



Organizing Annual Reporting Around FPHR

Ann March | Center for Public Health Practice

Agenda



Why is it changing?



How is it changing?

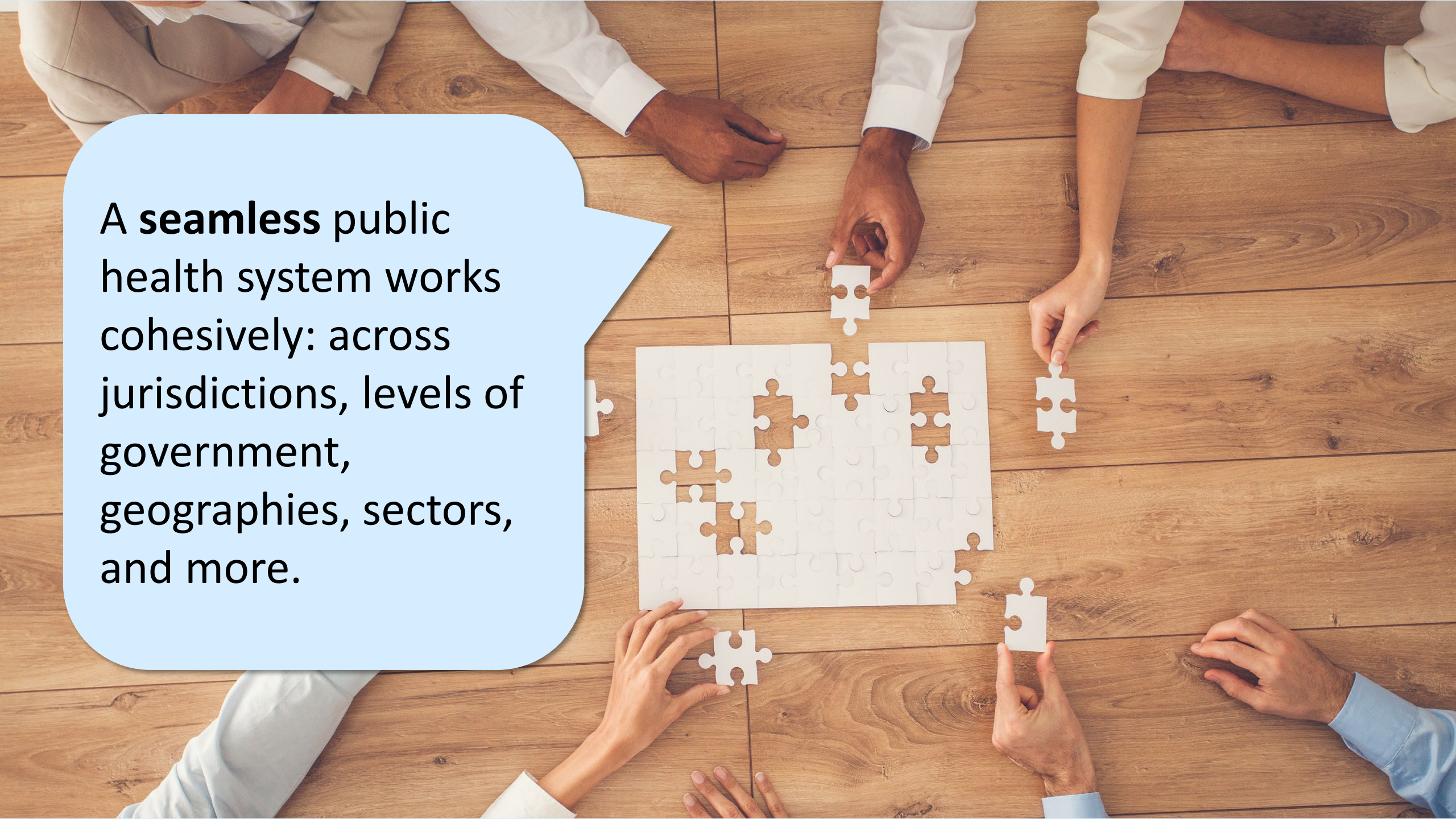


What's available to help?

Vision: A transformed public health system

We envision a seamless, responsive, publicly-supported public health system that works closely with the community to ensure healthy, safe, and vibrant communities.

This system of state, local, and tribal health departments will help Minnesotans be healthy regardless of where they live.



