Expenditures Summary for Minnesota's Local Public Health System in 2024

This report summarizes local public health expenditures in calendar year 2024 (Jan. 1 to Dec. 31) as reported by Minnesota's community health boards (CHBs) to the Minnesota Department of Health (MDH). This report does not include total revenues for community health boards or account for revenues that exceeded expenditures.

For calendar year 2024, community health boards reported expenditures by funding source and the Foundational Public Health Responsibility Framework. The reporting categories align with the six areas of public health responsibility defined in MN Statute 145A.04, subd 1a.

2024 expenditure reporting: FPHR framework (Areas of public health responsibility)

All capabilities, except emergency preparedness response
(Assure an adequate local public health infrastructure)

Emergency preparedness and response
(Prepare and respond to emergencies)

Communicable Disease Control
(Prevent the spread of communicable disease)

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

Environmental Public Health
(Prevent against environmental health hazards)

Access to and Linkage with Clinical Care
(Assure health services)

The Foundational Public Health Responsibility Framework represents the full scope of governmental public health work. It includes foundational responsibilities (areas and capabilities) which are the minimum package of what must be in place everywhere in Minnesota, and community-specific priorities which are important, but vary based on the needs of each jurisdiction. Generally, the data in this report do not separate expenditures for foundational responsibilities from those for community-specific priorities. The exception is within *Access to and Linkage with Clinical Care (Assure Health Services)*, where community health boards providing direct services

(such as home health, correctional health, hospice, and emergency medical services) report those expenditures separately.

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

In 2024, Minnesota's local public health system consisted of 51 community health boards. Of those, 29 are single-county community health boards, 18 are multi-county community health boards, and four are city community health boards. In this report, community health boards are divided into eight geographic regions for analysis; to view a map of those regions, see Appendix C. Regions of the State Community Health Services Advisory Committee.

MDH based per capita calculations on 2024 population estimates from the Minnesota Center for Health Statistics.

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December 2025

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

CY2024 Expenditure Highlights

Total expenditures: $519.2 M

- **Decline in per capita expenditures:** Per capita expenditures decreased by 11.1% from 2023
- **Reductions in COVID-19 expenditures:** $25.2M expended (4.9% of total)

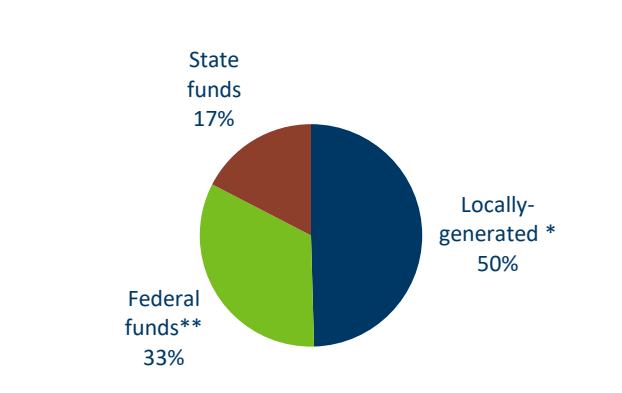
Funding mix

Largest funding sources of expenditures:

- **Local tax levy:** $193.8M (37.3% of total expenditures). Half of access to and linkage with clinical care expenditures in 2024 were supported by local tax levy.

  Other federal funds: $115.8M (22.3% of total expenditures). These funds supported 36% of communicable disease control spending. "Other" federal funds means federal funding sources beyond Medicaid and waivers, Medicare, Title V, and TANF.

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

Expenditures by Responsibility

- **Chronic Disease and Injury Prevention, Maternal, Child and Family Health:** $153M (29% of overall expenditures)
- **Access to and Linkage with Clinical Care:** $148M (29% of overall expenditures)
- **Environmental Public Health:** $77M (15% of overall expenditures)
- **Foundational capabilities (except emergency preparedness and response):** $67M (13% of overall expenditures)
- **Communicable Disease Control:** $54M (10% of overall expenditures)
- **Emergency Preparedness and Response:** $19M (4% of overall expenditures)

Funding Trends

- **Per capita expenditures are 12% less** in 2024 ($65 per capita) compared to 2019, before COVID-19 funding ($74 per capita).
- **Flexible funding has decreased over time:** Local Public Health grant, Foundational Public Health Responsibilities grant, and local tax levy make up 45% of 2024 expenditures, down from 52% in 1979.
- **Reliance on locally generated funds:** Throughout time, community health boards have consistently relied heavily on locally generated funds*

Other Key Facts

- **NEW Foundational Responsibilities grant:** $4.2M expended in 2024 to strengthen foundational responsibilities.
- 71% of CHBs provided funding to nearly 1,400 partner organizations, totaling **$39.6 Million** (8% of total expenditures).

Local public health system expenditures in 2024

Statewide expenditures summary

Minnesota's local public health system spent a total of $519.2 million on public health in 2024. Of that amount, $25.2 million was spent on COVID-19 recovery, accounting for nearly 5% of all expenditures. The local system relies heavily on locally generated funds for their work. 50% of all expenditures come from locally generated funds (local tax levy, reimbursements, fees for services, and other local funds).

For all expenditures, local tax levy accounted for the single largest funding source supporting local governmental public health work—nearly 37.3% of all expenditures (**Table 1**). Other federal funds, including but not limited to WIC (Women, Infants, and Children Special Supplemental Nutrition Program), public health preparedness funds, and COVID-19 response funds, accounted for about 22.3% of expenditures. Local Public Health Grant and the Foundational Public Health Responsibility Grant state funds accounted for roughly 6% of all expenditures.

