Foundational Public Health Responsibilities Grant: 2024 Annual Report

At a glance: The Minnesota Foundational Public Health Responsibilities Grant (FPHR Grant) provides ongoing, annual funding to strengthen capacity for foundational public health responsibilities in local and Tribal public health agencies.

This report shares activities, successes, opportunities, challenges, and emerging trends as Minnesota community health boards used the FPHR Grant in 2024 to grow capacity for foundational public health responsibilities. Tribal Nations sharing geography with Minnesota receive funding from the FPHR Grant but are not included in this report.

Minnesota community health boards have made significant progress in building their capacity within foundational public health responsibilities using the FPHR Grant, through strategic staffing, careful planning, and cross-sector partnerships. Community health boards continue to grow and sustain work on population-based, systems-level interventions, which strengthen and enhance all work (including that in specific programs and topics).

Minnesota's local public health leaders can use the information and examples in this report to consider opportunities for growing capacity for foundational work in their jurisdictions. Local and state public health leaders can use the findings in this report to consider opportunities for growing system-wide foundational public health capacity.

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Look for insights from Minnesota's community health board leaders throughout this report in green boxes like this.

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November 2025. To obtain this information in a different format, call 651-201-3880.

Context and background on the FPHR Grant

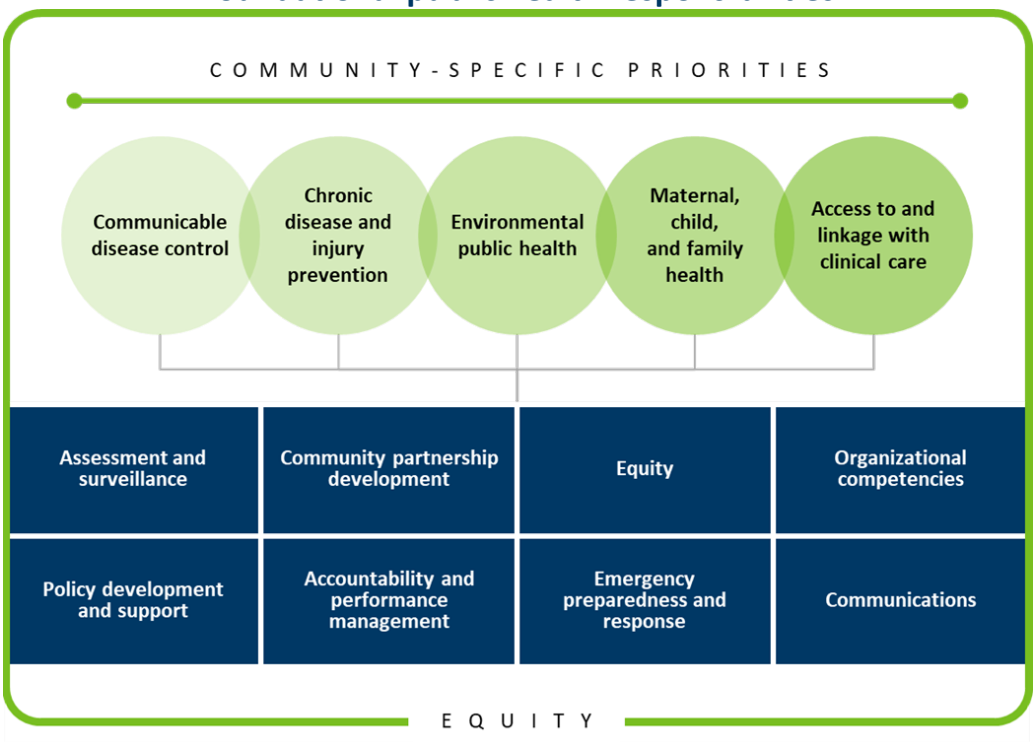
Every Minnesotan should have access to quality public health regardless of the size of their community or the size of their public health department. **We envision a seamless, responsive, publicly-supported public health system that works closely with the community to ensure healthy, safe, and vibrant communities. This system of state, local, and tribal health departments will help Minnesotans be healthy regardless of where they live.**

To do foundational public health work within a local context, Minnesota community health boards need funding that's flexible and non-categorical, which can help strengthen the foundation of public health locally, regionally, and statewide.

