DEPARTMENT OF HEALTH

Expenditures summary for Minnesota's local public health system in 2020

This report summarizes the 2020 expenditures of Minnesota's local public health system (January 1 to December 31) as reported to the Minnesota Department of Health (MDH), and contains two sections:

- **The first section, from pp. 2-9**, summarizes the 2020 expenditures of Minnesota's local public health system (January 1 to December 31), and does not include COVID-19-related expenditures. Community health boards report these expenditures by funding source and by area of public health responsibility.

  Funding sources supporting public health include: Local Public Health Grant (state general funds), Federal Title V funds, Federal TANF funds (Temporary Assistance for Needy Families), Medicaid (in Minnesota, this is called Medical Assistance), Medicare, private insurance, local tax levies, client fees, other fees (non-client), other local funds, other state funds, other federal funds, and COVID-19-specific funds. To learn more, visit Appendix A. Funding sources.

  Areas of public health responsibility in which community health boards work include: Assure an adequate local public health infrastructure, promote healthy communities and healthy behavior, prevent the spread of communicable diseases, protect against environmental health hazards, prepare and respond to emergencies, and assure health services. To learn more, visit Appendix B. Areas of public health responsibility.

- **The second section, from pp. 10-13**, captures expenditures of the local public health system's response to COVID-19 from March 1 to December 31, 2020, highlighting the nuance and complexity of this response. This section breaks down COVID-19-specific funding sources (e.g., CARES Act funding) and per capital expenditures supporting the COVID-19 response across the local public health system.

In 2020, Minnesota's local public health system consisted of 51 community health boards. Of the 51 included in this report, 29 are single-county community health boards, 18 are multi-county community health boards, and four are city community health boards. MDH divides community health boards into eight geographic regions for analysis; to view a map of those regions, visit Appendix C. Regions of the State Community Health Services Advisory Committee.

MDH based per capita calculations on 2020 population estimates from the Minnesota Center for Health Statistics.

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Part 1: Local public health system expenditures in 2020, without COVID-19

Statewide expenditures summary

Minnesota's local public health system spent a total of $379 million on public health in 2020, not including its response to COVID-19.

Local tax levy accounted for the single largest funding source supporting this work—37 percent of all expenditures (**Table 1**). Other federal funds, including WIC (Women, Infants, and Children Special Supplemental Nutrition Program) and public health preparedness funds, accounted for 23 percent of expenditures. Local Public Health Grant state funds accounted for 6 percent of all expenditures.

Table 1. Minnesota local public health system funding sources, 2020

Funding source	2020 dollars	2020 percentage of total funding
Local tax levy	$139,212,464	36.7%
Other federal funds	$86,981,184	22.9%
Other state funds	$40,525,366	10.7%
Medicaid	$25,758,764	6.8%
Other fees	$25,980,676	6.8%
Local Public Health Grant state funds	$20,992,716	5.5%
Other local funds	$13,303,526	3.5%
Medicare	$8,670,569	2.3%
Federal TANF	$7,033,472	1.9%
Federal Title V	$5,835,485	1.5%
Private insurance	$2,723,425	0.7%
Client fees	$2,704,573	0.7%
Total	**$379,722,220**	100.0%

Figure 2 shows that inflation-adjusted, per capita public health expenditures fell sharply from 2007 to 2012, and since then have remained far below pre-recession levels at approximately $61.

Figure 2. Per capita expenditures in Minnesota's local public health system, 2007-2020

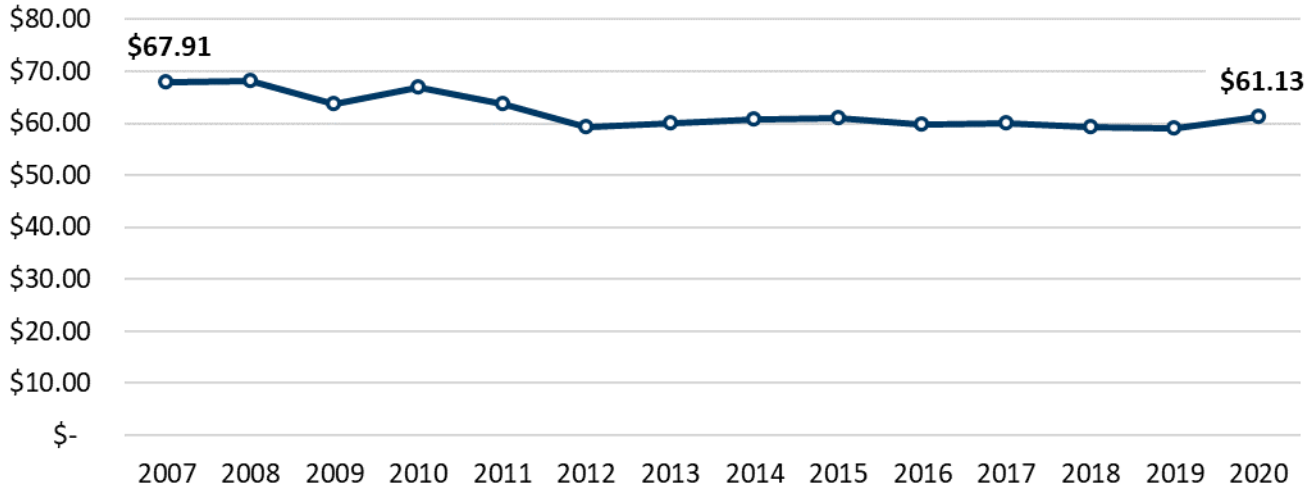


Figure 3 shows that a majority of the local public health system's funding came from locally-generated funds, which include reimbursements and fees for services, local tax levy, and other local funds. State funds accounted for 16 percent of total expenditures, and federal funds accounted for 35 percent. Together, state and federal funds represent just over half of all community health board expenditures statewide.