A **seamless** public health system works cohesively: across jurisdictions, levels of government, geographies, sectors, and more.



A **responsive** public health system can react quickly and effectively to today's opportunities and challenges, plan for tomorrow's, use lessons learned from the past to grow stronger and more capable, and (most importantly) answer to community more than funders.

A **publicly-supported** public health system has the trust and support of partners and community, and is accountable to itself and to others, in addition to having adequate funding and staffing to be effective.



History and Context

Purpose

- Provide comprehensive overview of local public health **system**
- Expenditures by funding source gives a pulse on the system's financial landscape
- How resources are distributed (six areas, future FPHR)
- The reliance on different funding sources: local (50%), federal (34%), and state (16%)
- Shifts over time in investments
- Provides understanding of local priorities

How used

- Monitor changes over time
- Advocate for local public health
- Conversations with partners and decision-makers
- Used by others-LPHA, MDH divisions, Local public health

Figure 3. Minnesota local public health system funding sources for all expenditures, 2023

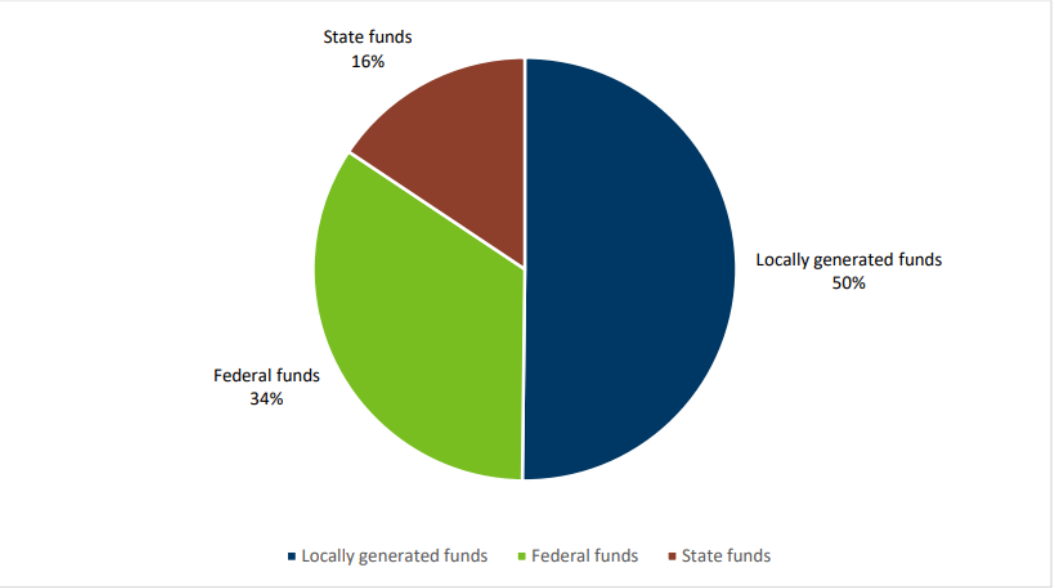


Figure 6. Local Public Health Grant funds, local tax levy, and Medical Assistance, as a percentage of local health department general expenditures, Minnesota, 1983-2023