Table 1. Minnesota local public health system funding sources, all expenditures, 2024

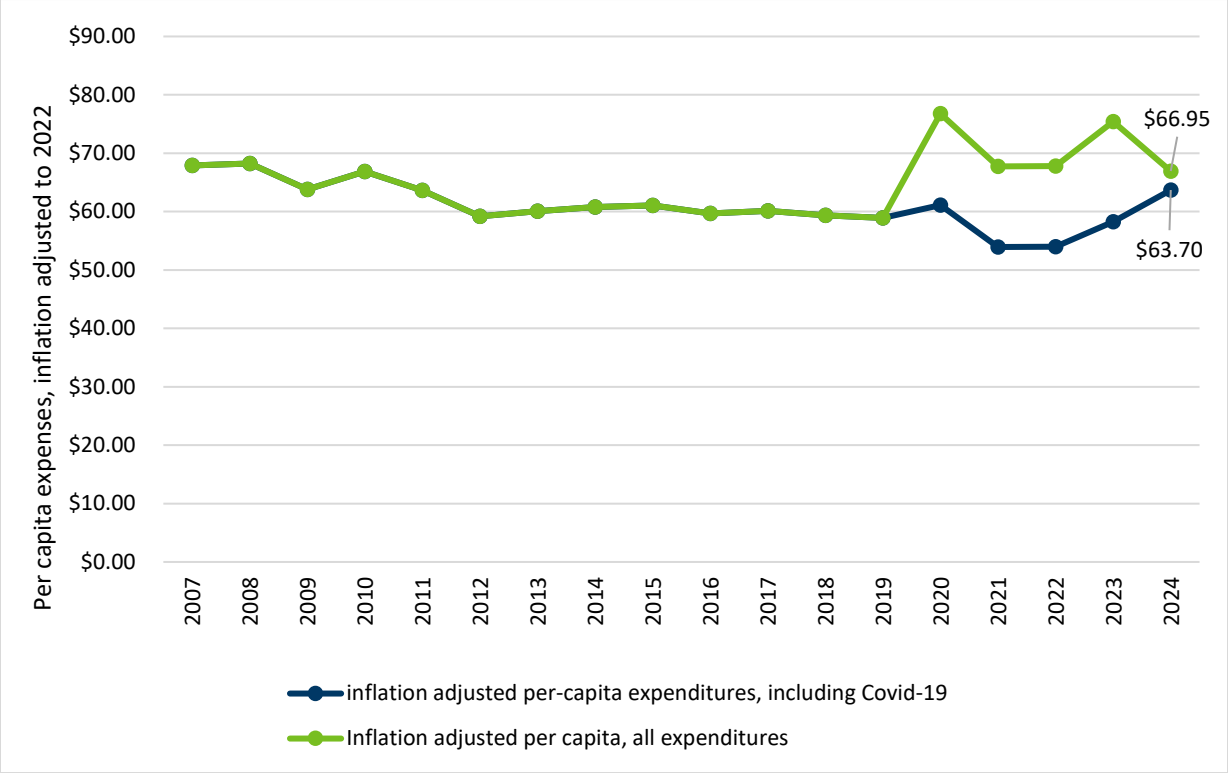
Funding source	2024 dollars expenditures (excluding COVID-19)	2024 dollars COVID-19 expenditures	2024 dollars all expenditures	2024 percentage of all expenditures
Local Tax Levy	$192,149,721	$1,618,307	**$193,768,028**	**37.3%**
Other Federal Funds	$92,272,120	$23,533,896*	**$115,806,016**	**22.3%**
Other State Funds	$58,006,434	$0	**$58,006,434**	**11.2%**
Other Fees	$31,449,223	$0	**$31,449,223**	**6.1%**
Medicaid	$34,069,460	$16,327	**$34,085,787**	**6.6%**
Local Public Health Grant	$28,303,424	$2,330	**$28,305,754**	**5.5%**
Other Local Funds	$21,162,617	$7,113**	**$21,169,730**	**4.1%**
Medicare	$8,004,933	$23,774	**$8,028,707**	**1.5%**
Private Insurance	$7,773,365	$35,420	**$7,808,785**	**1.5%**
Federal TANF	$7,211,100	$0	**$7,211,100**	**1.4%**
Federal Title V	$6,451,117	$0	**$6,451,117**	**1.2%**
Foundational Responsibilities (FPHR) Grant	$4,161,522	$0	**$4,161,522**	**0.8%**
Client Fees	$2,990,313	$1,782	**$2,992,095**	**0.6%**
Other COVID-19 specific funding	$0	$1,587	**$1,587**	**0.0%**

Funding source	2024 dollars expenditures (excluding COVID-19)	2024 dollars COVID-19 expenditures	2024 dollars all expenditures	2024 percentage of all expenditures
Total	$494,005,349	$25,240,536	**$519,245,885**	**100.0%**

*Includes federal funds awarded by Minnesota Department of Health, federal funds awarded by another state agency, and other federal funds.**Includes other local funds and Other local funds for public health COVID-19 activities.

Minnesota's local public health system spent a total of $25.2 million on COVID-19 response and recovery in 2024, five million dollars less than 2023 COVID-19 expenditures ($31.4 million). Federal funds awarded by MDH or from another state agency accounted for the single largest funding source supporting COVID-19 response and recovery work—93% of all COVID-19 expenditures). **Figure 1** shows that inflation-adjusted, per capita public health expenditures fell slightly from 2011 to 2012 and remained at a consistent level of approximately $75 per capita for many years. 2020 saw an increase in per capita spending due to an influx of funding to address the COVID-19 pandemic. Per capita expenditures in 2024 are approximately 12% less than they were pre-COVID-19 (2019), down to approximately $64 per capita.

