



LPH Act Annual Reporting for CY2025

Ann March and Ghazaleh Dadres | February 20, 2026

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. In Minnesota, we are standing on the ancestral lands of the Dakota people. We want to acknowledge the history of this land, including the Dakota, the Ojibwe, the Ho-Chunk, and the other nations of people who also called this place home. Native peoples were removed unjustly, and we in this space are the beneficiaries of that removal. At MDH, as we understand that land is related to health, we want to be a good steward of the land we are on. This acknowledgement is just one piece of that. We understand the systemic racism, historic trauma, and genocide that has impacted Indigenous communities and peoples in our state.

We recognize that a land acknowledgement is a first step. We support this action with resources and shared decision-making to meet Tribal public health priorities and needs. With our Indigenous neighbors and coworkers, we can advance health equity and work to ensure all communities across the state are thriving and all people have what they need to be healthy.

We encourage state employees and the public to research the history of the lands we are on and if you are able, find Native-led events to attend, organizations to support, and causes to champion.



Background and
purpose

Agenda



Resources to
support



What's new for
CY2025?



Overview of CY2025
reporting



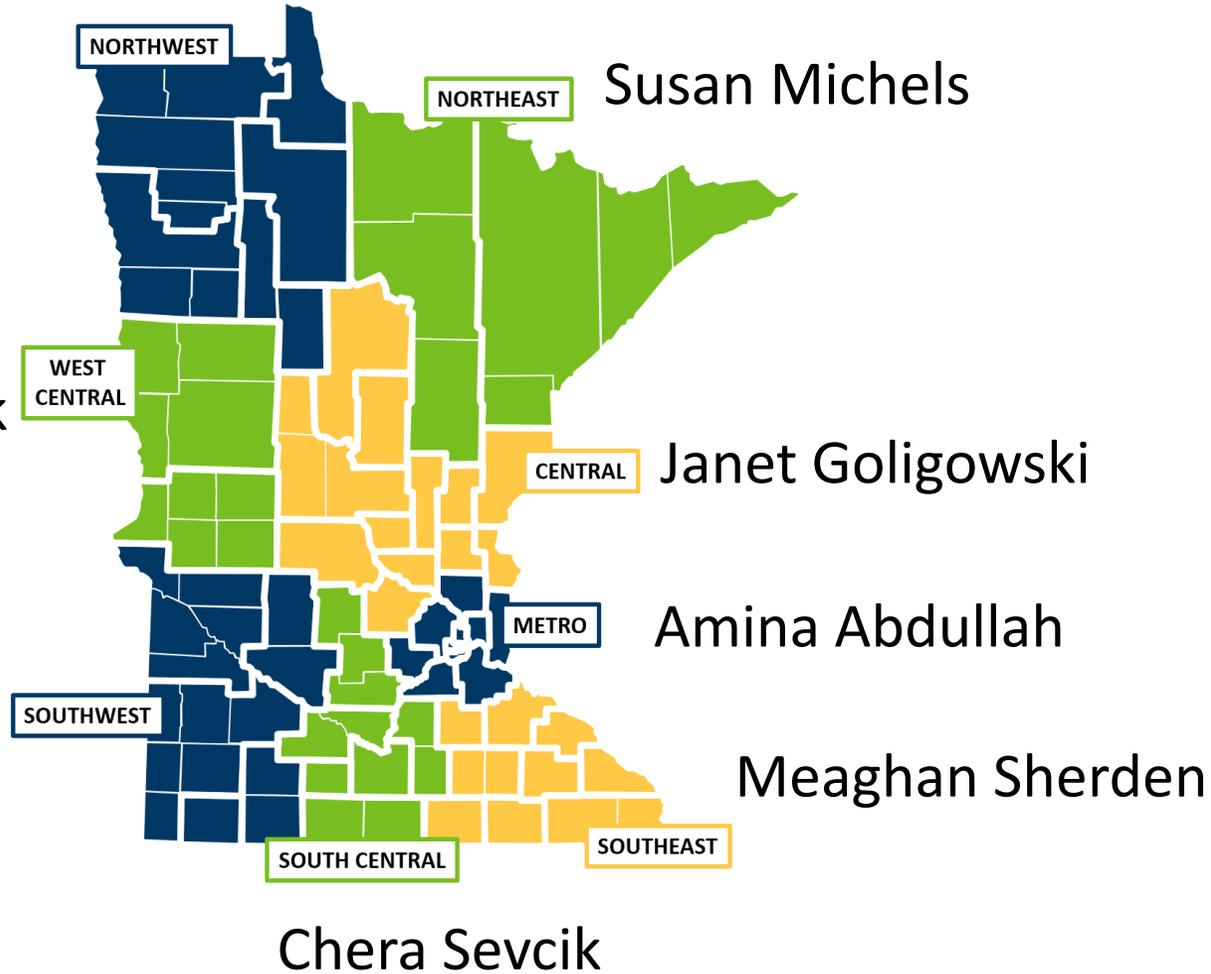
Reporting in
REDCap and
Instrument tour

Questions?

