

# Finance and Staffing Reporting Instructions for Calendar Year 2025

## LOCAL PUBLIC HEALTH ACT ANNUAL REPORTING

These instructions will help you enter workforce and expenditure data into the REDCap reporting system for Local Public Health Act (LPH Act) annual reporting for calendar year 2025. Reporting for 2025 will open mid-February 2026 and must be completed by March 31, 2026. Please review the instructions before and during entering data and share with others as needed.

These instructions pertain to expenditures and staffing sections. The instructions for performance measures and the performance-related accountability requirement can be found here: [LPH Act Annual Reporting Instructions - MN Dept. of Health](#)

## What is LPH Act annual reporting?

LPH Act annual reporting for this period consists of the following parts: Finance, Staffing, and Performance Measures and the Performance-related Accountability Requirement. Information gathered through LPH Act annual reporting creates a big picture of the Minnesota's local public health system, helping identify and understand trends in how this portion of the governmental public health system operates. This data helps MDH, local public health and elected officials understand the funding sources, expenditures, and staffing capacity of the local public health system. The data is used to track trends over time and is essential of advocacy and partnership discussions at both local and state levels.

To see past data reports on workforce and expenditures, visit [Past Data: LPH Act Annual Reporting - MN Dept. of Health](#)

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

## NEW this year

CHBs will have an option of how to report. This applies to a few of the expenditure and staffing forms.

Option 1: Same as done for CY2024

Option 2: For each foundational area, breaking down expenditures and staffing between foundational and community specific. This option means there will be alternate forms to complete for expenditure forms II and V, and staffing forms I and II. The other forms will remain the same. If option 2 is chosen, follow the alternate instructions labeled "option 2" provided in those sections. Beginning for CY2026, reported in 2027, all CHBs will need to report this way.

Staffing occupation categories were updated to better reflect positions in our current workforce. See [Appendix C: Job Classifications](#) for more on the alignment of new job classifications with past annual reporting job classifications, and related occupations and descriptions for the new job classifications.

## Help and questions

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

[Contact your region's public health system consultant](#)

(<https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html>), or

[Refer to LPH Act annual reporting FAQ](#)

(<https://www.health.state.mn.us/communities/practice/lphact/annualreporting/faq.html>)

## Attend the annual reporting webinar:

**Friday, Feb. 20, 9 to 10 a.m.** This meeting will be recorded.

- Meeting link (Microsoft Teams): [LPH Act Annual Reporting Webinar | Feb. 20, 2026](#)  
Meeting ID: 246 733 890 868 51 Passcode: Tb9Xo6Qk  
Join by phone: [+1 651-395-7448,,969764355#](tel:+1651-395-7448,969764355#) United States, Minneapolis

## Attend office hours:

Public Health Practice staff will be available during this timeframe to answer questions that might come up during the reporting period. Same meeting link for all meetings.

**Friday, Feb. 27, 10 to 11 a.m.**

**Monday, March 9, 3 to 4 p.m.**

**Wednesday, March 25, 2026, 10 to 11 a.m.**

- Meeting link (Microsoft Teams): [Office Hours | Feb & March 2026](#)  
Meeting ID: 245 750 075 695 Passcode: Tc3rZ6ZP  
Join by phone: [tel:+16513957448,,913803504](tel:+16513957448,913803504) United States, Minneapolis

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

January 2026. *To obtain this information in a different format, call: 651-201-3880.*

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## How to use these instructions

These instructions mirror the forms to collect data in REDCap, under the project titled “2025 Local Public Health Act Finance and Staffing”: six forms for finance/expenditures, four forms for staffing/workforce, and one form for validation.<sup>1</sup>

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

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

## How to enter data in REDCap

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

### REDCap at a glance

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

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

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

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

### Navigating to finance and staffing within REDCap

When you log into REDCap to report your data, find “My Projects” at the top of your screen, and select **2025 Local Public Health Act Finance and Staffing**.

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

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<sup>1</sup> The form for validation is only open to CHS administrators.

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

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

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

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

## Entering data in REDCap

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

Enter 0 for any blank fields (zero).

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

## Tracking your own progress

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

## REDCap questions and assistance

Contact Ghazaleh Dadres at [Ghazaleh.dadres@state.mn.us](mailto:Ghazaleh.dadres@state.mn.us)

## Finance (expenditures) reporting

All expenditure data you enter during this reporting period should reflect services and expenditures that occurred January 1, 2025, through December 31, 2025.

