

Activities, Challenges, and Successes among Minnesota Community Health Boards, Year 2

CDC FEDERAL PUBLIC HEALTH INFRASTRUCTURE GRANT (PHIG)

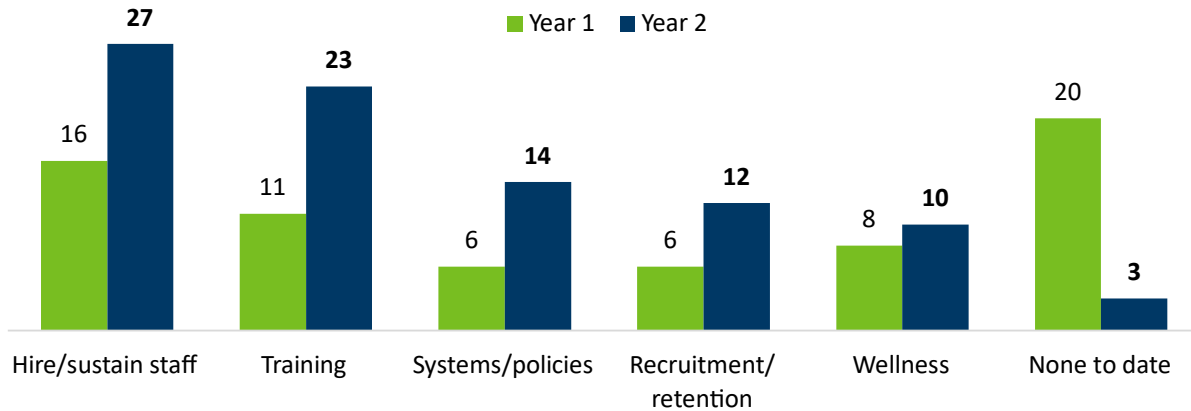
The Centers for Disease Control and Prevention (CDC) Federal Infrastructure Grant provides funding to Minnesota community health boards to recruit, retain, and train a skilled and diverse public health workforce, address longstanding public health infrastructure needs, and increase the size of the public health workforce. The Minnesota Department of Health (MDH) awarded \$16.4 million 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?

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

Figure 1. How Minnesota community health boards used CDC Federal Public Health Infrastructure Grant (PHIG) funds in Years 1 and 2



Flexible funding allows for flexible use

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 second year of the grant, 6% 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 spent grant dollars during the second year, most used funds to hire or sustain public health staff positions. This included hiring new and existing vacant positions, increasing full-time equivalent staff (FTEs) to build public health workforce capacity, bridging gaps in increased pay and benefit costs as a retention strategy, and sustaining positions where other funds dried up or until other funds become available. It also included hiring temporary staff to address workforce challenges and barriers to being approved for full time staff positions and supporting Public Health AmeriCorps members.

“[The] addition of another public health supervisor has contributed to somewhat more balanced workload. Each supervisor has additional time to meet with employees and oversee programs. Additionally, projects that were on hold due to lack of capacity have been started again.”

“[Grant funds] have allowed us to increase staff FTE on our WIC [Special Supplemental Nutrition Program for Women, Infants, and Children] team to help keep up with increasing caseloads and to offer WIC services at off-site locations over the past year. This also allows us to see if the increased caseload was temporary or a new trend. We utilized the data over the past year to secure permanent FTE from our county board for the 2025 budget. These funds helped fill the gap in staffing needs for this work unit until we could get approval for long-term FTE!”

Training, education, and professional development

Many community health boards also utilized grant dollars to provide training, education, and professional development opportunities for public health staff. These included support for leadership development, required work-related licenses, DEI training, conferences, and job-specific trainings. Some community health boards reported that these opportunities would not otherwise be possible without this funding and that offering training has also served as a retention strategy.

“The funding has allow[ed] for professional development and staff wellbeing by being able to support staff attending trainings that would not have been financially feasible otherwise.”

“[The] county was able to train and provide a staff person with the necessary courses to complete the registered environmental health specialist/sanitarian examination. ...[the] county has not had a REHS on staff for over thirty years.”

“One of our agencies aimed to use the grant to improve technology use and reporting consistency within their public health agency. The grant funds were used for technology training on the PHDoc [electronic health records] system. Staff was trained to use the system more effectively, follow standardized practices and cross-agency collaboration was established to align databases. [This has resulted in:]

- *Improved reporting consistency: Two databases are working toward following the same procedures, ensuring consistent, accurate data across.*
- *Efficiency gains: Staff can generate reports faster and more accurately.*
- *Better cross-agency coordination: Agencies now work together more smoothly.*
- *Enhanced grant compliance: Consistent reporting improves the ability to meet reporting requirements and strengthens relationships.”*

Workforce and organizational planning, systems, processes, and policies

In addition, some community health boards focused on building workforce capacity and infrastructure.

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The variety of activities have included organizational management; developing performance management and accountability systems; improving data collection, analysis, and reporting capabilities; strategic planning; completing assessments; communications; improving market parity in salary/benefits; policy review and quality improvement; and strengthening relationships within the agency as well as external partnerships and collaborations to share knowledge, resources, and best practices.

“Without the added capacity of the planner, this work would have been much less robust and likely not very representative of our various communities and their needs. We would not be able to support this work in this capacity without a dedicated staff in planning.”

“Communications work was always an afterthought prior to having a dedicated position. Now, we are able to thoughtfully develop communications plans to improve engagement on social media, highlight the work happening that supports community awareness of critical public health services and improve relationships with community partners. ... Creating tangible opportunities to communicate health messaging using the voice of our community helps build credibility and support ...priorities.”