Figure 3. Minnesota local public health system funding sources, 2020

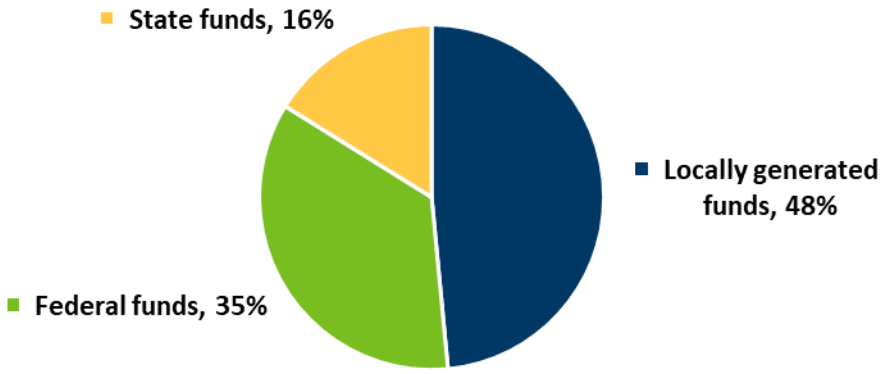
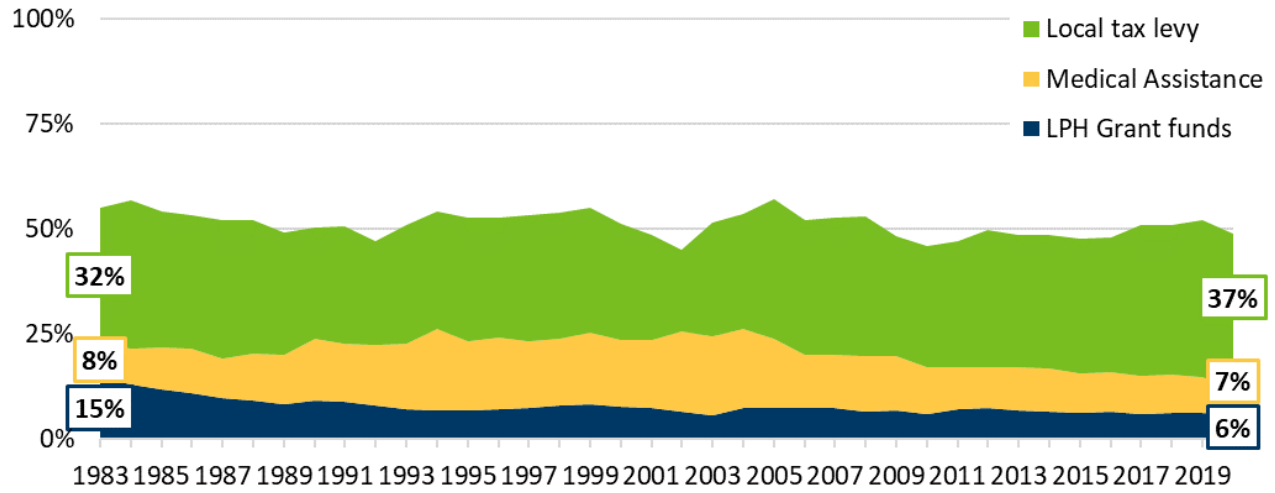


Figure 4 shows the trends of three funding sources as a percentage of total expenditures. Local Public Health Grant state funds have decreased as a percentage of total expenditures over time. The local tax levy, as percentage of total expenditures, has generally fluctuated between 25 percent and 37 percent of total expenditures, with one outlier year in 2002.[a]

[a] Local tax levy is a component of locally-generated funds.

Figure 4. Local Public Health Grant funds, local tax levy, and Medical Assistance, as a percentage of total local health department expenditures, Minnesota, 1983-2020



In 2020, Medical Assistance (Medicaid) accounted for 7 percent of total expenditures. In 1983, the first year it was tracked, Medical Assistance represented 8 percent of total expenditures and has fluctuated between 9 percent and 11 percent over the past decade. Reimbursement rates and the number of community health boards providing home health care services affect the proportion of expenditures covered by Medical Assistance.

Local Public Health Grant state funds and local tax levy are flexible funding sources, meaning they are not associated with a particular program but instead can be used to address high priority public health issues and infrastructure needs. **Figure 5** shows the proportion of flexible funding has decreased from 52 percent in 1979 to 42 percent in 2020. In 2002, flexible funding dipped to a low of 26 percent of total expenditures. After growing to 41 percent of total expenditures in 2005, flexible funding remained stable until a decline to 35 percent of total expenditures in 2009 and 2010. Individual community health boards have a range of flexible funding amounts available to them, from 8 percent to 83 percent, with a median of 30 percent of their funding deemed flexible.