Finance: Section I. Carry Forward

Finance: Section II. Expenditures

Finance: Section III. Match

Finance: Section IV. Breakdown

Finance: Section V. Follow-up Questions

Finance: Section VI. COVID-19

**Finance Sections I through V do not include COVID funding.**

**Finance Section VI is specific to COVID funding.**

## Funding sources for Sections I through V

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

For funding sources specific to *Section VI. COVID-19*, see [Finance: Section VI. COVID-19](#).

Local Public Health Grant

Foundational Public Health Responsibilities Grant

Federal Title V Funds

Federal TANF Funds (for *Chronic Disease and Injury Prevention/Maternal, Child and Family Health* only)

Medicaid

Medicare

Private Insurance

Local Tax

Client Fees

Other Fees (non-client)

Other Local Funds

Other State Funds

Other Federal Funds

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

The Section II-Expenditures form will have terminology reflective of public health responsibilities rather than areas of responsibility (in statute 145a). The crosswalk below will help guide the translation. The translation will also be in the form for section II. [Appendix D. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility](#).

### Navigating REDCap

When you log into REDCap to report your data, find "My Projects" at the top of your screen, and select **2025 Local Public Health Act Finance and Staffing**.

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

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

### REDCap hints

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

Enter 0 for any blank fields (zero).

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

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

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

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

## Finance: Section I. Carry Forward

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

Line 1: The amount of Local Public Health Grant carried forward from 2024.

Line 2: The 2025 Local Public Health Grant award amount for your community health board.

Line 3: Total funds available for 2025, adding Lines 1 and 2 (REDCap will automatically calculate the amount in this field).

Line 4: Total Local Public Health Grant spent/invoiced in 2025. Note: The total spent in 2025 *must* equal the total spent for the Local Public Health Grant in Section II. Expenditures.

Line 5: Carry forward for 2026, subtracting Line 4 from Line 3 (REDCap will automatically calculate the amount in this field).

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

Line 1: The amount of FPHR Grant carried forward from 2024.

Line 2: The 2025 FPHR Grant award amount for your community health board.

Line 3: Total funds available for 2025, adding Lines 1 and 2 (REDCap will automatically calculate the amount in this field).

Line 4: Total FPHR Grant spent/invoiced in 2025. Note: The total spent in 2025 *must* equal the total spent for the FPHR Grant in Section II. Expenditures.

Line 5: Carry forward for 2026, subtracting Line 4 from Line 3 (REDCap will automatically calculate the amount in this field).

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

## Finance: Section II. Expenditures

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

This form captures the amount spent by your community health board from January 1, 2025 through December 31, 2025. Indicate the dollar amount for each cell. Do not report expenditure data for COVID-19-related activities in this section. All COVID-19 expenditures are reported into *Finance: Section VI. COVID-19*.

For full definitions of funding sources and responsibility, see [Appendix A. Funding Sources](#). If you are unsure what funding category a specific grant or funding stream is under, see [Appendix B. Where do I put...?](#) For alignment between the six areas of responsibility and FPHR, see [Appendix D. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility](#).

In the form Section II. Expenditures, begin by selection option 1 or option 2. This will open the correct form.

### Option 1

**The following instructions are for CHBs reporting the same way they did in CY2024**, by funding source and public health responsibility.

Enter data by public health responsibility ([see crosswalk](#)).

REDCap will calculate the total from all funding sources for each responsibility for you; compare this to your own data to ensure accurate entry.

Repeat for each of the remaining responsibilities.

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

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

### Option 2

Option 2 reflects future reporting on expenditures, and only CHBs ready to report in this new way should select this option. The following instructions are for CHBs who are reporting the new way, still expenditures by funding source, but distinguishing foundational expenditures from community specific expenditures for each of the five areas (Communicable Disease Control, Chronic Disease and Injury Prevention, Environmental Public Health, Maternal, Child, and Family Health, and Access to and Linkage with Clinical Care)

The first section for capabilities (All capabilities except EPR) and Emergency Preparedness and Response) will look the same as in the past. For these sections enter expenditures from each of the funding sources listed.

