

#### Minnesota Public Health Infrastructure Fund

Strengthening the Public Health System in Minnesota

MDH Center for Public Health Practice

January 12, 2022



### Agenda

- Opening remarks
- Funding basics
- A few examples
- Resources
- Please put your questions in the chat box
- Webinar is being recorded and will be posted online
   www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html





#### **Overview**

- Build foundational public health capacity across the state
- Improve public health services to underserved populations
- Pilot new organizational models for providing public health services
- Improve the state's public health system so that it satisfies national standards, including standards for health equity





#### The basics

- Amount available: \$6 million annual funding
- Current opportunity: Two-year project period
- Co-created effort with SCHSAC, MDH, and LPHA
- Required report back to the Minnesota Legislature in 2023
- New/different partnerships for building capacity





## What are we looking for? (slide 1 of 2)

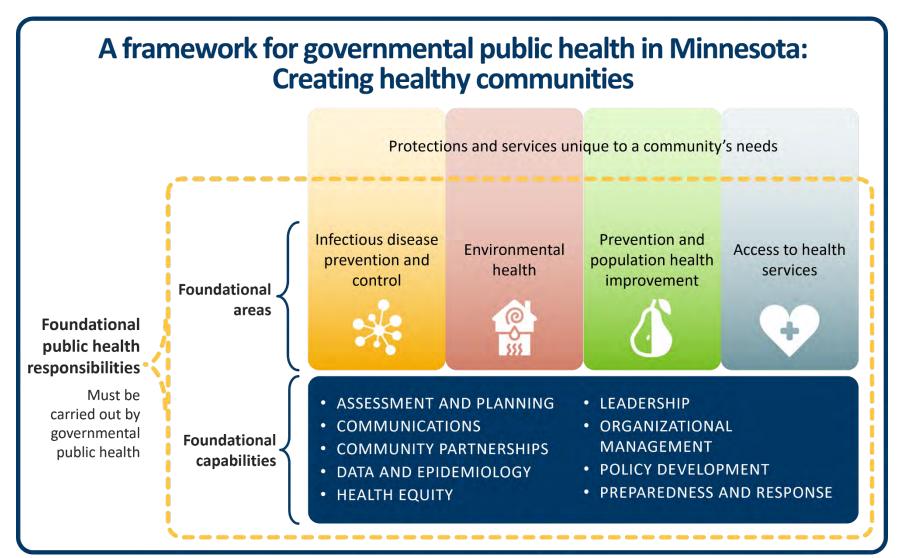
#### Preliminary applications that:

- Build foundational capabilities critical to a strong public health system
- Improve, pilot and/or strengthen approaches in deep rural, rural, suburban, and/or metro settings
- Advance health equity while building foundational capabilities





#### A new framework for governmental public health in Minnesota





## What are we looking for? (slide 2 of 2)

Approaches to building capabilities in:

- communications,
- community partnerships,
- data and epidemiology, and/or
- health equity

That will produce lessons to learn, about how best to structure and fund Minnesota's public health system.





#### Do we have to choose one capability?

- Some approaches will naturally build capacity across more than one capability; this is OK.
- If a jurisdiction wants to build capacity in more than one area and has more than one distinct idea or approach they want to try, the sponsoring community health board or tribe should submit separate applications.





### Who can apply?

- Applicant must be a community health board (CHB) or tribe
- Applicants can 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 department in collaboration with a variety of other partners.
  - The work could also be carried out by two or more jurisdictions 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.





#### **Preliminary application process** (slide 1 of 2)

- Describe (400 words or less):
  - 1. What's the proposed approach? Who are the partners?
  - 2. How does this approach strengthen capacity?
  - 3. What will the jurisdiction(s) learn? What can Minnesota's public health system learn?
  - 4. How was equity considered? How will it be considered moving forward?
- Estimated first year funding needed to carry out the work





### Preliminary application process (slide 2 of 2)

- Due February 3, 2022
- Submitted via RedCap: Link will arrive in the next few days
- Preliminary application questions and guidance materials are available on the Infrastructure Fund website

www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html





## What happens next? (slide 1 of 3)

Assess funding requests with funding available (early February)

#### Three possible scenarios

- 1. First scenario: If funding allows and preliminary applications align with guiding principles, small review team of MDH, LPHA, and SCHSAC may fund all applicants
  - Collaboratively develop work plans and finalize grant agreements (mid-late February)
  - Finalize grant agreement process (March-April)
  - Timelines may be subject to change





## What happens next? (slide 2 of 3)

- 2. Second scenario: If funding requested is close to funding available:
  - We will consult a workgroup with LPHA, SCHSAC, and MDH representation to determine next steps (mid-February)
  - Collaboratively develop work plans and begin grant agreement process (mid-late February)
  - Finalize grant agreement process (March-April)
  - Timelines may be subject to change