The Minnesota Legislature acknowledged this in its 2023 session, and it allocated ongoing flexible funding to community health boards and Tribal Nations to support foundational public health work. These flexible funds, distributed through the **Foundational Public Health Responsibilities Grant (FPHR Grant)** allow community health boards and Tribal Nations to address foundational responsibilities that should be in place in all communities across the state, and that may have been underfunded in the past. The FPHR Grant will not sunset after a set period unless directed to do so by the Minnesota Legislature. The FPHR Grant is also noncompetitive, meaning it's open for all community health boards and Tribal Nations in Minnesota.

Currently, community health boards use the FPHR Grant for foundational public health responsibilities. Foundational responsibilities encompass the activities that need to be in place everywhere for Minnesota's public health system to work anywhere.

Foundational public health responsibilities



This framework does not convey roles and responsibilities (e.g., who carries out which activity), and does not discuss how much of each activity, capability, or area any specific jurisdiction "owns."

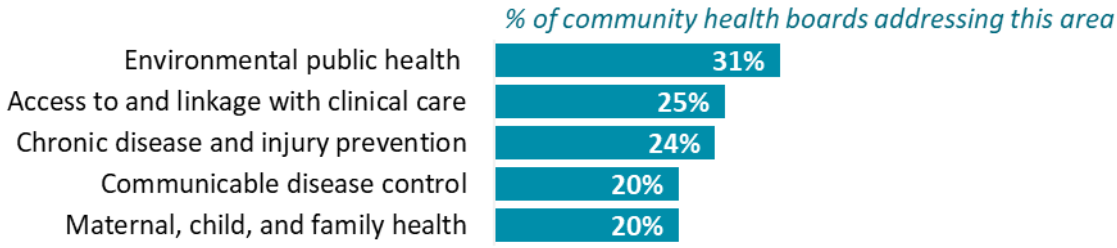
For more information on the framework, visit: Foundational Public Health Responsibilities and Framework (https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalresponsibilities.html).

FPHR Grant by the numbers

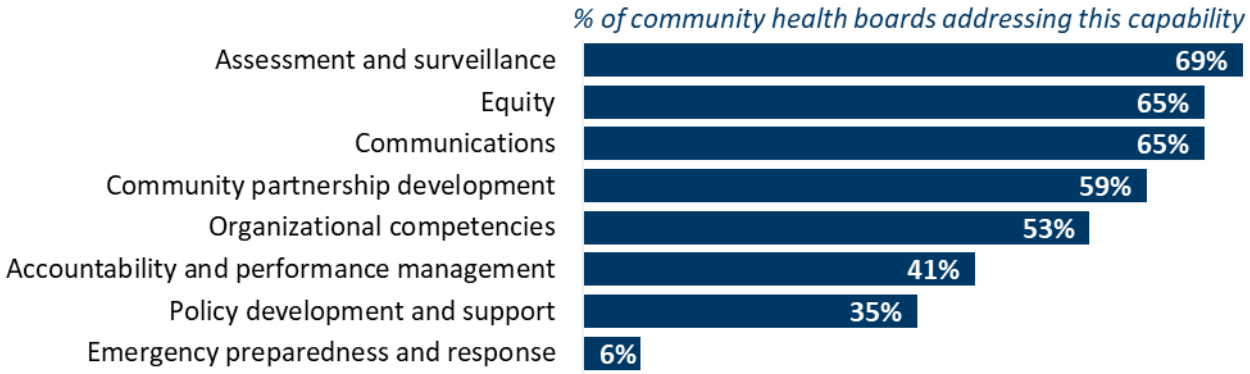
Foundational responsibilities addressed

Minnesota's community health boards addressed all 13 foundational responsibilities (five topic areas and eight cross-cutting capabilities) in their 2024 FPHR Grant workplans. Most community health boards addressed more than one foundational responsibility in their workplan.