The section for areas will look different. For each area, there will be two columns, one for “foundational” expenditures from each funding source, and one for “community-specific” expenditures from each funding source. For CY2025, all expenditures using the Foundational Public Health Responsibility (FPHR) grant must be foundational.

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Communicable Disease Control		
Funding Sources	Foundational Expenditures	Community-Specific Expenditures
Local Public Health Grant (State General Funds)		
Foundational Public Health Responsibility Grant		Not applicable for CY2025
Federal Title V Funds		
MEDICAID		
Medicare		
Private Insurance		
Local Tax		
Client Fees		
Other Fees (non-client)		
Other Local Funds		
Other State Funds		
Other Federal Funds		

For more information, resources, and tools to help discern foundational activities from community-specific, visit: [Aligning LPH Act Annual Reporting with Foundational Public Health Responsibilities - MN Dept. of Health](#).

### Finance: Section III. Match

To demonstrate meeting requirements of state statute,<sup>3</sup> the first portion of the form captures the dollar amount used to create local matching funds for the Local Public Health Grant, and the second portion of

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<sup>3</sup> See: [Minn. Stat. § 145A.131. Local Public Health Grant \(https://www.revisor.mn.gov/statutes/cite/145A.131\)](https://www.revisor.mn.gov/statutes/cite/145A.131):  
*Subdivision 2 (a) A community health board that receives a local public health grant shall provide at least a 75 percent match for the state funds received through the local public health grant.*

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the form captures the dollar amount used to create local matching funds for the Foundational Public Health Responsibility (FPHR) Grant. Both grants require a 75 percent match.

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

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

REDCap will calculate the line “Total Local Public Health Grant Match Expenditures” and the line “Total Foundational Public Health Grant Match Expenditures” against each grant’s respective Line 4 of *Finance: Section I. Recap/Carry Forward*, and will display an error message if this amount is not at least 75 percent of the 2025 Total Local Public Health Grant or the FPHR grant.

## Finance: Section IV. Breakdown

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

### If you did not use local or state match

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

### If you used local and/or state match

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

Other Local Funds were used as Local Public Health Grant Match

Other State Funds were used as Local Public Health Grant Match

Other Local Funds were used as FPHR Grant Match

Other State Funds were used as FPHR Grant Match

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

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

## Finance: Section V. Follow-up questions

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

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*(b) Eligible funds must be used to meet match requirements. Eligible funds include funds from local property taxes, reimbursements from third parties, fees, other local funds, and donations or nonfederal grants that are used for community health services described in Minn. Stat. § 145A.02, subd. 6 (www.revisor.mn.gov/statutes/cite/145A.02#stat.145A.02.6).*

related to the 2025 data. **If you are using “Option 2” reporting, you will only need to complete follow-up questions 11 and 12.**

## Follow-up questions (1-10)

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

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

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

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

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

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

Review the terms below if necessary:

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

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

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

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

## Community funding (11-12)

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

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

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

## Financial comments

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Enter any comments regarding information in the 2025 financial forms. Use these comments to provide context for 2025 data, and to serve as a resource for future reporting. This is an opportunity to document any changes to the way funds were categorized, or to note any organization changes occurring in 2025.

## Finance: Section VI. COVID-19

This section captures the amount spent by your community health board on COVID-19 from January 1, 2025 through December 31, 2025, by funding source. **Only expenditure data for the community health board’s COVID-19-related public health activities should be entered here.**

Indicate the dollar amount for each cell.

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

### Activities related to COVID-19

Examples of COVID-19-related activities include:

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

### Funding sources for COVID-19-related activities

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

Funding source specific to COVID-19	Example
<b>Federal funds awarded by Minnesota Department of Health</b>	Federal COVID Grant dollars awarded by the MDH to community health boards. This may include:  COVID Vaccine Implementation and Recovery Grant (April 1, 2021 to March 31, 2026)  Other federal COVID funding from MDH
<b>Other local COVID-19 funds</b>	Funds that don’t originate from a state or federal source; locally generated funds specific to COVID-19
<b>Federal funds awarded by another state agency or directly from the federal government</b>	Any federal funding that did not pass through MDH or from federal government to local government and then to the community health board
<b>Other COVID-19-specific funding</b>	Community health boards may select this option if none of the above applies (please explain)

**Financial comments related to COVID-19**

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

## Staffing (workforce) reporting

All staffing data entered during this reporting period should reflect staffing from January 1, 2025 through December 31, 2025.