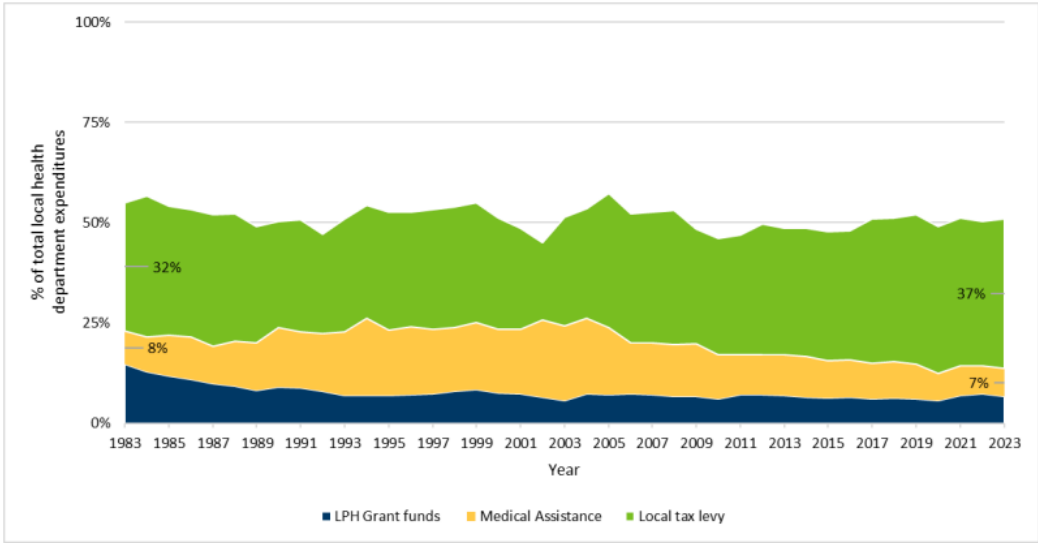