Areas addressed by Minn. community health boards with FPHR Grant funding, 2024



Capabilities addressed by Minn. community health boards with FPHR Grant funding, 2024



Note: It's likely that fewer community health boards use the FPHR Grant for the capability of emergency preparedness and response due to the availability of Minnesota's Response Sustainability Grant (RSG) and federal funding related to emergency preparedness (PHEP).

Awards and distribution

The FPHR Grant base includes annual funding of $115,000 to each community health board; additional funding based on capacity to community health boards serving fewer than 100,000 people; and additional funding based on social vulnerability index (SVI).

FPHR Grant: State fiscal year 2024 (July 1, 2023 to June 30, 2024)

State fiscal year 2024 awards to 51 community health boards	Base	Capacity allocation	SVI allocation	FY 2024 total award
Minimum awarded	$115,000	$0	$15,916	$130,916
Median awarded	$115,000	$41,884	$47,748	$204,632
Maximum awarded	$115,000	$41,884	$63,664	$220,548
Total awarded (% of total)	$5,865,000 (59.6%)	$1,591,600 (16.2%)	$2,387,400 (24.3%)	$9,844,000 (100.0%)

FPHR Grant: State fiscal year 2025 (July 1, 2024 to June 30, 2025)

State fiscal year 2025 awards to 52 community health boards	Base	Capacity allocation	SVI allocation	FY 2024 total award
Minimum awarded	$115,000	$0	$15,354	$130,354
Median awarded	$115,000	$39,631	$46,061	$200,692
Maximum awarded	$115,000	$39,631	$61,415	$216,046
Total awarded (% of total)	$5,980,000 (60.8%)	$1,545,600 (15.7%)	$2,318,400 (23.6%)	$9,844,000 (100.0%)

For information on the funding formula and rationale, awards in other state fiscal years, and award amounts for each community health board, visit: Funding for Foundational Public Health Responsibilities / FPHR Grant (https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalfunding.html).

Note: Fluctuations in available funding based on social vulnerability index (SVI) and capacity after base has been distributed are due to variation in the total number of community health boards in Minnesota. In calendar year 2024, there were 51 community health boards in Minnesota; in calendar year 2025, there were 52 community health boards. This means that a greater number of community health boards received base funding in state fiscal year 2024 than state fiscal year 2025, which in turn reduced the amount leftover after base funding distribution for SVI and capacity between state fiscal years 2024 and 2025.

Statewide trends in using FPHR Grant funds

At a glance: Community health boards have tailored FPHR Grant funding to meet their needs across all foundational areas and capabilities.

Individual agencies and the entire public health system continue to grow and sustain work on population-based, systems-level interventions, which strengthen and enhance all work (including that in specific programs and topics).

Braiding funding together to include the FPHR Grant (alongside funding from sources like the Statewide Health Improvement Partnership, opioid settlements, federal agencies, and more) has enabled community health boards to tackle longstanding foundational needs while also launching new initiatives to grow and build capacity to address foundational responsibilities.

Transforming workforce

- Expanding workforce capacity and retaining key personnel is a high priority across all community health boards.
- Community health boards are clearly experiencing increased momentum in hiring and onboarding staff.
- Workforce transformation is more successful when driven by braided funding, pre-hiring, and creating new positions and classifications.
- Leadership transitions are aligning with long-term foundational planning.