“This funding has been vital for our small agency. This funding was used to increase the CHS administrator position from a .7 FTE to a 1.0 FTE. ...The CHS administrator has been able to pivot from a day to day position, and can now do future long-term planning and development of our small [public health] department. The staff have greatly appreciated the support of having a full-time administrator.”

Recruitment and retention activities

A handful of community health boards decided to utilize grant funds to assess or implement recruitment and retention strategies. Some of these strategies overlap with other areas, including paying for required licenses and investing in professional coaching for staff; maintaining or increasing FTEs to both retain current and trained staff and to ease the workload so staff can take paid time off (PTO). One community health board is working with their union and represented staff to implement an initiative for an optional increase from working the current full time of 37.5 hours a week to 40 hours a week. Other recruitment and retention strategies include retention incentives; promotions; increasing the starting pay to boost the hiring pool for new applicants and to remain a competitive employer; and paying for tools and technology that staff need to not only complete their work but also increase flexibility and work/life balance.

“We were successfully able to keep a [Public Health AmeriCorps] member on board during their gap in AmeriCorps service. This [had] a huge impact on our capacity to be able to keep this person on. ...[T]hey were able to sustain [a variety of projects] while being able to remain employed.”

“Public health office support staff [work as .8 FTE] to earn benefits. During COVID we were able to shift to use some COVID dollars so she could remain a .8 FTE. Once COVID dollars were gone the employee was pursuing new employment in order to qualify for benefits. This grant enabled us to increase the FTE by .2 so [the] employee qualifies for benefits. We were able to retain her. This employee has worked here for five years and is also an LPN [licensed practical nurse]. She is a valuable asset in our small agency. Retention is an important goal for us!”

“[We have] been able to contract with a consultant to examine our current workforce capabilities and complete a report based on her findings. We took that report to our county

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board to ask for additional staffing to support our public health workforce. We have been approved to hire two new positions.”

“Employees are actively involved in workgroups to discuss employee retention and engagement.”

Wellness/wellbeing programs

An increase in stressors and burnout, including coming out of the COVID-19 response, has led community health boards to focus on staff wellness and develop wellbeing programs for their public health staff. This has included staff retreats; wellness committee activities, wellness programs, and wellness workshops and trainings; bringing in speakers during staff meetings; improvements to employee workspace to boost morale; purchasing the Calm App for employees; wellness appointments with a consultant; reflective supervision; and an increase in FTE support that allows staff to take PTO for improved work/life balance. Community health boards have consistently reported how prioritizing staff wellness and reducing burnout has proven beneficial for employees.

“The amount of time and investment (thanks to these funds) around employee strengthens awareness/ development and professional coaching has significantly improved the work culture and team cohesion in... a team that had low employee morale and low engagement scores on our agency survey, before this investment.”

“The opportunity for staff to get offsite and out of the office to enjoy a day of fun, learning, camaraderie, and growth in their public health journey is rare and yet invaluable. We have seen that these opportunities pose an opportunity for staff to learn more about each other, create stronger bonds, provide opportunity for team and individual problem-solving, boosts morale and fosters a renewed sense of purpose. Feedback from the 2024 retreat includes: ...‘I think in-person team retreats become more valuable and important as we continue to utilize remote work and flex schedules. This retreat allows us to catch up, rest up and recharge with each other.’, ‘Both retreats have been amazing! Please keep them coming!’”

Challenges: What barriers have community health boards experienced?

Community health boards expressed a variety of challenges during the second year of the grant, while 28% reported that they did not experience any significant challenges.

The most common challenge faced by community health boards was around hiring and turnover of staff, with a recurring theme of not receiving many applicants for job postings or not being able to find qualified candidates. Some continue to experience challenges with not being able to get approval for new positions or being in a local hiring freeze. Not having enough staff or experiencing delays in hiring puts extra burden on existing staff to carry the workload, resulting in reduced capacity. Lack of time and capacity was the second highest reported challenge in year two of the grant.

Additional challenges across the board ranged from not having enough stable, long-term funding and increased costs but stagnant grant funds; resistance to organizational changes, particularly those aimed at enhancing flexibility within the workplace culture; changes to plans; outdated data infrastructure; lack of childcare accessibility; and other barriers outside their control or unique to their situation. Some community health boards indicated that their structure of a Health and Human Services agency put them in a difficult position of being able to offer opportunities to public health staff but not human services staff.

Success stories

Many success stories were reported during year two of the grant, particularly around increasing FTEs, building capacity, and having dedicated staff who allowed for more robust work to be completed, as well as offering trainings and professional development opportunities not otherwise available. Some community health boards also reported success with activities supporting employee wellbeing, such as staff retreats. Others reported successful outcomes on work that grant funded staff were able to accomplish.

“Adding a new supervisor was essential as we only had one for our division prior. This has allowed us to grow our unit by adding new positions that will help us ensure we are meeting all foundational areas and capabilities in public health. The new supervisor is now overseeing a new planner who will oversee equity across the programs as well as data analytics to help drive our programs forward. Additionally, we added a new position to support foundational environmental health needs. Without this position, we wouldn’t have been able to start building capacity.”

“Our case aide is fully integrated within the family home visiting team and has relieved some of the administrative burden on the home visitors. She is the only fluent Spanish speaker on the team ...and has become very comfortable attending home visits. Because of this, plus a large amount of Spanish speaking clients on our waitlist, we have trained her in the Parents as Teachers home visiting model and she will start providing home visits as a pilot. She is enrolled in the CHW [community health worker] program...and will soon complete the program. We are very proud of the success that she has achieved. By having her provide home visiting services in Spanish, this will reduce the cost of interpreter services as well as improve quality of services provided.”

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