



Houston County Public Health

Partnering for Health: Every Person, Every Day.

2017 Public Health Departmental Review
including Performance Dashboard and
2018-19 Strategic Initiatives

Public Health
Departmental Review with 2017-19 Strategic Initiatives

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Mission Statement

Bringing people together to create a healthy future for everyone in Houston County

Vision Elements

- Engaged partnerships with collaborative partners
- Strong collaborative relationships with area clinics
- Ensure existing services remain relevant and viable
- Establish a system whereby policy makers can measure performance, results, and accountability

Core Values

- Social justice with a holistic approach
- Data-driven, evidence-based services based on outcomes
- Prevention and health promotion
- Skilled, flexible, innovative professional staff

Description

Houston County Public Health (HCPH) provides a broad array of public health services. Our essential services and programs improve the health of our community. We are always working to make Houston County, Minnesota, a safer and healthier place to live, work and play. HCPH has worked hard to bring value to the general levy fund dollars it receives from the county by not only providing strategies for the years to come, but outcome data that supports the mission, vision and core values of the department. HCPH will continue to explore funding sources, when gaps are identified in order to better serve Houston County citizens and make Houston County a safe and healthy community.

At the heart of public health work is that of *primary prevention* and the work public health is responsible for. By moving upstream to address causes and improving environments where we live, work, learn, and receive health care, we can prevent many people from becoming chronically ill. It is the intention of Houston County Public Health to continue its culture in the solid foundational characteristics of policy, systems, and environment (PSE) embedding targeted change in broader community initiatives whenever possible.

Staff is to be complimented for their exemplary work, service, and contributions provided to Houston County residents. Time and again, staff exhibits their commitment for going above and beyond displaying their untiring dedication and service excellence.

Legislative Recap 2017, Special Session

The last legislative session ended in a flurry of activity for Health and Human Services with a 700-page bill that was released just hours before passage. This bill contains several impacts for our department. Those include:

- Local Public Health Grant: despite attempts to increase, session resulted in continued level funding (no increase, no decrease or delayed payment)
- SHIP: fully funded at \$35 million per biennium with new policy to expand two grants to be used for opioid abuse prevention
- Family Home Visiting: MA reimbursement: MA rate increase to \$140 per visit for evidence-based public health nurse visits
- Public Health Response Contingency Fund: \$5 million in one-time funding to establish contingency fund for public health activities required to protect the health and safety of the public due to an outbreak of communicable or infectious disease; can be used by CHB's or state department for increase costs attributable to public health responses

Likely, the biggest impact to counties this next biennium will be the new provision related to MN CHOICES; a \$22 million cost shift to counties starting in July of this year. The legislation included up to an 18% cost shift to counties of the state share of this program. Counties have and will continue to express concern over these cost shifts, and will work hard to roll this back next year.