> *"[We were approved for] a new position! This is huge for us and will allow us to build our foundation in this work correctly, rather than patchwork like we have had to do previously. We were successful in getting a new position within [our community health board]! This is HUGE. This grant allows us to have a person who can check off a majority of our 'wish list' for a staff member that we had only dreamed about."*

Strategically planning and integrating foundational work

- Community health boards most consistently report working to evolve their communications capacity, through both internal alignment and external outreach.
- Funding that can be used flexibly across the foundational public health responsibilities allows community health boards to act on long-desired priorities and operational needs.
- Data-informed practice is growing community health boards' reliance on data and analytics to drive decisions and evaluate impact. Community health boards view increased data access as pivotal.
- Community health boards are weaving foundational public health concepts into everyday work, moving from reactive program delivery to population-based, systems-level strategies.
- Leaders are using organizational assessments to shape internal infrastructure improvements.

> *"We are thrilled to implement projects that have long been on the agency's back burner. With new full-time equivalents (FTEs) and resources now available, we can finally take action on these initiatives, driving our mission forward."*

> *"We are actually talking about a contract… to start some type of data for assessment and surveillance. We just have not had time to discuss it and take action in the past. We know the need, but the time or availability hasn't been a high priority in our small department."*

Enhancing partner engagement

- By viewing equity as a core strategy, many community health boards are expanding the use of community-informed equity tools and culturally-tailored outreach.
- Centering community is widespread, making sure planning and outreach emphasize equity, localized strategies, and community voice.
- Cross-sector collaboration is growing through stronger, more formalized relationships with schools, nonprofits, other counties and community health boards, and MDH.
- Many community health boards are broadening community engagement and strengthening partnerships.
- Partnership development is growing especially among under-represented populations (e.g., Latino and Hispanic communities, people experiencing housing insecurity, rural residents, and more).

> *"Strengthening our community partnership [enabled] us to secure additional funding in Q3 to enable us to contract with local non-profit organization working with Latino/ Hispanic community in Q4 to improve health equity and increase access and linkage to care."*

FPHR Grant local successes

At a glance: Using the FPHR Grant, Minnesota community health boards have made significant progress in building capacity to address foundational public health responsibilities through work like (but not limited to) strategic staffing, careful planning, and cross-sector partnerships.

Strategically expanding workforce

Community health board successes when using FPHR Grant funding include:

- Hiring public health planners, health strategists, educators, communication specialists, community health workers, public health nurses, equity-focused roles, accounting technicians, and supervisors.
- Creating innovative staffing solutions, including shared staff.
- Strengthening and expanding staff individual development plans.
- Adding staff who reflect community demographics and heritage, to help enhance staff cultural competence.
- Expanding positions beyond traditional program-specific work (e.g., WIC; emergency preparedness, etc.).
- Establishing new remote and hybrid work policies.

> *"FPHR Grant funding has allowed us to add a staff member that is not specifically assigned to a public health program such as [Women, Infants, and Children; Public Health Emergency Preparedness; Child and Teen Checkups; Family Home Visiting; etc.] Having this new staff has allowed us to branch out our work to the community instead of just the clients in specific programs."*

> *"We hired at the community health board [level]!"*

Growing capacity for community engagement, health equity

Community health board successes when using FPHR Grant funding include:

- Broadening partnerships with Tribal health, businesses and chambers of commerce, housing agencies, health care organizations, and other community partners.
- Integrating equity into agency work through diversity, equity, inclusion, and belonging committees; multilingual materials for community members, equity inventory for staff, and gathering survey responses in more than one language from community members.
- Increasing strategic community engagement activities, to strategically develop and strengthen partnerships with all a jurisdiction's populations, especially those that haven't been heard or included in the past.
- Enhancing community engagement in community health assessment and improvement planning processes, to better encompass community voice and address the root causes of community health issues.
- Prioritizing resource allocation based on community-specific data, and engaging communities not previously represented in planning and setting priorities.
- Increasing organizational approaches that center equity, like multilingual materials and community health assessment surveys.