Please enter all questions into the chat

Performance Measurement Workgroup

SCHSAC Regions



Amy Bowles

Angie Hasbrouck

Michelle Ebbers

MDH participants:
Mary Orban
Chris Brueske
Ann Zukoski

Other LPH participants:
Joanne Erspamer
Nicole Ruhoff
Melanie Countryman

Background and purpose

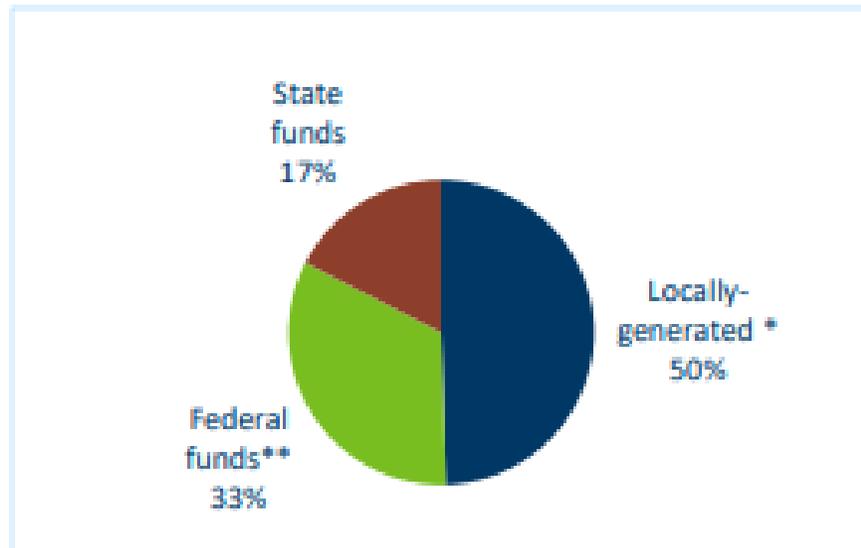
- Local Public Health Act (Minn. Stat. § 145A) [Sec. 145A.04 MN Statutes](#) and [Sec. 145A.131 MN Statutes](#)
- Minnesota community health boards report annually
 - Reporting covers staffing, finance, performance measures, and the performance-related accountability requirement
 - Aims to track trends in Minnesota's local public health system ([Past data: LPH Act annual reporting - MN Dept. of Health \(state.mn.us\)](#))
 - Accountability for state funds (LPH and FPHR grants)

A close-up photograph of a person's hands holding a vintage silver and black camera. The camera is a Pentax SLR, and the lens is a Schneider-Kreuznach Radionar L 1:2.8/45. The camera body has a black textured grip. The lens barrel is silver with black text. The background is a blurred, warm-toned surface.

Annual reporting provides system-level snapshot of patterns and trends.

What's learned from the data?

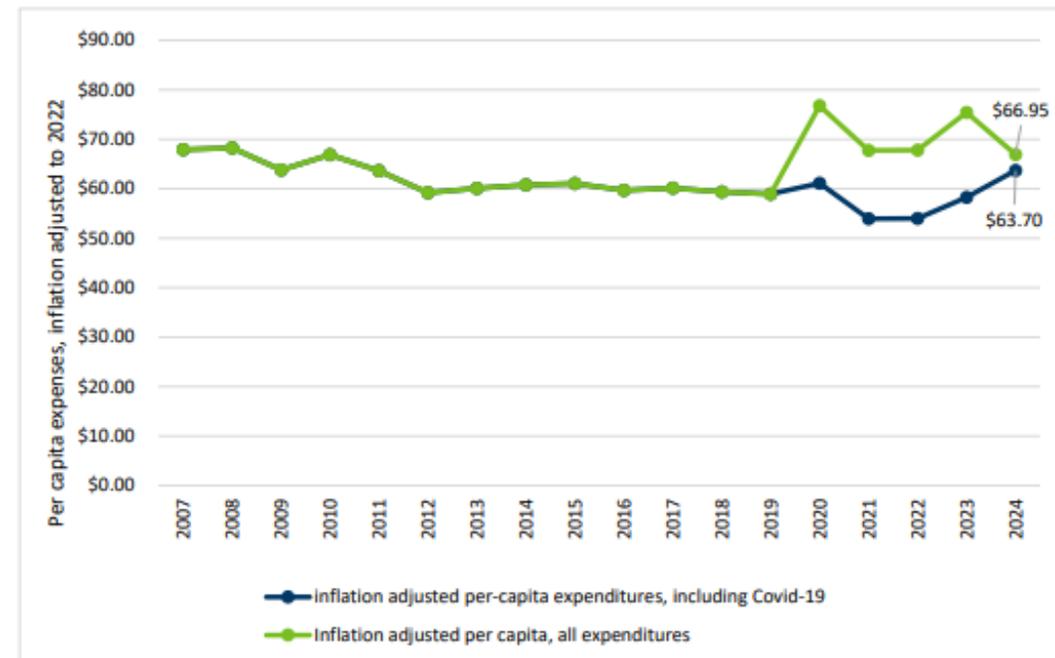
Minnesota local public health system funding sources for all expenditures, 2024



*Locally generated sources include local tax levy, fees, reimbursements, and other local funding

**All federal funding sources included

Figure 1. Per capita expenditures in Minnesota's local public health system, 2011-2024



Data is inflation-adjusted to 2022.

What's learned from the data?