Staffing: Section I. Number of Filled FTEs

Staffing: Section II. Number of Contracted FTEs

Staffing: Section III. Number of Persons

Staffing: Section IV. Race/Ethnicity of Filled Persons

**There is no separate COVID-19 section for staffing.**

## Job classifications for Sections I and II

There are new job classifications for CY2025. See [Appendix C: Job Classifications](#) for more on the alignment of new job classifications with past annual reporting job classifications, and related occupations and descriptions for the new job classifications. There are some past job classifications that could fit with a few different new job classifications (e.g. health planner/researcher/analyst, etc.). Use the descriptions and best judgement to decide. The new job classifications reflect the occupation categories and descriptions from National Association of City and County Health Officials (NACCHO) Profile survey instrument.

New job classifications	Alignment with past annual reporting job classifications
Agency Leadership	Health administrator
Behavioral Health and Social Services Staff	Mental Health Counselor Medical and Public Health Social Worker
Business, Improvement, and Financial Operations Staff	Administrative/Business Professional Health Planner/Researcher/Analyst
Community Health Workers	Community Health Worker
Compliance / Inspection Staff and Animal Control	Licensure/Inspection/Regulatory Specialist
Environmental Health Workers	Licensure/Inspection/Regulatory Specialist Environmental Scientist and Specialist
Epidemiologists	Epidemiologist

## Navigating REDCap

When you log into REDCap to report your data, find “My Projects” at the top of your screen, and select **2025 Local Public Health Act Finance and Staffing**.

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

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

## REDCap hints

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

Enter 0 for any blank fields (zero).

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

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

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

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Health Educators	Public Health Educator Public Health Program Specialist
Information Technology and Data System Staff	Health Planner/Researcher/Analyst Technician Public Health Informatician
Laboratory Workers	Technicians
Licensed Practical or Vocational Nurse	Other Nurse
Nurse Practitioners and Physician Assistants	
Nursing Assistants and Home Health Aides	Paraprofessionals
Nutritionists and Dietitians	Public Health Nutritionist
Office and Administrative Support Staff	Administrative Support (Including Clerical and Sales) Service-Maintenance
Oral Health Care Staff	Public Health Dental Worker
Other	Interpreter
Other Clinicians or Healthcare Providers	Public Health Physician Public Health Physical Therapist Occupation Safety and Health Specialist
Preparedness Staff	
Program Managers	
Public Information and Communications Staff	
Public Policy Staff	
Registered Nurse	Public Health Nurse
Statisticians, Data Scientists, Other Data Analysts	Health Planner/Researcher/Analyst Public Health Informatician

## Public health responsibilities for Sections I through II, connection with area of responsibility

The forms for Sections I and II (Filled FTEs and Contracted FTs) will have terminology reflective of public health responsibilities rather than areas of responsibility (in statute 145a). The crosswalk below will help guide the translation. The translation will also be in the form for section II. [Appendix D. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility](#) .

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

## FTEs (full-time equivalents) and reporting descriptions

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

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

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

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

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

## Staffing: Section I. Number of filled FTEs

This form captures the number of filled FTEs<sup>4</sup> by job classification and public health responsibility.

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<sup>4</sup> Remember, filled FTEs are employees who are employed directly by the community health board or one of the local health departments in the community health board.

Enter data by job classification and public health responsibility. See [crosswalk](#)

Determine the number of filled FTEs for the job classification.

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

Repeat for the remaining responsibilities.

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

Repeat for all job classifications.

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

### Option 2

The following instructions are for CHBs who are reporting the new way, staffing by job classification and public health responsibility, but distinguishing foundational from community specific staffing for each of the five areas (Communicable Disease Control, Chronic Disease and Injury Prevention, Environmental Public Health, Maternal, Child, and Family Health, and Access to and Linkage with Clinical Care)

The first section for capabilities (All capabilities except EPR and Emergency Preparedness and Response) will look the same as in the past.

The section for areas will look different. For each area, there will be two columns, one for “foundational” staffing for each job classification and responsibility, and one for “community-specific” staffing.

