Public Health Infrastructure Fund preliminary application guidance

STRENGTHENING THE PUBLIC HEALTH SYSTEM IN MINNESOTA

Background

In its 2021 session, the Minnesota Legislature recognized the important role of public health. In addition to other investments, the legislature provided an annual appropriation for community health boards and tribal governments to build capacity and improve the public health system.

The Minnesota Department of Health (MDH) convened a group of State Community Health Services Advisory Committee (SCHSAC) Executive Committee members and public health leaders to determine the best use of these funds. This group developed three guiding principles:

1. Funds should be focused on foundational capabilities in communications; data and epidemiology; community partnerships; and/or health equity. Funds cannot supplant existing work. How applicants build capacity will not be prescribed.

2. Funds should be used to improve, pilot, or strengthen approaches that will advance these capabilities in deep rural, rural, suburban and/or metro settings.

3. Funds should be used to advance health equity while building these capabilities.

Minnesota’s public health system was built to address the health problems of the 1970s and those that came before; it is not well equipped to meet the pressing health challenges we face today—or the ones we know will emerge in the years to come. MDH, SCHSAC, and the Local Public Health Association (LPHA) are committed to taking action to transform the way we do business in public health: we must make sure Minnesota’s governmental public health system has the leadership, workforce, and capacity necessary to promote the health of communities and protect against health threats, now and into the future. Minnesota’s tribal nations are also developing capacity to carry out core public health functions in their jurisdictions. To create the system we need for the 21st Century we need to try new ways of building capacity and carrying out public health responsibilities.1

The opportunity

$6 million per year is available to community health boards and tribes to build public health capacity and improve the public health system. These funds will support efforts to improve, pilot, or strengthen approaches to building capacity in four foundational capabilities:

- communications,
- community partnerships,
- data and epidemiology, and
- health equity.2

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1 For more information, see: A new framework for governmental public health in Minnesota (www.health.state.mn.us/communities/practice/schsac/workgroups/docs/201906StrengtheningANewFramework.pdf)

2 For more definitions and other information about these foundational capabilities, see Infrastructure Fund priorities (www.health.state.mn.us/communities/practice/systemtransformation/docs/202112InfrastructureFundPriorities.pdf).
To be consistent with the Infrastructure Fund Workgroup’s Guiding Principles for these funds, applicants must demonstrate that they considered health equity in planning the proposed approach. Proposed approaches must also be able to generate lessons learned that can inform ongoing efforts to strengthen Minnesota’s public health system more broadly.

This is an opportunity like Minnesota’s public health system has never had before: an opportunity to build new relationships, try new things, and turn back-of-the-napkin dreams into reality.

**Preliminary application process**

MDH is requesting preliminary applications for two-year agreements (April 2022-April 2024) that may be extended if demonstrating promise and funding allows. Community health boards and tribes are invited to submit preliminary applications that propose an approach to building public health capacity in communications, community partnerships, data and epidemiology, and/or health equity. Applicants can also apply on behalf of a group of partners. For example:

- For a multi-county community health board, the work can be carried out by one or more local health departments in collaboration with a variety of other partners.
- The work could also be carried out by local health departments in two or more community health boards that do not share borders.
- Similarly, a tribe could apply to work with other tribes, with a community health board, or with a variety of other partners.

If applying on behalf of a group of partners, applicants will be asked to provide statements of commitment from each partner if/when grant agreements are developed.

Applicants can propose approaches that build capacity across more than one capability. If these are integrated into a single, cohesive approach, applicants should submit one application and identify which capabilities are addressed. If applicants are interested in proposing two distinct approaches, they should complete two separate applications.

Applications will be submitted through REDCap. Community health services administrators and public health directors will receive a message with a link to the survey by January 14, 2022. Preliminary application questions and other planning resources can be found by visiting Public Health Infrastructure Fund (www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html).