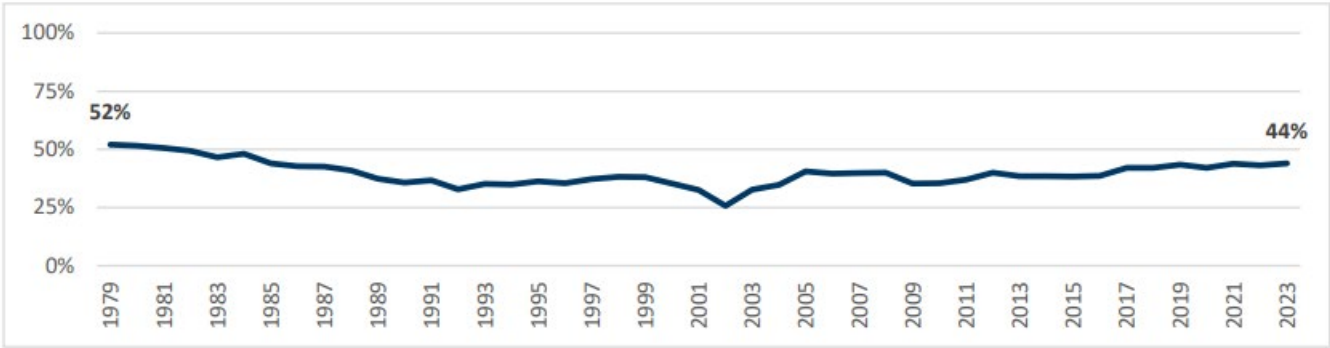
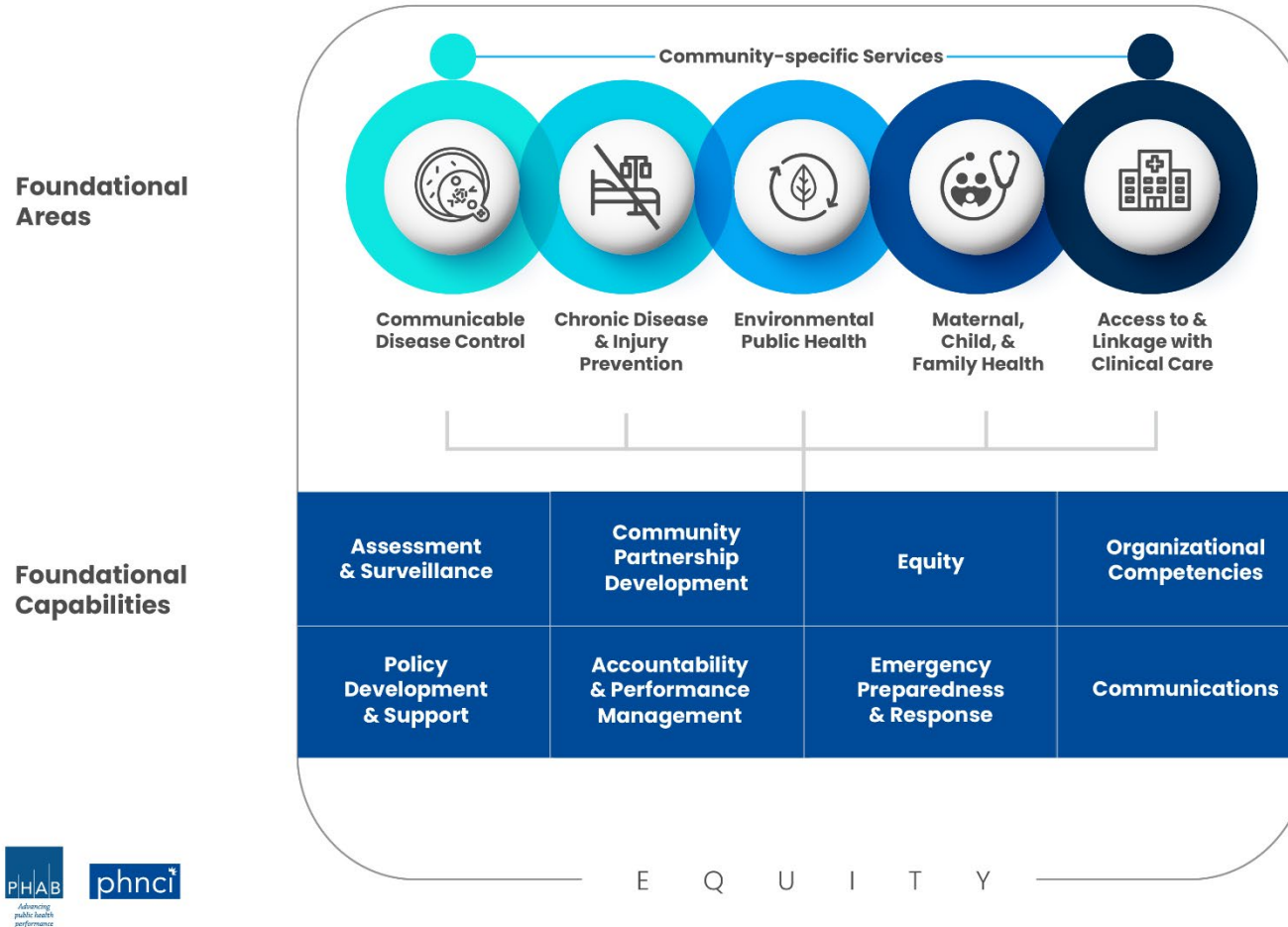
