

Frequently Asked Questions

LOCAL PUBLIC HEALTH ACT ANNUAL REPORTING: STAFF AND FINANCE REPORTING TRANSITION

The following questions and answers are intended to help guide community health boards as they shift to organize Local Public Health (LPH) Act annual reporting on staff and finance around the Foundational Public Health Responsibility framework. This new reporting structure will begin in calendar year 2026 and will be reported in March 2027.

The responses to the questions are based on what is currently known. These responses will be updated or fine-tuned as more information is available.

What types of activities are considered “foundational”?

On this webpage, several resources are available to describe what is foundational in Minnesota: [Foundational Public Health Responsibilities and Framework - MN Dept. of Health](#)

For more description of foundational work in capabilities and areas, review this webinar: [Foundational Public Health Responsibilities Overview - MN Dept. of Health](#) and use this guide: [Foundational Public Health Responsibilities: National Framework, Minnesota Activities](#)

What is meant by “community-specific”?

Community-specific represents the unique needs of your community or jurisdiction that are outside of what is considered foundational. They are still very important, but unique to a given community or jurisdiction. While not an exhaustive list, for examples distinguishing between foundational and community-specific, go to p. 3 of [A New Framework for Governmental Public Health in Minnesota \(PDF\)](#).

Is there guidance on if the activities in our current funding are foundational or community specific?

Activities implemented by the funding sources that support governmental public health vary from jurisdiction to jurisdiction. Look to grant agreement duties to determine what activities implemented under specific funding sources are best categorized as foundational or community-specific.

The FPHR grant is intended for foundational work only, so there should be no funding from the FPHR grant for community-specific activities.

How do we determine if an activity is a capability or area?

Capabilities are cross-cutting skills, abilities, and knowledge needed in any governmental public health system to provide basic public health protections. Capabilities cut across multiple programs. Areas are topic-specific programs and activities.

Refer to this guide to distinguish between capabilities and areas: [Foundational Public Health Responsibilities: National Framework, Minnesota Activities](#)

For example, developing a robust communications plan that includes policies and practices to support the implementation of social media, health education and risk communications, and developing relationships with local media outlets would fall under the capability of communication. Utilizing communication messages and channels in the communications plan to support messaging in a specific program would likely fall under the area the program is related to.

How do we split time if it falls under multiple responsibilities?

In the case of an activity that aligns with more than one responsibility, it is up to the community health board to determine how the time is allocated. The time spent should be divided up, not counted double.

In the staffing report, will reporting align with the FPHR framework by FTE and funding source as done in current annual reporting?

Yes

How would staff and expenditures related to Family Home Visiting be reported?

Providing home visiting services to at-risk families is community-specific. While vital to communities, governmental public health is not the only provider of home visiting services across the state. Even if governmental public health is the only provider in your community, this is a unique protection for your community.

There may be activities related to family home visiting that are foundational. For example, monitoring data and emerging trends related to maternal and child health in the community—such as infant mortality rates, rates of disparity in birth outcomes, infant mortality and child health, and other indicators of the health of mothers and children, would be considered foundational.

Will Public Health Practice staff be hosting office hours to answer questions?

Yes, office hours will be posted on this webpage.

Is there a list of activities that are federally- or state-mandated?

Not at this time.

How do we determine what area an activity fits under? For example, would childhood nutrition fit under maternal, child, and family health or chronic disease and injury prevention?

Consider the overall goal of the activity. Refer to this guide to determine what area an activity fits under: [Foundational Public Health Responsibilities: National Framework, Minnesota Activities](#)

Once you make a decision, be consistent in reporting.

FAQ FOR ANNUAL REPORTING TRANSITION

Minnesota Department of Health

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