

Infrastructure Fund priorities

BUILDING CAPACITY IN COMMUNICATIONS, COMMUNITY PARTNERSHIPS, DATA AND EPIDEMIOLOGY, AND HEALTH EQUITY

The Infrastructure Fund is intended to help local and tribal health departments¹ find new ways to build capacity in four specific foundational capabilities: communications, community partnerships, data and epidemiology, and/or health equity. It is one piece of a larger effort underway to transform Minnesota's public health system to better meet today's public health needs and those yet to come.²

Foundational capabilities are the knowledge, skills, and abilities needed to successfully implement the basic public health protections key to ensuring healthy communities and achieving equitable outcomes.³ They are the **foundation** upon which public health programs rely in order to function properly.

An advisory group charged with outlining the best use of funds has determined that these funds be used to (1) strengthen, improve, or pilot approaches that will advance these capabilities in deep rural, rural, suburban, and/or metro settings, and (2) advance health equity while building these capabilities—that is, to use an equity lens in the planning and implementation of specific activities. How applicants approach building capacity in these areas is flexible.

This document is intended to help public health professionals understand what these capabilities are and locate resources for more information. Descriptions of these capabilities were developed through a collaborative process with local public health experts.⁴ *Note: The capabilities identified by the workgroup are listed in alphabetical order, not in order of priority.*

Communications

The communications capability reflects a health department's ability to reach the public effectively with timely, science-based information. For example, all health departments should be able to:

- Develop and maintain systems for public-facing communications
- Build and maintain ongoing relationships with the media
- Develop and implement strategies for health education and prevention communications
- Develop and implement communication strategies for a public health crisis or event
- Communicate the value and functions of public health

Related national standards: 2.4, 3.1, 3.2, 11.1, 12.2, 12.3

¹ In this document we refer to local health departments rather than community health boards (CHBs). While a CHB or tribal nation must be the fiscal host for the funds, the funding can be used to support work in individual health departments working in new or different partnerships within or beyond the CHB's jurisdiction.

² In addition to this fund and the advisory group convened to support its implementation, the Minnesota Department of Health (MDH) is convening a joint leadership team in collaboration with the State Community Health Services Advisory Committee (SCHSAC) and the Local Public Health Association (LPHA) and is preparing to assess Minnesota's public health system to identify gaps and assess the resources needed to fully carry out foundational public health responsibilities across the state.

³ See: [A New framework for governmental public health in Minnesota \(2019\)](http://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/201906StrengtheningANewFramework.pdf) (www.health.state.mn.us/communities/practice/schsac/workgroups/docs/201906StrengtheningANewFramework.pdf).

⁴ Find out more about these technical groups at: [News and updates](http://www.health.state.mn.us/communities/practice/systemtransformation/updates.html) (www.health.state.mn.us/communities/practice/systemtransformation/updates.html).

Community partnerships

The community partnership capability reflects a health department's ability to connect and align community resources and partners to advance the health of all members of the community. For example, all health departments should be able to:

- Build skills in relationship development
- Develop and maintain ongoing relationships with partners
- Engage community about health
- Convene and connect partners to achieve public health outcomes

Related national standards: 1.1, 3.1, 4.1, 4.2, 5.2, 7.1, 7.2

Data and epidemiology

The data and epidemiology capability represents the ability of a health department to track the health of a community through data, case-finding, and laboratory tests, with particular attention to those most at risk. All local health departments should be able to:

- Identify and collect data
- Analyze and interpret data from all sources
- Exchange and use data between systems
- Effectively communicate data and its analysis
- Respond to data requests

Related national standards: 1.1, 1.2, 1.3, 1.4, 2.1, 2.4, 5.1, 5.2

Health equity

The health equity capability represents the ability of a health department to identify and respond to health inequities to assure the highest level of health for all populations through policies, programs, and strategies that respond to social and cultural factors affecting health. All local health departments should be able to:

- Develop and support staff to advance health equity
- Spread the word about what creates health
- Show organizational commitment to health equity
- Authentically engage with populations most impacted by health inequities
- Collect and use data to advance health equity
- Inform and influence public and organizational policies to advance health equity

Related national standards: 1.1, 1.2, 3.1, 4.1, 4.2, 5.1, 5.2, 7.1, 8.2

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