Registered Nurse		
Area	Foundational Filled FTEs	Community-Specific Filled FTEs
Communicable Disease Control		
Chronic Disease and Injury Prevention		
Environmental Public Health		
Maternal, Child, and Family Health		
Access to and Linkage with Clinical Care		

For more information, resources, and tools to help discern foundational activities from community-specific, visit: [Aligning LPH Act Annual Reporting with Foundational Public Health Responsibilities - MN Dept. of Health](#)

## Staffing: Section II. Number of contracted FTEs

This form captures the number of contracted FTEs<sup>5</sup> by job classification and public health responsibility.

Enter data by job classification and public health responsibility. ([see crosswalk](#)).

Determine the number of contracted FTEs for the job classification.

Classify these contracted FTEs by the responsibility in which they do their work (for example, how many data analyst contracted FTEs can be categorized as working within the responsibility of foundational capabilities)

Repeat for the remaining responsibilities.

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

Repeat for all job classifications.

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

### Option 2

Follow the guidance provided above (under filled FTEs option 2) for contracted FTEs.

## Staffing: Section III. Number of persons

This form captures the number of people, filled and contracted, in each job classification.

Enter the number of filled people in each job classification.

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

Do not double-count individuals.

Repeat for all job classifications.

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

## Staffing: Section IV. Race/ethnicity of filled persons

This form captures the race/ethnicity of the number of filled persons.<sup>6</sup> It also captures additional data about FTEs in specific positions.

### Race/ethnicity

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<sup>5</sup> Remember, contracted FTEs are positions contracted by the community health board or one of the local health departments governed by the community health board, to provide a service or activity.

<sup>6</sup> Remember, filled FTEs are employees who are employed directly by the community health board or one of the local health departments in the community health board.

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

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

## Additional questions

**If you are using “Option 2” reporting, you will not need to report FTEs on these specific programs.**

FTEs working in Emergency Medical Services (EMS): FTEs supporting or providing emergency medical services including EMT, EMT-I, EMT-P, first responder, or ambulance attendant. This includes transportation and treatment. Please consult Minn. Stat. § 144E.001 for more information. These FTEs are primarily placed in Access to and Linkage with Clinical Care.

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

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

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

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

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

## Staffing comments

Enter any comments regarding information in the 2025 staffing forms. Use these comments to provide context for 2025 data, and to serve as a resource for future reporting (e.g., changes to your community health board).

## Error messages

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

In REDCap, you can see errors in real time.

All errors must be resolved by March 31, 2026. We strongly encourage you to complete reporting in REDCap in a timely manner, to ensure you can fix all errors by this deadline.

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

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

Enter 0 for any blank fields (zero).

## Errors in Finance: Section II. Expenditures

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

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

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

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

TOTAL EXPENDITURE FOR ALL AREAS		
<b>Total Expenditure</b> <small>* must provide value</small>	<input type="text" value="4056869"/>	<a href="#">View equation</a>
<b>Total Expenditures by Area of Responsibility</b> <small>* must provide value</small>	<input type="text" value="4228378"/>	<a href="#">View equation</a>
<b>*** Error *** Total Expenditure should match Total Expenditures by Area of Responsibility.</b>		
<b>Total Local Public Health Grant (State General Funds)</b> <small>* must provide value</small>	<input type="text" value="409699"/>	<a href="#">View equation</a>
<b>*** Error*** Line 4: Total spent/invoiced in 2017 from Recap/Carry Forward Section I. should match Total Local Public Health Grant (State General Funds) from Finance: Section II.</b>		

## Errors in Finance: Section III. Match

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

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

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

Total Match Expenditures		
<b>Total Local Public Health Grant (State General Funds) Match Expenditures</b> <small>* must provide value</small>	<input type="text" value="178643"/>	<a href="#">View equation</a>
<b>*** Error*** Total Local Public Health Grant (State General Funds) Match Expenditures should be 75% of Line 4: Total spent/invoiced in 2017.</b>	<input type="text" value="178642.5"/>	<a href="#">View equation</a> <small>** Error ** Error **Error **</small>

## Errors in Finance: Section IV. Breakdown

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

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

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

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

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

Yes  
 No [reset](#)

---

**OTHER LOCAL FUNDS USED FOR MATCH**

**Name**  
\* must provide value

**Amount used for State General Funds Match**  
\* must provide value

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

Yes  
 No [reset](#)

---

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

[View equation](#)

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

## Report validation: CHS administrator review

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

To verify this:

1. Under the left-hand menu for “Data Collection,” choose Report Validation Form 2025.
2. Select the name of your community health board from the drop-down list.

