



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

This report summarizes Minnesota's local public health system staffing in 2024 (Jan. 1 to Dec. 31), submitted by Minnesota's community health boards to the Minnesota Department of Health (MDH).

For calendar year 2024, community health boards reported on staffing by the following responsibilities related to the [Foundational Public Health Responsibility Framework](#) (pictured on page 2). The reporting categories align with the six areas of public health responsibility defined in [MN Statute 145A.04, subd 1a](#).

2024 workforce reporting: FPHR framework (areas of public health responsibility)

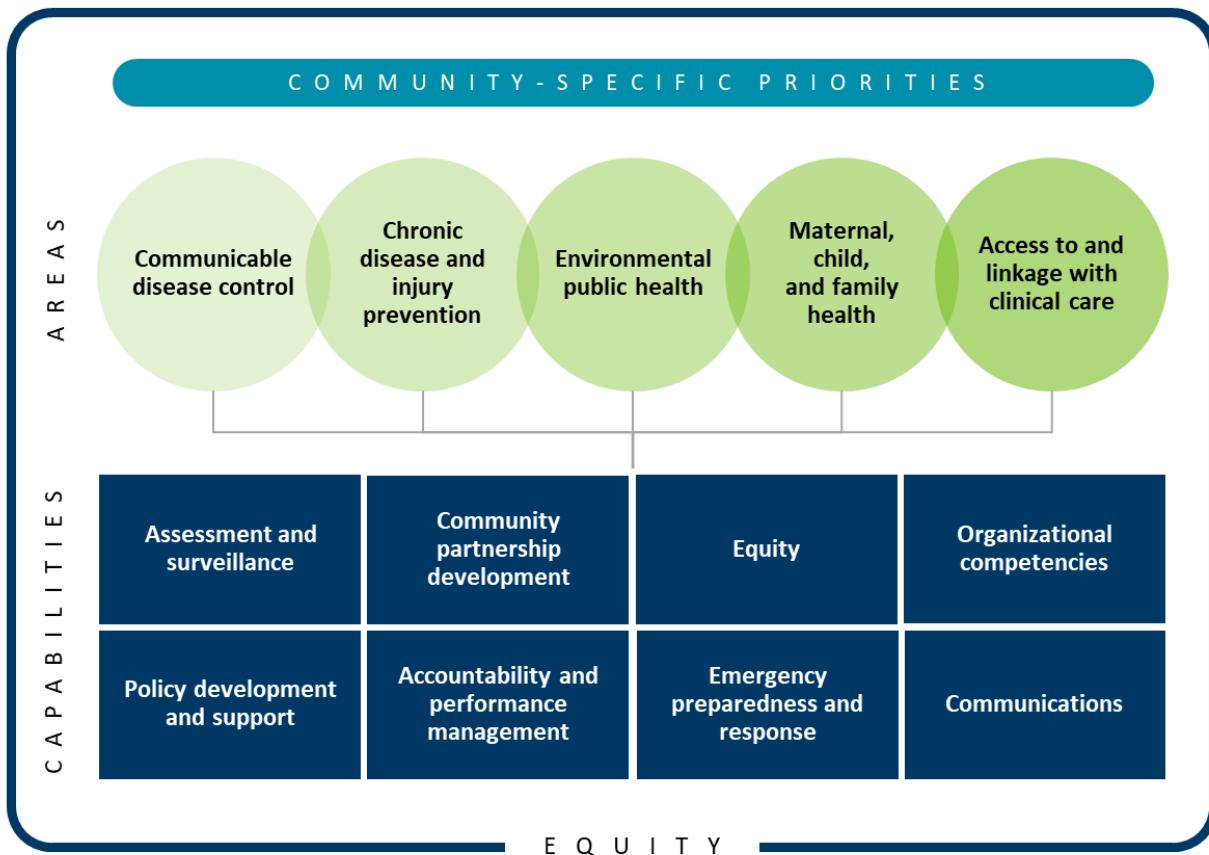
All capabilities, except emergency preparedness response (Assure an adequate local public health infrastructure)	Emergency preparedness and response (Prepare and respond to emergencies)	Communicable Disease Control (Prevent the spread of communicable disease)
Chronic Disease and Injury Prevention and 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 full-time equivalents (FTEs) to carry out foundational responsibilities from those for community-specific priorities, which reflect the unique needs of each jurisdiction. The exception is within *Access to and Linkage with Clinical Care*. Community health boards that provide direct services (such as home health, correctional health, hospice, and emergency medical services) report on FTEs supporting these services separately.

For a complete description of job classifications to learn more about public health responsibilities (including alignment between the six areas of responsibility and the foundational public health responsibilities), see [Appendix A. Job classifications](#) and [Appendix B. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility](#). In the 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 calculated full-time equivalents per 100,000 based on 2024 population estimates from the Minnesota Center for Health Statistics.

Foundational Public Health Responsibilities



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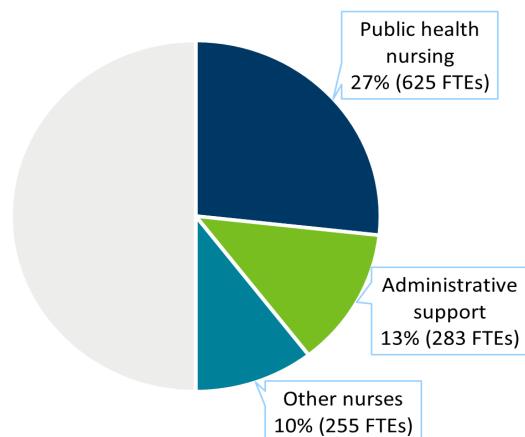
At a glance: Calendar year 2024 workforce

Click on the underlined heading to learn more about that topic.