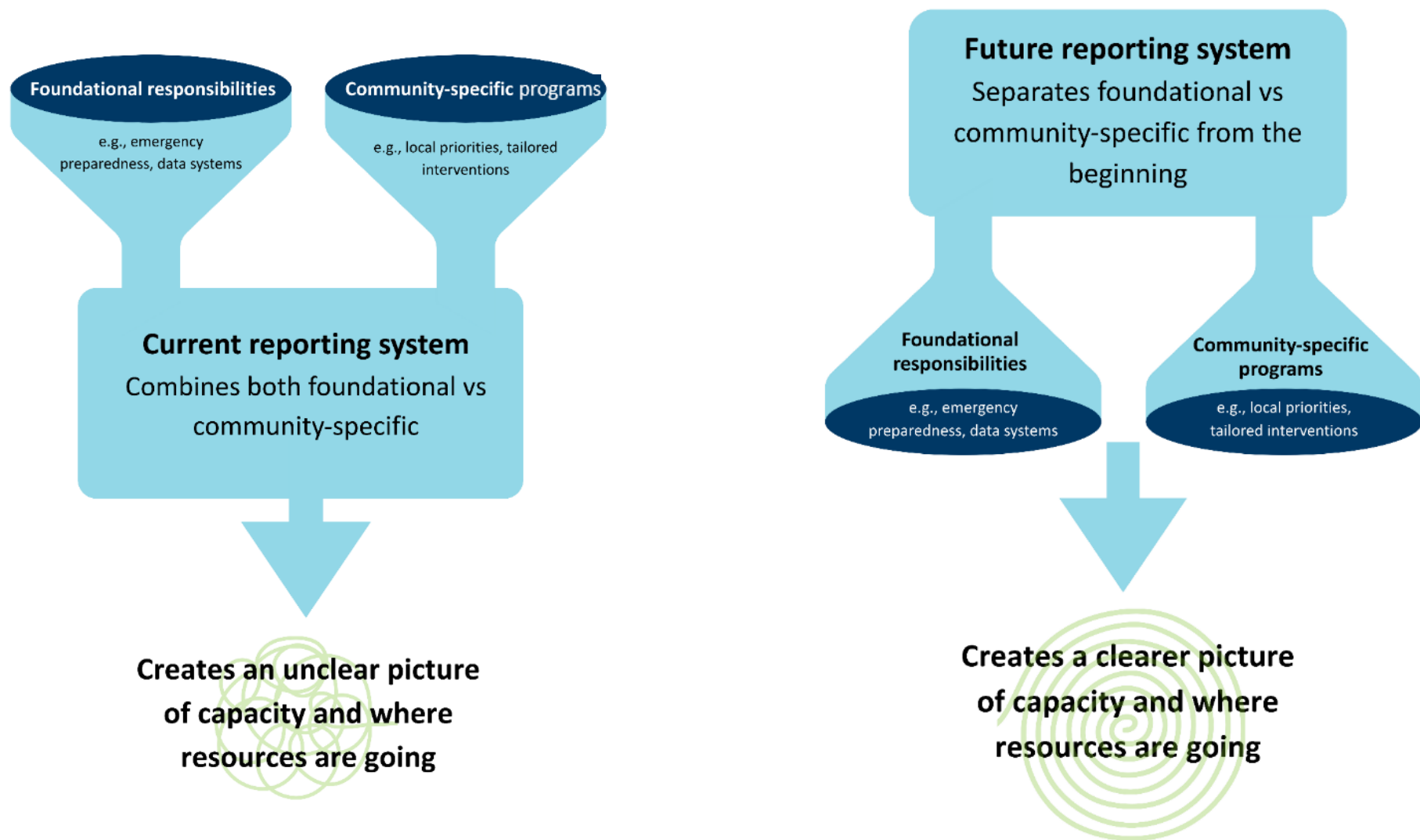