Local Public Health Grant

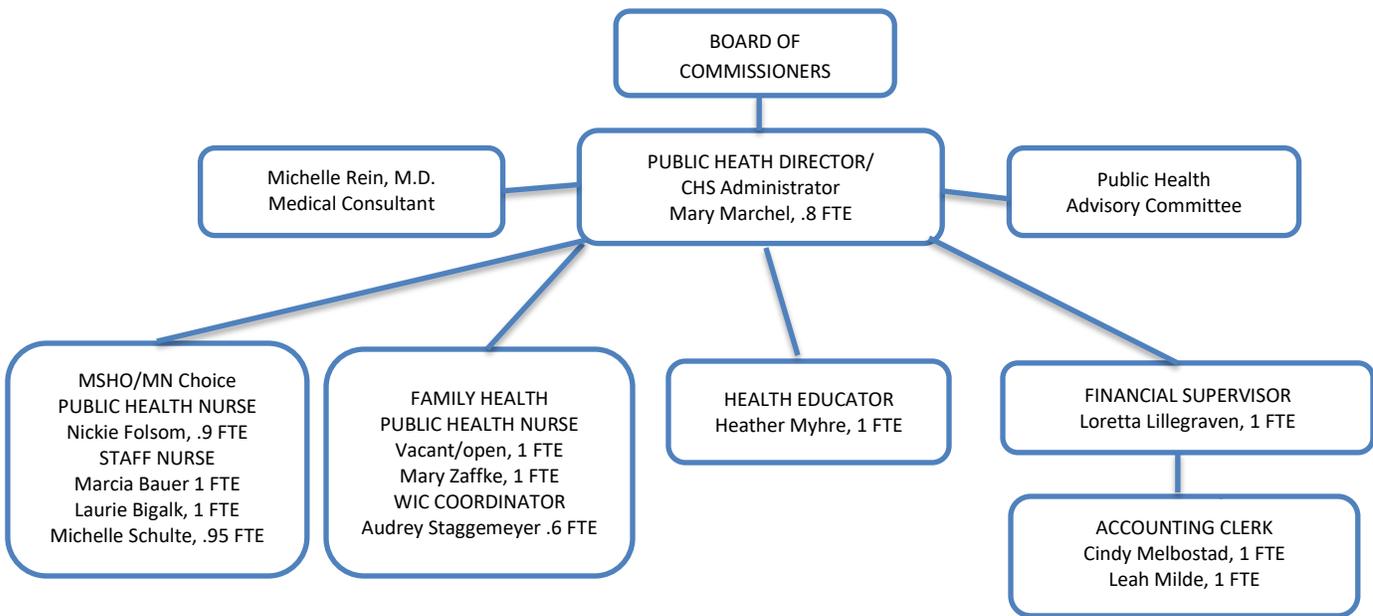
The Local Public Health Act (MN Stat.145A) mandates that Minnesota's local public health agencies fulfill six core responsibilities. These services are necessary to protect and promote the health and safety of our communities and include response efforts for emerging issues. Local public health services are funded by a combination of federal, state and local dollars. The over-reliance on local levies and a series of funding cuts have stressed the system, limiting our abilities to adequately meet state mandates and address emerging needs.

The Local Public Health Grant is underfunded, placing additional burdens on local tax levies. This funding is one of the state's main investments in local public health's state mandated services. While it provides local control to direct dollars for public health priorities, it accounts for just 6% of local public health expenses and has decreased as a percentage of total expenditures over time. As a result, local tax levies have increasingly carried the burden of meeting mandates and ever-expanding community health needs. In total, nearly half (47%) of local public health funding is locally generated.

Attempts during this last legislative session to increase funding for Local Public Health by less than a \$3 increase per Minnesotan for the purpose of restoring local capacity to maintain core state-mandated services, address emerging public health issues, and relieve local tax levies, were unsuccessful.

Over the last twelve years, Houston County Public Health has realized a mere 13.5% increase in state Local Public Health Grant dollars, representing slightly more than 1% per year.

Department Structure



Department Staffing Levels

Staff	2018 Est	2017	2016	2015	2014	2013
Director, Support	3.8	4.55	5.25	5.5	5.5	5.75
Nurses	5.85	6.35	6.35	7.1	6.35	6.15
Home Health Aides	0	5.78	6.6	7.71	7.84	8.56
HHA Supervisor	0	.25	.25	.25	.25	.25
WIC Coordinator	.6	.6	.6	.6	.6	.6
Health Educator	1	1	1	1.25	1.1	1.1
Total	11.25	18.53	20.05	22.41	21.64	22.41
Salaries & Benefits	\$1,022,104	\$1,394,558	\$1,521,649	\$1,489,341	\$1,408,341	\$1,460,817

Program and Service Deliverables

It is the intention as part of this narrative to provide the Board with a look back at the previous eight months in an effort to provide accountability to policy makers and their respective constituents for programs and activities that expend budget dollars and county resources. While this is not an exhaustive list, it highlights several policy, programs and activity accomplishments. It should be noted that the majority of work in this list has been done in tandem with other county departments, other county partners, or entities and businesses outside the Agency.

Grant Accomplishments:

- Southeast Service Cooperative Grant for Houston County Employee Wellness program with over 110 county employees participating in one or more components
- Secured Southern Minnesota Initiative Foundation (SMIF) Grant award “Grow, Learn, Read, Every Day, to Succeed” for implementation in 2017-18.
- Partnered with area school districts on Safe Routes to School Planning Grant

Partner Accomplishments:

Community Input and Involvement:

- Co-led Caledonia first annual Wild Turkey Fest in conjunction with Balloon Rally event
- SHIP “Walk Your City Caledonia” route mapped, marked and showcased with community event
- Participant in functional emergency preparedness exercise on Family Information Centers with LaCrosse County Health Department and other regional Wisconsin partners
- Participant in 2017 Compass Data Collection with United Way
- Health Educator assigned to “Good Food Access” statewide committee
- Partnered with Human Services and County Attorney’s Office to provide Bridges Out Of Poverty staff and community training
- With Fillmore County PHNS, convened “Healthy Food For All” Food Access Summit
- Hosted “Pitch the Commissioner” community wide event