Figure 5. Flexible funding as a percentage of total public health funding, Minnesota local health departments, 1979-2020

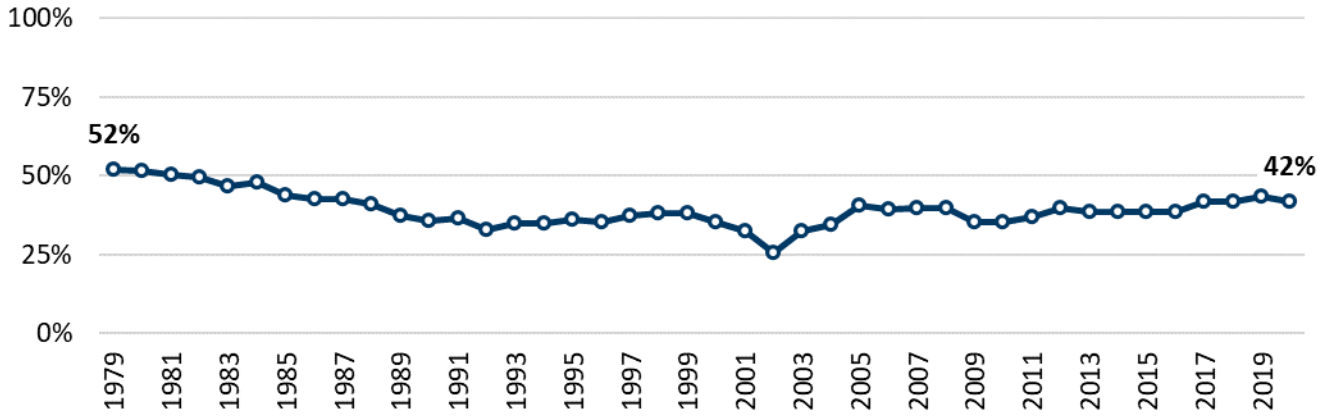
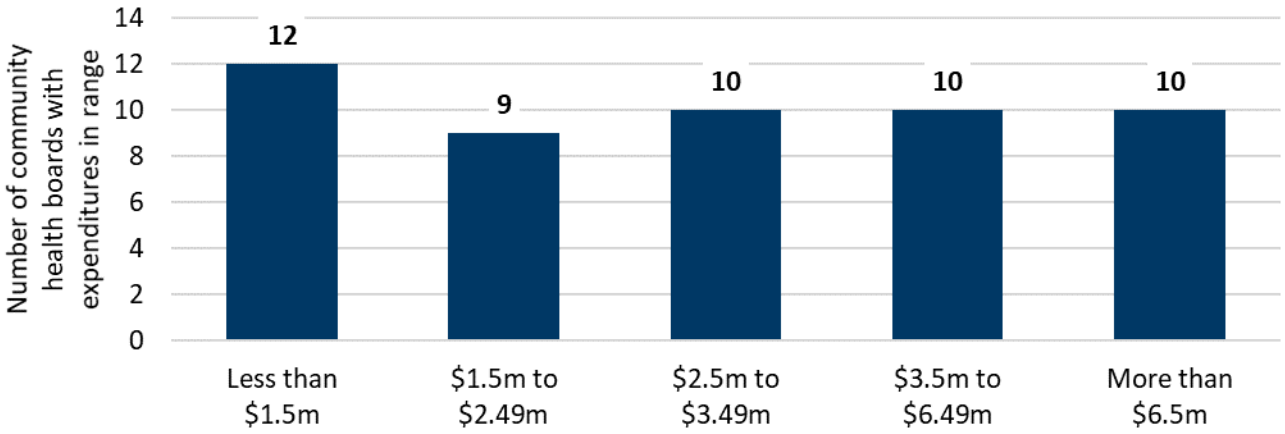


Figure 6 shows that 12 community health boards (24 percent) spent less than $1.5 million on public health in 2020, and 9 community health boards (18 percent) spent between $1.5 and $2.5 million. Of the ten community health boards spending over $6.5 million, three are multi-county community health boards, one contains the state's third-largest city, and six are located in the metro region (see Appendix C for a map of regions).

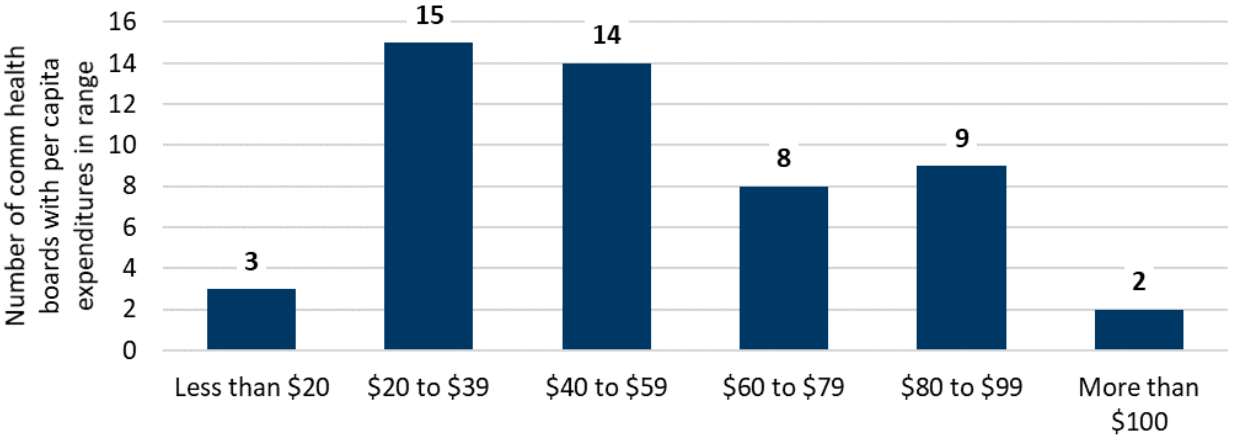
Figure 6. Distribution of total public health expenditures (in millions) among community health boards, Minnesota, 2020



Community health boards spent a median of $2.9 million on public health in 2020, with a range of $561,872 to $109 million. Among community health boards that spent the least on public health in 2020, the bottom quarter of community health boards accounted for a total of 3 percent of the entire system's expenditures. The community health board with the largest population accounted for 29 percent of the local public health system's total expenditures; the two largest community health boards represented 43 percent of total expenditures.