Figure 1. Total FTEs in Minnesota's local public health system, 2007-2024

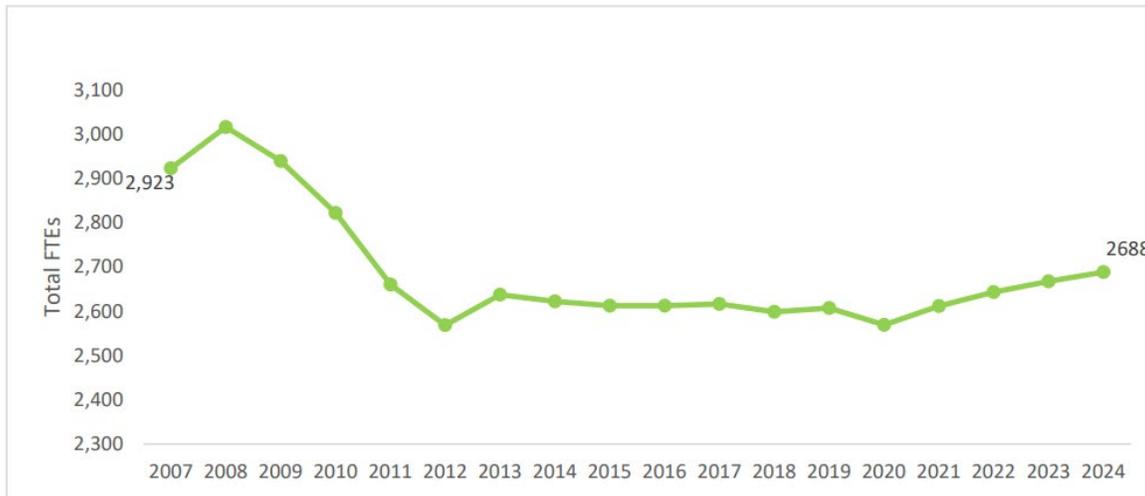
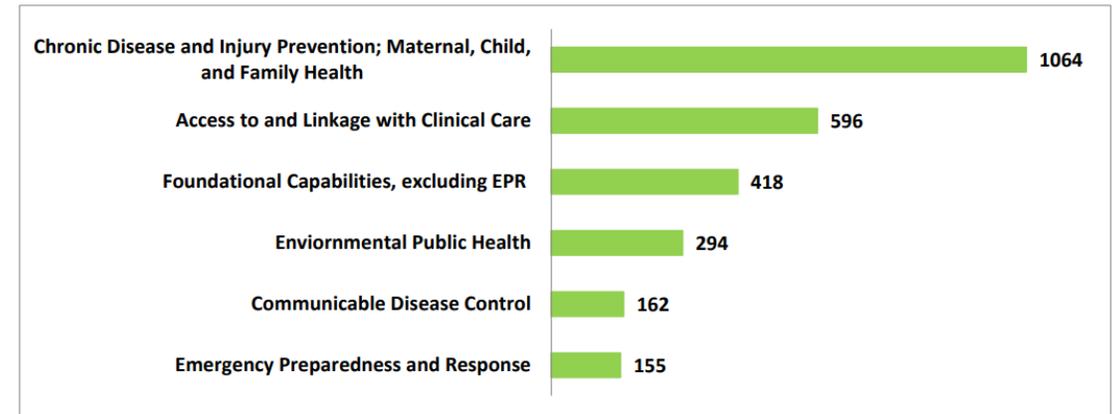


Figure 5. FTEs for each Public Health Responsibility, Minnesota community health boards, 2024



What's learned from the data?

Figure 1: Percentage of overall performance measures met by Minnesota's community health boards