Staffing, Departmental, and Financial Accomplishments:

- Successful hand-off of Interim Human Services Director job duties
- Formed and led Home Care Feasibility Study Group
- Discontinued Home Care Program with no disruption in client services
- With Human Services, formed joint leadership monthly meetings across departments
- Updated Public Health’s Continuity of Operations Plan (COOP)
- New Commissioner Orientation completed
- Completed DHS Lead Agency Home and Community Based every 3 year review

Department Performance Dashboard

The Public Health tracks a number of performance metrics in an effort to measure the effectiveness, efficiency and results of department operations. Both *Key Activity* Indicators (typically reflects the quantity of activities delivered) and *Key Outcome* Indicators (typically reflects the outcome, results or consequences of business process activities) are collected to give a fair representation of department workloads and performance.

Key Activity Indicators	2016	2017 YTD	2018 Projected
Number of vaccinations administered by Houston County Public Health	687	pending	700
Number of children enrolled in Follow Along Program	330	269	330
Number of uninsured or underinsured individuals vaccinated with MDH supplied vaccine	19	5	10
Monthly average WIC participants	255	240	250
Number of low-income children receiving a car seat with educational component to caregiver	45	12	42
Emergency preparedness exercises performed	2	2	2
% of Houston County WIC staff trained in Patient Centered Services (New 2014)	100%	100%	100%
Number of households receiving family home visiting services utilizing evidenced-based supporting strategies (New 2014)	40	44	50

Key Outcome Indicators	2014	2015	2016	2017 Projected
% of Houston County women receiving prenatal care in 1st trimester at or above state level	HC 86.9% MN 83.9%	HC 72.7% MN 83%	HC 63.6% MN 82.1%	HC 75%
% of Houston County women who smoke during pregnancy at or below state average	HC 14.4% MN 12.0%	HC 17.2% MN 10.6%	Pending	HC 15%
Increased access to health care for low income children measured by C&TC participation rate	HC 62% MN 72%	HC 66% MN 70%	HC 64% MN 72%	HC 70%
% of children in kindergarten vaccinated *at or above state average (MN AISR data) *DTap, Polio, MMR, Hepatitis B, Varicella	Improving in all	Improving in all	Improving in all	Improving in all

Key Outcome Indicators	2014	2015	2016	2017 Projected
% of Houston County children ages 24-35 months covered by immunization series above state average	HC 74% MN 60.6%	HC 73% MN 59%	HC 78% MN 60%	HC 80%
Breastfeeding initiation rate for Houston County WIC participants	HC 84.4% MN 80%	HC 87.5% MN 80.5%	HC 76.9% MN 79.5%	HC 80%
County estimates of adult smoking (2012-2016 data, Compass)	N/A	N/A	HC 13% MN 16%	N/A
Adults who have achieved moderate exercise 5+ days per week (2014 data, CA)	HC 30.8%	N/A	N/A	N/A
County estimates of diabetes among adults > 20 years old (2014 data, CA)	HC 8.6% MN 8.1%	N/A	N/A	N/A
County estimates of overweight/obesity among adults > 20 years old (2014 data, CA)	HC 62.1%	N/A	N/A	N/A

Key: **Green:** Strategy Completed **Red:** Strategy Pending **Black:** Strategy New

2017-2018 Strategic Initiatives

The Public Health Department seeks to purposefully align departmental activities and resources with the Mission, Vision elements, and strategic priorities established within the department. Goals will be SMART (specific, measurable, assignable, relevant, and time-bound). All departmental employees will work with strategic partners internally and externally to advance the initiatives during 2017-2018.