Total FTEs in Minnesota: 2,688

- Less than 1% increase from 2023 (2,667)
- Median CHB staffing: 31 FTEs (range of 2 to 442)
- Median per capita staffing: 50 FTEs per 100,000 population (range of 6 – 179)
- The five largest CHBs make up 42% of all FTEs across the local public health system

Top three roles



Regional insights

Highest per capita FTEs: West Central Region, 94 FTEs per 100,000 population

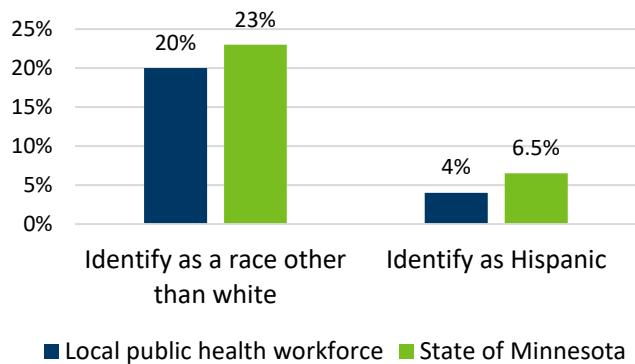
Lowest per capita FTEs: Central Region, 35 FTEs per 100,000 population

Region with most FTEs: Metro (1,317; 49% of all)

Higher staffing per 100,000 is often due to direct service provision.

Workforce diversity

Data is incomplete for some large CHBs.



Growing and declining roles since 2023

- ▲ Social workers (+15%)
- ▲ Environmental scientists (+11%)
- ▲ Nutritionists (+8%)
- ▲ Public health program specialists (+7%)
- ▲ Health planners (+6%)
- ▼ Paraprofessionals (-13%)

Growing and declining FTEs by responsibility since 2023

The sum of FTEs across responsibilities does not equal the total due to rounding.

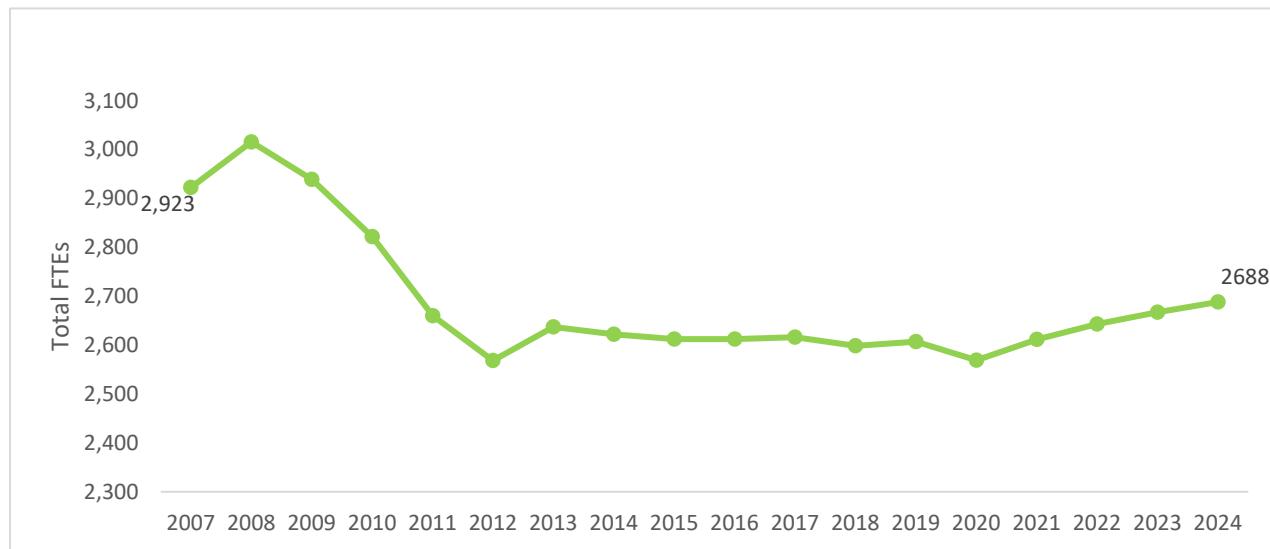
- ▲ Chronic disease and injury prevention; Maternal, child and family health: 1,064 FTEs (+5%)
- ▲ Environmental public health: 294 FTEs (+5%)
- ▲ Emergency preparedness and response: 155 FTEs (+35%)
- ▲ All other Foundational capabilities (not emergency preparedness and response): 418 FTEs (+10%)
- ▼ Communicable disease control: 162 FTEs (-43%)
- ▼ Access to and linkage with clinical care: 596 FTEs (-3%)