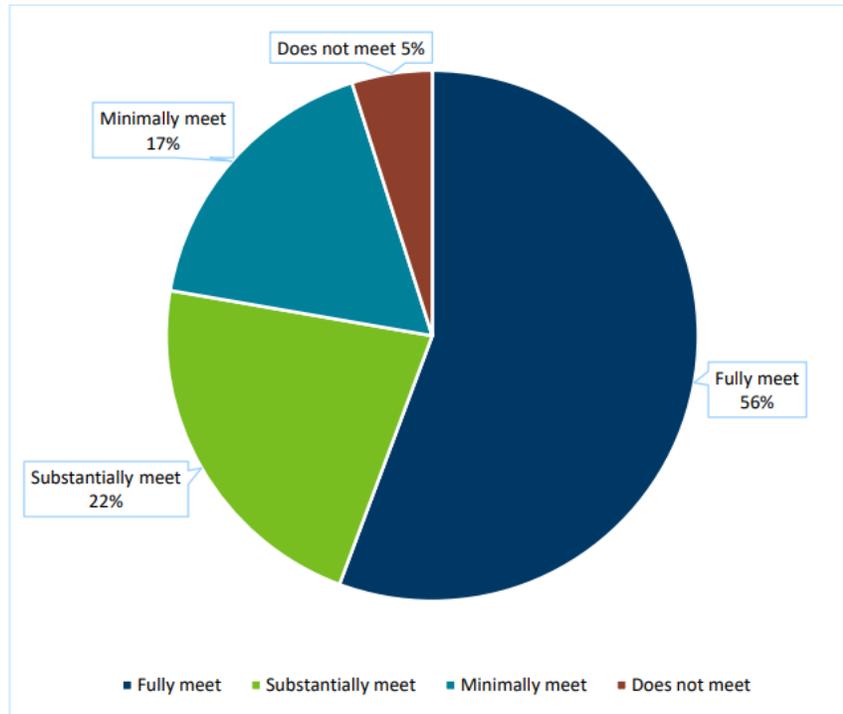
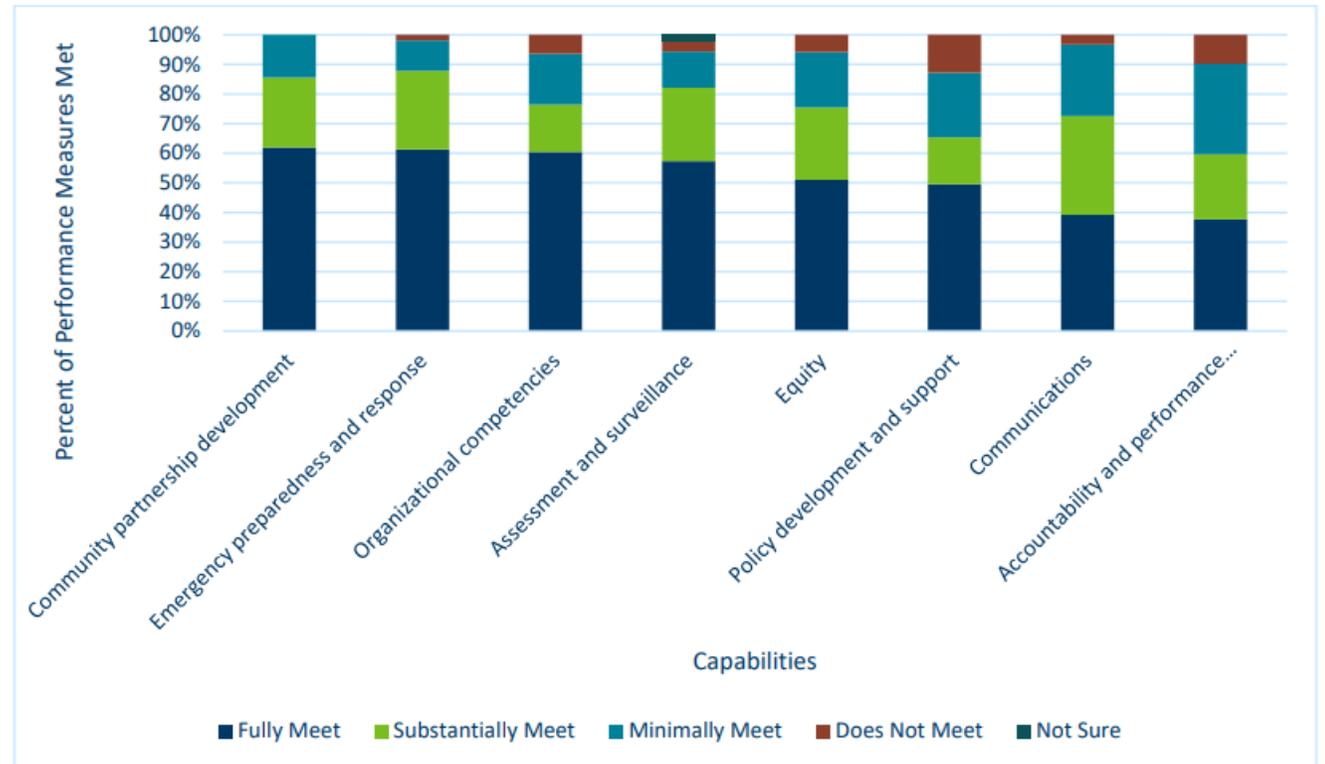
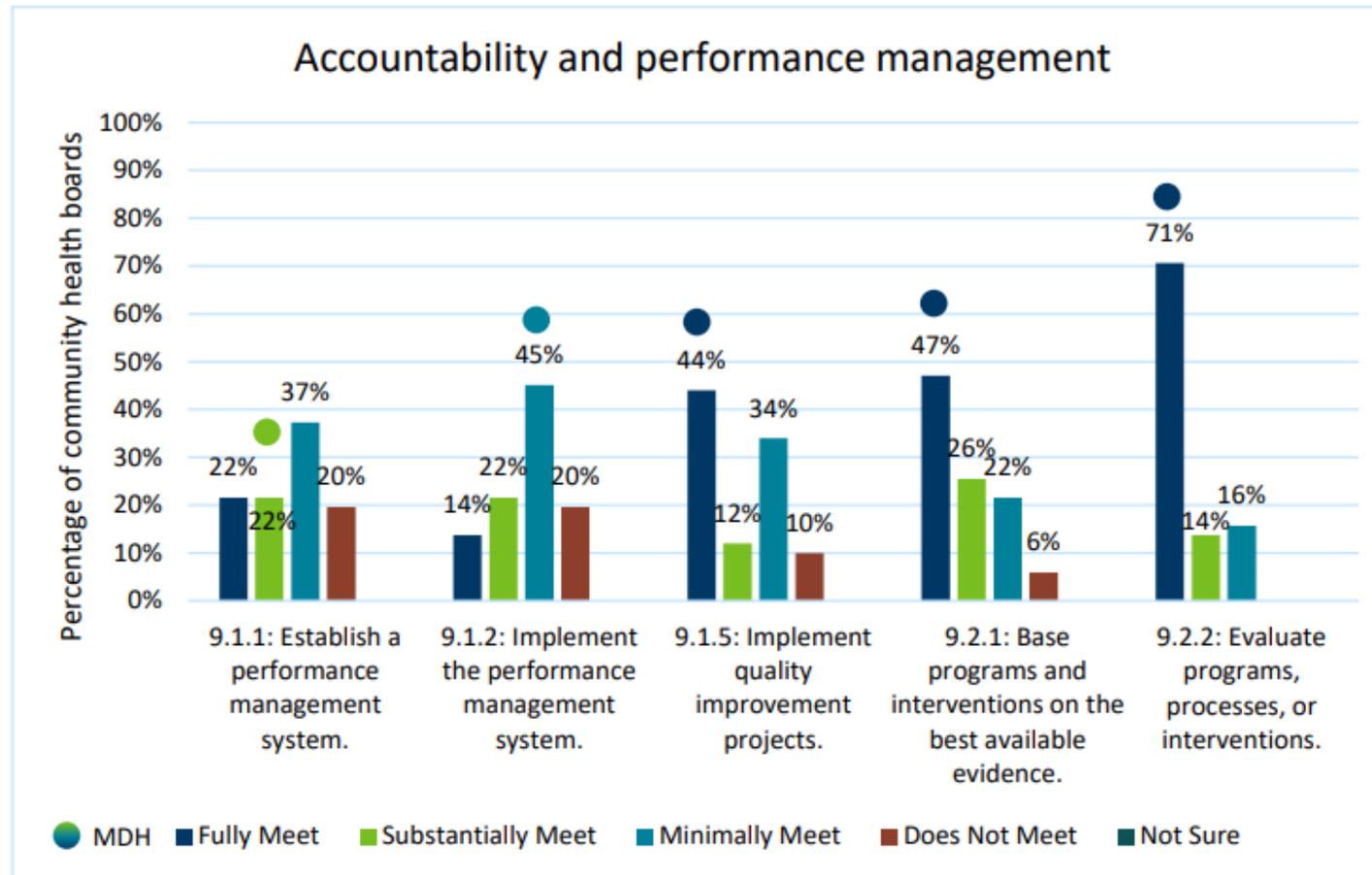


