DEPARTMENT OF HEALTH

CDC Federal Infrastructure Grant Guide for Community Health Boards

2023–2027

Updated 25 March 2024

Contents

CDC Federal Infrastructure Grant Guide for Community Health Boards: 2023-2027

MDH will update this guide as more information becomes available.

Funding information

MDH Program Name: CDC Federal Infrastructure Grant

Assistance Listing Name: CDC's Collaboration with Academia to Strengthen Public Health

Assistance Listing Number (CFDA): 93.967

Federal Award Identification Number (FAIN)/Grantor's Pass-through Number: NE11OE000048

Funding Period: March 1, 2023, or when grant agreements are signed – November 30, 2027

Invoice Code: MDH.CDCINF.93.967.R.Invoice Date

Quarterly Invoice Schedule:
- **First invoice:** From date of fully executed grant agreement – June 30, 2023 (Due July 28, 2023)
- **Typical invoices:**
  - July 1 – September 30 (Due October 31)
  - October 1 – December 31 (Due January 31)
  - January 1 – March 31 (Due April 30)
  - April 1 – June 30 (Due July 31)
- **Last invoice:** October 1, 2027 – November 30, 2027 (Due December 31, 2027)

Sample activities

Below are sample activities for each of the five Key Activities listed in the grant duties for community health boards. Recipients are encouraged to think creatively about the types of activities they would like to support with this funding and are not restricted to the sample activities included in this guide. Please bring other ideas not listed below to the Minnesota Department of Health (MDH) to ensure that they fall within the parameters and intent of this Centers for Disease Control and Prevention (CDC) funding.

Support and sustain the public health workforce

- Expand employee well-being programs to address burnout, work-life balance, and job satisfaction.
- Adopt new evidence-based workplace programs that support staff emotional and physical well-being.
- Review and strengthen workplace policies that support staff emotional, mental, and physical well-being.
- Strengthen employee engagement programs and methods.
- Expand employee involvement in professional networks and in relevant support groups.
- Strengthen and conduct staff viewpoint surveys and other ways to assess staff experiences and attitudes to better understand areas for improving workplace culture and practices.
- Share and use employee input in strategic planning and other workplace and workforce initiatives.
- Implement sabbatical programs that allow staff to reset and learn, while remaining in the workforce.

Retain public health staff

- Identify and use hiring mechanisms to effectively transition staff from one type of contract or mechanism to a new one, to maintain continuity of service.
- Offer a range of retention incentives, including bonuses, student loan repayment, benefits, moving expenses, remote work, and telework.
- Revise the terms or classification of existing jobs or job series to allow for increases in pay or benefits.
- Create or expand new promotional opportunities and leadership tracks.
- Establish or strengthen supportive services available to the workforce, to provide additional flexibility to help balance work-life responsibilities and maximize hybrid work opportunities.

Train new and existing public health staff

- Conduct training needs assessments of existing and new staff to identify priority areas for training investments.
- Establish or expand contracts or partnership with training partners to add training offerings that meet CDC quality training standards across a wide range of needs.
- Revise and upgrade existing training programs to improve their quality or relevance.
- Establish or expand contracts or partnership with accreditation providers to offer continuing education credits to help staff maintain licensures and certifications.
- Create or enhance incentive programs for staff to seek and complete training or to mentor peers.
- Establish or revise training tracks or certificate programs to incentivize and guide staff who seek to build deeper skillsets in a particular area.
- Establish or expand leadership development programs for staff who demonstrate leadership potential or are in management positions.
- Support staff to enroll in trainings offered through academic or other institutions, including support for travel.
- Establish follow-up support programs that provide opportunities for continued learning after trainings, such as job-aids, coaching, and communities of practice.
- Strengthen training evaluation capacity.
- Promote learning opportunities through a variety of channels.