Local public health system workforce in 2024

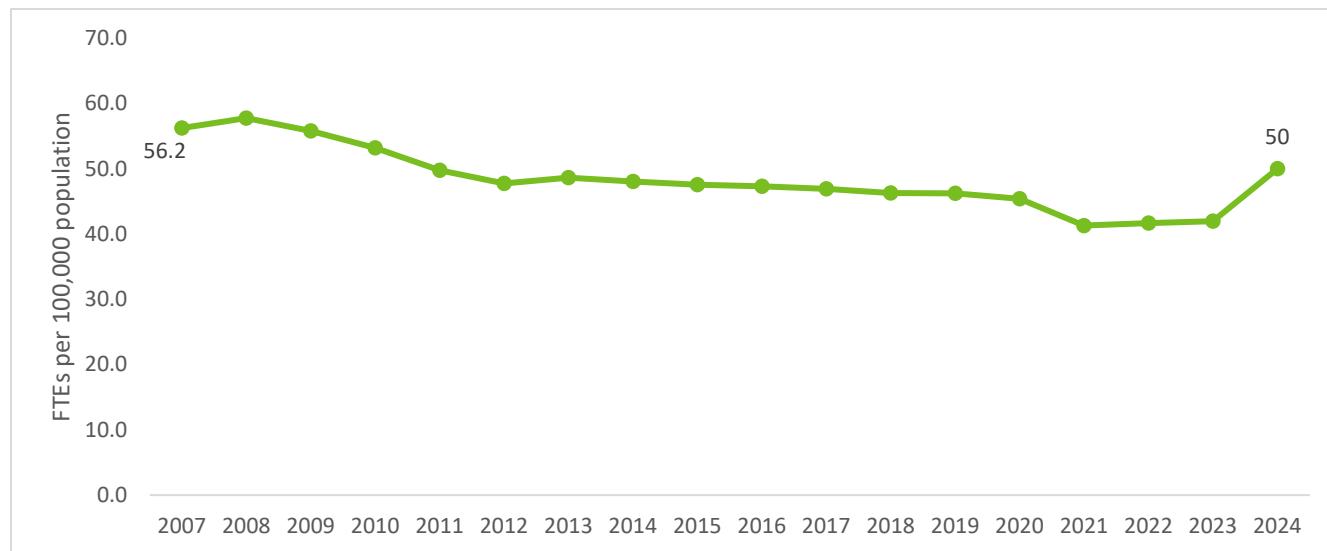
Statewide workforce summary

In 2024, Minnesota's local public health system employed a total of 2,688 FTEs. Between 2007 and 2024, the local public health system lost 235 FTEs, equivalent to 9% of the state's local public health workforce. The number of total FTEs fell sharply from 2008 to 2012 and has remained relatively stable since that time (**Figure 1**).

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



The trend FTEs per 100,000 population mirrors the overall trend in total FTEs. In 2007, the state's local public health system had 56 FTEs per 100,000, and that number fell from 2008 to 2012. This trend is up slightly in 2024 at 50 FTEs but remains below pre-recession numbers. (**Figure 2**).

Figure 2. Local public health system FTEs per 100,000 population, 2007-2024

The local public health system is supported by a variety of job classifications (**Table 1**). Nearly all community health boards employed public health nurses, accounting for 23% of the local public health system workforce. Together, public health nurses and other nurses represented 32% of the workforce. Job classifications seeing the most growth in 2024 when compared to 2023 are social workers, environmental scientists and specialists, nutritionists, and public health program specialists and planners. In 2024, 67% of community health boards reported having Public Health Planner FTEs, an increase from 53% in 2023. There was a significant decline in paraprofessionals in 2024. Only eight community health boards (16%) have epidemiologists, and all but two of these community health boards are in the metro region.

Table 1. Public health FTEs by job classification, and community health boards with FTEs in each job classification, Minnesota, 2024

Job classification	Total FTEs in state of Minnesota (#)	Total FTEs in state of Minnesota (%)	Community health boards with FTEs in job class (#)	Community health boards with FTEs in job class (%)
Public health nurse	625.43	23%	48	94%
Administrative support	283.26	11%	48	94%
Other nurse	255.23	9%	34	67%
Administrative/business professional	160.96	6%	38	75%
Public health educator	172.67	6%	36	71%

Job classification	Total FTEs in state of Minnesota (#)	Total FTEs in state of Minnesota (%)	Community health boards with FTEs in job class (#)	Community health boards with FTEs in job class (%)
Public health program specialist	149.01	6%	18	35%
Health planner	138	5%	34	67%
Nutritionist	138.09	5%	32	63%
Environmental scientist and specialist	134.78	5%	21	41%
Medical and public health social worker	129.78	5%	18	38%
Paraprofessional	112.65	4%	23	45%
Health administrator	119.53	4%	51	100%
Public health Informaticians	52	2%	5	10%
Community Health Workers	57.8	2%	20	39%
Technician	24.49	1%	9	18%
Epidemiologist	16.8	1%	8	16%
Other ^a	117.61	4%	n/a	n/a
Total	2688.09	100%	n/a	n/a

In 2024, community health boards reported a total of 82.4 contracted FTEs local public health. Of these 26.8 FTEs (33%) were occupied in nursing positions while 7.3 FTEs (9%) were public health educators, and 6.4 (8%) were occupied as public health program specialists.

Figure 3 shows the distribution of total FTEs across all community health boards. Nine community health boards (18%) employed fewer than 15 total FTEs. Total FTEs employed ranged from 3 FTEs to 442 FTEs, with a median of 31 FTEs.

The five largest community health boards by population accounted for 42% of all FTEs and employed 1116 FTEs. The community health boards employing over 85 FTEs were mostly located in the metro region, contained a large urban area, or were comprised of multiple counties.

^a Includes occupation safety and health specialist, dental worker, physician, physical therapist, mental health counselor, interpreter, licensure/inspection/regulatory specialist, service/maintenance, other public health professional, and other.