Figure 3: Percentage of performance measures met by capability, community health boards only



What's learned from the data?

Figure 5: Community health board and Minnesota Department of Health's ability to meet accountability and performance management-related measures



What's new for CY2025?

- Options for reporting:
 - Option 1: as the CHB did the past year
 - Option 2: aligned with new reporting, foundational or community-specific
- Updated occupation categories



COMMUNITY-SPECIFIC PRIORITIES

AREAS

Communicable disease control

Chronic disease and injury prevention

Environmental public health

Maternal, child, and family health

Access to and linkage with clinical care

CAPABILITIES

Assessment and surveillance

Community partnership development

Equity

Organizational competencies

Policy development and support

Accountability and performance management

Emergency preparedness and response

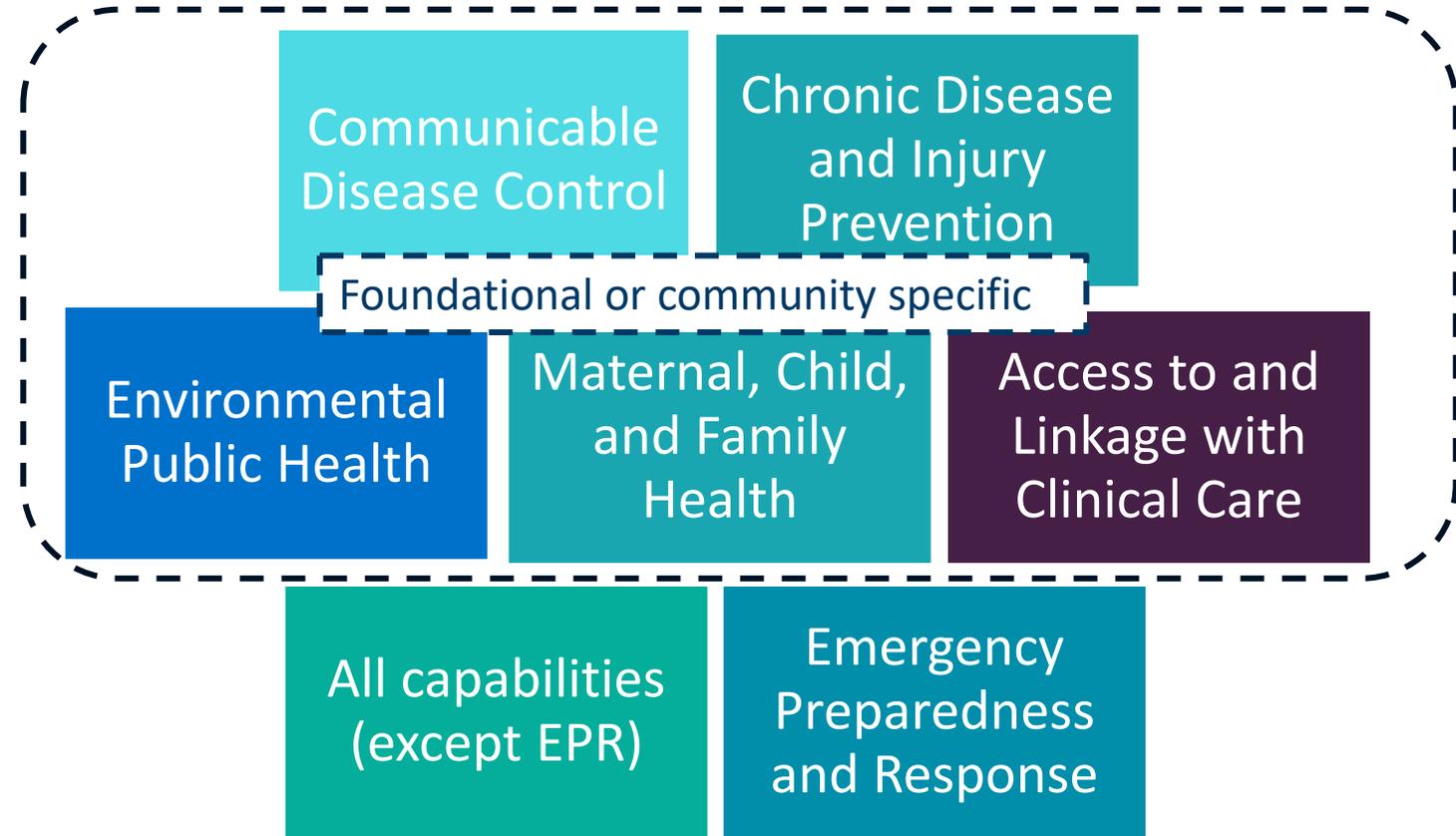
Communications

EQUITY

Option 1: Same as reported for CY2024



Option 2: Aligned with new reporting format



[Aligning LPH Act Annual Reporting with Foundational Public Health Responsibilities - MN Dept. of Health](#)