Figure 7 shows the distribution of per capita expenditures among community health boards. In 2020, 18 community health boards spent less than $40 per capita. Community health board spending ranged from $8 to $153 per capita, with a median of $55 per capita.

Figure 7. Per capita public health expenditure distribution among Minnesota community health boards, 2020



Of the eleven community health boards with expenditures greater than $80 per capita, two are located in the metro, two provided direct care services to the correctional population in county facilities, and three provided home health services to smaller, rural populations.

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

Expenditures by area of public health responsibility

Table 8 shows the distribution and total expenses of the local public health system in 2020 by area of public health responsibility. Community health boards support activities with different mixes of funding depending on the area of public health responsibility.

Table 8. Expenditures by area of public health responsibility, Minnesota local public health system, 2020

Area of public health responsibility	2020 dollars (in millions)	2020 percentage of total spending
Promote healthy communities and healthy behavior	$117	31%
Assure health services	$108	28%
Protect against environmental health hazards	$48	13%
Assure an adequate local public health infrastructure	$44	12%
Prepare and respond to emergencies	$36	9%
Prevent the spread of communicable diseases	$26	7%
Total spending	**$379**	**100%**

Promote healthy communities and healthy behavior

The local public health system spent nearly 31 percent of its total funding ($117 million) in this area of responsibility. Community health board spending ranged from $138,725 to $17.2 million in this area, with a median of $1.2 million.

Across the local public health system, all funding sources contributed to expenditures in this area of responsibility. Other federal funds supported 36 percent of the total spending in this area ($42.3 million), and local tax levy provided 16 percent of this area's total funding ($19 million). The remainder came from other state funds (20 percent), Medicaid (6 percent), TANF funds (6 percent), and the Local Public Health Grant (5 percent).

Assure health services

This area of responsibility accounted for the second-largest amount of system expenditures in 2020 ($108 million), 2 percent ($2.4 million) more than in 2019. Thirty community health boards decreased spending in this area of responsibility; 21 increased spending. Community health board spending ranged from $0 spent to $45 million in this area of responsibility, with a median of $962,542; spending varied significantly depending on the community health board's population. These expenditures were supported primarily by local tax levies (47 percent), Medicaid (16 percent), and Other Federal Funds (11 percent).

A significant portion of the funding in this area of responsibility represent services provided through home health care, hospice, correctional health, and emergency medical services program; these direct services accounted for 38 percent of expenditures in this area in 2020, and nearly 11 percent of total system expenditures. Emergency medical services accounted for 20 percent of spending in this area, correctional health for 9 percent, and home care and hospice services for 9 percent ($10 million).

53 percent of community health boards reported spending nothing on direct services in 2020; one community health board spent $22 million on emergency medical services, accounting for 20 percent of overall expenditures in this area.

Protect against environmental health hazards

Environmental health expenditures totaled $48 million in 2020. Twenty-two community health boards spent less than $10,000 on environmental health; nine community health boards spent nothing in this area in 2020.[b] Community health board spending ranged from nothing to $20 million in this area of responsibility, with a median of $17,288.

Fees supported 50 percent ($24 million) of the environmental health expenditures. Other funding sources included local tax levy (30 percent) and other state funds (8 percent). Six metro area community health boards spent more than $1 million on this area. They spent $43 million and they accounted for 89 percent of total environmental health spending.

Assure an adequate local public health infrastructure

Community health board spending ranged from $0 to $7 million in this area of responsibility, with a median of $315,993.

Local tax levy supported 79 percent of $35 million total spent in this area of responsibility; other significant funding sources included the Local Public Health Grant (14 percent) and other local sources (4 percent). Seven community health boards do not use local tax levy for funding in this area, and seven community health boards do not use Local Public Health Grant state general funds.

Prepare and respond to emergencies

Emergency preparedness total expenditures comprised $36 million or 9 percent, which is more than was spent in 2019 in this area of responsibility. Community health board spending ranged from $7,925 to $27 million in this area of responsibility, with a median of $65,119.

Fifty eight percent ($21 million) of emergency preparedness funding came from other federal funds, and 36 percent ($13 million) came from local tax levies.

Prevent the spread of communicable diseases

The area of infectious disease accounted for 7 percent ($26 million) of total system expenditures. Community health board spending ranged from $3,463 to nearly $10 million in this area of responsibility, with a median of $92,314.

[b] In Minnesota, the protecting against environmental health hazards sometimes occurs at the local level by delegation agreement, and sometimes at the state level.

Other federal funds supported 37 percent ($10 million) of infectious disease spending. Other funding sources supporting this area included local tax levy (28 percent), Local Public Health Grant state funds (13 percent), and client fees (1 percent). Two community health boards spent $15 million in this area of responsibility, accounting for 58 percent of all spending in this area.

