



Minnesota Public Health Infrastructure Fund

Innovation Projects Round 2

Background

Funding recommendations

Funding availability

Application review

Resources

Questions – please put your questions in the chat

Webinar is being recorded and will be posted online

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

- 2021 (CovidTimes) Minnesota Legislature included \$6 million annual funding to strengthen our statewide public health system by testing new models to delivering public health responsibilities
- Winter of 2022 MDH and SCHSAC determined process for first round of grants
- 2022-2024 – 16 Community Health Boards (CHB) are currently receiving funding through June 30, 2024
- December 2023 – SCHSAC, informed by the Joint Leadership Team for System Transformation, developed recommendations for a new cycle of grant funds

Purpose

The purpose of these funds is to identify new ways for Minnesota's public health system to fulfill Foundational Public Health Responsibilities by supporting and learning from projects **that test new delivery models and/or processes that have the potential to benefit multiple jurisdictions**

Funding Recommendations

- Support projects within any area or capability in the [Foundational Public Health Responsibility Framework](#)
- Collaborate across jurisdictions
- Demonstrate benefit to Minnesota's public health system
- Identify how proposed projects support the vision for a seamless, responsive, publicly supported public health system
- Involve local public health and MDH's Office of American Indian Health in decision-making

Continuation Projects

Up to \$2.5 million per year will be available to applicants that are current infrastructure grantees.

Eligible to apply for up to two years of continued funding.

Will need to align with new purpose and recommendations

New Projects

At least \$3.5 million per year will support new projects

New projects will be funded for two years with a two-year option to renew.

Award amounts will likely range between \$100,000 to \$400,000

Application Review

- Application will be in REDCap
- CHBs and tribes are eligible to apply
- Expectations for selected grantees
- Required to submit budget estimates for year 1 and year 2
- No match requirement
- MDH will convene a broad application review team of 7-10 individuals
- Funding decisions will take into consideration a variety of factors

Application Questions

- The Foundational Public Health areas and/or capabilities you will be addressing
- New delivery model or process that align with the purpose
- What led to project and why it is important
- Benefits for partnering jurisdictions

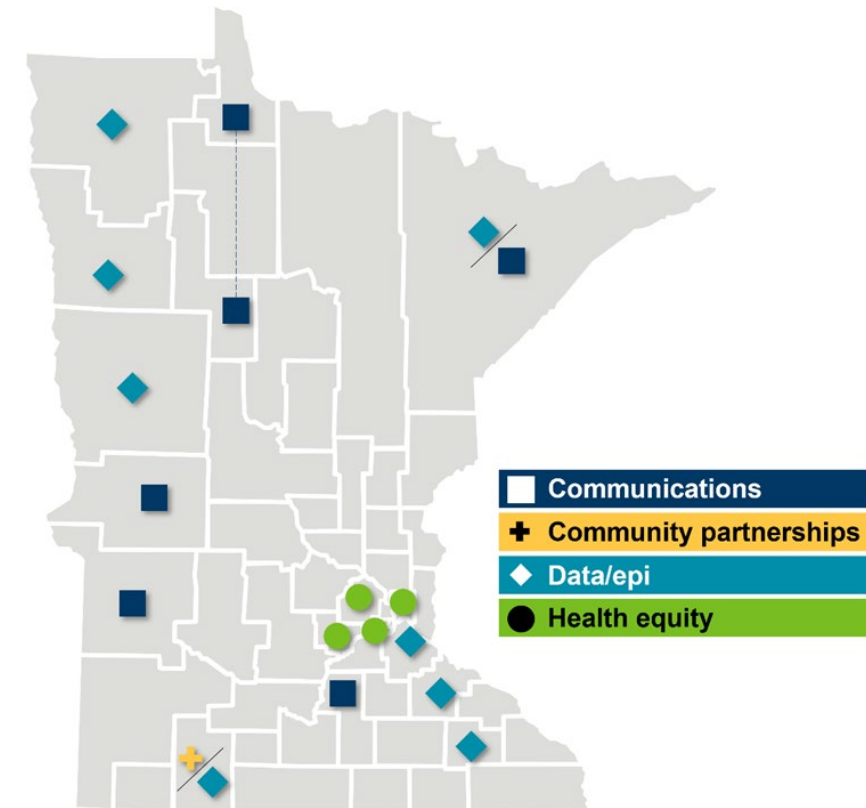
- Support the vision of seamless, responsive and publicly supported
- Who is on the project team
- Developed or developing foundation for collaboration
- How leadership is actively supporting the project
- Other general project questions



Continuation projects: Additional Questions

1. Key accomplishments and learnings about transforming the system
2. How the project and the system will benefit from two additional years of funding

Infrastructure Fund awarded projects, 2022



Important dates

- March 1 – Request for applications released
- March 5 – informational webinar, 12:30pm
- March 6 – Informational webinar, 2:00pm
- March 18 – office hours, 2:00pm
- March 20 – office hours, 10:00am
- March 22 – Last day to submit questions
- March 29 – Applications due (by 11:59pm)
- July 1 – Estimated start date for projects