Figure 7. Flexible funding as a percentage of public health funding, Minnesota local health departments, 1979-2023



Foundational public health responsibilities





Why it matters

- Tell our story more clearly
- Strengthens advocacy
- Helps us be more strategic



What's happening?

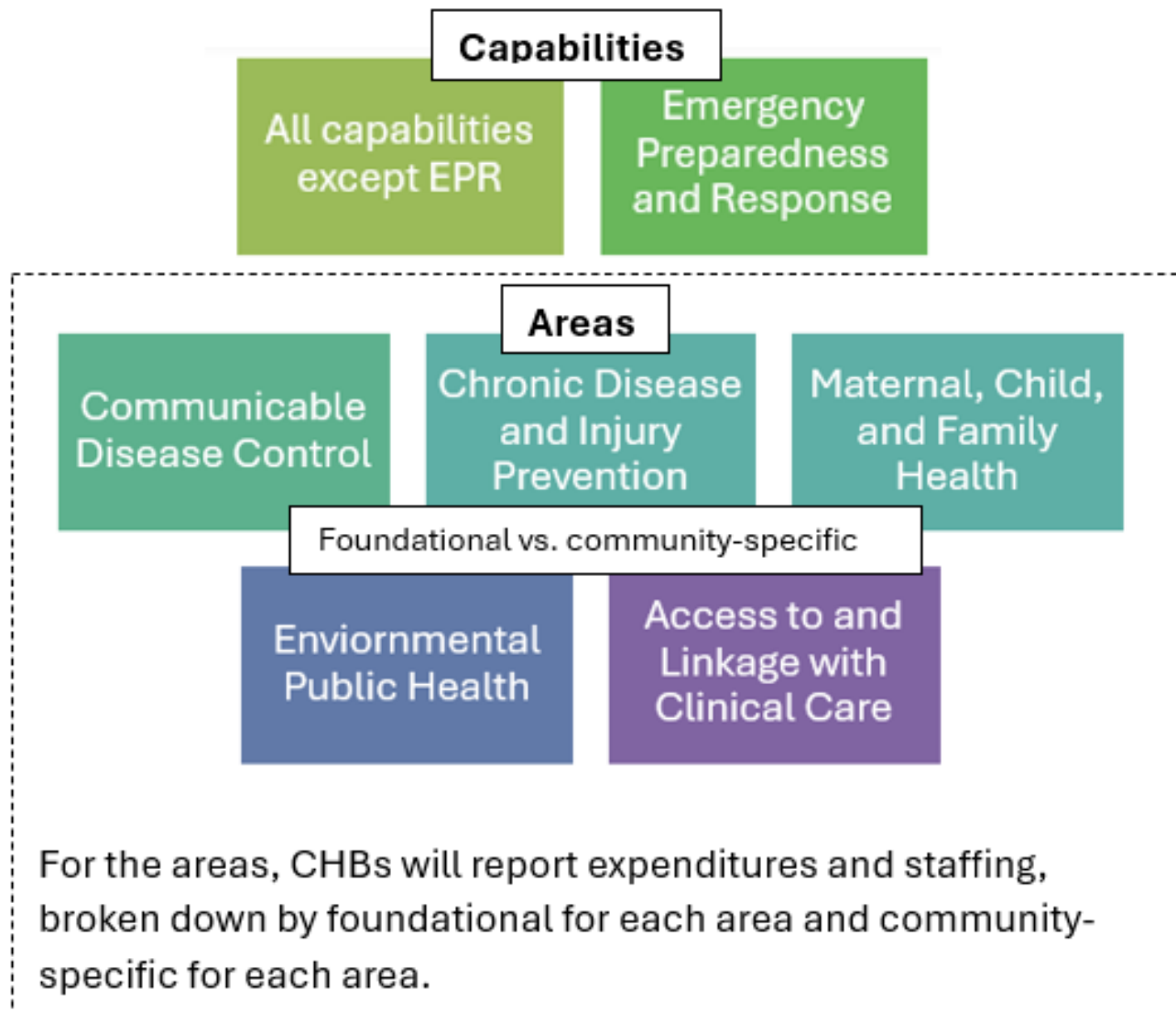


Community health boards will begin reporting staffing and expenditure data in a more detailed way, separating foundational public health work (foundational for areas and capabilities) from community-specific activities.

Current (by six areas of responsibility)



Future (aligned with the FPHR framework)



Connection between Six Areas and FPHR

Six Areas of Responsibility					
Assure an adequate public health infrastructure	Prepare and respond to emergencies	Prevent the spread of communicable diseases	Promote healthy communities and healthy behavior	Protect against environmental health hazards	Assure health services
Foundational Capabilities (all except EPR)	Foundational Capability: Emergency Preparedness and Response	FPHR Area: Communicable Disease Control	FPHR Areas: Chronic Disease and Injury Prevention Maternal, Child, and Family Health	FPHR Area: Environmental Public Health	FPHR Area: Access to and Linkages with Clinical Care
Foundational Public Health Responsibilities					

Example REDCap Forms

All capabilities except EPR

Includes capabilities of assessment and surveillance, community partnership development, communications, accountability and performance management, equity, organizational competencies, policy development and support.

Funding Sources	Expenditures
Local Public Health Grant (State General Funds)	
Foundational Public Health Responsibility Grant	
Federal Title V Funds	
MEDICAID	
Medicare	
Private Insurance	
Local Tax	
Client Fees	
Other Fees (non-client)	
Other Local Funds	
Other State Funds	
Other Federal Funds	

Communicable Disease Control

Funding Sources	Foundational Expenditures	Community-Specific Expenditures
Local Public Health Grant (State General Funds)		
Foundational Public Health Responsibility Grant		
Federal Title V Funds		
MEDICAID		
Medicare		
Private Insurance		
Local Tax		
Client Fees		
Other Fees (non-client)		
Other Local Funds		
Other State Funds		
Other Federal Funds		

What's available to help?