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

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3. Enter your email address.
4. Submit your electronic signature to certify the data your organization entered for 2025 finance and staffing annual reporting; read the text below and provide an electronic signature by typing your name in the box:

**Please review responses to all of the questions in each section before completing the Report Validation Survey. REDCap does not indicate questions skipped or unintentionally left blank.**

**CHS ADMINISTRATOR SIGNATURE**

MDH requires all CHS Administrators certify the data entered for the 2022 Expenditures and Staffing. To certify your CHB's responses fill in the information below to complete the Report Validation Form. Entering your signature below indicates this information is complete and that the information is ready for MDH staff to review.

Please select the name of your community health board from the drop down list below.

Email address:

MDH requires that all CHS Administrators certify the data entered for the 2022 Local Public Health Act Finance and Staffing.

I certify that all the information provided in this Annual Report is accurate and true.

Enter Your Name as Your Electronic Signature

**Form Status**

Complete?

5. If you entered your email address, you will immediately receive an email message:  
*Thank you for completing the [community health board name name] 2025 Annual Reporting Validation Form for Finance and Staffing. This is your final step in reporting Local Public Health Act Finance and Staffing data.*  
*MDH staff are in the process of validating responses for community health boards who have completed the report validation form in REDCap. MDH will notify your CHS administrator if it finds any discrepancies upon review your data.*

## Appendix A. Funding sources

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

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

**Foundational Public Health Responsibility Grant:** Report expenditures paid with the Foundational Public Health Responsibility Grant. This was new grant funding allocated by the state legislature. Funding began in 2025 and is used for foundational capabilities and foundational areas. [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#).

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

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

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

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

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

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

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

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

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

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

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

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

## COVID-19-specific funding sources

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

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

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

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

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

## Appendix B. Where do I put...?

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

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

## Appendix C. Job classifications

Staffing occupation categories were updated to better reflect positions in our current workforce. A crosswalk of the old occupation categories with the new categories titled “Staff Occupation Crosswalk” can be found here under tools and resources: [Aligning LPH Act Annual Reporting with Foundational Public Health Responsibilities - MN Dept. of Health](#). . The new job classifications reflect the occupation categories and descriptions from National Association of City and County Health Officials (NACCHO) Profile survey instrument.

Occupations	Related Occupations	Definition
<b>Agency Leadership</b>	<b>Top-level leadership:</b> Public Health Agency Director Deputy Director Department / Bureau Director Program Director ( <i>major subdivision</i> ) Health Officer	Oversees the operations of the overall agency or a major subdivision of public health services (e.g., bureau or division of multiple programs or functions) and possesses substantial responsibilities. <i>Include all top agency executives regardless of education or licensing.</i>
<b>Behavioral Health and Social Services Staff</b>	Behavioral Health Professional Disease Intervention Specialist / Contact Tracer Mental Health Counselor / Substance Abuse Counselor Peer Counselor Health Navigator Social Worker / Social Services Professional	Develops and implements strategies to improve the mental health and social well-being of individuals and communities. May also provide direct behavioral health services to clients regarding mental, behavioral, social, and substance abuse issues as well as support in navigating health and social services. <i>Excludes community health workers.</i>
<b>Business, Improvement, and Financial Operations Staff</b>	Attorney / Legal Counsel Accountant / Fiscal Manager Grants / Contracts Specialist Business Administrator / Coordinator Community Health Planner Quality Improvement Worker Health Equity Manager Training Developer / Manager other business / workforce / human resources staff	Performs specialized work in areas of business, finance, accounting, human resources, legal issues, and agency or personnel improvement. May include positions focused on accreditation and agency performance improvement.
<b>Community Health Workers</b>	Community Health Worker Community Outreach Worker / Outreach Specialist	Facilitates access to culturally appropriate social support, informal counseling, and resources for programs promoting individual and community health. <i>Excludes health educators, patient / health navigators, social workers, and counselors.</i>