- Emergency Operations Coordination** The Emergency Preparedness Coordinator will participate in planning, conducting and evaluating one public health-focused exercise. This will address needs of at-risk individuals.
Performance Indicator: One functional tabletop exercise will be completed by 6/2016.
Budget Impact: \$0 All activity is covered under PHEP grant duties
Responsible Person: Emergency Preparedness Coordinator/Community Partners
- Employee Wellness** In coordination with Human Resources, staff will leverage the Southeast Service Cooperative Wellness Incentive Program Funds to structure an employee wellness program that strives to create a culture and environment of wellness.
Performance Indicator: Goals and various activities will incorporate at least two of the Six Dimensions of Wellness, as required by SCC. Plans for baseline data and end-of-year assessment of employee satisfaction with project activities are underway.
Budget Impact: \$0, as \$17,500 has been earmarked from SCC for this endeavor
Responsible Persons: Health Educator, Department Head, Human Resources Director

- Communities that Cradle Literacy HCPC plans to work with area school districts ECFE sites to reach out to parents of children 0-3, providing opportunities to learn about the power of reading and importance of the use of language with the very young. Events will be hosted in each district where parents are introduced to the concepts of early literacy, experience model reading to the target ages, with discussion following.
Performance Indicator: HCPH will host 2 events in each district, ending in April 2016.
Budget Impact: +\$12,500 for staff time and reading resources
Responsible Persons: Family Health staff/Department Head
- Home Care Program HCPH fiscal and management staff will be monitoring decreasing home care utilization and determine best outcome solutions for existing home care clientele. Report back to policy makers will take place within the first 6 months of 2017. Additionally, management staff will continue to meet with potential home care agencies for viable, quality referral options for current clients.
Performance Indicator: Decreasing numbers of home care skilled nursing clients and home health aides will determine outcome recommendations to policy makers.
Budget Impact: Unable to determine at this point.
Responsible Persons: Department Head/Fiscal Supervisor/Home Care Coordinator
- Parenting Classes – P.I.P.E (Partners in Parenting Education) Using this curriculum, MCH trained nurses will work with community education to provide this evidence- based curriculum to clients in a group setting. This training is used to enhance parent-child interaction, brain development, social skills, etc. PIPE training in a class setting also jump-starts a relationship and rapport with Family Home Visiting nurses, which is critical for clearing the way for more intensive support of home visits.
Performance Indicator: MDH Benchmarks (compliant with scheduled well-child exams, prenatal and preconception care, use of parental tobacco, screening for maternal depressive symptoms)
Budget Impact: Classes will be billed to health plans for eligible clients
Responsible Person: MCH nursing staff
- Minnesota Immunization Information Connection Regional Coordination HCPH will continue to serve as the fiscal host for the Southeast Minnesota Immunization Connection (SEMIC) serving 11 counties in the region. HCPH will contract with SEMIC to continue the MIIC regional coordination work for 2016-2018, assuring grant duties are completed as highlighted in the RFP.
Performance Indicator: SEMIC will continue to aid multiple immunization projects throughout the region as indicated in the application template.
Budget Impact: + \$11,912 Fiscal agent and per hour staff fee per year for additional clerical duties
Responsible Persons: Department Head
- Mn Choices Certified Assessor Requirements Certified Assessors are required to meet recertification guidelines every three years as per state statute. This requirement calls for 45 learning units during this period. Agency administration will work with other surrounding counties to offer training locally so staff can participate.
Performance Indicator: Agency Certified Assessors will meet a 100% compliance with this requirement completed by August of 2017.
Budget Impact: Costs will be split with partnering agencies.
Responsible Persons: Department Head/Lead

- Internal Quality Improvement Process Agency staff will continue their work on further QI projects with the joint QI Team (Fillmore) as part of improving work processes, improving and addressing customer satisfaction, and improving employee satisfaction.
Performance Indicator: QI committee will meet at least every other month and determine QI projects with timelines for completion.
Budget Impact: A training budget has been included in the 2018 budget
Responsible Person: QI Team/Department Head
- Minnesota Organization of Fetal Alcohol Syndrome (MOFAS) Grant During year two of this grant MCH staff will continue to implement prenatal alcohol exposure screenings through WIC and home visits. In addition, work will be done to partner with area schools during pre-school screenings to do assessments in order to reach the general population.
Performance Indicator: Number of partnerships established
Budget Impact: -0- Activities covered under grant duties
Responsible Person: MCH Family Home Visiting staff
- Core Competency Development The Council on Linkages between Academic and Public Health Practice has developed a set of Core Competencies for public health professionals. The purpose of core competencies is to help strengthen the public health workforce. With assistance from the MDH, staff has completed the first step of the assessment process and now will move forward with development of training and workforce development plans. This entire process positions the agency toward future potential for accreditation.
Performance Indicator: Complete a training plan in 2018 – develop outcome measurements
Budget Impact: -0-
Responsible Person: Department Head, Health Educator
- WIC Outreach - Nationally on an average month, WIC serves and estimated 60.2% of those eligible for WIC services. Between 2010 and 2015, agency WIC participation has decreased by 23%. New outreach activities will be designed to increase local participation for those that are WIC eligible.
Performance Indicator: Increase participation by 3% between 2016-2018.
Budget Impact: -0-
Responsible Person: WIC Coordinator and WIC staff.
- WIC Self-Scheduling Pilot – WIC has been challenged with high rates of no-shows during regularly scheduled clinic days. Many WIC programs are implementing a tool for participants to call in and schedule their own WIC appointments. Early data suggests this business model decreases participant no-show rates. Self-scheduling also eliminates certain prep and post clinic work.
Performance Indicator: WIC staff will pilot the self-scheduling process for 6 months while tracking no show data. Anticipated decrease from 22% no show rate, to 19% no show rate by end of year.
Budget Impact: -0-
Persons Responsible: WIC Coordinator and Director