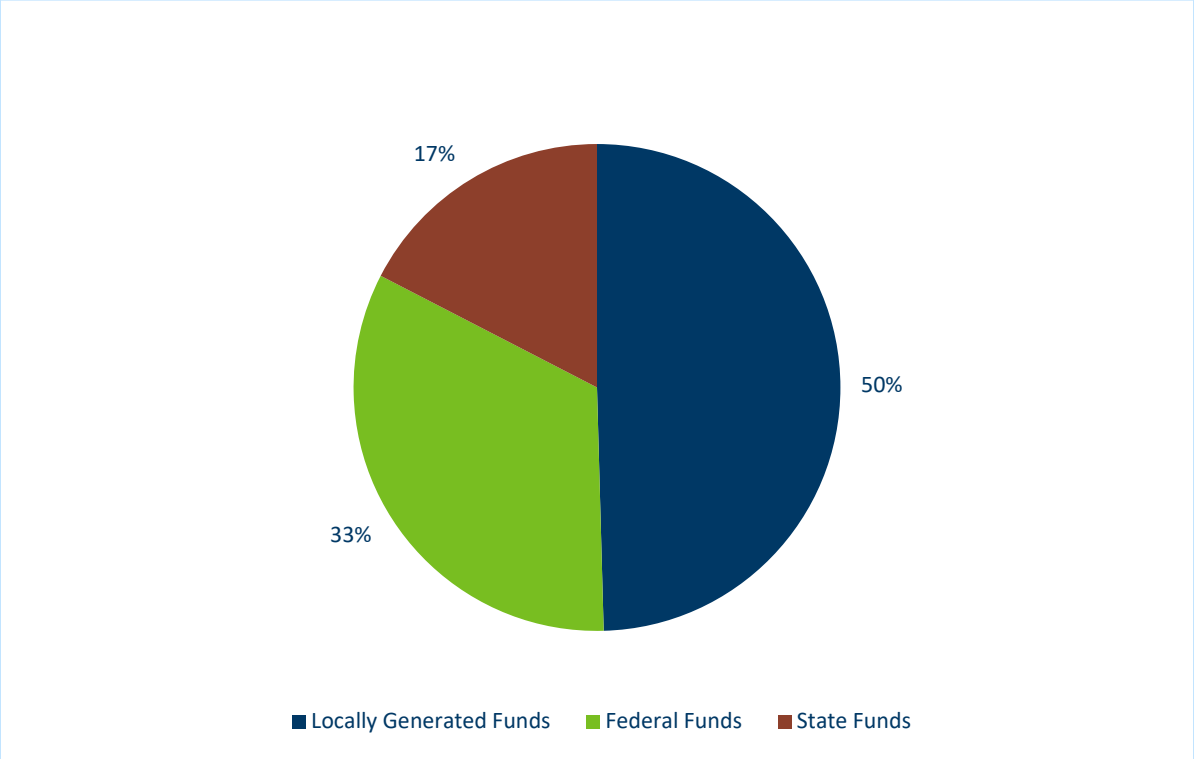
Figure 1. Per capita expenditures in Minnesota's local public health system, 2011-2024



Data is inflation-adjusted to 2022.

Figure 2 shows half of the local public health system's funding for all expenditures, comes from locally generated funds (local tax levy, reimbursement, fees for service, and other local funds). Federal funds accounted for 33% of total expenditures, and state funds accounted for 17%.

Figure 2. Minnesota local public health system funding sources for all expenditures, 2024



The Local Public Health grant, the Foundational Public Health Responsibility grant, and local tax levy are flexible funding sources, meaning they are not associated with a particular program. Instead, they can be used to address high-priority public health issues and infrastructure needs. **Figure 3** shows the proportion of flexible funding has decreased from 52% in 1979 to 45% in 2024. In 2002, flexible funding dipped to a low of 26%. After growing to 41% of expenditures in 2005, flexible funding remained stable until a decline to 35% of expenditures in 2009 and 2010. Individual community health boards have a wide range of flexible funding amounts available, from 9% to 100%, with a median of 36% of their funding deemed flexible. Figure 3 does not include COVID-19 expenditures. In 2024, only a few CHBs reported spending local tax levy and LPH grant dollars on COVID-19, totaling 0.3% of expenditures.

Figure 3. Flexible funding as a percentage of local public health expenditures 1979-2024