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<p><b>Compliance / Inspection Staff and Animal Control</b></p>	<p>Licensure / Regulation / Enforcement Worker Disability Claims / Benefits Examiner / Adjudicator Animal Control Worker / Officer / Warden Coroner / Medical Examiner other compliance or inspection staff</p>	<p>Conducts regulatory inspection, compliance, or investigation activities to protect and promote individual and community health. Includes healthcare compliance and monitoring (e.g. claims or benefits investigation); animal control (i.e., investigating, caring for, or controlling domesticated or wild animals); and forensic investigation of death (e.g., coroners, medical examiners). <i>Excludes sanitarians / environmental health inspectors, disease intervention specialists, laboratory quality control staff.</i></p>
<p><b>Environmental Health Workers</b></p>	<p>Environmental Health Professional / Specialist Environmental Health Physicist / Scientist Environmental Engineer Sanitarian / Environmental Public Health Inspector</p>	<p>Investigates, monitors, and identifies problems or risks that may affect the environment (e.g., food safety, rats and mosquitoes, air and water quality, solid waste) and may impact the health of an individual or group.</p>
<p><b>Epidemiologists</b></p>	<p>Epidemiologists Nurse Epidemiologists Population Health Specialists</p>	<p>Conducts ongoing surveillance, field investigations, and evaluation of disease occurrence (and specific events) and disease potential to understand the distribution and determinants of health and disease in populations.</p>
<p><b>Health Educators</b></p>	<p>Community Health Educator Health Education Coordinator / Specialist other health education or health promotion staff</p>	<p>Develops and implements educational programs and strategies to support and modify health-related behaviors of individuals and communities and promotes the effective use of health programs and services.</p>
<p><b>Information Technology and Data System Staff</b></p>	<p>Information Systems Manager Network Administrator/Manager Information Technology Specialist Database Analyst / Administrator / Manager Public Health Informatics Specialist / Informatician Web Developer Computer Programmer other information technology or data system staff</p>	<p>Analyzes business and data processing problems to implement and improve computer systems. Provides technical assistance to maintain computer systems and hardware/software issues. Develops web or software applications and technology.</p>

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<b>Laboratory Workers</b>	Laboratory Technician Laboratory Quality Control Worker Laboratory Scientist / Medical Technologist Laboratory Aide / Assistant other laboratorians or laboratory assistants	Plans, designs, and implements laboratory testing procedures, and performs analyses that provide data to diagnose, treat, and monitor disease and environmental hazards.
<b>Licensed Practical or Vocational Nurse</b>	Licensed Practical Nurse Licensed Vocational Nurse Care / Home Health Nurse other non-degree nursing professionals	Licensed nursing professional (non-degree) who provides routine care for patients, often under supervision.
<b>Nurse Practitioners and Physician Assistants</b>	Nurse Practitioner Advanced Practice Registered Nurse Physician Assistant other advanced-level clinical nursing professionals	Registered nursing professional (master's or doctorate nursing degree or relevant experience) or physician assistant leading public health or clinical nursing services (e.g., directing plans of care).
<b>Nursing Assistants and Home Health Aides</b>	Certified Nursing Assistant Nursing Aide Home Health Aide other clinical support staff	Unlicensed personnel who provide basic patient care and assistance with activities of daily living in a healthcare facility or the patient's home.
<b>Nutritionists and Dietitians</b>	Nutritionist Dietitian Lactation Consultant other food and nutrition professionals	Develops and implements interventions related to nutrition, the nutrition environment, and food and nutrition policy. May also provide nutritional counseling and evaluate the effectiveness of current interventions. (e.g., healthy eating, breastfeeding peer counseling).
<b>Office and Administrative Support Staff</b>	Administrative Assistant Secretary / Receptionist Medical / Vital Records Clerks Customer Service / Support Professional Custodian or Maintenance Worker Implementation Specialist other facilities or operations staff	Performs administrative tasks and clerical duties or facility upkeep. Also includes personnel who specialize in implementing healthcare processes or systems (e.g., electronic health record software implementation, medical coding).
<b>Oral Health Care Staff</b>	Public Health Dentist Public Health Hygienists or Dental Assistants other oral health professionals	Diagnoses, treats, and prevents problems with teeth, gums, and the mouth. May also educate individuals or groups on proper oral health activities, such as diet choices impacting oral health.

