Preliminary questions and answers about the Minnesota Public Health Infrastructure Fund

STRENGTHENING PUBLIC HEALTH IN MINNESOTA

Questions submitted as of 2/16/2022

1. Is there a maximum you can apply for?

No. There are four capabilities that have been identified for this funding, and different approaches to build capacity in these areas might vary considerably in terms of cost. The range of potential partnerships and variation in jurisdictions will also impact cost. An artificial cap on potential project budgets did not make sense in the context of this variation. The Minnesota Department of Health (MDH) may negotiate final budgets to maximize resources and assure we can fund as many promising new approaches as possible.

2. Will this be part of our base money always coming to our community health board, that we'll continue to receive, or will we have to continue to apply "each round"?

While this funding is in the base budget, it is a separate funding stream from the Local Public Health Act grant. How these funds are handled will be part of an iterative and ongoing engagement process with the State Community Health Services Advisory Committee (SCHSAC), Local Public Health Association of Minnesota (LPHA), and MDH's Director of American Indian Health. Together, we may opt to renew promising approaches, and we may want to maintain some flexibility to fund new projects in the future as well. It is not intended to provide ongoing support for individual CHB's overall budget. Instead, the primary goal is learning. Both the individual community health board and MDH, with our system partners, will learn more about promising approaches for assuring public health infrastructure across Minnesota's communities.

MDH, LPHA, and SCHSAC will incorporate learnings from this funding into future discussions and decisions about how to fund and structure our public health system, and a successful approach might turn into a new funding stream for the whole system. Similarly, individual CHBs may be able to take evidence of a promising practice to their board and incorporate the approach into their overall budget.

3. Assessment and planning (CHA-CHIP) uses data, organizational management (QI, etc.) uses data, but data and epidemiology is the foundational capability on the list of approaches you are funding—not assessment and planning or organizational management. Data and epidemiology is defined on the framework PDF as "The ability to track the health of a community through data, case-finding, and laboratory tests, with particular attention to those most at risk." Can you give some examples of the gaps in data and epidemiology that the workgroup may have been observing and hoping to use this funding to build capacity? How does this data and epidemiology differ from the other assessment and planning and organizational management, and how may it overlap, if at all?

The Infrastructure Fund Workgroup recognized the increased pressure on public health departments to compile and communicate data specific to COVID-19 during the pandemic. In many communities, demand for 24/7 data is strong, and yet most jurisdictions do not have adequate capacity to meet this need. Jurisdictions have also expressed a need for additional help analyzing and using data beyond what MDH's regional epidemiologists are able to provide.

There is often overlap between foundational capabilities. Clearly, organizations need data for planning, and particularly for the community health assessment and community health improvement plan. Similarly, organizations use data for process improvement, to advocate for public health both with governing boards and community partners, and to inform strategic planning and other aspects of organizational management.

The data and epidemiology capability has to do with **collecting, analyzing, using, and communicating data on an ongoing, regular basis**; it reflects your organization's knowledge, skills, and ability to:

- Analyze and interpret data from a range of sources
- Exchange and use data between systems
- Engage community in data collection, analysis, and application
- Use data to identify communities most impacted by a health issue and target interventions
- Respond to data requests
- Communicate data to a variety of audiences

For example, is your organization able to use local immunization data to target efforts and resources in partnership with health care providers and other community-based organizations?

The MDH Center for Public Health Practice will look for opportunities to provide more detail about Minnesota's framework for foundational public health responsibilities as we move forward.

4. [UPDATED] If this application moves to a competitive process, how will the applications be scored?