Expenditures by region

Table 9 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, $95.97. The Northeast region spent the least, $34.65. Regions with high per capita expenditures often provide direct services such as home health, hospice, correctional, and environmental health.

Table 9. Regional and per capita public health expenditures, Minnesota, 2020

Region	Total expenditures (in millions)	Per capita expenditures
Northwest	$11.0	$64.04
Northeast	$11.2	$34.65
West Central	$22.3	$95.97
Central	$30.3	$38.93
Metro	$241.0	$64.42
Southwest	$11.0	$51.99
South Central	$18.2	$62.48
Southeast	$34.0	$67.17
All regions	**$379.0**	**n/a**

Percent of expenditures by area of public health responsibility for each region are shown in **Table 10**. The variation between regions in the areas of communicable disease and emergency preparedness is between 7 percent and 10 percent. The assure health services area of responsibility saw the most variation across regions (spanning about 26 percentage points). Regional environmental health expenditures as a proportion of total spending vary from less than 1 percent to 18 percent. Expenditures on infrastructure as a portion of total spending vary from 8 percent to 26 percent by region.

Table 10. Percent of regional public health expenditures by area of public health responsibility, Minnesota, 2020

Region	Infra-structure	Healthy commu-nities, behavior	Communi-cable diseases	Environ-mental health	Emergency prepared-ness	Assure health services
Northwest	12.6%	39.6%	5.6%	0.2%	3.5%	38.4%
Northeast	8.1%	57.8%	3.9%	1.5%	4.8%	23.8%
West Central	18.8%	25.5%	1.0%	3.8%	1.0%	49.9%
Central	11.7%	51.2%	3.6%	1.6%	7.3%	24.6%
Metro	8.6%	25.0%	9.1%	18.2%	13.0%	26.0%

Region	Infra-structure	Healthy commu-nities, behavior	Communi-cable diseases	Environ-mental health	Emergency prepared-ness	Assure health services
Southwest	11.2%	48.8%	6.5%	6.1%	4.1%	23.3%
South Central	16.5%	38.7%	2.3%	4.0%	3.5%	35.1%
Southeast	26.3%	34.9%	3.0%	3.3%	1.4%	31.1%
All regions	**11.6%**	**30.8%**	**7.0%**	**12.6%**	**9.6%**	**28.4%**

Six regions spent the highest proportion of funding to promote healthy communities and healthy behavior (Central, South Central, Northeast, Northwest, Southwest, and Southeast). The West Central and Metro regions spent the largest proportion of their funding to assure health services.

Table 11 compares each region's funding sources. Local tax levy accounted for 14 percent to 44 percent of total expenditures for all regions. Local Public Health Grant state general funds accounted for between 4 percent to 15 percent of total expenditures for all regions.

Table 11. Regional comparison of public health funding sources, Minnesota, 2020

	State funds (Local Public Health Grant)	Federal Title V	Federal TANF	Medical Assistance	Medicare	Private insurance	Local tax	Client funds	Other fees	Other local funds	Other state funds	Other federal funds
Northwest	8%	2%	2%	21%	4%	5%	14%	1%	0%	6%	13%	23%
Northeast	15%	4%	4%	14%	1%	1%	15%	1%	0%	2%	18%	25%
West Central	5%	1%	1%	23%	11%	1%	14%	6%	3%	5%	14%	16%
Central	8%	2%	2%	9%	6%	0%	26%	0%	2%	2%	17%	27%
Metro	4%	1%	2%	1%	0%	1%	44%	0%	10%	4%	9%	24%
Southwest	11%	3%	3%	12%	4%	2%	18%	2%	4%	3%	13%	26%
South Central	7%	1%	1%	13%	13%	0%	26%	0%	3%	5%	13%	18%
Southeast	5%	2%	2%	21%	3%	0%	33%	2%	3%	1%	12%	16%
All regions	**6%**	**2%**	**2%**	**7%**	**2%**	**1%**	**37%**	**1%**	**7%**	**4%**	**11%**	**23%**

Part 2: COVID-19-related expenditures for the local public health system in 2020

COVID statewide expenditures summary

Minnesota's local public health system spent a total of $65.5 million on COVID-19 response to public health in 2020.

Federal CARES Act funds accounted for the single largest funding source supporting this work—67 percent of all expenditures (**Table 12**). Local tax levy accounted for 11 percent of expenditures. State of Minnesota funds accounted for 11 percent of all expenditures.

Table 12. Minnesota local public health system covid funding sources, 2020

Funding source	2020 dollars	2020 percentage of total funding
Federal CARES Act funds from the Minnesota Dept. of Revenue, other state agency	$37,760,154	57.6%
Local tax levy	$7,322,089	11.2%
State of Minnesota funds awarded to the community health board by MDH	$7,274,689	11.1%
Federal CARES Act funds awarded from state to community health board by MDH	$6,730,552	10.3%
Other COVID-19 funds	$1,736,713	2.6%
LPH Grant state funds	$1,322,598	2.0%
Other state funds	$859,159	1.3%
Other federal funds	$791,489	1.2%
Other local funds for public health COVID-19 activities	$755,128	1.2%
Other federal funds from the State for COVID-19 vaccine planning	$740,660	1.1%
Private insurance	$200,813	0.3%
Other local funds	$51,816	0.1%
Other fees	$23,838	0.0%[c]
Federal TANF	$13,163	0.0%[d]
Federal Title V	$7,260	0.0%[e]
Client fees	$493	0.0%[f]

[c] Actual value: 0.04% rounded to 1 decimal place.
[d] Actual value: 0.02% rounded to 1 decimal place.
[e] Actual value: 0.01% rounded to 1 decimal place.
[f] Actual value: 0.001% rounded to 1 decimal place.