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Feb 25	26	27	28	29	Mar 1 RFA released	2
3	4	5 Webinar	6 Webinar	7	8	9
10	11	12	13	14	15	16
17	18 Office hours	19	20 Office hours	21	22 Last day to submit questions	23
24	25	26	27	28	29 Application Due	30

Planning Resources

- [The Six Conditions of System Change Framework](#)
- [Two Loops of System Change Framework](#)
- [*Transforming Minnesota's Public Health System for the 21st Century: Report to the Legislature*](#)
- [*Minnesota Public Health Cost and Capacity Assessment: Summative Report*](#)
- [PHAB Center for Innovation](#), including case studies from the [21st Century Learning Community](#)
- Additional Minnesota [System Transformation Information and Resources](#)



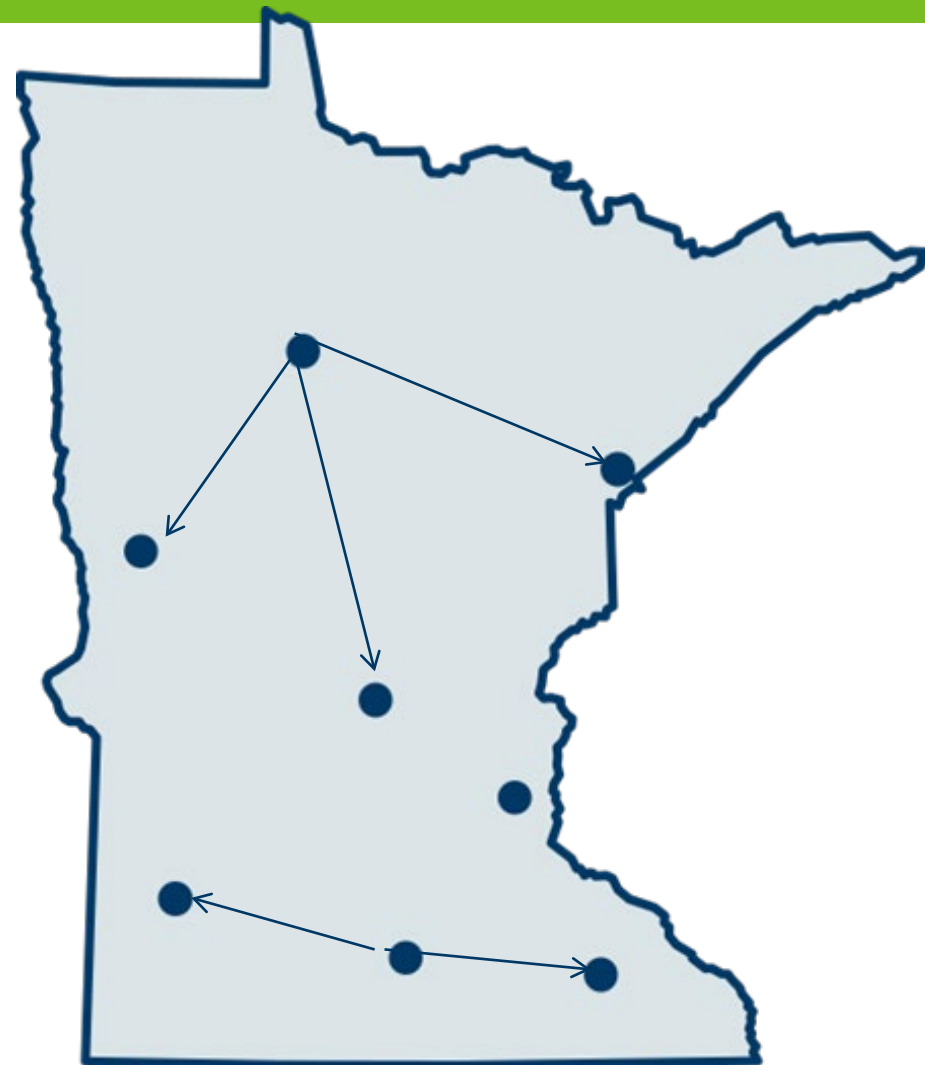
Some examples

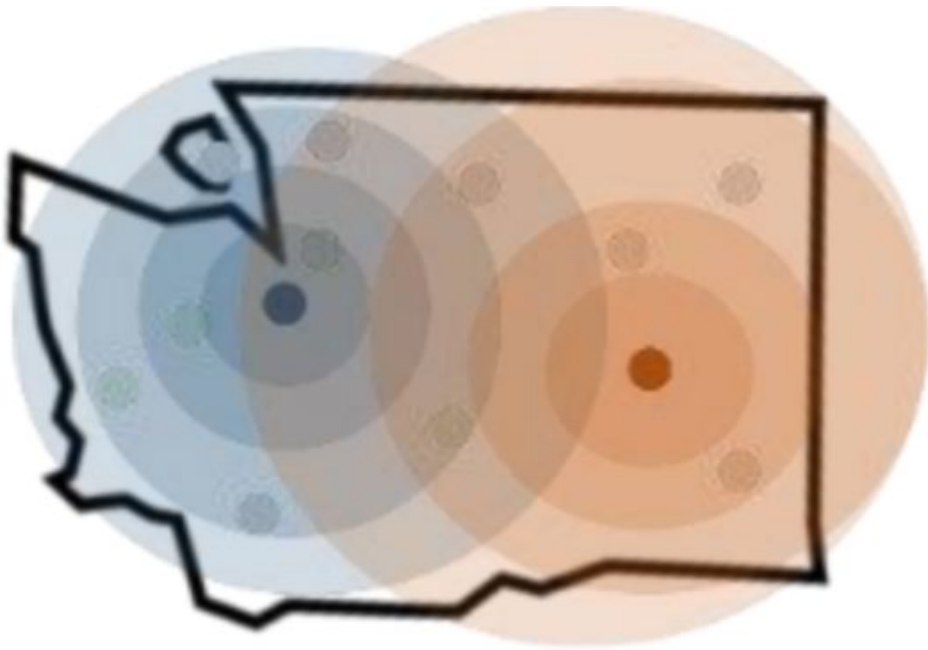
Models for delivering public health activities

Hub and Spoke model

For example:

- 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





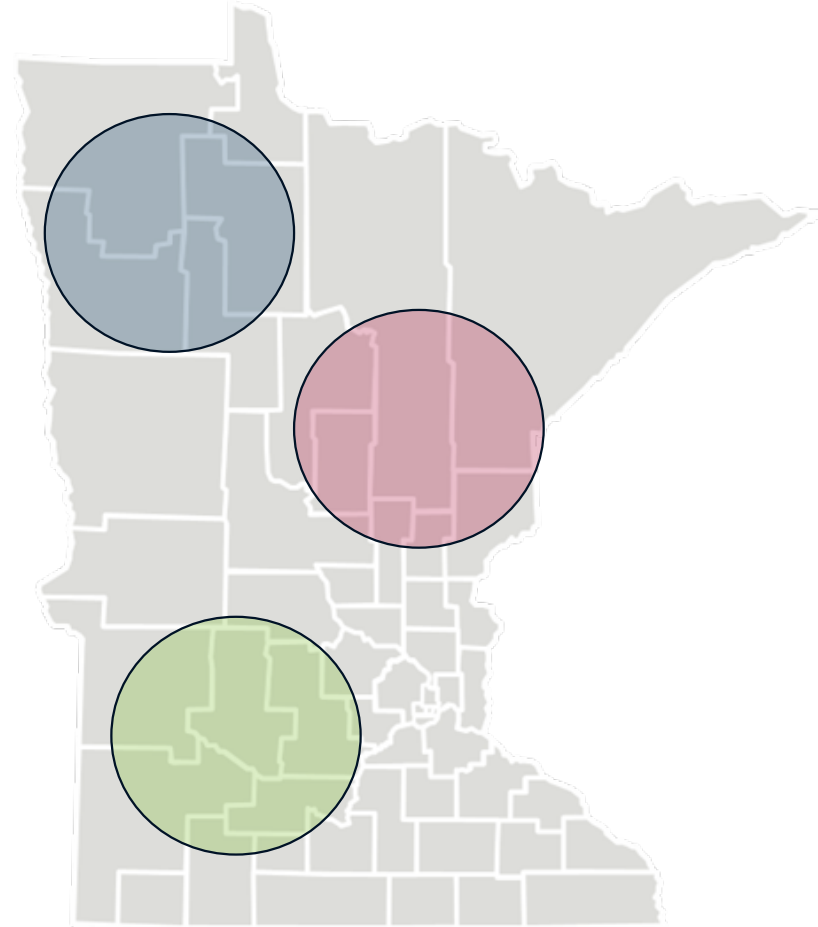
Center of Excellence

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

Delivery through shared services

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



Purchasing services



Interlocal agreements/contracting

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

Things to think about

- What arrangements could we test to help our statewide public health system work better?
- What similar gaps in the U of MN Cost and Capacity Assessment do you see across your region?
- What similar challenges do you face?
- Economies of scale
 - Of the FPHRs, what has to be delivered locally? What could be coordinated or delivered regionally?
 - How can you build/strengthen your capacity *and* strengthen the capacity of others?
 - How can we work together to building a strong foundation for health from border to border?
- Unique partnerships
 - CHB-CHB
 - CHB-tribe
 - Tribe-tribe

- Please submit questions via email to health.ophp@state.mn.us
- Responses to emailed questions will be posted on the [MN Infrastructure Fund website](#) and updated regularly.
- Last day to submit questions is March 22, 2024.
- Final update to the online Q & A will be posted by close of business on March 27, 2024.

Application Resources

- Application guidance
 - [MN Public Health Infrastructure Fund Innovation Projects web page](#)
 - <https://www.health.state.mn.us/communities/practice/funding/infrastructurefund.html>
- Background resources
 - Foundational Public Health Responsibilities Framework
<https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalresponsibilities.html#framework>
 - System transformation context:
<https://www.health.state.mn.us/communities/practice/systemtransformation/index.html>

Thank You!

Public Health Practice

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