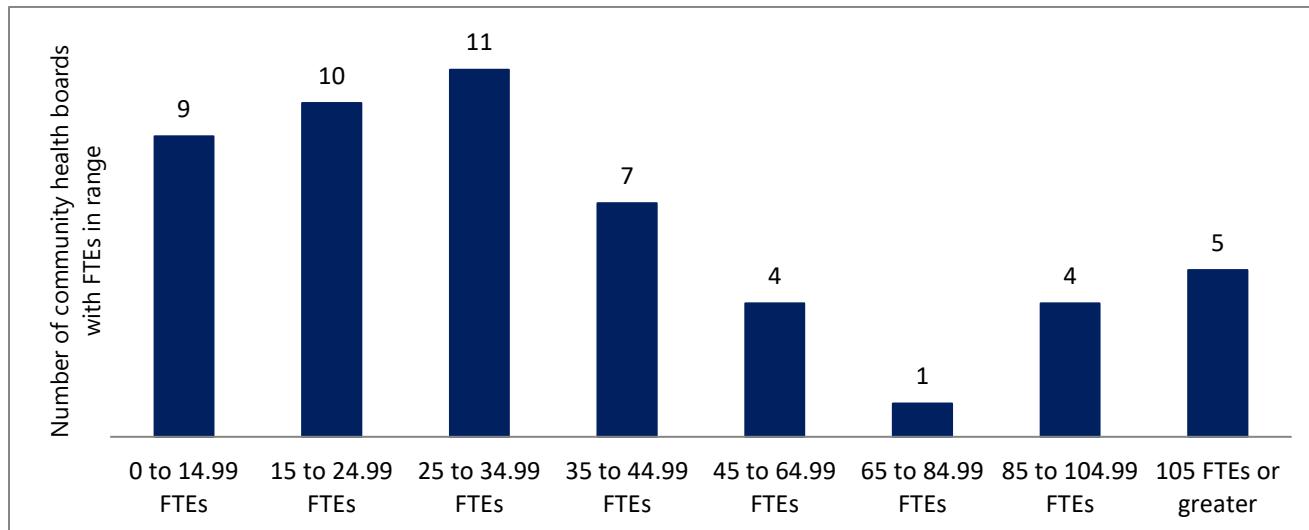
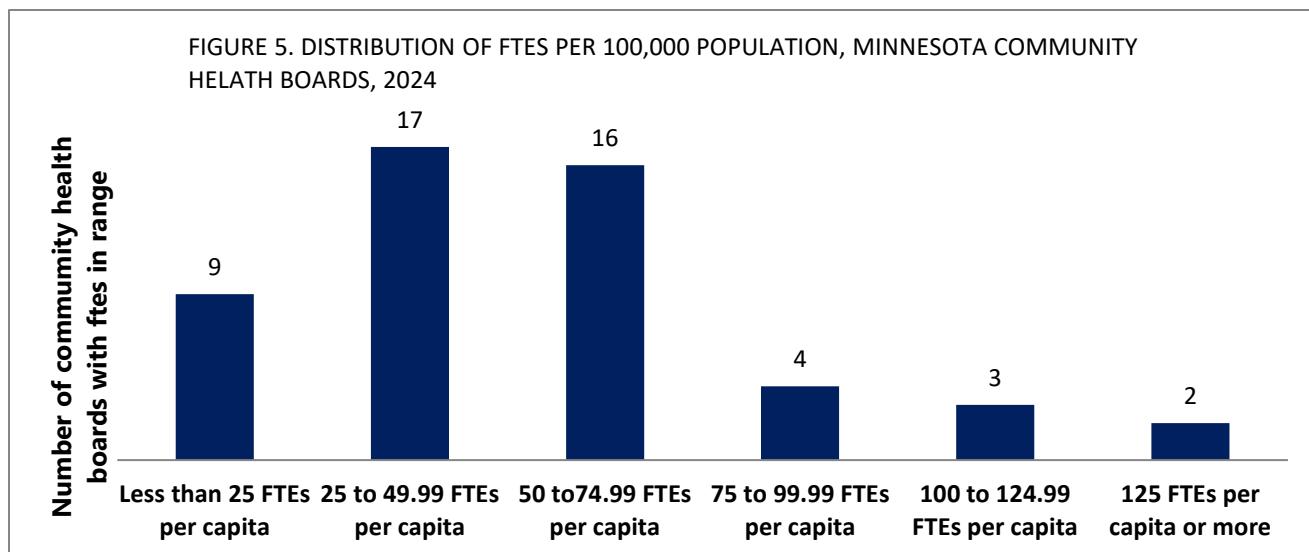
Figure 3. Distribution of total FTEs among community health boards, Minnesota, 2024

Figure 4 shows the local public health system's distribution of FTEs per 100,000 population. Twenty-six community health boards (51%) employed fewer than 50 FTEs per 100,000. FTEs per 100,000 ranged from 6 FTEs to 179 FTEs, with a median of 50 FTEs per 100,000.

Most of the community health boards with the highest FTEs per 100,000 provided direct services to smaller, rural populations.

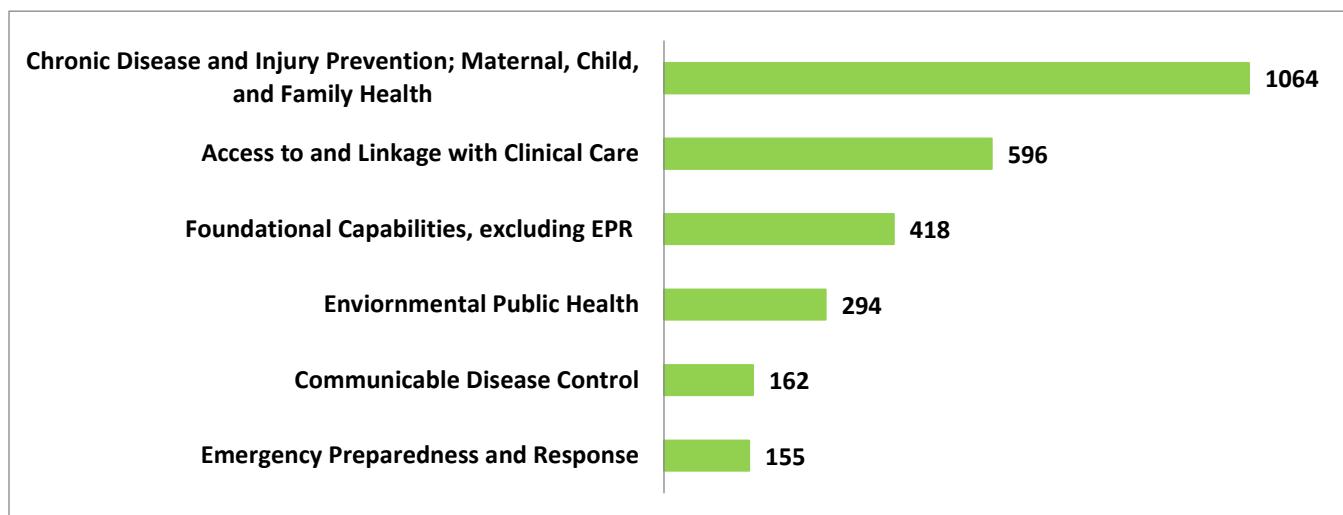
Figure 4. Distribution of FTEs per 100,000 population, Minnesota community health boards, 2024