~~If a competitive review is needed, the review process will be developed in collaboration with the Infrastructure Fund Workgroup. We will share evaluation criteria after it is developed and will provide community health boards and tribes an opportunity to revise preliminary applications should a competitive review be needed.~~

Since the level of interest in these funds exceeded the resources available, preliminary applications will be moved into a competitive review process. Applicants will have approximately one week to make any changes to their proposals before submitting a final application to health.ophp@state.mn.us. Final applications will be reviewed according to the following criteria:

- **10 possible points**: Applicant provides a clear description of how the proposed activity/activities builds a foundational capability or capabilities as defined in *Infrastructure Fund Priorities: Building Capacity in Communications, Community Partnerships, Data and Epidemiology, and Health Equity* (PDF).
- **15 possible points**: Applicant demonstrates an organizational need related to the foundational capability or capabilities chosen and describes how the proposed approach builds that capability for the organization(s) involved.
- **15 possible points**: Applicant identifies potential lessons learned that can inform how to build foundational capabilities and fund and structure Minnesota's public health system so that foundational capabilities are in place statewide.

- **10 possible points**: Applicant describes how they considered health equity in the development of their proposed approach.

5. [UPDATED] On p. 10 of the PowerPoint [the presentation slides for the Infrastructure Fund informational webinar], you shared the questions, and it says 400 words or less. Is that per question or total?

The preliminary application has four components that ask for a narrative response of 400 words or less for each component. E.g., item 3 asks community health boards and tribes to describe the proposed approach in 400 words or less; item 4 asks community health boards and tribes to describe potential lessons learned in 400 words or less, etc. All four components together would total 1600 words or less.

Update: the final application allows for a longer response to question 3. There is now a 500-word limit for question 3, and a 400 word limit for each of the remaining questions (4A, 4B, and 5). See question 12, below.

6. Confirming this infrastructure funding is for a 2-year project term. Is it known if awardees will be expected to reapply following the end of the term? The longevity of the funding will inform potential applications.

Yes, the current preliminary application process is asking applicants to submit ideas for two-year projects (likely April 2022-April 2024), with the understanding that there is the possibility (but not a guarantee) that some projects may be renewed/extended based on what we are learning from them. The funding is in the base budget.

The question of longevity was also addressed in question 2. How these funds are handled will be part of an ongoing engagement process with SCHSAC, LPHA, and MDH's Director of American Indian Health. Together, we may opt to renew promising approaches, and we may want to maintain some flexibility to fund new projects in the future as well. It is not intended to provide ongoing support for individual CHB's overall budget. Instead, the primary goal is learning. Both the individual community health board and MDH, with our system partners, will learn more about promising approaches for assuring public health infrastructure across Minnesota's communities.

7. We have heard these projects are expected to be 'replicable' or duplicated by other jurisdictions after the project period ends. Is this accurate?

These projects are intended to generate lessons learned that can inform ongoing efforts to strengthen and adequately fund Minnesota's public health system. In the document Preliminary application questions (PDF) (https://www.health.state.mn.us/communities/practice/systemtransformation/docs/applicationpreliminary.pdf), there is a series of questions on p. 4 that can help applicants think this through. We need to find new ways to assure that foundational public health capabilities are in place across Minnesota; this funding will help us take steps in that direction.

Whether an approach could be replicated elsewhere might be one way to demonstrate a benefit to the broader system, but there are a lot of other potential insights that can be learned.

For example:

- A project might be able to test an approach to leveraging resources across small, medium, or large health departments or identify new ways to build capacity in small jurisdictions using a hub-and-spoke model, center for excellence model, or cross-jurisdictional partnership
- A project might identify a way to share resources or tap into strengths of community-based organizations or neighboring jurisdictions that generate lessons learned about building capacity in rural areas
- A project might build capacity by partnering in a new way with a college, university

All of these types of projects, and other approaches not listed here, could yield insights that could apply to other jurisdictions and health departments. These funds need to help identify new approaches to building capacity that might best meet the needs of the variety of community health boards, health departments, and geographies we have in Minnesota. The funds are not intended to support individual CHBs alone, but to benefit Minnesota's public health system more broadly.

8. What level of innovation is expected? What may be seen as an 'innovative' proposal for a county of our size might be seen as meeting basic needs to others, especially compared to requests coming from larger, more resourced communities.