Occupations	Related Occupations	Definition	LPH Act annual reporting occupation equivalent
Agency Leadership	Top-level leadership: Public Health Agency Director Deputy Director Department / Bureau Director Program Director (major subdivision)	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>	Health administrator
Behavioral Health and Social Services Staff	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>	Mental Health Counselor Medical and Public Health Social Worker
Business, Improvement, and Financial Operations Staff	Attorney / Legal Counsel Accountant / Fiscal Manager Grants / Contracts Specialist Business Administrator / Coordinator	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.	Administrative/Business Professional Health Planner/Researcher/Analyst

Refresher on last year's changes

- Reporting on same 46 performance measures
- Foundational public health responsibility terms used (not areas of responsibility)
- Report of FPHR grant (like done for the LPH grant)
 - Questions about carry forward, match (75% for each), and breakdown (if used other local or other state funds for match)
 - Reminder-sum of match from a single funding source between the two grants cannot exceed total expended by that founding source.



Overview

- Reporting period: mid-February to March 31
- Data from the preceding calendar year (CY2025)
- Report via REDCap
- Two projects in REDCap for 2025 LPH Act annual reporting
 - 2025 Local Public Health Act Finance and Staffing
 - 2025 Local Public Health Act Performance Measures
- 2025 Performance-related Accountability Requirement reported via RSG Grant

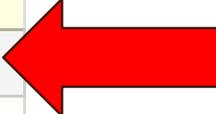
[LPH Act Annual Reporting Instructions - MN Dept. of Health](#)



Instruments found under “My projects”

Select “2025 Local Public Health Act Finance and Staffing”

<input type="checkbox"/>	Data Collection Instrument	Status
	Finance: Section I. Carry Forward	<input checked="" type="radio"/>
	Finance Section II. Expenditures	<input type="radio"/>
	Finance: Section III. Match	<input type="radio"/>
	Finance: Section IV-A. Breakdown LPH Grant	<input type="radio"/>
	Finance: Section IV-B. Breakdown FPHR Grant	<input type="radio"/>
	Finance: Section V. Follow-up Questions	<input type="radio"/>
	Finance: Section VI. COVID-19	<input type="radio"/>
	Staffing: Section I. Number of Filled FTEs	<input type="radio"/>
	Staffing: Section II. Number of Contracted FTEs	<input type="radio"/>
	Staffing: Section III. Number of Persons	<input type="radio"/>
	Staffing: Section IV. Race/Ethnicity of Filled Persons	<input type="radio"/>
	Report Validation Form 2025	<input type="radio"/>



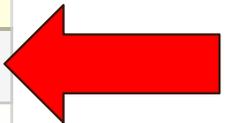
Finance Sections	Information Collected
Section I: Carry Forward	High-level information on Local Public Health Grant and Foundational Public Health Responsibility Grant awards.
Section II: Expenditures	Amount spent by your community health board by funding source and public health responsibility. Option 2 further breakdown by foundational and community-specific.
Section III: Match	Funding source and amount used to create local matching funds for the Local Public Health Grant and the FPHR Grant and thereby demonstrate meeting requirements of state statute.
Section IV A and B Breakdown	Verifies the Other Local Funds and Other State Funds used as match for the Local Public Health Grant and match for the FPHR Grant.
Section V: Follow-up	<ul style="list-style-type: none"> • Data about home health, hospice, emergency medical services, correctional health, environmental health, and community funding • Other finance comments
Section VI: Covid-19	Amount spent by your community health board on COVID-19. COVID expenditures go in this form only.

Staffing Sections	Information Collected (all sections should include COVID-19-related staffing)
Section I. Number of Filled FTEs	Number of filled FTEs by job classification by public health responsibility. Option 2 further breakdown by foundational and community-specific.
Section II. Number of Contracted FTEs	Number of contracted FTEs by job classification and public health responsibility. Option 2 further breakdown by foundational and community-specific.
Section III. Number of Persons	Number of people, filled and contracted, in each job classification.
Section IV. Race/Ethnicity of Filled Persons	The race/ethnicity of the number of filled persons. It also captures additional data about FTEs in specific positions. Other staffing comments

Performance Measures



<input type="checkbox"/>	Data Collection Instrument	Status
	2025 Performance Measures	<input checked="" type="radio"/>
	2025 Additional Questions	<input type="radio"/>
	2025 Performance Measures and Performance Related Accountability Requirement validation form	<input type="radio"/>