Learning from pilots



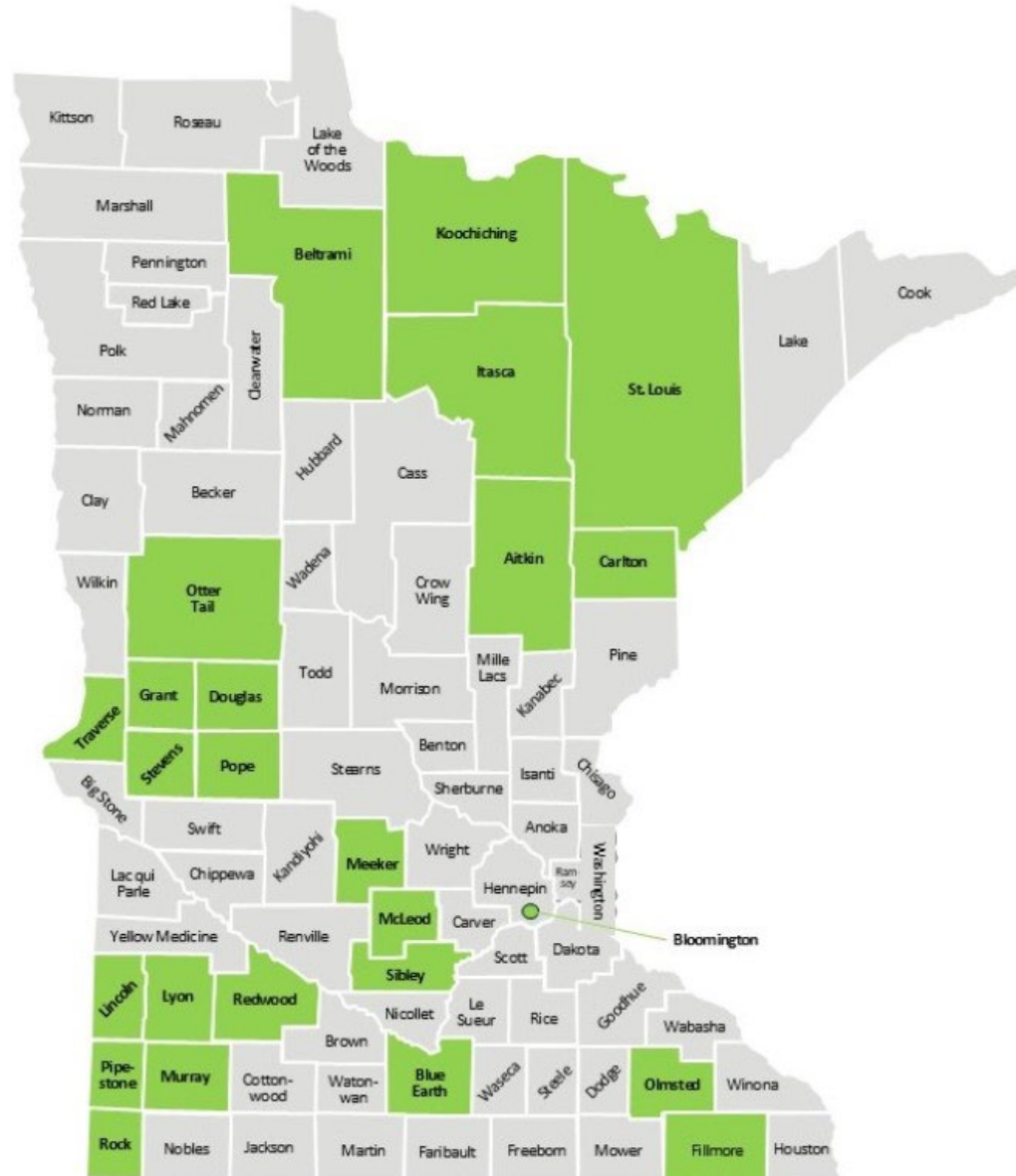
Office hours



Resources

- Definitions
- Expenditure spreadsheet
- Decision-guide tool?
- And more!

Pilots





Current data systems require upgrades to support new reporting (cost and maintenance)

- Nightingale-currently pilot working with vendor
 - PH Doc –pulling together finance/informatics folks-considering creating a form
- Resources to help:
- Future REDCap reporting form available
 - Spreadsheet aligned with future REDCap reporting coming soon

What we've learned and are working on so far

FPHR definitions are helping bring clarity

- Staff continue to need support “seeing” their work in the framework.
- Need to ensure consistency in language across materials, data systems, and other supporting docs to reduce confusion and subjective interpretations
- Identified need for common coding practices (some subjective language creates variability in coding)

Strong commitment to consistency in reporting

- Some key activities (like PH nuisance, WIC, TB) are more challenging than others, so there is a desire to establish some common coding for these
- Identified need for consistency in coding PTO
- There are concerns about variations in how CHBs are reporting expenditures.

What we've learned and are working on so far



Structured onboarding of staff helps build staff confidence

- Using guidance materials, regular staff discussions, supervisor-led data entry reviews, standing agenda item in staff meetings allow for real-time problem-solving
- Include finance analysts and fiscal managers in training

Resources to help:

- Definitions, PHAB guidance, guidance to distinguish foundational from community-specific

Communicating the “why” is important

- Sharing practical examples and ongoing conversations important

Resources to help:

- Talking points about purpose of shift

What we've learned and are working on so far

Office Hours



August 8, 2025

August 22, 2025

September 12, 2025

October 3, 2025

October 24, 2025

November 14, 2025

December 5, 2025

Meeting link – same for all office hours

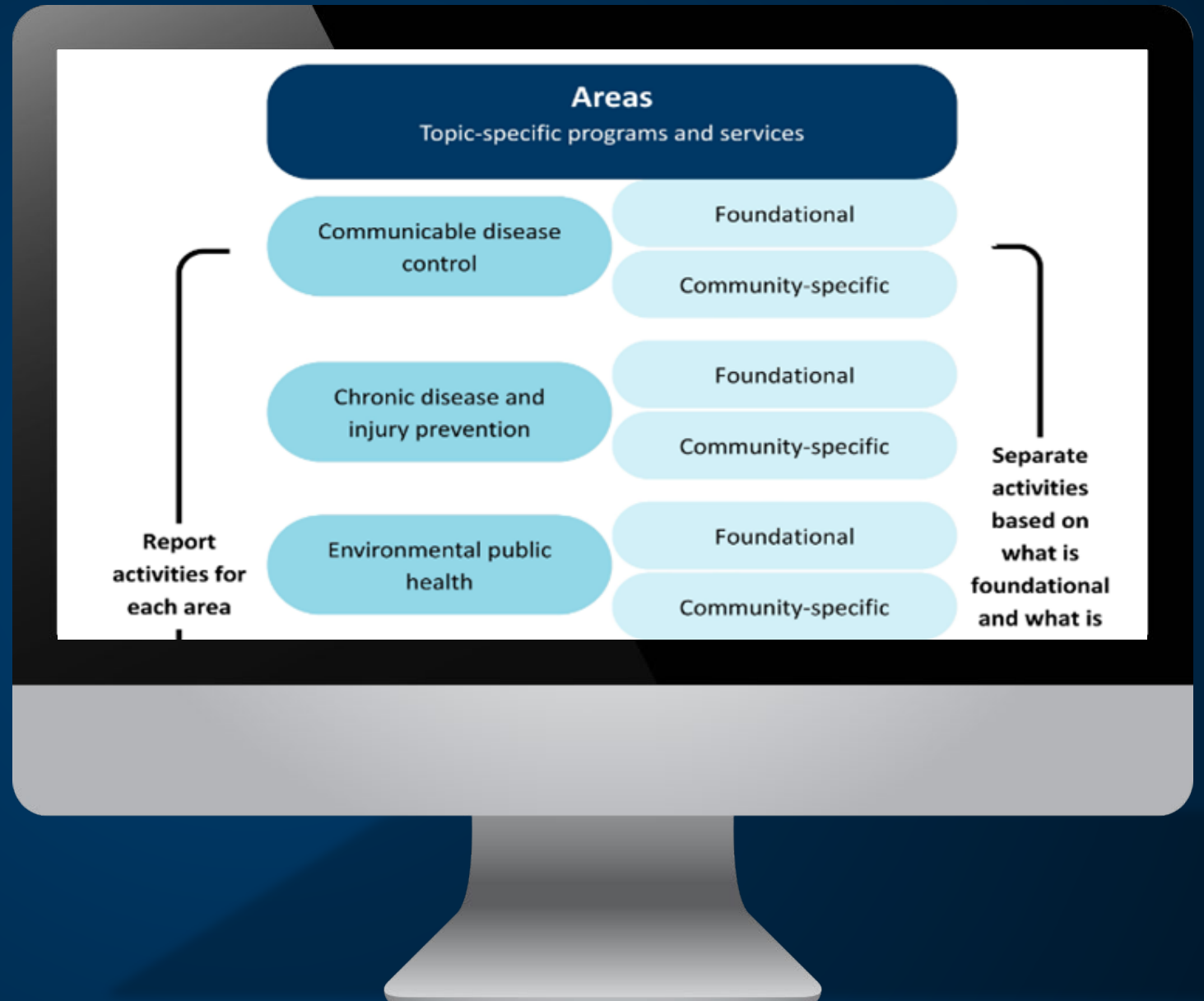
Join online (Microsoft teams): [Office hours | LPH Act annual reporting](#)

Meeting ID: 245 750 075 695 Passcode: Tc3rZ6ZP

Join by phone: [+1 651-395-7448,,913803504#](#) United States, Minneapolis

Alignment Information

- Aligning LPH Act Annual Reporting with Foundational Public Health Responsibilities - MN Dept. of Health



A scenic landscape featuring a calm body of water in the foreground, reflecting the sky and surrounding greenery. A line of trees, including several tall, slender ones, stands along the far shore. In the background, rolling hills or mountains are visible under a clear, bright blue sky. A semi-transparent blue rectangle is centered over the image, serving as a backdrop for the text.

Thank You!