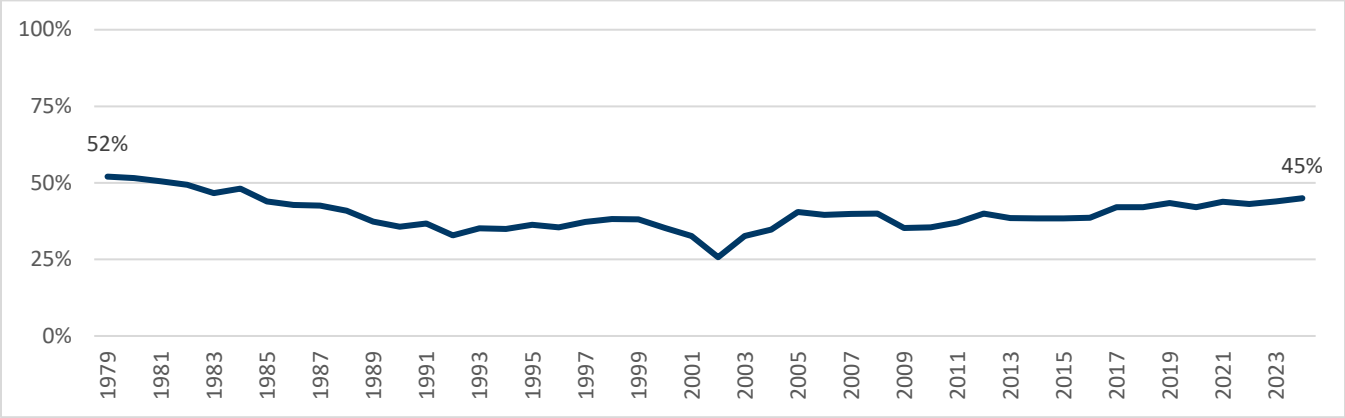
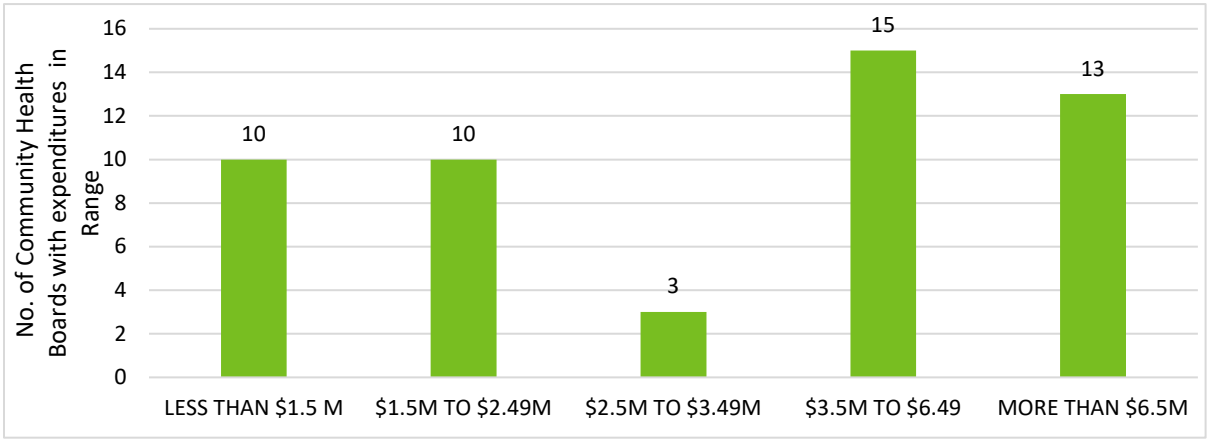


Figure 4 shows ten community health boards (20%) spent less than $1.5 million on public health expenditures in 2024, and another ten (20%) spent between $1.5 and $2.5 million. Of the thirteen community health boards spending over $6.5 million, five are multi-county community health boards, one contains the state's third-largest city, and seven are in the metro region (see Appendix C for a map of regions). Figure 4 does not include COVID-19 expenditures.

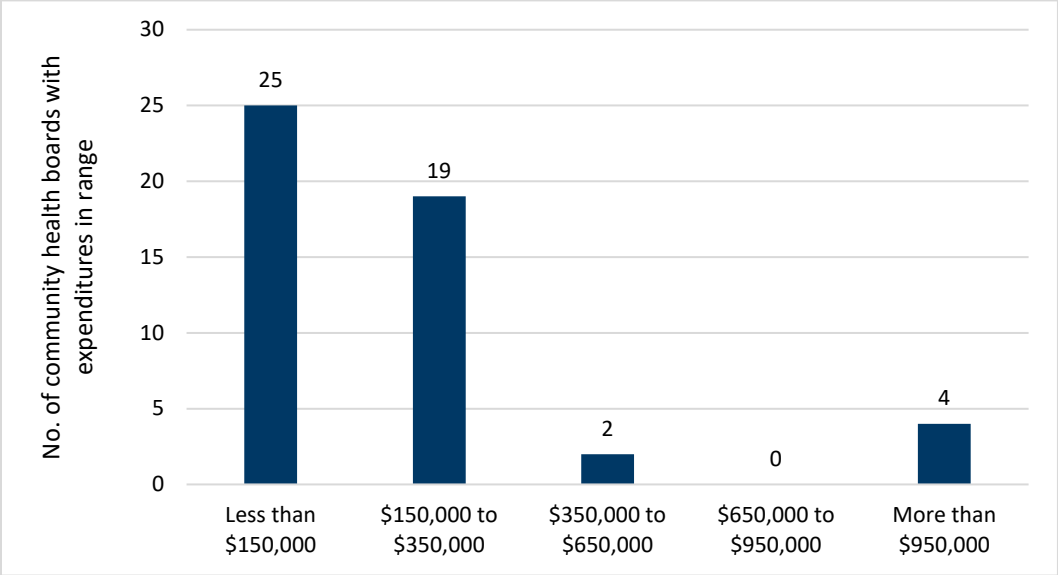
Figure 4. Distribution of public health expenditures (in millions) among community health boards, Minnesota, 2024



The median community health board expenditures (excluding COVID-19) in 2024 was $3.96 million, with a wide range of $403,000 to $142 million. Among community health boards that spent the least on public health in 2024, the bottom 25% of community health boards accounted for a 0.08% of the entire local public health system's expenditures. The community health board with the largest population accounted for 29% of the local public health system's expenditures; the two largest community health boards represented 42% of expenditures.