Statewide workforce by public health responsibility

In 2023, [foundational public health responsibilities \(FPHR\)](#) were adopted to reflect the responsibilities of Minnesota's governmental public health system. In 2024, community health boards reported by responsibilities adopted in 2023, connected to the six areas of responsibility outlined in Minnesota Statute 145A. For more information on this alignment, see [Appendix B. Foundational Public Health Responsibility Alignment to Areas of Public Health Responsibility](#).

Figure 5 shows the number of FTEs by each responsibility. Workforce dedicated to chronic disease and injury prevention and maternal, child, and family health accounted for 40% of total FTEs. Access to and linkage with clinical care accounted for 22% of the local public health workforce. Communicable disease control and emergency preparedness and response have the fewest FTEs.

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



The sum of FTEs across responsibilities does not equal the total due to rounding.

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

This responsibility was staffed by 1064 FTEs, or 40% of the local public health system workforce; this is an increase of 5% (55 FTEs) from 2023. Public health nurses accounted for 34% of FTEs in this responsibility. Other staff roles included public health nutritionists (12%), health educators (10%), administrative support (8%), paraprofessionals (6%), and public health program specialists (6%).

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

This responsibility was staffed by 596 FTEs, a decrease of 3% (17 FTEs) from 2023. Nurses, including public health and other nurses, accounted for 51% of FTEs in this responsibility. Other staff included paraprofessionals (5%), medical and public social workers (11%), and administrative support (9%).

A significant number of FTEs in this responsibility provide direct services through home health care, hospice, correctional health, and emergency medical services programs. These direct services accounted for 120 FTEs, a decrease of 20% (29 FTEs) from 2023 and a 30% decrease (91 FTEs) compared to 2011. These FTEs account for 23% of all access to and linkage with clinical care FTEs and 6% of all FTEs.

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

Foundational capabilities are cross-cutting skills, abilities, and infrastructure supporting all public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes. Foundational capabilities include accountability and performance management, assessment and surveillance, communications, community partnership development, equity, organizational competencies, and policy development and support.

Community health boards classified 418 FTEs into foundational capabilities, which accounted for 15% of all FTEs. This was an increase of 10% (39 FTEs) from 2023. All community health boards classified at least one full FTE for this responsibility, one community health boards had less than 1 FTE. Twenty one percent (21%) of FTEs were classified as administrative support. Health administrators (17%) and administrative/business professionals (16%) also accounted for a high proportion of FTEs in this responsibility.

Environmental Public Health (Protect against environmental health hazards)

This responsibility was staffed by 294 FTEs, or 11% of the local public health system workforce. This was an increase of 11% (14 FTEs) from 2023. Nearly, half of this area's FTEs were environmental scientists and specialists (44%). Other job classifications included licensure/inspection/regulatory specialist (18%), administrative support (7%), public health program specialist (7%), and service/maintenance (3%). Six community health boards from the metro region accounted for 80% of all FTEs in this area, and six community health boards mostly rural reported no FTEs in this area.

Communicable Disease Control (Prevent the spread of communicable diseases)

In the local public health system, 162 FTEs were reported as working in communicable disease control. This was a decrease of 123 FTEs (43%) since 2023. FTEs in communicable disease control make up 6% of local public health workforce. Nurses, both public health and other nurses, accounted for 45% of the staff in communicable disease. Other professions included administrative support (12%), and health planners/researchers (7%). It is

important to note that two metro community health boards accounted for 61% of FTEs in this responsibility, and 20 community health boards employed less than 1 FTE in this area.

Emergency Preparedness and Response (Prepare and respond to emergencies)

This responsibility is staffed by 155 FTEs, an increase of 35% (54 FTEs) from 2023, accounting for 6% of all FTEs. This is an increase of 35% (54 FTEs) from 2023. Fourteen percent of emergency preparedness FTEs were public health nurses. Other professions in this area included health administrators (17%), public health educator (12%), program specialist (10%), and administrative support (10%).

Statewide workforce by race and ethnicity

Data on race and ethnicity of community health board staff are available for 50 community health boards (See **Table 2**). About 20% of community health board staff identified as a race other than white, compared to Minnesota's general population, where 23% identify as a race other than white. This is a 33% increase from 2023 (15% identified as a race other than white). Race other than white was determined by grouping black or African American; American Indian or Alaska Native; Asian; Native, Hawaiian, or Other Pacific Islander; two or more races; and other/unknown into one category. In 2024, 4% of staff reported as Hispanic, this is an increase of about 2% from 2023.

Note: This data is limited, with one of the largest CHBs reporting race/ethnicity as other/unknown for all staff.

