specific funding: Community health boards may select this option if none of the above applies (please explain).

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

Foundational Public Health Responsibility Descriptions of the foundational capabilities and foundational areas can be found here: FPHS-Factsheet-2022.pdf (phaboard.org)	**Six Areas of Public Health Responsibility**
Foundational capabilities: **Assessment and Surveillance** **Community Partnership Development** **Communications** **Equity** **Accountability and Performance Management** **Organizational Competencies** **Policy Development and Support.** These represent all foundational capabilities, except Emergency Preparedness and Response.	**Assure an adequate local public health infrastructure**: This area of public health responsibility describes aspects of the public health infrastructure that are essential to a well-functioning public health system—including assessment, planning, and policy development. This includes those components of the infrastructure that are required by law for community health boards. It also includes activities that assure the diversity of public health services and prevents the deterioration of the public health system.
Foundational capability: **Emergency Preparedness and Response**	**Prepare and respond to emergencies**: This area of responsibility includes activities that prepare public health to respond to disasters and assist communities in responding to and recovering from disasters.
Communicable Disease Control	**Prevent the spread of communicable diseases**: This area of responsibility focuses on communicable (or infectious) diseases that are spread person to person, as opposed to diseases that are initially transmitted through the environment (e.g., through food, water, vectors and/or animals). It also includes the public health department activities to detect acute and infectious diseases, assure the reporting of communicable diseases, prevent the transmission of disease (including immunizations), and implement control measures during infectious disease outbreaks.
Chronic Disease and Injury Prevention **Maternal, Child, and Family Health**	**Promote healthy communities and healthy behavior**: This area of public health responsibility includes activities to promote positive health behavior and the prevention of adverse health behavior—in all populations across the lifespan in the areas of alcohol, arthritis, asthma, cancer, cardiovascular/stroke, diabetes, health aging, HIV/AIDS, Infant, child, and adolescent growth and development, injury, mental health, nutrition, oral/dental health, drug use, physical activity, pregnancy and birth, STDs/STIs, tobacco, unintended pregnancies, and violence. It also includes activities that enhance the overall health of communities.

Foundational Public Health Responsibility Descriptions of the foundational capabilities and foundational areas can be found here: FPHS-Factsheet-2022.pdf (phaboard.org)	**Six Areas of Public Health Responsibility**
Environmental Public Health	**Protect against environmental health hazards**: This area of responsibility includes aspects of the environment that pose risks to human health (broadly defined as any risk emerging from the environment) but does not include injuries. This area also summarizes activities that identify and mitigate environmental risks, including foodborne and waterborne diseases and public health nuisances.
Access to and Linkage with Care	**Assure health services**: This area of responsibility includes activities to assess the availability of health-related services and health care providers in local communities. It also includes activities related to the identification of gaps and barriers in services; convening community partners to improve community health systems; and providing services identified as priorities by the local assessment and planning process.

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



Community health board	Member counties, cities, or local health departments (2023)	SCHSAC region
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 (2023)	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 (2023)	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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