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<b>Other</b>	employed students / interns / fellows Other (not categorized)	Other employed professionals not described in prior categories, including students, interns, and fellows that may not have a formal job title.
<b>Other Clinicians or Healthcare Providers</b>	Public Health / Preventive Medicine Physician Physical / Occupational / Rehabilitation Therapist Pharmacist Public Health Veterinarian Emergency Medical Technician / Paramedic other licensed health professionals	Licensed and credentialed health professionals qualified to address individual or population health concerns. Identifies persons or groups at risk of illness or disability and develops, implements, and evaluates programs and interventions to prevent, treat, or reduce such risks. May also provide direct clinical services to clients (e.g., health care, pharmaceutical, veterinary).
<b>Preparedness Staff</b>	Emergency Preparedness Coordinator Emergency Management Worker Emergency Manager other preparedness or response staff	Manages or develops the plans, procedures, and training programs involving the public health response to all-hazards events. Coordinates or leads responses to public health or medical emergencies in the jurisdiction.
<b>Program Managers</b>	<b>Mid-level leadership:</b> Program / Project Manager Program / Project Coordinator Unit Supervisor	Manages minor subdivisions of public health services (e.g., divisions with singular functions) or specific programs that provide narrow services and supervise few teams or a smaller set of staff. <i>Include all mid-level managers regardless of education or licensing.</i>
<b>Public Information and Communications Staff</b>	Public Information Officer / Specialist Communications Specialist Social Media Coordinator Social Marketing Specialist Web Content Writer / Content Developer other public information or communications staff	Serves as communications coordinator or spokesperson for the agency to provide information about public health issues to the media and public.
<b>Public Policy Staff</b>	Policy Analyst Legal Analyst ( <i>not attorney or counsel</i> ) other policy development or enactment staff	Develops or analyzes public policy and impacts of policies. Specializes in legal or regulatory processes related to developing, revising, or enacting public policy.
<b>Registered Nurse</b>	Registered Nurse (public / community health) Registered Nurse (unspecified) other registered nursing professionals	Registered nursing professional (associate's or bachelor's nursing degree) conducting public health or clinical nursing services (e.g., implementing plans of care).

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<p><b>Statisticians, Data Scientists, Other Data Analysts</b></p>	<p>Biostatistician Data / Research Analyst Data Scientist Economist Program Evaluator other analysts or scientists</p>	<p>Develops and applies theories, models, or experiments to support planning or evaluation activities. Conducts analytic studies and evaluation of interventions to make recommendations on appropriate interventions. May also collect data and report vital statistics.</p>
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## Appendix D. Foundational public health responsibility alignment to areas of public health responsibility

<p><b>Foundational Public Health Responsibility</b>                      Descriptions of the foundational capabilities and foundational areas can be found here: <a href="#">FPHS-Factsheet-2022.pdf (phaboard.org)</a></p>	<p><b>Six Areas of Public Health Responsibility</b></p>
<p>Foundational capabilities:</p> <ul style="list-style-type: none"> <li>▪ <b>Assessment and Surveillance</b></li> <li>▪ <b>Community Partnership Development</b></li> <li>▪ <b>Communications</b></li> <li>▪ <b>Equity</b></li> <li>▪ <b>Accountability and Performance Management</b></li> <li>▪ <b>Organizational Competencies</b></li> <li>▪ <b>Policy Development and Support.</b></li> </ul> <p>These represent all foundational capabilities, except Emergency Preparedness and Response.</p>	<p><b>Assure an adequate local public health infrastructure:</b>                      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.</p>
<p>Foundational capability:  <b>Emergency Preparedness and Response</b></p>	<p><b>Prepare and respond to emergencies:</b> This area of responsibility includes activities that prepare public health to respond to disasters and assist communities in responding to and recovering from disasters.</p>
<p><b>Communicable Disease Control</b></p>	<p><b>Prevent the spread of communicable diseases:</b> 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.</p>
<p><b>Chronic Disease and Injury Prevention                      Maternal, Child, and Family Health</b></p>	<p><b>Promote healthy communities and healthy behavior:</b>                      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.</p>
<p><b>Environmental Public Health</b></p>	<p><b>Protect against environmental health hazards:</b> 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</p>

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	<p>identify and mitigate environmental risks, including foodborne and waterborne diseases and public health nuisances.</p>
<p><b>Access to and Linkage with Care</b></p>	<p><b>Assure health services:</b> 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.</p>