Funding source	2020 dollars	2020 percentage of total funding
Medicaid	$0	0.0%
Medicare	$0	0.0%
Total	**$65,590,614**	**100.0%**

Figure 13 shows that a majority of the local public health system's COVID funding came from federal funds. State funds accounted for 14 percent of total expenditures, locally-generated funds, which include reimbursements and fees for services, local tax levy, and other local funds for public health COVID-19 activities accounted for 13 percent of total expenditures, and other covid funds accounted for 3 percent. Together, state, local and other funds represent nearly one-third of all community health board expenditures statewide.

Figure 13. Minnesota local public health system COVID funding sources, 2020

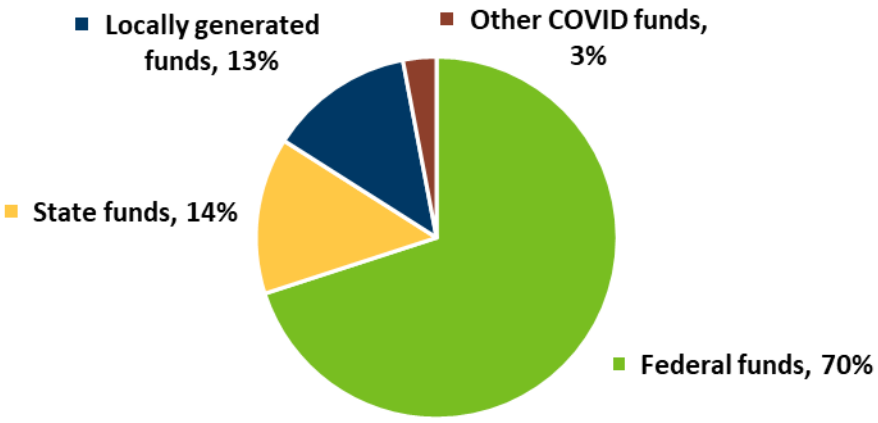


Figure 14 shows 12 community health boards (24 percent) spent less than $150,000 on COVID response in 2020, and 13 community health boards (25 percent) spent between $350,000 and $650,000. Of the ten community health boards spending over $1 million, four are multi-county community health boards, one contains the state's third-largest city, and five are located in the metro region (see Appendix C for a map of regions).

Community health boards spent a median of $476,061 on COVID response in 2020, and ranged from $100,000 to $15 million. Among community health boards that spent the least on COVID in 2020, the bottom quarter of community health boards accounted for a total of 2 percent of the entire system's expenditures on COVID. The community health board with the largest population accounted for 23 percent of the local public health system's total expenditures; the two community health boards that spent the greatest amount represented 38 percent of total expenditures.

Figure 14. Distribution of total covid expenditures among community health boards, Minnesota, 2020