We understand and expect that something new or "innovative" will vary based on the type of jurisdiction, and so does the level of capacity that might be needed. The Infrastructure Fund Workgroup was very clear that these funds need to support building capacity across different geographies and types of health departments. Applicants can describe why or how an approach is new or innovative for them. We ask that applicants also think about what the broader system can learn from the proposed approach.

9. Can we hire an educator/planner? Many of our public health teams do not have a Planner/Educator position, yet desperately need staff with the ability to support community partnerships, health equity, communications, etc. efforts in our communities.

We know that there are a lot of staffing needs across the public health system. There simply aren't enough resources to add staff in every jurisdiction that needs additional capacity. We ask that jurisdictions looking to add much needed staff capacity ask themselves things like:

- What capabilities would the planner/educator allow you to build?
- How would they do that?
- How would that approach inform the public health system?
- Could one of the service delivery models described in the information session (hub and spoke, center for excellence, other cross-jurisdictional sharing approaches) help build needed capacity?

10. We are considering an application for funding to support an innovative approach to community health assessments… The idea is to get community health data from health systems and health plans put into a central system along for population level data about key health indicators. That way LPH, Health System, and Health Plans in the geographic area would be able to see data by zip code... This in theory would be scalable statewide at some point, but would pilot with the existing infrastructure. I was curious if this was something MDH was planning on scaling with the EHR consortium for public health surveillance.

MDH's work with the EHR Consortium is currently focused on COVID testing and vaccination, not on more traditional public health surveillance measures. When that work is complete, MDH hopes to work with them to develop and maintain dashboards that will serve local communities with this information.

We also encourage you to clearly link this idea to the capabilities that will be developed. You can find more information about how the capabilities are defined in Infrastructure Fund priorities (PDF) (https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202112InfrastructureFundPriorities.pdf). How will the proposed project help local health jurisdictions identify and collect data; analyze and interpret data from all sources; exchange and use data between systems; effectively communicate data and its analysis; and respond to data requests.

11. [We are] contemplating collaborating with our County Seat and Largest City in constructing a grant around Nuisance and Healthy Homes structure. Currently it is set up that I (our Administrator) address any of these nuisance issues. However, we want to build a holistic approach with the city on this process. We want to develop a team approach. This is something that we have nothing currently like. This would assist with communications between city and county which makes this work stronger and also on health equity as most of the time our lower income individuals do not have the funding to resolve some of the issues that this team would be able to work on. Can you please let me know if this would be a project that would regarded as qualifying for this grant?

This sounds like a unique local program. As summarized, it does not clearly demonstrate how it will build **organizational capacity** (knowledge, skills, and abilities) in one or more of the four capability focus areas. We would encourage you to review the descriptions of the four capabilities as outlined in Infrastructure Fund priorities (PDF) (https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202112InfrastructureFundPriorities.pdf).

With regard to communications, how would this project build a health department's ability to:

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

With regard to health equity, while the program may serve individuals experiencing inequities, we would want to see more about how the work would build **organizational capacity** to advance equity along the lines of the six health equity practices. How would this project:

- Inform and influence public and organizational policies that advance equity
- Collect and use data to advance health equity
- Show organizational commitment to health equity
- Spread the word about what creates health
- Develop and support staff to advance health equity

You can find more information about the health equity practices in the document What Can I Do to Advance Health Equity? (PDF) (https://www.health.state.mn.us/communities/practice/resources/publications/docs/1609_healthequitylens-conf.pdf) and in the planning prompts in page 2 of the document Preliminary application questions (PDF) (https://www.health.state.mn.us/communities/practice/systemtransformation/docs/applicationpreliminary.pdf).

12. [NEW] Is there a word count for each section of the revised application?

Thank you for the question. Applicants can expand their response to question 3 up to 500 words. Since applicants were able to stay well within the 400-word limit for the remaining questions in the preliminary application, those limits will remain the same. Word limits are approximate. Do your best to limit responses as follows:

- Question 3, 500 words
- Question 4A, 400 words
- Question 4B, 400 words
- Question 5, 400 words

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