Table 2. Staff race/ethnicity, Minnesota community health boards, 2024

Race/ethnicity	Count (#)	Minnesota public health workforce frequency (%)	Minnesota general population frequency (%)
White	2014	79.07%	76.9%
Asian	103	4.04%	5.5%
Black or African-American	162	6.36%	7.9%
Hispanic	103	4.04%	6.5%
American Indian or Native Alaskan	12	0.47%	1.4%
Native Hawaiian / other Pacific Islander	4	0.16%	0.1%
More than one race reported	44	1.73%	2.9%
Other/unknown	105	4.12%	n/a
Total	2547	100.00%	101.20%

Regional workforce comparisons

Table 3 shows the number of total FTEs and FTEs per 100,000 population by region. The metro region had the greatest total number of FTEs (1317) but one of the fewest number of FTEs per 100,000 (41). Compared to 2023, staffing levels stayed consistent and no significant changes were observed. Some community health boards outside the Metro provided direct services, which contributed to the higher number of FTEs per 100,000 in greater Minnesota.

Table 3. Regional FTE totals and FTEs per 100,000 population, Minnesota, 2024

Region	Total FTEs	% of Total FTEs	FTEs per 100,000 Population	Land area in square miles	Population per square mile
Northwest	89	3%	53	14,724	11
Northeast	119	4%	36	18,264	18
West Central	225	8%	94	8,076	30
Central	291	11%	35	11,829	70
Metro	1317	49%	41	2,786	1166
Southwest	137	5%	63	10,965	20
South Central	183	7%	64	5,779	50
Southeast	327	12%	62	7,205	73
All Regions	2688	100%	46	79,628	73

Table 4 shows the number of FTEs working in each public health responsibility by region. Chronic disease and injury prevention and maternal, child, and family health accounted for the most FTEs in each region. The metro region accounted for over half of the FTEs in the areas of environmental health (84%) and communicable diseases (70%).

Table 4. FTEs by area of responsibility, by region, Minnesota, 2024

Region	All capabilities (except emergency preparedness and response)	Chronic Disease and Injury Prevention; Maternal, Child and Family Health	Communicable Disease Control	Environmental Public Health	Emergency Preparedness and Response	Access to and Linkage with Clinical Care	Total
Northwest	16	35	6	2	5	25	89
Northeast	29	64	7	3	5	11	119
West Central	29	60	4	10	12	110	225

WORKFORCE SUMMARY FOR MINNESOTA'S LOCAL PUBLIC HEALTH SYSTEM IN 2024

Region	All capabilities (except emergency preparedness and response)	Chronic Disease and Injury Prevention; Maternal, Child and Family Health	Communicable Disease Control	Environmental Public Health	Emergency Preparedness and Response	Access to and Linkage with Clinical Care	Total
Central	57	129	11	7	20	68	291
Metro	133	537	112	247	87	201	1317
Southwest	34	57	7	8	8	23	137
South Central	54	63	6	6	9	45	183
Southeast	67	119	8	11	8	114	327
All Regions	419	1064	161	294	155	597	2688

Appendix A. Job classifications

This glossary includes brief definitions and decision guidelines for the titles in the expanded Bureau of Health Professions listing. The listing was developed over the course of the enumeration project conducted by Columbia University School of Nursing Center for Health Policy. These definitions have been slightly modified to better describe Minnesota's public health workforce; modifications have been noted.

Health administrator: This single category encompasses all positions identified as leading a public health agency, program, or major sub-unit. This includes occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, direct individual departments or special phases of the agency's operations, or provide specialized consultation on a regional, district or area basis. Examples of occupations include department heads, bureau chiefs, division chiefs, directors, deputy directors, community health services administrators, public health nursing directors, and environmental health directors. This does NOT include managers, supervisors, or team leaders.

Administrative/business professional: Performs work in business, finance, auditing, management, and accounting. Individuals trained at a professional level in their field of expertise prior to entry into public health. Examples of occupations include office manager and accountants.

Administrative support (including clerical and sales): Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information and other paperwork required in an office. Examples of occupations include bookkeepers, messengers, clerk-typists, stenographers, court transcribers, hearing reporters, statistical clerks, dispatchers, license distributors, payroll clerks, office machine and computer operators, telephone operators, legal assistants, secretaries, clerical support, WIC clerks, and receptionists.

Community health worker: Assist individuals and communities to adopt healthy behavior. Conduct outreach for public health, medical personnel, or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. Provide culturally appropriate health information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. In Minnesota, this may mean a person with a Community Health Worker certificate from a higher education institution or staff working in a community health worker capacity as defined by the local health department/community health board personnel standards. Excludes "Health Educators".

Environmental Scientist and Specialist: Applies biological, chemical, and public health principles to control, eliminate, ameliorate, and/or prevent environmental health hazards. Examples of occupations include environmental researcher, environmental health specialist, food scientist, soil and plant scientist, air pollution specialist, hazardous materials specialist, toxicologist, water/wastewater/solid waste specialist, sanitarian, and entomologist.

Epidemiologist: Investigates, describes, and analyzes the distribution and determinants of disease, disability, and other health outcomes, and develops the means for their prevention and control; investigates, describes, and analyzes the efficacy of programs and interventions. Includes individuals specifically trained as epidemiologists, and those trained in another discipline (e.g., medicine, nursing, environmental health) working as epidemiologists under job titles such as nurse epidemiologist.

Health planner/researcher/analyst: Analyzes needs and plans for the development of public health and other health programs, facilities, and resources, and/or analyzes and evaluates the implications of alternative policies relating to public health and health care. Includes several job titles without reference to the specific training that the individual might have (e.g., health analyst, community planner, research scientist).

Interpreter: Individuals who translate information in one language to another language for public health purposes. (This definition was modified.)

Licensure/inspection/regulatory specialist: Audits, inspects and surveys programs, institutions, equipment, products, and personnel, using approved standards for design or performance. Includes those who perform regular inspections of a specified class of sites or facilities, such as restaurants, nursing homes, and hospitals where personnel and materials present constant and predictable threats to the public, without specification of educational preparation. This classification probably includes several individuals with preparation in environmental health, nursing and other health fields.