Figure 5 shows the tapering of spending on COVID-19. Twenty-five community health boards (49%) spent less than $150,000 on COVID-19 response in 2024, and 19 community health boards (37%) spent between $150,000 and $350,000. The community health boards spending over $950,000 are in the metro region.

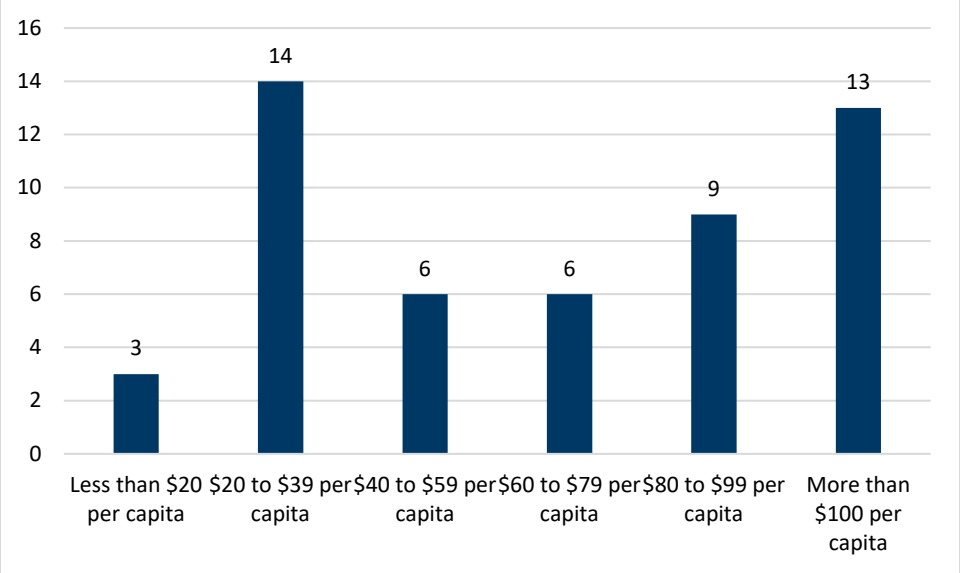
Figure 5. Distribution of COVID-19 expenditures among community health boards, Minnesota, 2024



The median community health board expenditures on COVID-19 recovery in 2024 is of $157,106, with a range from $0 to $8.4 million. The community health board with the largest spending on COVID-19 accounted for 33% of the local public health system's expenditures and the community health board with the largest population accounted for another 28% of the spending, meaning the two community health boards that spent the greatest amount represented 61% of COVID-19 expenditures.

Figure 6 shows the distribution of per capita for all expenditures among community health boards. In 2024, 17 community health boards spent less than $40 per capita. Community health board spending ranged from $6 to $182 per capita, with a median of $65 per capita.

Figure 6. Per capita public health expenditure distribution among Minnesota community health boards, 2024



Of the 22 community health boards with expenditures greater than $80 per capita, five were in the metro, six provided direct care services to the correctional population in county facilities, and three provided home health services to smaller, rural populations. 35 community health board spent less than $3 per capita on COVID-19 recovery. Community health board spending ranged from $0 to $19 per capita, with a median of $3 per capita.

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

Funding partnerships with community organizations

Community health boards work closely with community partners and other organizations to improve community health behaviors and outcomes. In 2024, 71% of CHBs reported providing funding to other organizations. They estimated over 1400 organizations receive funding though agreements including, but not limited to, grants, subcontracts, and contracts, a 40% increase compared to 2023. This funding to other organizations totaled $39.6 million, accounting for nearly 8% of total expenditures.

Expenditures by public health responsibility

In 2023, foundational public health responsibilities (FPHR) were adopted to reflect the full scope of Minnesota's governmental public health system. In 2024, community health boards reported by responsibilities in the FPHR framework, which are aligned with the six areas of responsibility outlined in Minnesota Statute 145A. For more

information about alignment, see Appendix B. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility.

Table 2 shows the distribution and expenses of the local public health system in 2024 organized by the public health responsibilities. Community health boards support activities with different mixes of funding depending on the responsibility.

Table 2. Expenditures by Public Health Responsibilities, Minnesota community health boards, 2024

Foundational Responsibility	2024 dollars (in millions)	2024 percentage of all spending
Chronic Disease and Injury Prevention; Maternal, Child and Family Health	$153.1	29.5%
Access to and Linkage with Clinical Care	$148.5	28.6%
Environmental Public Health	$77.3	14.9%
All capabilities (except emergency preparedness and response)	$67.0	12.9%
Communicable Disease Control (COVID-19 expenditures included here)	$54.3	10.5%
Emergency Preparedness and Response	$19.0	3.7%
Total spending	$519.2	100.0%

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

The local public health system spent 29.5% of its funding ($153 million) in these areas. Community health board spending ranged from $58,000 to $28 million, with a median of $1.5 million.

Across the local public health system, all funding sources contributed to expenditures in these areas. Other federal funds supported 33% of the spending ($49.7 million), and local tax levy provided 21% of these area's funding ($31.6 million). The remainder came from other state funds (19%), Medicaid (7%), TANF funds (5%), and the Local Public Health Grant (6%).

Access to and Linkage with Clinical Care (Assure health services)

This area accounted for the second-largest amount of system expenditures in 2024 ($148.5 million), over thirteen million dollars more than in 2023. Twenty-seven (27) community health boards decreased spending in this area; Twenty-two (22) increased spending. Community health board spending ranged from $0 spent to $77 million in this area, with a median of $710,649; spending varied significantly depending on the community health board's population. These expenditures were supported primarily by local tax levies (50%), Medicaid (15%), and other federal funds (10%).