Strengthen workforce planning, systems, processes, and policies

- Create or revise a comprehensive workforce development strategy.
- Create workforce development boards and other new organizational structures and teams, to guide and implement a comprehensive workforce development strategy.
- Create or modify staff positions within the organization to focus on key crosscutting workforce issues, such as staff engagement; diversity, equity, inclusion, and accessibility; succession planning and career pathways; and workforce science and forecasting.
- Catalyze the collection and use of workforce data, to guide workforce planning, development, management, and forecasting.
- Upgrade human resource and other information systems and improve interoperability among systems.
- Refresh online recruitment and hiring portals to be more user friendly, useful, and modern.
- Purchase, maintain, and improve workforce training systems including annual subscription costs for using the TRAIN Learning Network.
- Strengthen policies related to hybrid work environments, telework, and related requirements to maximize flexibility to hire and retain talent.
- Identify opportunities to modify or amend internal policies that might hinder internal workforce development practices (e.g., improving recruitment and selection procedures, cross-training opportunities).
- Identify opportunities to educate policy makers about state, local, or territorial policies, to better meet workforce development needs of the recipient or the public health sector as a whole (e.g., addressing inflexible hiring, firing, and salary rules or rigid criteria for eligibility for promotion).
- Conduct quality improvement on existing systems or processes to identify areas ripe for change and track outcomes associated with changes made.
- Strengthen partnerships with relevant labor unions to discuss opportunities for collaboration and for improving workplace conditions.
- Establish or strengthen partnerships with human resource and other organizational systems experts to provide advice and support for strengthening.

Recruit and hire new public health staff

- Conduct systematic workforce needs assessments to identify priority needs now and in the future.
- Expand and improve recruitment efforts to reach wide and diverse pools of potential applicants, particularly through partnerships with relevant institutions.
- Change application and selection methods and provide training to reduce unconscious or conscious negative biases and to improve fairness.
- Create new job descriptions to better meet needs.
- Revise job pay scales.
- Establish, expand, and use a range of mechanisms to rapidly hire public health staff, including direct hire mechanisms (term-limited and not), formal agreements or contracts with staffing agencies, as well as partnerships with community-based organizations, academic institutions including minority-serving institutions (e.g. HBCUs, HACUs, etc.), and other local, state, and national partners that may provide efficient and effective ways to supplement the public health workforce.
- Offer a range of hiring incentives to attract new talent, including hiring or other bonuses, student loan repayment, moving expenses, remote work, and telework.
- Work with and recruit from the Public Health AmeriCorps program, Preventive Medicine Residencies, and other programs that provide a pathway into public health as a career.
- Establish or expand internships, fellowships, apprenticeships, and related programs for entry-level staff and mid-level staff.
- Establish or strengthen programs that provide capacity for surges in public health staffing as needed, in response to emergencies or outbreaks.
- For jurisdictions with Native American Tribes, consider hiring a Tribal Liaison Director preferably from a Tribal community.
- Hire health education specialists, instructional designers, and other staff with training development skills to support the training needs of public health staff.

Funding formula

Funds to community health boards will be distributed using a formula set out by CDC for awarding funds to states, with a base of $50,000 and a $5,000 per county multi-county incentive.

Base of $50,000

+ $5,000 per county multi-county incentive

+   **Population** * 50% * total funding
    Total Eligible Population (5707390)

+   (**CRE** / 100) * population * 50% * total funding
    Total jurisdictions CRE (909016.2)

=   Total allocation

Population was found based on the 2020 US Census population estimates as of July 1, 2021:
- County Population Totals: 2010-2020 (https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-counties-total.html)
- City and Town Population Totals: 2010-2020 (https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-cities-and-towns-total.html).

Community Resilience Estimates (CRE) were found by filtering this site for state, county, and census tracks and looking at the estimated population with 3+ Risk Factors: 2019 Community Resilience Estimates for equity and disasters (https://experience.arcgis.com/experience/76f53fb6758b49dc87ef47687f9476cf).

Frequently asked questions (FAQ)

Work plan and budget

When are initial proposals due in REDCap?

April 28, 2023.

Is this an annual budget or a budget for the entire project period?

Please submit a budget for the entire award amount. Community health boards have the flexibility to spend the funding over the course of the entire grant period.

What if we put in our proposed activities but want to change our focus in three years?

You can submit a revision form in REDCap for any changes you'd like to make throughout the grant period.

If we don't know everything we want to spend the grant on, is TBD an allowable activity until we know more? What if we will not spend any funds for the first 12 months and don't know how we will use the funds later in the grant period?

If you don't know what all your activities or budget will be, do you best to complete the proposal. Submit a budget that totals your award. Write a note in REDCap that your activities and budget are your best guess, and that you will know more upon further planning. Please also provide a possible timeframe for when you are planning to start spending the funds and implementing activities.

What if we are only using funds for staff training and not expanding FTEs?

If you are not using funds for salaries, but a "0" in the hiring question in your REDCap Activities Proposal.

When do we need to submit a revision in REDCap?

Activity and Budget Revision forms will be available in REDCap for the duration of the grant. Revision forms should be submitted whenever there is a significant change to your proposal. Small revisions may add up over time and may be lumped into one larger revision. Budget revisions must be submitted whenever there is a change of 10% or more in any line item. New activities not already approved should be submitted prior to implementation to ensure allowability.