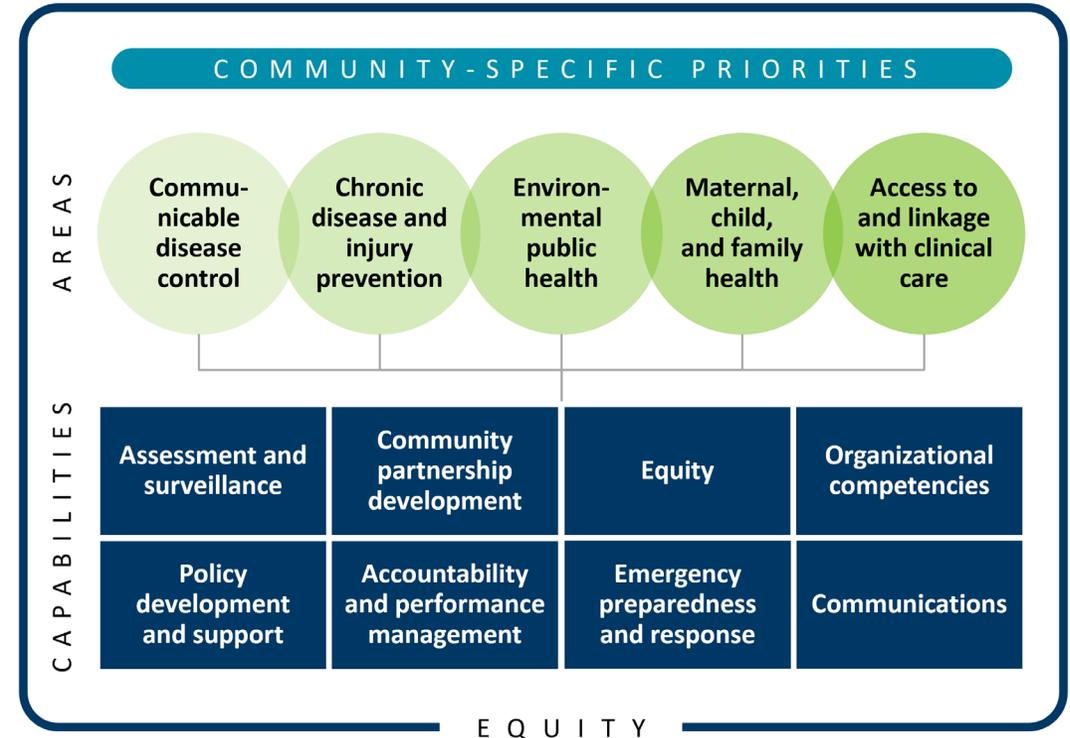
Instruments found under “My projects”

Select “2025 Local Public Health Act Performance Measures”

What are the performance measures?

46 National Measures aligned with Foundational Public Health Responsibility Framework

- 1.1.1 Develop a community health assessment.
- 1.3.3: Use data to recommend and inform public health actions.
- 2.2.1: Maintain a public health emergency operations plan (EOP)
- 2.2.3: Maintain and expedite access to personnel and infrastructure for surge capacity.
- 2.2.4: Ensure training for personnel engaged in response.
- 2.2.7: Conduct exercises and use After Action Reports (AAR) (and Improvement Plans (IPs)) from exercises (and responses) to improve preparedness and response.
- 3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department.
- 3.1.4: Use a variety of methods to make information available to the public and assess communication strategies.
- 3.2.2: Implement health communication strategies to encourage actions to promote health.
- 4.1.3: Engage with community members to address public health issues and promote health.



For the full list (in Instructions): [Performance Measurement Instructions for CY2024 LPH Act Annual Reporting](#)
Recommendation and rationale: [Performance Measurement and Performance-Related Accountability Requirement](#)

How to report-performance measures

- Self assess
- Involve relevant staff
- Consider requirements and elements of each measure
- 4-point scale: Fully meet, Substantially meet, Minimally meet, Does not meet
- Multi-county CHBs-lowest level of member CHBs

How to report-performance-related accountability requirement

Duty 11: Communication Plans

Note: This duty is the Performance-related Accountability Requirement for LPH Annual Reporting.

- CHBs and TH will continue writing, maintaining and improving communication plans, including a specific focus on Crisis and Emergency Risk Communication (CERC).
 - Review prior biennium communication plans and incorporate successful strategies into current communication planning.
- CHBs and TH will train staff on updated communication plans.
- **CHBs will complete the LPH Performance-related Accountability Requirement portion of this grant duty by March 31, 2026.** This will be used to demonstrate meeting the Local Public Health Act's performance-related accountability requirement. EPR will coordinate internally at MDH, and CHBs will not need to duplicate reporting on this for LPH Act Annual Report.
 - The portion of this duty with a completion date of March 31, 2026 is labeled in the report below.

Note: The work for this duty does not apply toward Duty 8.

Note: This duty is the Performance-related Accountability Requirement for LPH Annual Reporting: CHBs will demonstrate meeting the performance-related accountability requirement by:

Attesting to meeting each of the following elements:

1. The CHB has a risk communication plan dated within 5 years.
 2. The risk communication plan contains the following elements:
 - a. Describes the process used to develop accurate and timely messages.
 - b. *Describes methods to communicate necessary information to the entire community, including subpopulations who are at higher risk.*
 - c. *Includes methods to address misconceptions or misinformation.*
 - d. Describes the process to expedite approval of messages to the public during an emergency.
 - e. Describes how information will be disseminated in the case of communication technology disruption.
 - f. Describes the process for managing and responding to inquiries from the public during an emergency.
 - g. *Describes the process to coordinate the communications and development of messages among partners during an emergency.*
 - h. Contains a list with media contact information.
 - i. Describes the procedure for keeping the media contact list current and accurate.
- For elements b, c, and g, in addition to attestation, CHBs will provide narrative description of these elements.
 - CHBs will be asked to share opportunities and challenges related to risk communication processes and planning.