- Family Child Care Licensing - Public Health staff will work with county Human Services and DHS to assume the primary responsibility of becoming a Family Child Care licenser. The licenser will conduct on-site inspections, assist with trainings and work with Human Services when situations warrant a team approach for resolution.
Performance Indicator: Licensing status will be attained
Budget Impact: -0- Staff time will be billed for direct time to Human Services
Persons Responsible: Health Educator, Public Health and Human Services Directors
- Implement “Grow, Learn, Read, Every day to Succeed” Initiative - With the Southern Minnesota Initiative Foundation (SMIF) Grant commitment, enter into a collaborative partnership with area libraries to focus efforts around early childhood development. PHN’s will work with parents and daycare providers to screen preschool children and provide feedback about activities that promote school readiness.
Performance Indicator: 75% of children served will demonstrate increased social/emotional school readiness proficiencies according to the developmental milestone checklist.
Budget Impact: SMIF grant of \$15,000 will cover PHN expense and supplies.
Responsible Person: Family Health PHN’s
- Attain Breastfeeding Friendly Health Dept. status - Following the Academy of Pediatrics and Surgeon Generals call to action to support breastfeeding, local public health can serve as a model for breastfeeding support in the workplace and work with community partners to adopt their own policies and practices. Public Health will work to be eligible for the silver level recognition. Work such as written policy, community education, and access to information and training for local childcare centers in support of breastfeeding will need to be completed.
Performance Indicator: Silver Level Recognition will be attained
Budget Impact: -0-
Responsible Persons: Family Health PHN’s, Health Educator
- MN Choices Assessments - MN Choices is a single, comprehensive, web based application that integrates assessments and supports for all persons seeking access to Minnesota Long Term Care services and supports. This new process has created staff capacity issues across both Health and Human Services due to the number of screening requests, screener certification requirements, length of screenings, and our number of certified screeners. It has become necessary to explore and tailor a business model that meets the needs of both departments while timely completing MN Choice Assessments.
Performance Indicator: Implementation of a new business model.
Budget Impact: unknown at this time
Responsible Persons: Public Health and Human Services Directors
- Evaluate ability to delivery Core Public Health activities – As the state works to further clarify mandated activities that community health boards must undertake in order to meet statutory obligations under the Local Public Health Act, next year will be an opportune time to evaluate current capacity and potential shortfalls within the six areas of local responsibility. With internal changes this year as well as budgetary pressures, new strategies are necessary to assure our ability to provide core public health duties. This evaluation will likely result in some internal reorganization as well as cross-departmental collaboration.
Performance Indicator: Evaluate each area of responsibility with possible recommendations for business model adjustments.
Budget Impacts: unknown at this time
Responsible persons: Public Health Director, Fiscal Supervisor