Does this grant have annual allocations? Will there be carry over funds if we do not spend it all this year?

There are no annual allocations with the CDC Federal Infrastructure Grant. Community health boards were awarded the full amount to spend whenever needed within the grant period (through November 2027).

Eligible expenses

Can we use funds to increase public health staff from part-time to full-time, or fund a position after a different funding source ends?

Yes! These funds can be used to sustain and/or increase public health positions.

Can we fund a temporary staff person with plans to transition them to a permanent position in the future?

You may fund temporary staff and transition them to permanent positions as a way to build the public health workforce.

Can we maintain a current public health intern with this funding?

Yes, you can fund public health internships, as well as fellowships, apprenticeships, AmeriCorps members, and student positions, through this grant.

Is it allowable to give hiring incentives or bonuses to staff?

Yes, hiring and retention bonuses are allowable costs.

Our Health Department is combined with Human Services—can grant funds be used for human services?

The purpose of this grant is 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. If you have specific questions about how funds may be spent for activities that involve both public health and human services, please reach out and MDH will assess each situation on a case-by-case basis.

Can this grant cover trainings and conference attendance for public health staff?

Yes, trainings and conferences for public health staff are allowed. Prior approval is required for any travel taking place outside of Minnesota.

Can food be purchased with these grant funds?

Paying for food with this grant is not allowed unless it is for staff in travel status, i.e., to attend a training. Grantees should follow their own travel policies for determining travel status.

Can we use this grant to pay for PHDocs? What about training staff on using PHDocs?

This grant is focused on workforce, so the staff related components (i.e., time entry) are more in line than the client-facing aspects of the software. This grant can pay for a portion of PHDocs as it relates to workforce infrastructure.

Training staff on using the software is an allowable expense.

Can this grant be used for construction to remodel or expand our clinic and/or for rent of the expanded space?

Construction and remodeling are not allowed expenses for this grant.

Rent would need to be based on how your agency currently manages rent for overall staff. Rent for any space cannot be covered by one grant. It must be proportional to the funding of staff using the space compared to the overall use of the space.

Can this grant pay for staff wellness expenses such as a yoga session, a welcome package for new staff, or a keynote speaker at a staff retreat or wellness event? What about furniture, such as standing desks, and a physical wellness space for staff?

Wellness programs, including yoga sessions, welcome packages, and keynote speakers, are allowable expenses. You should be able to justify how these expenses support the public health workforce – as with anything, they will need to withstand an audit and fall within the parameters of the grant and your overall public health workforce strategy.

Standing desks are allowable. However, this grant generally does not allow the purchase of furniture and requires prior approval for any furniture purchase. Wellness areas that include furniture funded under this grant will require a strong justification for the purchase and follow any policies your agency has for their procurement.

Can gift cards be purchased for staff as part of our Wellness program?

Use of grant funds for incentives or gift cards must be requested in advance. Incentive requests go through an MDH approval process before allowing grantees to use grant funds for incentives or gift cards; this process may take some time. Please contact your grant manager for more information.

Is attending a day at the capitol an allowable expense?

No, this is not an allowable expense, as it could be considered lobbying.

Invoicing and reporting

Should we submit invoices each quarter even if no expenses have been incurred?

Yes, please submit $0 invoices so we know that we haven't missed anything.

What evaluation and performance measure reporting requirements will community health boards need to complete?

Community health boards will complete a Hiring Report every six months (due June 30 and December 31 each year) and an Annual Progress Report (due December 31 each year) in REDCap. A short webinar (21 minutes) about these reporting requirements can be found at MDH: CDC Federal Infrastructure Grant (https://www.health.state.mn.us/communities/practice/funding/cdcinfrastructuregrant.html). Community health boards are encouraged to watch the recording before beginning to fill out the REDCap reports. CDC and MDH also encourage community health boards to participate in relevant national workforce and capability assessments (e.g., PH WINS, NACCHO Profiles, PHAB, etc.) as these assessments will be used to support the evaluation of the grant.

Other

We would like to contract with an organization—can we just choose the company or do we have to do a request for proposals (RFP) process?

Community health boards should follow their procurement policies. The Financial Guide for MDH Grants to Community Health Boards (https://www.health.state.mn.us/communities/practice/lphact/lphgrant/docs/financialguide2022.pdf) should also be referenced and followed when subcontracting. Grant funded contracts should be approved by MDH; please submit the following information: description of contracted services; anticipated contractor/consultant's name (if known) or selection process; length of contracted services; and contracted services budget allocation.

Do we know if there is a chance that this grant will be renewed for another five years after completion of this grant period?

We do not know at this time.