## What happens next? (slide 3 of 3)

- 3. Third scenario: If funding requested far exceeds funding available:
  - Preliminary applications will move into a competitive review (late February)
  - MDH will reopen applications for one week for applicants to revise or update their submission (mid-February)
  - Review process will be developed in collaboration with the Infrastructure Fund Workgroup
  - Applicants will be notified of funding decisions in early-mid March.
  - Timelines may be subject to change





#### Technical assistance available

- This webinar: Minnesota's Public Health Infrastructure Fund youtu.be/TZuAL9qUaGc
- Supporting documents
  - Infrastructure Fund summary: Funding public health in Minnesota: Strengthening our public health infrastructure (PDF)
    www.health.state.mn.us/communities/practice/systemtransformation/docs/202112FundingPHinMN.pdf
  - Infrastructure Fund priorities (PDF)
    <u>www.health.state.mn.us/communities/practice/systemtransformation/docs/202112InfrastructureFundPriorities.pdf</u>
  - Preliminary application questions with ideas and prompts (PDF)
     <u>www.health.state.mn.us/communities/practice/systemtransformation/docs/applicationpreliminary.pdf</u>
- Ongoing Q&A process
  - Submit your questions via email to <a href="mailto:health.ophp@state.mn.us">health.ophp@state.mn.us</a>
  - MDH will consider questions and provide written responses within three business days
- **Everything will live on the Infrastructure Fund website**www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html





#### Tell me more...

- What follows are some ideas that have been developed in other jurisdictions doing similar work.
- We are sharing these ideas to spark questions and conversations.
- There are a lot of ways to carry out public health responsibilities, and to assure that these capabilities are available everywhere.
- These are just a few.





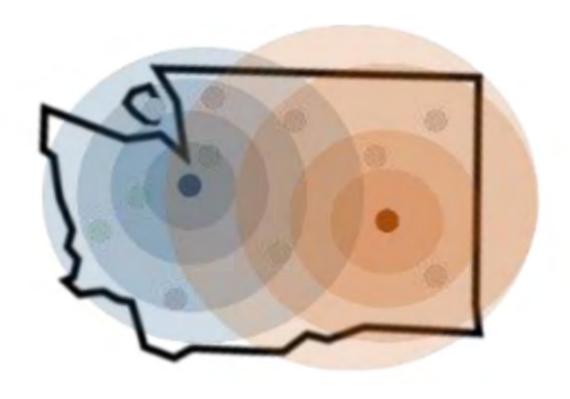
## Hub and spoke delivery model



- Ten (nine rural, one urban) county health departments in Florida
- Challenges: recruiting and retaining IT staff, inconsistent data speeds, lack of standard procedures
- Pooled resources and established a "hub" for IT services



#### Center of excellence



- Washington TuberculosisCollaborative Network
- Provides staffing, lab and materials support for TB programs around the state
- Facilitates connections among network partners





### **Shared service delivery**



- Multi-county Nurse Family Partnership (NFP) and other family home visiting models
- Pool human and financial resources to extend capacity across jurisdictions, meet program requirements
- Can be applied to many program areas and/or capabilities



# Interlocal agreements/contracting



- Sharing a top health officer between counties by contracting between jurisdictions
- Contracting for epidemiology services
  - e.g., paying on an hourly rate for regular communicable disease reports and data dashboards



#### Resources

- The Public Health National Center for Innovations (PHNCI)
   https://phnci.org/
- Center for Sharing Public Health Services
   https://phsharing.org/
- Application guidance and supporting materials
  - Infrastructure Fund summary: Funding public health in Minnesota: Strengthening our public health infrastructure (PDF)

    www.health.state.mn.us/communities/practice/systemtransformation/docs/202112FundingPHinMN.pdf
  - Infrastructure Fund priorities (PDF)
    www.health.state.mn.us/communities/practice/systemtransformation/docs/202112InfrastructureFundPriorities.pdf
  - Preliminary application questions with ideas and prompts (PDF)
     <u>www.health.state.mn.us/communities/practice/systemtransformation/docs/applicationpreliminary.pdf</u>





## **Key takeaways for funding**

- Public health system focused projects exploring:
  - New approaches
  - New or expanded partnerships
  - Different service delivery models
  - With lessons to be learned that are relevant to the public health system
- Annual funding in the base budget to support ongoing work
- Long-term, iterative, and collective process to strengthen the public health system







# Thank you!

# **Contact MDH for questions**

MDH Center for Public Health Practice: <a href="https://example.com/health.ophp@state.mn.us">health.ophp@state.mn.us</a>

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