

# Community Health Board Year 1 Activities, Challenges, and Successes

## CDC FEDERAL INFRASTRUCTURE GRANT

The Centers for Disease Control and Prevention (CDC) Federal Infrastructure Grant provides funding to Minnesota community health boards to recruit, retain, and train a skilled and diverse public health workforce, address longstanding public health infrastructure needs, and increase the size of the public health workforce. \$16.4 million was awarded to 50 community health boards in 2023, to use over a five-year period.

More information about this grant is online: [MDH: CDC Federal Infrastructure Grant](https://www.health.state.mn.us/communities/practice/funding/cdcinfrastructuregrant.html) (<https://www.health.state.mn.us/communities/practice/funding/cdcinfrastructuregrant.html>).

## Activities and achievements: How are community health boards using grant funds?

### Flexible funding

The CDC Federal Infrastructure Grant spans nearly five years, during which grantees can spend the funds at any point during the grant period. This flexibility allows community health boards to fit these dollars into their matrix of other funding in a way that best meets their needs. During the first year of the grant, 40% of community health boards did not spend any grant funds, waiting instead to use these flexible funds later in the grant period when other funds run out, or taking time to strategize how to best use the grant among other funding sources for a variety of workforce priorities.

### Hire and sustain staff positions

Of the community health boards that did begin spending grant dollars during the first year, most used funds to hire or sustain public health staff positions. This included hiring new and existing vacant positions, increasing full-time equivalent hours (FTEs) to build public health workforce capacity, and sustaining positions where other funds dried up or until other funds become available.

### Training

Many community health boards also used grant dollars to provide training and education opportunities to public health staff. Several community health boards reported that this is the first time in several years they could provide such training opportunities to staff. Some also indicated that the training has helped build capacity in critical areas.

### Wellness/well-being programs

Emerging from the COVID-19 pandemic response, community health boards are focusing on staff wellness and developing well-being programs for their public health staff, including staff retreats and wellness campaigns:

*“[These activities have] increased engagement, development, and opportunities for intentional support of staff wellness, which has strengthened the workforce by improving morale, and providing training and reflection opportunities.”*

## Recruitment and retention activities

A handful of community health boards decided to use grant funds to assess or implement recruitment and retention strategies. This may include hiring or retention bonuses or incentives, revising position descriptions and salary grades, and providing the tools and technology that staff need to not only complete their work but also increase flexibility and work/life balance. Staff at one community health board said of their work:

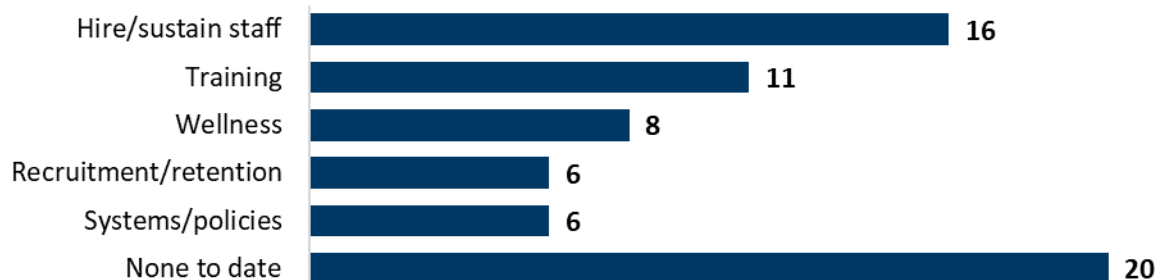
*“This program will recruit, hire, and retain public health professionals that will work directly with community. We are working to create a pathway into the public health workforce from our internal Public Health Pathway program and beyond.”*

## Workforce planning, systems, processes, and policies

Additionally, some community health boards focused on building workforce capacity and infrastructure. They have conducted a variety of activities, including improving systems by scanning documents; improving data collection, analysis, and reporting; strategic planning; completing assessments; improving performance management processes; and communications.

The figure below shows the number of community health boards that have used grant funds in the ways described above. Some community health boards used funds in multiple categories.

**Figure 1. How Minn. community health boards used CDC Federal Infrastructure Grant funds in Year 1**



## Challenges: What barriers have community health boards experienced?

Community health boards expressed a variety of challenges during their first year of the grant. Many of the same community health boards that have not yet started spending funds indicated they have not had any challenges to date, although a number expressed challenges that may have impacted their ability to spend the funds.

Challenges across the board ranged from lack of time and capacity, issues receiving approvals, staff turnover and struggles to hire, changes to plans, and other barriers outside their control or unique to their situation. Some community health boards indicated that operating within a health and human services governance structure put them in the difficult position of being able to offer opportunities to public health staff but not to human services staff. Another challenge community health boards expressed with this grant is that it is not enough money, especially to hire FTEs over the course of the grant period.

## Success stories

While it was too early for many community health boards to share successes, many have seen them already in the first year, making gains in supporting and sustaining the public health workforce.

## Staff retreats and wellness programs

A few community health boards were able to offer staff retreats and wellness programs to staff:

*“Through these grant funds we have been able to offer monthly wellness sessions for all staff to help reduce stress. These sessions with our consultant have been very well attended and book up quickly. Staff have expressed appreciation for these opportunities.”*

## Retention

Additionally, community health boards have reported improved retention, including one community health board who used grant funds to retain one of its three staff:

*“If not for this grant, the staff person’s FTE would have been reduced, resulting in their resignation.”*

## New positions

Several community health boards have used funds to support new positions, which can be difficult to get approved. One community health board was able to present the need for a new position to the county board of commissioners, which was approved for its 2024 budget. Yet another was able to hire and train a supervisor:

*“The [community health worker] position making it to the county commissioner board has been a huge success. I have been told it is difficult to get new positions for public health.”*

*“These funds really helped us persuade our county commissioners to fill that open position to take the load off of others, and increase job satisfaction/public health staff retention across the department.”*

## Training and capacity

Offering training to public health staff has been a huge success for community health boards. Several community health boards reported that being able to offer training to public health staff has alleviated some of the burden on other staff. Community health boards could also increase their capacity by covering the cost of important trainings and certifications. One community health board had a long-tenured employee who retired and used the grant to train the new hire into the role.

*“This reduced what could have been a significant gap in the work that needed to be performed.”*

*“[It has been easier] to follow statutory requirements in our MCH [maternal and child health] and family health programs... This has been a vacancy for years.”*

*“Getting the two community health workers trained as technicians has been a great relief for nursing staff. We only had one person trained to educate and install car seats. Because of this grant, we now have three people trained.”*

Providing training opportunities to public health staff was something not previously possible for some community health boards and has been warmly welcomed as the result of the CDC Federal Infrastructure Grant.

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