Agency Grants/Reimbursement and Description

Program Area	Description of Grants/Reimbursements	2017 HCPH Allocation
Local Public Health (CHS subsidy)	<p>The state general funds (i.e. state tax dollars) and match provide a base of stable, non-categorical funding to Community Health Boards. The funding is used to support local public health infrastructure activities and develop action plans to address the local public health priorities and issues identified by the community health assessment.</p> <ul style="list-style-type: none"> • Funding Source – state general funds administered by MDH • Funding Period – calendar year • Funding is based on 2003 funding allotment • Match of 75% required 	\$91,521.00
Maternal & Child Health (Title V) Block Grant	<p>The federal Title V MCH Block Grant is funding to address concerns for the children and adolescents; children and youth with special health care needs; and pregnant women, mothers, and infants. Two-thirds of the federal dollars are distributed to CHS for MCH services.</p> <ul style="list-style-type: none"> • Funding Source- federal funds administered by MDH • Funding Period – calendar year • Funding is based on 2003 funding allotment • Match of 50% required 	\$23,478.00
Temporary Assistance to Needy Families (TANF)	<p>The Federal TANF block grant allows states to allocate resources for a broad array of services in Minnesota. TANF funds allocated through LPH Act can be used for eligible program services including non-medical home visiting for families, WIC clinic services, and youth development with a focus on reducing out of wedlock births.</p> <ul style="list-style-type: none"> • Funding Source – federal funds administered by MDH • Funding Period – calendar year • Funding is based on 2003 funding allotment 	\$33,236.00
Women, Infants and Children (WIC)	<p>WIC provides funding for nutrition and breastfeeding support for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. Services include nutrition assessment and education, breastfeeding support, nutritious foods, and health care referrals.</p> <ul style="list-style-type: none"> • Funding Source – federal funds administered by MDH • Funding Period – October – September • Funding is by reimbursement based on the number of participants served each month 	\$73,325.00
State Health Improvement Partnership (SHIP)	<p>SHIP was launched in 2008 as part of Minnesota’s health reform effort with the goal of helping Minnesotans live longer, healthier lives by decreasing obesity and tobacco use and exposure, the leading cause of chronic disease, disability and death. CHBs are awarded Planning, Implementation, or Implementation + Innovation grants based on a menu of proven strategies.</p> <ul style="list-style-type: none"> • Funding Sources – state general funds administered by MDH • Funding Period – November 1 to October 31 annually • Funding is determined by the type of grant and through population 	\$88,311.00
Public Health Emergency Preparedness	<p>The Office of Emergency Preparedness (OEP) oversees emergency preparedness and response funding to local health departments, tribal agencies and healthcare organizations as they develop plans and protocols for responding to public health threats. National standards for state and local planning identify risks and gaps; determine priorities and plans with partners to assure safer, more resilient and better-prepared communities whether the public health threat is caused by natural, accidental, or intentional means.</p> <ul style="list-style-type: none"> • Funding Sources – federal funds administered by MDH • Funding Period – July 1 through June 30, annually 	\$23,664.00
Immunization Practice Improvement (IPI)	<p>IPI is a component of the MDH Immunization Program. IPI merges key aspects of the overall immunization program at the provider level including vaccine management, vaccine accountability and clinical immunization practices, assess the storage and handling techniques of vaccines, provide teaching and needed follow-up and to assist forming a Quality Improvement plan</p> <ul style="list-style-type: none"> • Funding Sources – MDH • Funding Period – Annual Grant Agreement • Funding – Reimbursement for completed components of clinical assessments, education and follow-up 	\$1,000.00
Child and Teen Checkups (Outreach)	<p>The C&TC program is Minnesota’s federal program, and is administered by the Department of Human Services (DHS). Children through the age of 20 who are enrolled in Medical Assistance are eligible. Outreach is provided to all children in the program to ensure access barriers are removed, and screenings are completed timely.</p> <ul style="list-style-type: none"> • Funding Sources – federal funds administered by DHS • Funding Period – Annual Grant Agreement • Funding is based on children 0-20 years covered by Medical Assistance 	\$39,220.00