Medical and public health social worker: Identifies, plans, develops, implements, and evaluates social work interventions on the basis of social and interpersonal needs of total populations or populations-at-risk in order to improve the health of a community and promote and protect the health of individuals and families. This job classification includes titles specifically referring to social worker. (This category has been modified from the original occupational title and includes "Mental Health/Substance Abuse Social Worker.")

Mental health counselor: Emphasizes prevention and works with individuals and groups to promote optimum mental health. This occupation may help individuals deal with addictions and substance abuse; family, parenting, and marital problems; suicidal tendencies; stress management; problems with self-esteem; and issues associated with aging, and mental and emotional health. It can also provide services for persons having mental, emotional, or substance abuse problems and may provide such services as individual and group therapy, crisis intervention, and social rehabilitation. May also arrange for supportive services to ease patients, return to the community. It includes such titles as crisis team worker. This category excludes psychiatrists, psychologists, social workers, marriage and family therapists, and substance abuse counselors.

Occupation safety and health specialist: Reviews, evaluates, and analyzes workplace environments and exposures and designs programs and procedures to control, eliminate, ameliorate, and/or prevent disease and injury caused by chemical, physical, biological, and ergonomic risks to workers. Occupations include industrial hygienist, occupational therapist, occupational medicine specialist and safety specialist. It also includes a physician or nurse specifically identified as an occupational health specialist.

Other nurse: Helps plan, develop, implement, and evaluate nursing and public health interventions for individuals, families, and populations at risk of illness or disability. Other nurses include nurses with the following titles: RN, NP, and LPN. A nurse that has a baccalaureate or higher degree with a major in nursing and meets the requirements stated in Minnesota Rules Chapter 6316 should be classified as a "Public Health Nurse." (This is not an official EEO-4/CHP/BHPr+ definition.)

Other public health professional: This includes positions in a public health setting occupied by professionals (preparation at the baccalaureate level or above) that do not fall under the specific professional categories. (This category has been slightly modified from the original occupational title.). Examples of occupations include physician assistant, laboratory professional, EMS professional, intern, speech therapist, and public relations/media specialist.

Paraprofessional: Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually require less formal training and/or experience normally required for professional or technical status. This includes research assistants, medical aides, child support workers, home health aides, library assistants and clerks, ambulance drivers and attendants, homemaker, case aide, community outreach/field worker, and advocate.

Public health dental worker: Plans, develops, implements, and evaluates dental health programs to promote and maintain optimum oral health of the public; public health dentists may provide comprehensive dental care; the dental hygienist may provide limited dental services under professional supervision. This category is specific in its inclusion of only employees trained in dentistry or dental health, but abnormally broad in that it neglects the professional/technician distinction and includes the entire range of qualifications, from dental surgeon to dental hygienist.

Public health educator: Designs, organizes, implements, communicates, provides advice on, and evaluates the effect of educational programs and strategies designed to support and modify health-related behaviors of individuals, families, organizations, and communities. This title includes all job titles that include health educator, unless specified to another specific category, such as dental health educator or occupational health educator.

Public health informatician: Provides informatics expertise to establish policies, practices, and procedures for public health informatics within a program or across the agency to ensure effective use of information and information technology. Also known as public health informatics analyst, public health informatics specialist, health scientist (Informatics).

Public health nurse: Plans, develops, implements, and evaluates nursing and public health interventions for individuals, families, and populations at risk of illness or disability. This title only includes public health nurses who meet the requirements stated in Minnesota Rules Chapter 6316. Public health nurses must have a baccalaureate or higher degree with a major in nursing. (This category has been modified from the original occupational title.)

Public health nutritionist: Plans, develops, implements, and evaluates programs or scientific studies to promote and maintain optimum health through improved nutrition; collaborates with programs that have nutrition components; may involve clinical practice as a dietitian. Examples include community nutritionist, community dietitian, nutrition scientist, and registered dietician.

Public health physical therapist: Assesses, plans, organizes, and participates in rehabilitative programs that improve mobility, relieve pain, increase strength, and decrease or prevent deformity of individuals, populations and groups suffering from disease or injury.

Public health physician: Identifies persons or groups at risk of illness or disability, and develops, implements, and evaluates programs or interventions designed to prevent, treat, or ameliorate such risks; may provide direct medical services within the context of such programs. Examples include MD and DO generalists and specialists, some of whom have training in public health or preventive medicine. This job classification does not include physicians working in administrative positions (health administrator or official) and some in specialty areas (epidemiology, occupational health).

Public health program specialist: Plans, develops, implements, and evaluates programs or interventions designed to identify persons at risk of specified health problems, and to prevent, treat or ameliorate such problems. This job classification includes public health workers reported as public health program specialists without specification of the program, as well as some reported as specialists working on a specific program (e.g., AIDS Awareness Program Specialist, immunization program specialist.) Includes individuals with a wide range of educational preparation and may include individuals who have preparation in a specific profession (e.g., dental health, environmental health, medicine, and nursing).

Service-maintenance: Occupations in which workers perform duties which result in or contribute to the comfort, convenience, hygiene, or safety of the general public or which contribute to the upkeep and care of buildings, facilities or grounds of public property. Workers in this group may operate machinery. This includes chauffeurs, laundry and dry-cleaning operatives, truck drivers, bus drivers, garage laborers, custodial employees, grounds keepers, drivers, transportation, and housekeepers.