> *"We've had the highest level of engagement [for] our community health assessment and improvement plan development."*

> *"We completed our 2025 community health assessment and improvement plan with community input on root causes driving the top issue!"*

"Our community health assessment survey collection plan covered multiple ways to collect survey responses. Our original target for survey responses was 450 and we far exceeded that number. Respondents covered multiple ages, cultures, languages, etc. One of the best representations from our county to date."

"The ability to have a planner in the public health division is foundational to the ongoing work of assessment and surveillance. If there are not dedicated staff to support this work, programmatic work takes priority. We are currently in the community health needs assessment phase for our collaborative."

Improving communications and visibility

Community health board successes when using FPHR Grant funding include:

- Launching consistent, multi-channel outreach, including social media campaigns, materials in more than one language, infographics, and newsletters, to better reach community members and meet their needs.
- Increasing agency visibility at community events and through strategic messaging, to grow community trust in public health.
- Developing and formalizing communications plans (outside risk communications plans) to ensure agency communications are clear and consistent in describing the role and value of public health and its programs.
- Engaging community strategically on communications efforts, like branding campaigns and media using trusted messengers, so that agency communications more accurately reflect community voice and tone.

"Hiring a communication specialist for public health, which has been a goal of ours for many years. We anticipate she will be involved in many of our outward facing communication within the community. For many years we have wanted to hire a communication specialist but were unsuccessful due to the cost of the position. The FPHR Grant has allowed us to successfully hire a communication specialist in July. …Lots of great work being done since being able to hire her!"

"The time we can spend on communication—this is such a difference. We have developed [presentations] to communicate to commissioners, fiscal, [health and human services] directors—this is such a big deal. I am so proud of the internal and external communication… We are looking like an organization that is reputable, with well thought communication to each other, our partners, and most importantly, our community."

"We secured contract with a communication/marketing consultant and conducted a communication audit."

Increasing infrastructure for data and assessment

Community health board successes when using FPHR Grant funding include:

- Enhancing surveillance capacity through expanded use of community health assessment and improvement planning (CHA/CHIP), data dashboards (using tools like PowerBI and Clear Impact), and cannabis audit tools.

- Growing support for real-time, actionable metrics with data analysts and consultants.
- Assessing informatics readiness through tools like the Informatics-Savvy Health Department Toolkit from the Public Health Institute.
- Increasing use of performance management systems and dashboards to share performance data.
- Guiding policy and programming decisions with information from community health assessment and planning processes (CHA/CHIP).
- Improving access to real-time, disaggregated, and age-specific population health data.

> *"[We have the] ability to provide updated, near real-time data around prenatal care outcomes to our current community collaborative workgroup working with community members to identify barriers to seeking adequate care. We will use this data to monitor if interventions are effective."*

> *"We presented our work at [a seminar] where MDH welcomed international CDC fellows. The day was filled with professional information sharing and connections. [Our county] was one of two local public health departments invited to share their data project. We were honored and excited to participate."*

> *"[We are] excited to be included in the [large regional community health assessment survey]. We were able to secure the involvement of [our community health board] because we had funding to contribute."*

> *"Having a staff focused on performance management has allowed us to grow in this area and really explore using PowerBI as a performance management system. We are hopeful that this will be a strong step forward in using meaningful data for decision making within our agency."*

Changing policies and systems to improve population health

Community health board successes when using FPHR Grant funding include:

- Playing pivotal roles in local ordinance development (e.g., for cannabis, commercial tobacco, etc.).
- Advancing equity in all policies work.
- Aligning with Minnesota's cumulative impacts work through environmental health partnerships.

> *"Even though we weren't able to pursue the well-water testing project we had hoped to facilitate, we learned so much about the roles and responsibilities by meeting with and writing the grant with [our county's soil and water agency]."*

Expanding strategic and operational planning

Community health board successes when using FPHR Grant funding include:

- Creating strategic plans, equity councils, and collaborative regional partnerships.

- Enhancing structured planning through external facilitation and cross-county/city learning.
- Assessing and implementing performance management strategies and systems.
- Developing strategic plans with input from all staff.
- Regularly reviewing performance metrics.
- Moving from paper to digital performance management systems.