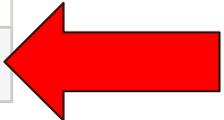
Maintain a risk communication plan and a process for urgent 24/7 communication with response partners. (Measure 2.2.5)

Submit via RSG quarter 3 grant report, Duty 11

- Date of risk comms plan
- Attestation to elements
- Brief narrative on 3 elements
- Challenges/Opportunities

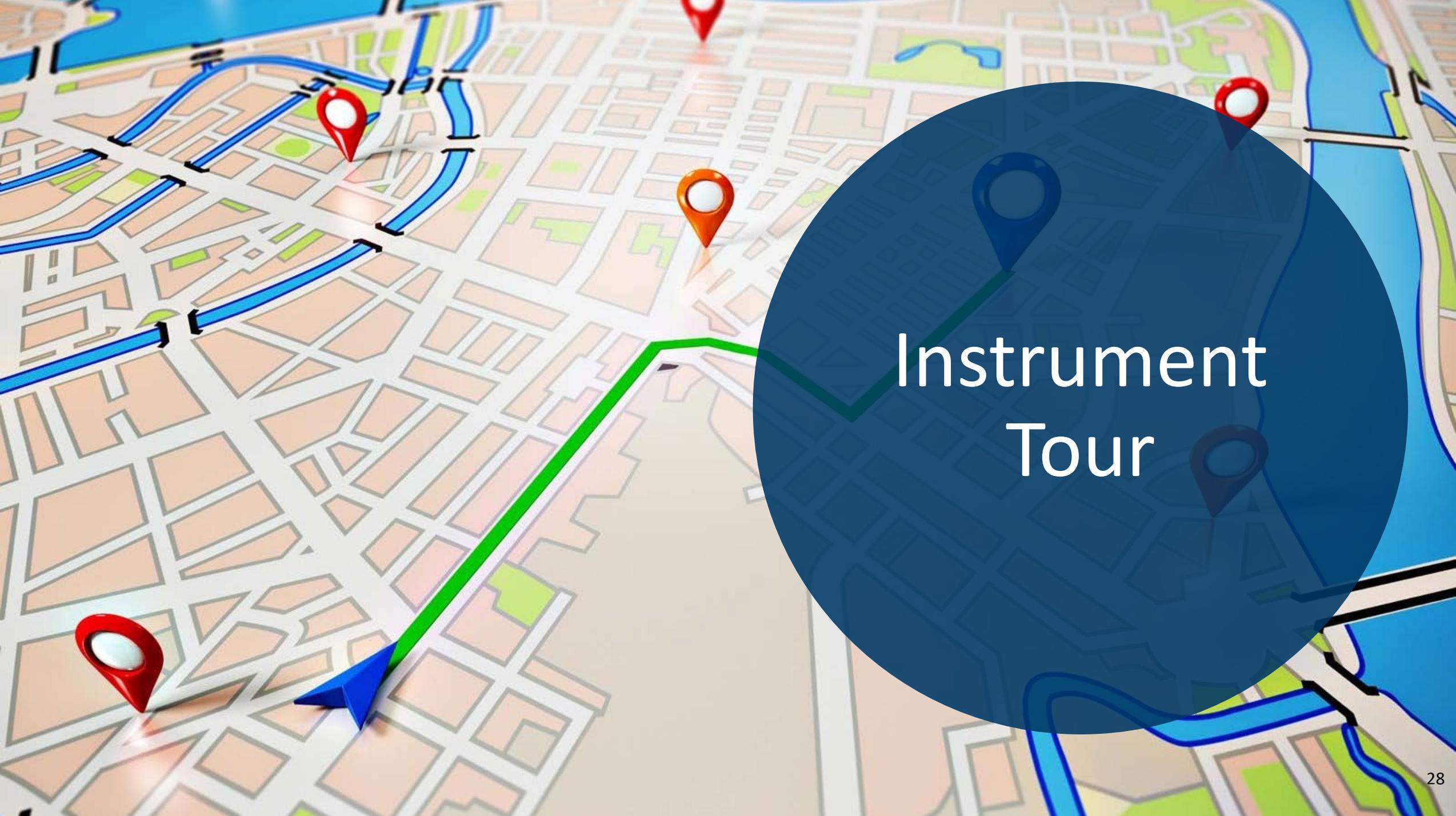


<input type="checkbox"/>	Data Collection Instrument	Status
	2025 Performance Measures	<input checked="" type="radio"/>
	2025 Additional Questions	<input type="radio"/>
	2025 Performance Measures and Performance Related Accountability Requirement validation form	<input type="radio"/>



Instruments found under “My projects”

Select “2025 Local Public Health Act Performance Measures”



Instrument Tour

Important reminders

- Confirm CHB
- Review instructions
- Choose option 1 or 2, verify you are using the right form
- Save, save, save
- Finance: Whole numbers, no commas, “0” for blanks
- Staffing: Round FTEs to the nearest hundredth (x.xx)
- COVID expenditures in finance Section VI only

Important reminders

- Annual reporting deadline is March 31
- FINAL Step: CHS administrator must complete the validation form for the projects
 - CHS admins should look at RSG grant for PRAR before validating.



Resources and Support

Instructions: [LPH Act Annual Reporting Instructions - MN Dept. of Health](#)

FAQ webpage: [Frequently asked questions about LPH Act annual reporting - MN Dept. of Health](#)

Occupation crosswalk: [Local Public Health Act Annual Reporting - MN Dept. of Health](#)

Webinar: recording will be posted [Local Public Health Act Annual Reporting - MN Dept. of Health](#)

Friday, Feb. 27 and Wednesday, March 25, 2026 (corrected date)

10 to 11 a.m.

Added date: Monday, March 9, 3 to 4 p.m.

Meeting link (Microsoft Teams): [Office Hours | Feb & March 2026](#)

Meeting ID: 245 750 075 695 Passcode: Tc3rZ6ZP

Join by phone: [+16513957448,,913803504](#) United States, Minneapolis

REDCap Issues, visit this resource page: [Help with REDCap for LPH Act annual reporting - MN Dept. of Health](#). You can also let us know at health.ophp@state.mn.us.

For non-REDCap help and questions: email health.ophp@state.mn.us or contact your public health system consultant: [Who is my public health system consultant? - MN Dept. of Health](#).

Instructions: [LPH Act Annual Reporting Instructions - MN Dept. of Health](#)

Thank You!