Expenditures in this area includes services provided for home health care, hospice, correctional health, and emergency medical services program; these direct services accounted for 13% of expenditures in this area in 2024, and 4% of expenditures across all areas. Correctional health accounted for 7% of spending in this area ($9 million), and home care and hospice services for 6% ($8 million). Forty-seven CHBs reported expenditures towards emergency medical services in 2024. 53% of community health boards reported spending nothing on these direct services in 2024.

Environmental Public Health (Protect against environmental health hazards)

This area totaled $77 million in 2024. Twenty community health boards spent less than $10,000 on environmental public health; nine community health boards spent $0 in this area in 2024.[a] Community health board spending ranged from $0 to $24 million in this area, with a median of $33,028.

Fees supported 36% ($27 million) of the expenditures. Other funding sources included $36 million in local tax levy (47%), other state funds (5%) and other local funds at 6%. Six metro area community health boards spent more than $1.5 million on this area. They spent $70 million, and they accounted for 90% of environmental public health spending.

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

CHBs reported that 13% of their expenditures went towards local public health infrastructure. Infrastructure supports basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes. Community health board spending ranged from $43,003 to $9.4 million in this area, with a median of $649,932.

Local tax levy supported 61% of $67 million total spent in this area; other significant funding sources included the Local Public Health Grant (17%) other state and other local sources at 6% each, and Foundational Public Health Responsibility Grant at 5%. Four community health boards do not use local tax levy for funding in this area, and three community health boards do not use Local Public Health Grant funds.

Communicable Disease Control (Prevent the spread of communicable diseases)

Excluding expenditures on COVID-19, communicable disease accounted for 6% ($29 million) of system expenditures. Community health board spending ranged from $0 to $12 million, with a median of $95,254. Other federal funds supported 36% ($10.6 million) of communicable disease spending. Other funding sources supporting this area included local tax levy (21%), other state funds (17%), and Local Public Health Grant state funds (14%). The largest two community health boards in the metro area spent over $19 million in this area of responsibility, accounting for 67% of all spending in this area.

Of the $54 million expenditures in this area, $25.2 million was spent on COVID-19 response and recovery. COVID-19 expenditures in 2024 primarily came from federal funding.

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

Emergency Preparedness and Response (Prepare and respond to emergencies)

Emergency preparedness total expenditures comprised $19 million or 3%, which is $10 million more than was spent in 2023 in this area of responsibility. Community health board spending ranged from $0 to $8.8 million in this capability, with a median of $144,905.

Fifty-eight percent ($11 million) of emergency preparedness funding came from other federal funds, and 19% ($3.6 million) came from local tax levies, and 19% came from other state funds ($3.6 million)

New funding to strengthen foundational work

The distinction between expenditures towards foundational responsibilities and community-specific work cannot be fully understood by the current reporting structure, however CHBs have increased expenditures towards foundational responsibilities over the past several years. In 2024, a new funding source, the Foundational Public Health Responsibilities (FPHR) grant, was available to community health boards. This ongoing, annual allocation of funds from the MN legislature is intended to strengthen capacity for community health boards to carry out foundational responsibilities. In 2024, community health boards expended $4.16 million from the Foundational Public Health Responsibilities (FPHR) grant across the foundational responsibilities. The remainder of the $9 million were carried forward to be expended in 2025. For more information about how the FPHR grant was used, see Foundational Public Health Responsibilities (FPHR Grant) 2024 Annual Report.

Expenditures by region

Table 3 shows total and per capita expenditures by region; see Appendix C for a map of the Minnesota's regions by county. The state's West Central region spent the most per capita on public health, $134.02. Both CHBs in West Central region provide direct services in their communities. The Central region spent the least, $41.22.

Table 3. Regional and per capita public health expenditures, Minnesota, 2024

Region	Total expenditures (in millions)	Per capita expenditures
Northwest	11526384	$54.17
Northeast	$18,767,990.41	$57.35
West Central	$32,616,625.15	$135.94
Central	$35,995,504.94	$43.52
Metro	$333,727,363.41	$102.75
Southwest	$15,830,499.00	$72.48
South Central	$22,898,779.74	$79.45
Southeast	$47,882,724.52	$91.25
All regions	**$519,245,871.17**	**N/A**

Percent of expenditures by public health responsibility for each region are shown in **Table 4**. The variation between all regions in the areas of communicable disease and emergency preparedness is between 4% and 6%.

Assure health services saw the most variation across regions (spanning about 29 percentage points). Regional environmental health expenditures as a proportion of total spending vary from less than 1% to 22%. Expenditures on infrastructure as a portion of total spending vary from 8% to 22% across regions.

Table 4. Percent of regional public health expenditures by public health responsibility, Minnesota, 2024

Region	All Capabilities except EPR	Chronic Disease and Injury Prevention and Maternal, Child, and Family Health	Communicable Disease Control (COVID-19 Included)	Environmental Public Health	Emergency Preparedness and Response	Access to and Linkage with Clinical Care
Northwest	17.6%	39.7%	9.5%	0.8%	3.6%	28.8%
Northeast	15.7%	57.2%	6.2%	1.5%	3.7%	15.6%
West Central	20.1%	17.4%	2.2%	3.8%	1.1%	55.3%
Central	17.0%	46.4%	8.2%	1.6%	5.6%	21.3%
Metro	8.3%	24.9%	12.9%	21.6%	3.8%	28.5%
Southwest	21.4%	41.8%	10.0%	5.4%	5.2%	16.2%
South Central	23.8%	35.9%	5.6%	4.0%	4.2%	26.5%
Southeast	26.6%	36.4%	5.5%	2.8%	2.2%	26.4%

Six regions spent the highest proportion of funding on Chronic Disease and Injury Prevention, and Maternal, Child, and Family Health (Central, South Central, Northeast, Northwest, Southwest, and Southeast). The West Central region spent the largest proportion of their funding on Access to and Linkage with Clinical Care. These findings are similar to those in 2023.