**Applications must be submitted by 4:30 p.m. Central on Thursday, February 3, 2022.**

After preliminary applications are received, they will be reviewed for alignment with the intended purpose of the funds and the Guiding Principles outlined by the Infrastructure Fund Workgroup. MDH staff will assess the total funding requested and determine next steps based on the following scenarios:

- **If funding allows, MDH may fund all applicants.** MDH will reach out to applicants to resolve questions and develop workplans and budgets for grant agreements.
- **If funding requested exceeds, but is close to the funding available,** MDH will consult partners from SCHSAC and LPHA to determine the best next steps and may negotiate potential adjustments to proposed projects as appropriate.

3 For more information on these guiding principles, see Funding public health in Minnesota: Strengthening our public health infrastructure (www.health.state.mn.us/communities/practice/systemtransformation/docs/202112FundingPHinMN.pdf).
If funding requested far exceeds funding available, preliminary applications will move into a competitive review. Applicants will have an additional week to make any changes or revisions to their preliminary applications before the applications move into a review process that will be developed in collaboration with the Infrastructure Fund Workgroup.

Technical assistance available

MDH’s Center for Public Health Practice will provide resources to help community health boards and tribes develop their ideas and respond to the preliminary application. These resources will all be posted at Public Health Infrastructure Fund (www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html), including:

- An informational webinar Wednesday, January 12, 2022, which will be posted online within five business days
- A list of application questions with prompts to consider in the development of project ideas
- A guidance document that defines the focus areas and provides links to relevant national public health standards and measures
- A summary of written questions and answers that will be updated within three business days after new questions are received

Community health boards and tribes that are interested in applying may invite their system consultants to help facilitate planning discussions and/or to forward questions, as appropriate. To ensure the proper and fair evaluation of applications if a competitive review process is needed, system consultants cannot provide input on proposed ideas and/or assist with writing applications.

Questions about this application process should be directed to the MDH Center for Public Health Practice via email (health.ophp@state.mn.us). Submitting questions as directed above will allow all applicants equal access to questions and responses. All questions should be submitted by 4:30 p.m. Central on Thursday, January 27, 2022.

Next steps

If preliminary applications request a total amount that far exceeds the amount available and a competitive review is required, MDH will notify community health boards and tribes that submitted preliminary applications and give them an opportunity to update their submissions, if needed, before they move into a competitive review process.

- MDH will invite partners to evaluate proposed projects and provide funding recommendations. Preliminary applications will be assessed based on the quality of responses to application questions and funding decisions will take into consideration the lessons that can be learned from each project; geographic representation; variety of projects; and sizes/types of jurisdictions involved.
- MDH reserves the right to withhold the distribution of funds in cases where applications submitted do not meet the necessary criteria.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the preliminary application, provided the application, as submitted, substantially complies with the requirements outlined in this guidance document.
This application process does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this application process if it is considered to be in its best interest.

Ongoing reporting and technical assistance

MDH’s Center for Public Health Practice will support funded projects with regular coaching conversations, relevant resources from Minnesota and across the country, and access to (optional) learning opportunities throughout the project period. Grants to community health boards will be monitored based on procedures outlined at: Invoice and reconciliation instructions for the Local Public Health Grant (https://www.health.state.mn.us/communities/practice/lphact/lphgrant/invoice.html) under the heading “Financial reconciliation for community health boards.” Grants awarded to tribes will be supported in collaboration with Jackie Dionne, Director of American Indian Health, and the Office of American Indian Health. MDH will make every effort to reduce the reporting burden while complying with required grants management policies and procedures for the State of Minnesota.

For more information

For questions about the application process, contact the Center for Public Health Practice (health.ophp@state.mn.us). See also Transforming the public health system in Minnesota (https://www.health.state.mn.us/communities/practice/systemtransformation/index.html).

Minnesota Department of Health
Center for Public Health Practice
625 Robert Street N
PO Box 64975
St. Paul, MN 55164-0975
651-201-880
health.ophp@state.mn.us
www.health.state.mn.us/communities/practice/systemtransformation/

January 2022

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