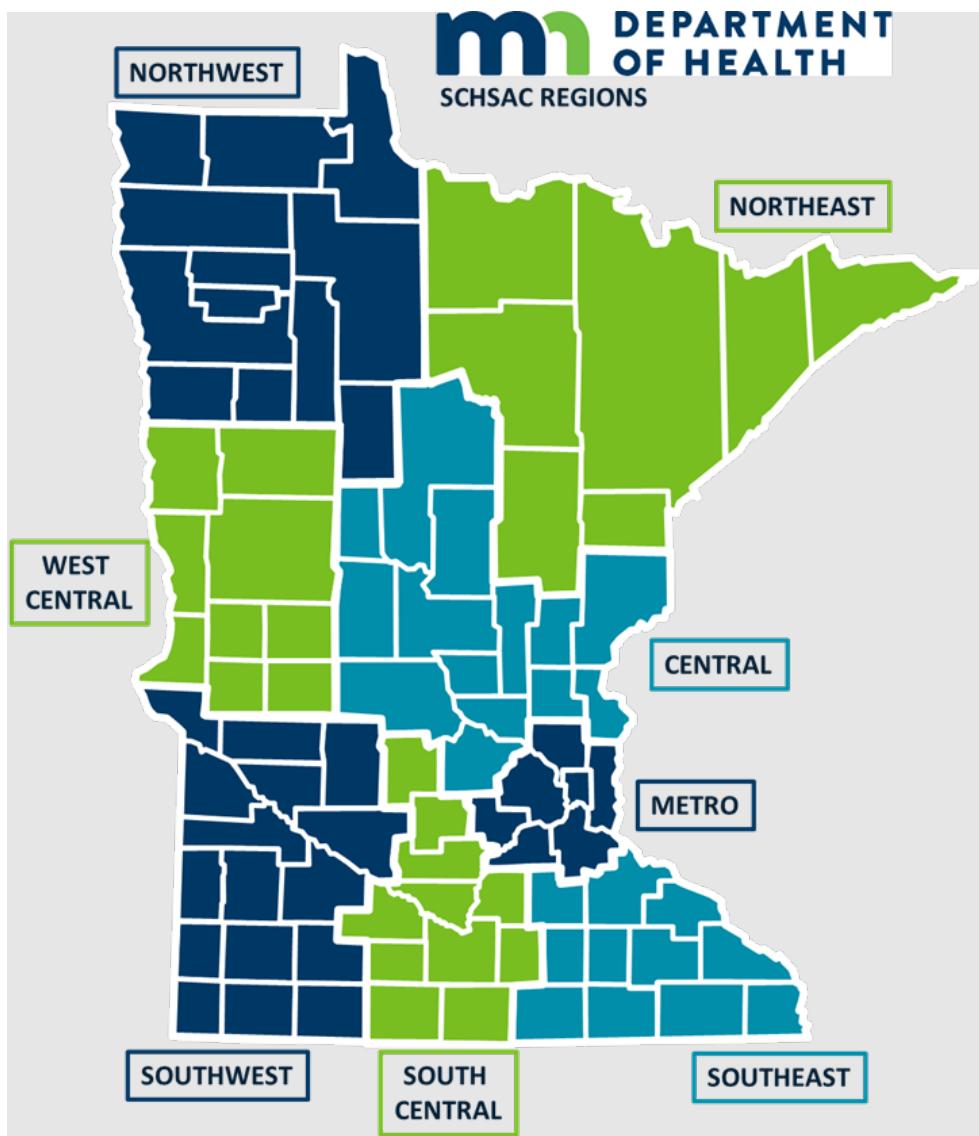
Technicians: This classification includes occupations that require a combination of basic scientific or technical knowledge and manual skill that can be obtained through specialized post-secondary school education or through equivalent on-the-job training. Examples include computer programmers, drafters, survey and mapping technicians, photographers, technical illustrators, technicians (medical, dental, electronic, physical sciences), inspectors, environmental health technicians, nutritional technicians, detox technicians, EMS technicians, hearing and vision technicians, laboratory technicians, and computer specialists.

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

Foundational Public Health Responsibility <p>Descriptions of the foundational capabilities and foundational areas can be found here: FPHS-Factsheet-2022.pdf (phaboard.org)</p>	Six Areas of Public Health Responsibility
<p>Foundational capabilities:</p> <ul style="list-style-type: none"> ▪ Assessment and Surveillance ▪ Community Partnership Development ▪ Communications ▪ Equity ▪ Accountability and Performance Management ▪ Organizational Competencies ▪ Policy Development and Support. <p>These represent all foundational capabilities, except Emergency Preparedness and Response.</p>	<p>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.</p>
<p>Foundational capability: Emergency Preparedness and Response</p>	<p>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.</p>
<p>Communicable Disease Control</p>	<p>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.</p>
<p>Chronic Disease and Injury Prevention Maternal, Child, and Family Health</p>	<p>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,</p>

Foundational Public Health Responsibility <p>Descriptions of the foundational capabilities and foundational areas can be found here: FPHS-Factsheet-2022.pdf (phaboard.org)</p>	Six Areas of Public Health Responsibility
	<p>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>
Environmental Public Health	<p>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.</p>
Access to and Linkage with Care	<p>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.</p>

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

Community health board	Member counties, cities, or local health departments (2024)	SCHSAC region
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
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 Swift County Chippewa County Yellow Medicine County Lac qui Parle 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 Stevens County Grant County Traverse County Pope County	West Central
Isanti	Isanti County Public Health	Central
Kanabec	Kanabec County Community Health	Central

^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
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
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: LakeWoods 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

WORKFORCE SUMMARY FOR MINNESOTA'S LOCAL PUBLIC HEALTH SYSTEM IN 2024

Community health board	Member counties, cities, or local health departments (2024)	SCHSAC region
SWHHS (Southwest Health and Human Services)	Lincoln County Lyon County Murray County Pipestone County Rock County Redwood County	Southwest
Wabasha	Wabasha County Public Health	Southeast
Washington	Washington County Public Health & Environment	Metro
Watowan	Watowan County Human Services	South Central
Winona	Winona County Community Services	Southeast
Wright	Wright County Human Services	Central