Table 5 compares each region's funding sources for expenditures (excluding COVID-19). Local tax levy accounted for 12% to 46% of expenditures for all regions. Local Public Health Grant accounted for between 4% to 12% of total expenditures for all regions.

Table 5. Regional comparison of public health funding sources, 2024

Regions	Local Public Health Grant	FPHR Grant	Federal Title V	Federal TANF	Medical Assistance	Medicare	Private Insurance	Local Tax	Client Fees	Other Fees non-client	Other Local Funds	Other State Funds	Other Federal Funds	Total
North West	11%	4%	2%	1%	7%	3%	9%	12%	1%	1%	9%	13%	27%	100%
North East	12%	1%	2%	4%	10%	1%	1%	30%	2%	0%	1%	17%	19%	100%

Regions	Local Public Health Grant	FPHR Grant	Federal Title V	Federal TANF	Medical Assistance	Medicare	Private Insurance	Local Tax	Client Fees	Other Fees non-client	Other Local Funds	Other State Funds	Other Federal Funds	Total
West Central	4%	1%	1%	1%	17%	10%	0%	12%	3%	4%	6%	30%	11%	100%
Central	10%	3%	2%	2%	10%	5%	0%	22%	0%	1%	3%	15%	27%	100%
Metro	5%	0%	1%	1%	3%	0%	2%	46%	0%	9%	5%	9%	19%	100%
South West	11%	4%	2%	2%	13%	3%	1%	20%	1%	4%	6%	12%	21%	100%
South Central	7%	2%	1%	1%	12%	6%	0%	36%	0%	3%	3%	13%	16%	100%
South East	5%	1%	1%	1%	17%	1%	0%	40%	1%	3%	1%	11%	17%	100%
All Regions	6%	1%	1%	1%	7%	2%	2%	39%	1%	6%	4%	12%	19%	100%

Note: 0% should not be interpreted $0 expended. The percentages have been rounded to the nearest whole number.

This table only reflects only expenditures, not revenues. Information about total revenue is not included and there is variation among community health boards in what funding sources are expended first. For example, a community health board may have more local tax levy available than what was expended, so caution is needed when interpreting findings.

Appendix A. Funding sources

- 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 Responsibilities Grant: Report expenditures paid with the Foundational Public Health Responsibilities Grant. This was new grant funding allocated by the state legislature. Funding began in 2024 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), developmental disabilities (DD), 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 Senior Health 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: Report expenditures paid with the Local Public Health Grant. These funds are to be used for the operations of community health boards.
- Local Public Health Grant 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

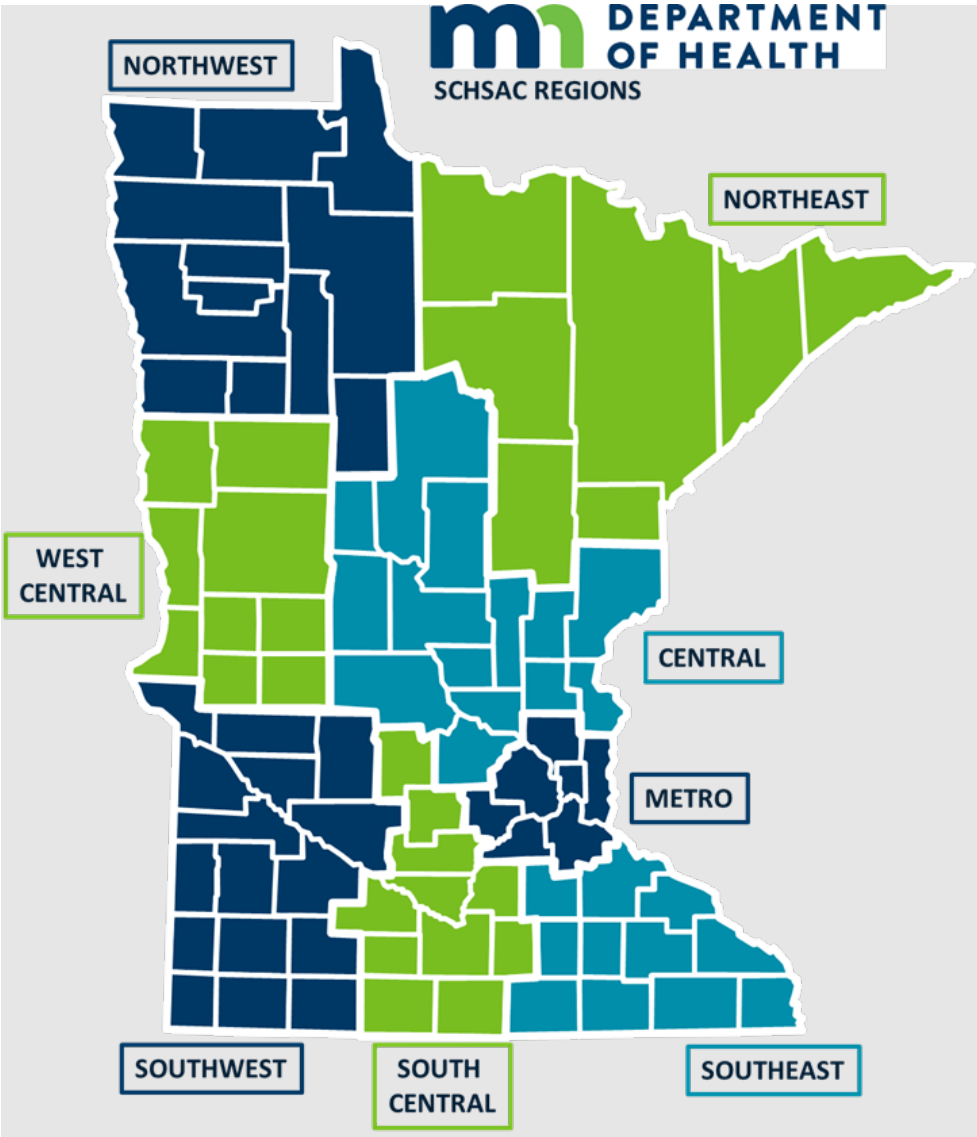
- Federal COVID Grant dollars awarded by the MDH to community health boards. This may include:
  - COVID Vaccine Implementation and Recovery Grant (one grant) which includes funds from both Immunization (April 1, 2021 to June 30, 2025) and Epidemiology and Laboratory Capacity (ELC) funds (April 1, 2021 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, 2024)
  - 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. Foundational public health responsibility alignment to areas of public health responsibility