> *"Ending the 2024 year, Public Health completed all necessary documentation/processes/ etc. to submit for accreditation."*

> *"I appreciate being able to bring in contractors for strategic planning… Bringing in additional support allowed our planner and steering committee to be fully engaged participants and not also play the role of facilitator."*

> *"Our first quarterly review of performance management data within the healthy communities team was a success. Team members have stated that the data helps keep them focused and plan for future work."*

> *"We are very excited to have board approval to move forward with a new performance management system that will allow our agency to move our robust employee review process from paper to electronic format. This new system will allow our supervisors to better engage and support employees by ensuring a thorough review is completed within required time frames. Without the funding from this grant, we may not have had board support to move forward with moving into the 21st century and ensuring our staff have both accurate time reporting towards grant work and optimal performance reviews that comply with [human resources] best practices."*

Challenges while using FPHR Grant

At a glance: In 2024, community health boards experienced significant delays in using FPHR Grant funding due to administrative and hiring barriers.

Despite this, most community health boards are now better positioned to accelerate efforts to build capacity to address foundational public heath responsibilities.

Delays in approval, hiring, and onboarding of new positions

Community health board challenges when using FPHR Grant funding include:

- Many community health boards experienced delays in hiring and onboarding new staff due to lengthy, slow, and layered approval processes required by human resources and/or administration. This was especially the case around job descriptions and classifications, and union considerations.
- Governing boards were skeptical of FPHR Grant sustainability, delaying approval of key positions.
- New hires continued to require substantial supervisor involvement and training before reaching full capacity.

- Limited candidate pools, especially in rural areas, slowed recruitment of data analysts, planners, and communications staff.

> *"[We were] able to hire temp to assist in public health while under a hiring freeze. Without these funds we would not be able to properly staff our public health division."*

> *"I was able to get approval to hire one FTE to do foundational public health work. We are hoping to have a staff in place by fall to start these efforts. In the meantime, I will continue to work in the areas that I can within my time."*

> *"It is a success in itself that we were able to re-allocate an existing position and increase the capacity to a community health worker. This is the first time that a new job classification of this kind was created for [our public health department], and it is exciting that we can be doing foundational capabilities work in a greater capacity."*

Budget adjustments and carryover planning

Community health board challenges when using FPHR Grant funding include:

- Delayed hiring resulted in unspent funds, prompting community health boards to initiate carryover plans; several community health boards reallocated unused funds.
- Initial confusion about match funding requirements disrupted support from finance teams.

> *"[A new account tech employee] will be part of the accounting team and will specialize in public health accounting and billing processes."*

Staff turnover and transition

Community health board challenges when using FPHR Grant funding include:

- Internal promotions often caused gaps elsewhere, prolonging teams' overall gains in capacity.
- High turnover, including among FPHR Grant leads and supervisors, strained continuity.
- Many community health boards reported back-to-back vacancies, delaying project handoffs and work plan execution.
- Leadership transitions required time-consuming orientation and adjustments in planning responsibilities.

> *"Getting the two new positions approved! One position is communications, and she will be billing to the FPHR Grant moving forward, but she previously worked in [public health emergency preparedness, or PHEP] and has been focused on helping transition the new PHEP coordinator into that role…But being able to have a full time PHEP coordinator (through [Response Sustainability Grant]) and a full-time communications position is a huge win for a small organization like [ours]."*

Community engagement

Community health board challenges when using FPHR Grant funding include:

- Smaller community health boards noted a lack of local partnerships when trying to integrate community into planning.
- Language barriers and fear among undocumented groups limited outreach efforts in some areas.