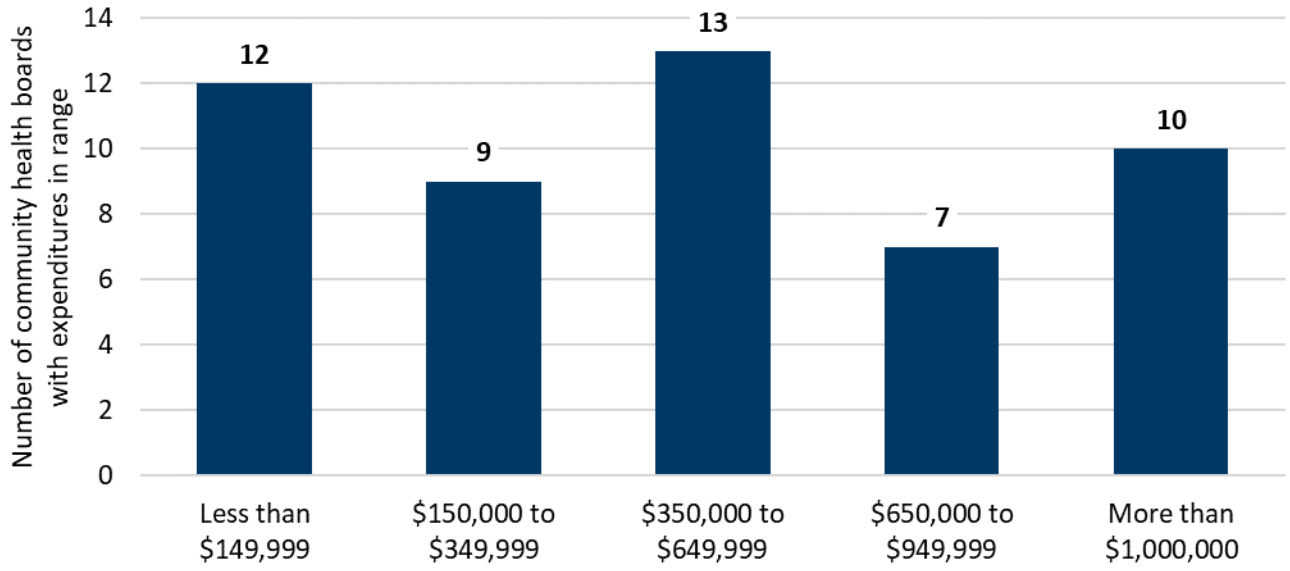


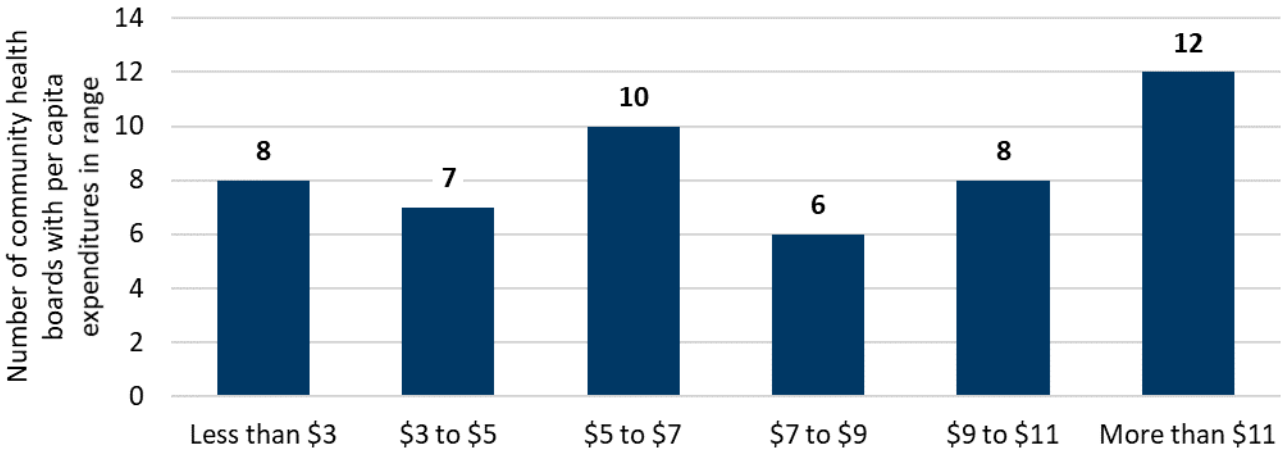
Table 15 shows the regional distribution of total COVID expenses in the local public health system in 2020; see Appendix C for a map of the Minnesota's regions by county. The state's Metro region spent the most on COVID, $43 million. The Northwest, West Central, and Southwest regions spent the least, $2 million each.

Table 15. Regional COVID expenditures, Minnesota, 2020

Region	Total COVID expenditures (in millions)	2020 percentage of total COVID funding
Northwest	$2.0	3%
Northeast	$3.0	5%
West Central	$2.0	3%
Central	$4.0	6%
Metro	$43.0	66%
Southwest	$2.0	3%
South Central	$3.0	5%
Southeast	$6.0	9%
All regions	**$65.0**	**n/a**

Figure 16 shows the distribution of per capita COVID expenditures among community health boards. In 2020, 8 community health boards spent less than $3 per capita. Community health board spending ranged from $1 to $34 per capita, with a median of $7 per capita.

Figure 16. Per capita public health covid expenditure distribution among Minnesota community health boards, 2020



Of the twelve community health boards with COVID expenditures greater than $11 per capita, one rural community health board spent $34 per capita on public health and four are from the metro region.

COVID expenditures by region

Table 17 shows total and per capita COVID expenditures by region; see Appendix C for a map of the Minnesota's regions by county. The state's Northwest region spent the most per capita on public health, $12.48. The Central region spent the least, $5.37.

Table 17. Regional and per capita public health COVID expenditures, Minnesota, 2020

Region	Total expenditures (in millions)	Per capita expenditures
Northwest	$2.0	$12.48
Northeast	$3.0	$7.73
West Central	$2.0	$7.35
Central	$4.0	$5.37
Metro	$43.0	$11.51
Southwest	$2.0	$11.13
South Central	$3.0	$11.77
Southeast	$6.0	$12.00
All regions	**$65.0**	**n/a**

Appendices

Appendix A. Funding sources

Client Fees: Expenditures that had revenue received as a client fee (i.e., sliding fees for a health care or MCH service) as their source.

Local Public Health Grant state funds: Expenditures that had the state general funds portion of the Local Public Health Grant allocation as their source.

Local Tax Levy: Expenditures that had revenue from local tax levies as their source.

Medical Assistance [Medicaid] (Title XIX of the Social Security Act): Expenditures that had revenue from Medicaid reimbursements as their source. This includes Prepaid Medical Assistance Plans (PMAPs), community-based purchasing and community alternative care (CAC), community alternatives for disabled individuals (CADI), development disabled (DD) (formerly known as mental retardation or related conditions (MR/RC)), elderly (EW), and traumatic brain injury (TBI) waivers. This does not include alternative care (AC) which is reported in other state funds.

Medicare (Title XVIII of the Social Security Act): Expenditures that had Medicare reimbursements as their source. Also include revenue from Minnesota Health Senior Options (MSHO).

Other federal funds: Report expenditures of revenue 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 percent state funds and 70 percent federal funds) divide the amount appropriately between Other State Funds and Other Federal Funds.

Other fees (non-client): Expenditures from revenue received as 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: Expenditures from other local funds including in-kind and contracts, grants or gifts from local agencies such as schools, social service agencies, community action agencies, hospitals, regional groups, nonprofits, corporations or foundations. Please confirm that these funds do not originate from a federal source.

Other state funds: Expenditures of dollars spent from 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. Funds with a CFDA number are federal dollars. Examples of other state funding include alternative care and family planning special project grants. 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 percent state funds and 70 percent federal funds) divide the amount appropriately between other state funds and other federal funds

Private insurance: Expenditures that had reimbursements received from private insurance companies as their source.