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

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

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



Community health board	Member counties, cities, or local health departments (2024)	SCHSAC region
Aitkin-Itasca-Koochiching	Aitkin County Health & Human Services Itasca County Health & Human Services Koochiching County Public Health & Human Services	Northeast
Anoka	Anoka County Human Services	Metro
Beltrami	Beltrami County Public Health	Northwest
Benton	Benton County Public Health	Central
Bloomington	City of Bloomington Community Services	Metro
Blue Earth	Blue Earth County Human Services/Social Services	South Central

Community health board	Member counties, cities, or local health departments (2024)	SCHSAC region
Brown-Nicollet	Brown County Public Health Nicollet County Public Health	South Central
Carlton-Cook-Lake-St. Louis	Carlton County Public Health & Human Services Cook County Public Health Lake County Health & Human Services St. Louis County Public Health & Human Services	Northeast
Carver	Carver County Public Health	Metro
Cass	Cass County Health, Human, & Veterans Services	Central
Chisago	Chisago County Health & Human Services	Central
Countryside	Big Stone County Chippewa County Lac qui Parle County Swift County Yellow Medicine County	Southwest
Crow Wing	Crow Wing County Community Services	Central
Dakota	Dakota County Public Health	Metro
Des Moines Valley	Cottonwood County Jackson County	Southwest
Dodge-Steele	Dodge County Public Health Steele County Community Services	Southeast
Edina	City of Edina: Public Health	Metro
Faribault-Martin	Faribault County Martin County	South Central
Fillmore-Houston	Fillmore County Community Services Houston County Public Health	Southeast
Freeborn	Freeborn County Public Health	Southeast
Goodhue	Goodhue County Health & Human Services	Southeast
Hennepin[b]	Hennepin County Public Health Promotion	Metro
Horizon	Douglas County Grant County Pope County Stevens County Traverse County	West Central
Isanti	Isanti County Public Health	Central
Kanabec	Kanabec County Community Health	Central
Kandiyohi-Renville	Kandiyohi County Health & Human Services Renville County Health & Human Services	Southwest
Le Sueur-Waseca	Le Sueur County Public Health Waseca County Public Health Services	South Central
Meeker-McLeod-Sibley	McLeod County Public Health Nursing Meeker County Public Health Sibley County Public Health	South Central
Mille Lacs	Mille Lacs County Public Health	Central
Minneapolis	City of Minneapolis Health Department	Metro

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

Community health board	Member counties, cities, or local health departments (2024)	SCHSAC region
Morrison-Todd-Wadena	Morrison County Public Health Todd County Health & Human Services Wadena County Public Health	Central
Mower	Mower County Health & Human Services	Southeast
Nobles	Nobles County Community Health Services	Southwest
North Country	Clearwater County Public Health/Nursing Services Hubbard County: CHI St. Joseph's Health Lake of the Woods County: Lake Wood Health Center	Northwest
Olmsted	Olmsted County Public Health Services	Southeast
Partnership4Health	Becker County Public Health Clay County Social & Health Services Otter Tail County Public Health Wilkin County Public Health	West Central
Pine	Pine County Public Health	Central
Polk-Norman-Mahnomen	Mahnomen County: Norman-Mahnomen Public Health Norman County: Norman-Mahnomen Public Health Polk County Public Health	Northwest
Quin County	Kittson County: Kittson Memorial Healthcare Center Marshall County: North Valley Public Health Pennington County: Inter-County Nursing Service Red Lake County: Inter-County Nursing Service Roseau County: LifeCare Public Health	Northwest
Rice	Rice County Public Health	Southeast
Richfield	City of Richfield Public Health	Metro
Scott	Scott County Public Health	Metro
Sherburne	Sherburne County Health & Human Services	Central
St. Paul-Ramsey	Ramsey County City of St. Paul	Metro
Stearns	Stearns County Human Services	Central
SWHHS (Southwest Health and Human Services)	Lincoln County Lyon County Murray County Pipestone County Redwood County Rock County	Southwest
Wabasha	Wabasha County Public Health	Southeast
Washington	Washington County Public Health & Environment	Metro
Watonwan	Watonwan County Human Services	South Central
Winona	Winona County Community Services	Southeast
Wright	Wright County Human Services	Central