> *"Through the support of the FPHR Grant, we are able to maintain our coalition that actively collaborates and addresses needs in our communities. Coalition members are tasked with voting on [Statewide Health Improvement Partnership] partner grants and opioid settlement fund partner grants that work to improve our community in the areas of active living, access to food, increase community wellbeing, and address substance use. We utilize one coalition to support all community health priorities in our community health board, with separate action teams to work on specific community health improvement plan priorities. We leverage funding such as SHIP or Opioid Settlement funds to support community work to help us meet our community health improvement plan. This model has worked well for our communities and has created a centralized coalition rather than asking the same people to participate on several coalitions or attend several meetings. This shared approach has also helped us to recruit people who represent communities represented by the health issues, something we have historically struggled to do."*

Infrastructure for data and information technology

Community health board challenges when using FPHR Grant funding include:

- Applications like PowerBI proved more complex to administer than expected, prompting community health boards to seek external technical support and coaching.
- Community health boards found cleaning and integrating data across systems particularly challenging (e.g., vital records, surveys, etc.).
- IT systems changes in partners (e.g., servers, email, etc.) disrupted access to shared applications and dashboards.

Braiding funding and coordinating grants

Community health board challenges when using FPHR Grant funding include:

- Agencies struggled to coordinate activities across different public health grants, like the FPHR Grant, Statewide Health Improvement Partnership (SHIP), Response Sustainability Grant (RSG), and CDC Public Health Infrastructure Grant (PHIG).
- Competing obligations from other grants strained internal capacity.
- Many agencies requested support in integrating funding streams and tracking progress across grants.

> *"Our communication position is able to utilize other grant or program funds for some of her communication work (i.e., when she works on communication specific to our hospice program that time is billed to that program and not FPHR Grant). The FPHR Grant helps us provide the base for this position and to enable us to continue to have it be full-time."*

Organizational development and change management

Community health board challenges when using FPHR Grant funding include:

- Transitioning from work required by specific grants and programs to capability-based work required staff education and shifts in culture.
- Some initial unfamiliarity in how foundational public health responsibilities connect to daily responsibilities.

Considerations for future FPHR Grant use

> *"Not all of the activities of our department are funded out of [the FPHR Grant]; however, we are noticing just how much foundational public health responsibilities are the bread and butter of everything we are doing—when we start to identify the capabilities, we start to see just how every area is using them. Our upcoming staff retreat guest speaker is going to do more digging into how we can shift our thinking and way of work in 'building a public health house'—a deeper dive in foundational public health responsibilities."*

As Minnesota's public health landscape continues to evolve, it is increasingly important for the state's public health system to align foundational investments with long-term system capacity and workforce resilience. The FPHR Grant is an essential mechanism to strengthen local and regional infrastructure and supports community health boards and Tribal Nations in meeting core responsibilities, addressing workforce challenges, and helping ensure consistent delivery of core public health services across jurisdictions. Through data-driven strategic planning and coordinated investment, FPHR grant resources can continue to support community health boards to carry out foundational responsibilities effectively, and support a public health system that can address both current and emerging population health needs.

Community health boards may wish to consider the following ideas when using FPHR Grant funds in the future:

- **Facilitate shared staffing models**: Promote regional specialists or cross-county hires to reduce strain on small agencies.
- **Prioritize onboarding and mentorship**: Develop foundational public health responsibility onboarding toolkits. Connect new hires to regional mentors or learning collaboratives.
- **Streamline data tools and support**: Expand access to training in surveillance platforms, reporting tools, and evaluation methods.
- **Build local leadership capacity**: Embed leadership development into organizational growth.
- **Standardize equity approaches**: Continue integrating equity-centered practices into core public health functions.
- **Expand technical and finance staffing**: Prioritize hires to manage the growing complexity of braided funding, such as positions in finance, grant administration, and informatics.
- **Support staffing sustainability**: Explore career pathways and internal promotion models to improve retention.
- **Strategically plan for delays**: Encourage realistic timelines and carryover strategies that account for inevitable lags in hiring and capacity building.
- **Enhance performance management**: Encourage real-time dashboard adoption and data-sharing platforms across jurisdictions.