Southeast Service Coop- Employee Wellness	<p>The Southeast Service grant program offers health orientated promotion services for employees to get fit, stay fit, and manage health.</p> <ul style="list-style-type: none"> • Funding Source – Southeast Service Cooperative • Funding Period – Annual Application • Funding – Reimbursement for allowable expenses 	\$16,750.00
Minnesota Immunization Information Connection (MIIC)	<p>The Minnesota Immunization Information Connection (MIIC) is a system that stores electronic immunization records. MIIC makes keeping track of vaccinations easier and helps ensure Minnesotans get the right vaccines at the right time. Houston County has assumed the fiscal agent responsibility for this 11 county consortium.</p> <ul style="list-style-type: none"> • Funding Source – MDH and DHS dollars • Funding Period – Calendar year 2017 • Funding pass through for Program Coordinator as well as fee collected for administration 	\$87,820.00
MOFAS	<p>This grant will incorporate fetal alcohol syndrome education and screening at the individual, community and systems level. Individuals will also be screened through WIC, MCH, and FHV and medical clinics. This grant will incorporate FAS assessments into standard practices with education regarding universal screening process and building our capacity to identify prenatal alcohol exposure as early as possible.</p> <ul style="list-style-type: none"> • Funding Source – Minnesota Organization on Fetal Alcohol Syndrome • Funding Period – 2016-2017 • Funding –Reimbursement for allowable expenses 	\$15,000.00
SMIF – Southern Minnesota Initiative Foundation	<p>This new grant “Grow, Learn, Read Every Day to Succeed” is a collaborative endeavor with area libraries and family daycare providers. The focus area is early childhood development. Social, emotional and developmental screenings will be completed. Results will be shared with parents along with guided activities that promote early childhood development.</p> <ul style="list-style-type: none"> • Funding Source – Southern Minnesota Initiative Foundation, Owatonna, MN • Funding Period – September 2017 to August 2018 • Funding – paid in advance • Funding will cover nurse time spent on grant objectives as well as technology enhancements for area libraries 	\$20,000.00

2016 Revenue & Expense Recap

Infrastructure			
		2016 Total	%
Expenditures	Salaries and Benefits	\$ 95,216	67%
	* Other	\$ 48,283	33%
	Total Infrastructure Expenses	\$ 143,499	100%
Revenue	State Grant	\$ 94,369	66%
	Local Levy	\$ 49,130	34%
	Total Infrastructure Funding	\$ 143,499	100%
Health Services			
Expenditures	Salaries and Benefits	\$ 936,392	95%
	*Other	\$ 50,233	5%
	Total Expenses Health Services	\$ 986,625	100%
Revenue	State	\$ 111,196	12%
	Federal	\$ 111,756	12%
	Fees	\$ 672,897	69%
	Local Levy	\$ 86,776	7%
	Total Funding Health Services	\$ 986,625	100%
Infectious Disease			
Expenditures	Salaries and Benefits	\$ 25,555	28%
	*Other	\$ 67,444	72%
	Total Expenditures Infectious Disease	\$ 92,999	100%
Revenue	State	\$ 48,563	53%
	Federal	\$ 581	1%
	Fees	\$ 36,787	40%
	Local Levy	\$ 7,068	6%
	Total Funding Infectious Disease	\$ 92,999	100%
Environmental Health			
Expenditures	Salaries and Benefits	\$ 0	0%
	*Other	\$ 2,999	100%
	Total Exp Environmental Health	\$ 2,999	100%
Revenue	Fees	\$ 912	31%
	Local Levy	\$ 2,087	69%
	Total Funding Infectious Disease	\$ 2,999	100%
Healthy Communities			
Expenditures	Salaries and Benefits	\$ 350,126	85%
	*Other	\$ 64,855	15%
	Total Exp Health Communities	\$ 415,011	100%
Revenue	State	\$ 109,528	27%
	Federal	\$ 168,842	41%
	Fees	\$ 62,281	15%
	Local Levy	\$ 74,360	17%
	Total Funding Healthy Communities	\$ 415,011	100%

Disaster Preparedness			
Expenditures	Salaries and Benefits	\$ 22,067	97%
	*Other	\$ 717	3%
	Total Exp Disaster Preparedness	\$ 22,784	100%
Revenue	Federal	\$ 22,889	100%
	Local Levy	\$ (105)	0%
	Total Funding Disaster Preparedness	\$ 22,784	100%
Total of Expenditures		\$ 1,663,917	100%
Total of Revenue: Federal, State, Fees		\$ 1,444,601	87%
Total of Local Levy		\$ 219,316	13%

* Other Includes: Phone, Postage, Publications, Advertising, Dues, Registration, Prof Fees, Software Support, Mileage, Lodging, Meals, Supplies, Furniture & Equipment

*U Care grant had expenses of \$13,099, revenue received in 2015

Total Houston County Population 2016 Estimate = 19,027

Average per capita is \$11.53 for Public Health services in Houston County

Southeast Minnesota Average per capita expenditures is \$65.99

Southeast Minnesota Public Health Funding Sources, 2015, 27% of total from local tax (32% all regions) (Houston 13%)

Southeast Minnesota Public Health Funding Sources, 2015, 5% from state LPH Grant

Source: MDH, Expenditures Summary for Minnesota's Community Health Services System in 2015