TANF (federal): Total of invoices sent to MDH for reimbursement for the period of January 1 to December 31 that had federal TANF from the Local Public Health Grant allocation as their funding source.

Title V (federal): Expenditures of dollars that had the federal Title V (MCH) portion of the Local Public Health Grant as their source.

COVID-19-specific funding sources

Federal CARES Act funds awarded from state to community health board by MDH: Grant agreements with MDH to participate in the regional model to conduct case investigation and contact tracing.

Federal CARES Act funds awarded through another state agency or directly from the federal government: Any federal CARES Act funding that didn't pass through MDH (e.g., through the Minnesota Department of Revenue or from the federal government to local government and then to the community health board).

State of Minnesota funds awarded to the community health board by MDH: State funds MDH awarded to community health boards for COVID-19 in March 2020

Other local COVID-19 funds: Funds that don't originate from a state or federal source. Locally generated funds specific to COVID-19.

Other federal funds awarded by state: Non-CARES Act federal funds, such as federal funds for COVID-19 vaccination planning (began late in 2020).

Other COVID-19-specific funding: Community health boards were prompted to select this option if other funding sources did not apply.

Appendix B. Areas of public health responsibility

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.

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.

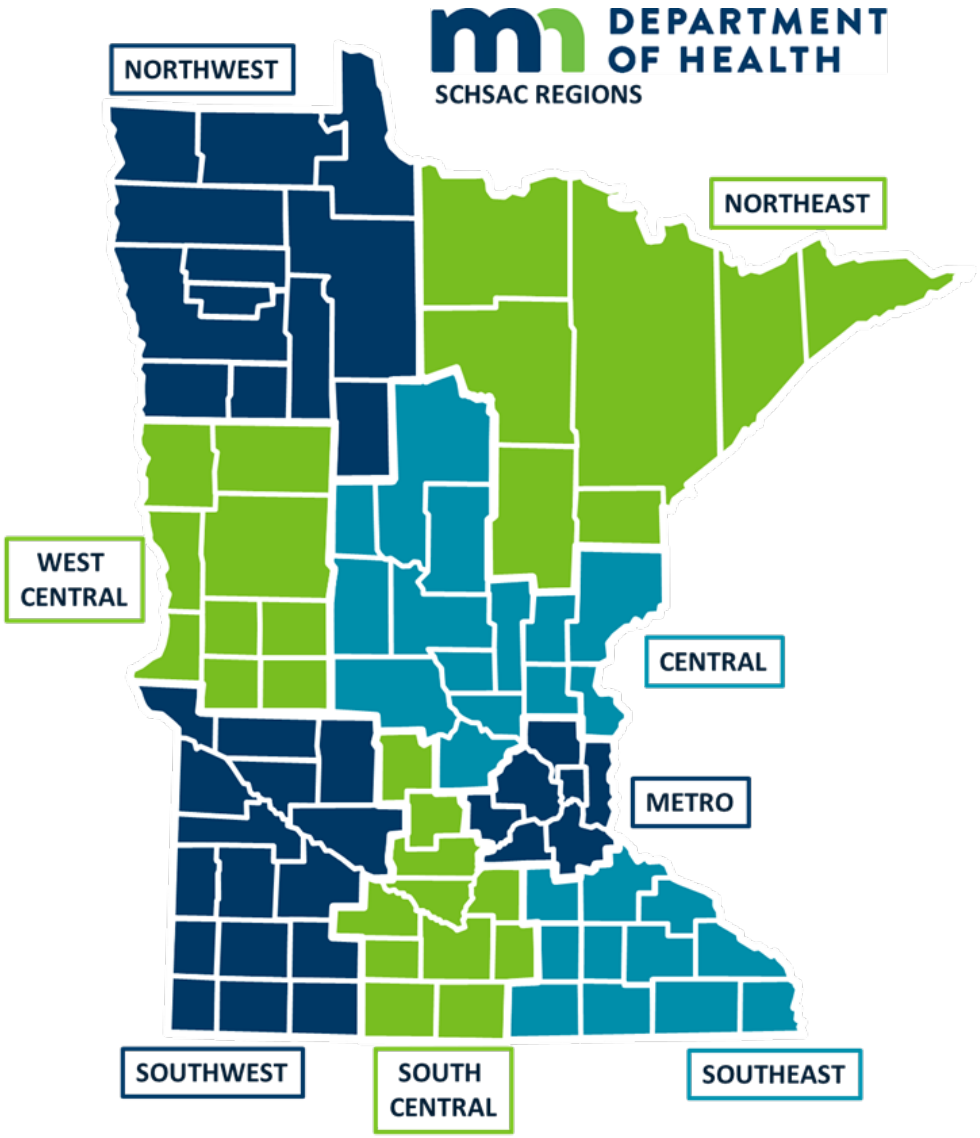
Prevent the spread of communicable diseases: This area of responsibility focuses on communicable (or infectious) diseases that are spread person to person, as opposed to diseases that are initially transmitted through the environment (e.g., through food, water, vectors and/or animals). It also includes 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.

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.

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.

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 (2020)	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
Brown-Nicollet	Brown County Public Health Nicollet County Public Health	South Central

Community health board	Member counties, cities, or local health departments (2020)	SCHSAC region
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[g]	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

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

Community health board	Member counties, cities, or local health departments (2020)	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