

Activities, Challenges, and Successes among Minnesota Community Health Boards, Year 3

CDC FEDERAL PUBLIC HEALTH INFRASTRUCTURE GRANT (PHIG)

This report shares information from Minnesota community health boards, in their own words, as they use the CDC Federal Public Health Infrastructure Grant (PHIG) to build organizational capacity: their activities and achievements, challenges and barriers, and successes.

This 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.

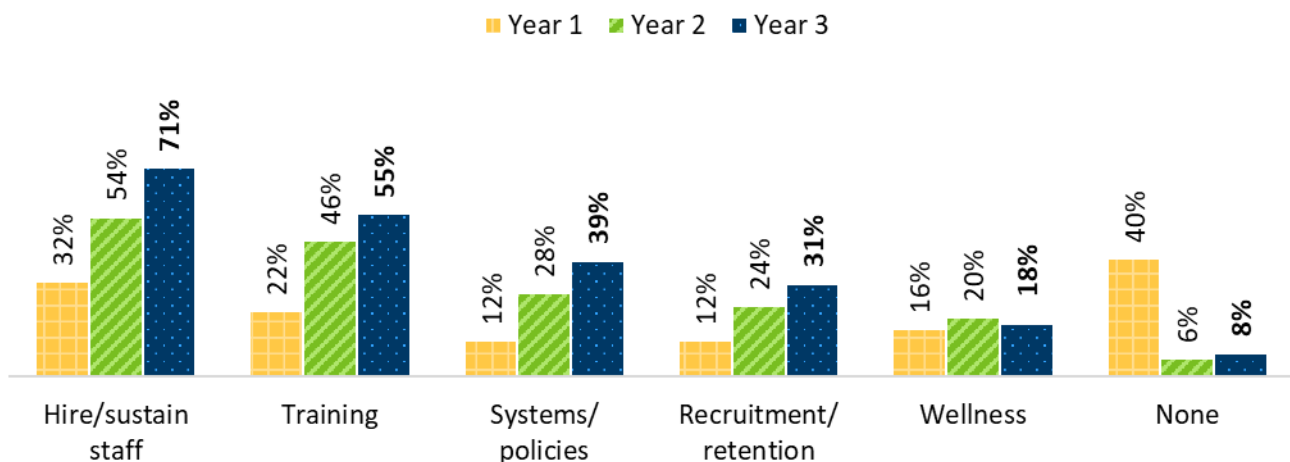
Public health infrastructure consists of the people, tools, systems, and organizations that help protect and improve community health. It's the foundation that lets public health agencies do things like track diseases, respond to outbreaks, share health information, and help prevent illness. When public health infrastructure is strong, communities can detect health problems earlier, respond faster, and cooperate to prevent more illness and injury.

Read more about this grant 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).

How have community health boards used 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.

How Minnesota community health boards have used CDC Federal Public Health Infrastructure Grant (PHIG) funds in Years 1-3



Note: In Years 1 and 2 of the CDC Federal Public Health Infrastructure Grant, 50 community health boards in Minnesota received funding; in Year 3, 51 community health boards received funding as one community health board split into two.

Flexible funding allows for flexible use

The CDC Federal Public Health Infrastructure Grant spans nearly five years, and 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 overall funding in a way that best meets their needs. During the third year of the grant, four (8%) community health boards did not spend any grant funds. One (2%) community health board finished spending down its grant award prior to 2025. Other community health boards were still waiting to use these flexible funds later in the grant period or taking time to strategize how to best use the grant among other funding sources for a variety of workforce priorities.

Activities and achievements

Hire and sustain staff positions

Of the community health boards that spent grant dollars during the third year of the grant, 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, allowing cross over with new staff and retiring staff (to more effectively train and onboard the new hire and remove service gaps), and sustaining positions where other funds dried up or until other funds become available. Community health boards also hired temporary staff to address challenges and barriers to gaining approval for full-time staff positions, and to support Public Health AmeriCorps members.

Many community health boards expressed the importance of these funds in increasing capacity through the staff supported by the grant.

“We were able to have an overlap when a previous staff member was retiring, with these funds, we were able to post and hire, and have the transfer of knowledge and training done by the PHN [public health nurse] leaving. It allowed the new hire to take on the previous employee’s work without a gap in services, and eased the transition for the new hire, their supervisor, and their co-workers, who would have had to cover while they got up to speed.”

“Grant dollars continued to support a small portion of new community health supervisor as well as about 20% of the WIC [Women, Infants, and Children program] coordinator salary. This position was increased last year from 0.8 to 1.0 [FTEs]. The grant dollars have helped add the new position and increase a position without a drastic change to our overall budgets. By only supplementing them at 20% we hope to ease the positions into the overall county budget and sustain them into the future without this funding. Both roles were crucial in meeting and maintaining foundational needs and have supported us in achieving public health accreditation.”

“The ability to bring in temp staff with this funding has allowed us to continue to serve the community to the best of our ability. Without this additional funding, staffing and meeting the mandates from MDH would be very difficult if not impossible. It allowed us to increase capacity.”

Training, education, and professional development

Many community health boards also used grant dollars to provide training, education, and professional development opportunities for public health staff. These included support for leadership development, required work-related licenses, conferences, and job-specific training.

Community health boards shared that these opportunities would not otherwise be possible without this funding, and that offering training has built capacity and boosted staff morale, increasing employee engagement and satisfaction.

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“We have been able to allow current staff to attend trainings that would have otherwise not been available or required adjustments in other grant budgets. We are currently assisting our three family health techs with their CHW [Community Health Worker] certification... We supported nine staff to attend a five-day training to obtain their [lactation consultant certification].”

“The CDC Infrastructure grant has primarily support staff to attend trainings, workshops and pay fees to maintain/obtain new licenses through exams. The most impactful training was car seat installation training for one new employee in June 2025.”

“The CDC Infrastructure grant was used to support workforce development related to training on foundational public health responsibilities and time recording in alignment with the [Local Public Health] Act annual reporting requirements from MDH. We were able to work with a Master of Nursing Education student who helped us lay groundwork on this topic with leaders in the public health division and created an initial training for program coordinators. We’ve adapted the materials they created as the roll out of this project has progressed, but their work was essential and helped us get ready and strengthened workforce readiness.”

“We’ve used funds to support our DPC [Disease Prevention and Control] work. Our backup DP&C Nurse has received advanced TB [tuberculosis] training, enabling her to step in for DOT [directly observed therapy] and provider contacts when our primary nurse is unavailable.”

Workforce and organization planning, systems, processes, and policies

In addition, some community health boards focused on building workforce capacity and infrastructure. Grant supported activities included updating tracking processes, improving communications capacity and planning, HR support, stronger financial management processes, performance management infrastructure, technology improvements for reporting and data analysis, strategic planning, assessments, partnership work, policy review and development, improving remote and flexible work, improving market parity in salary and benefits, and achieving public health accreditation.

“We utilized this grant to help implement a new HR personnel management system that has created greater efficiency and support in managing staff personnel matters, including staff reviews, payroll, benefits and training. We’ve used this grant to also support staff time for communications work happening across the bi-county area. ...we’ve used this grant to help support bringing on some additional capacity—supporting a data and evaluation independent contractor to provide support to staff development and capacity with data collection and analysis around health care needs. We also recruited a graduate student of public health through a paid internships to support development of campaigns related to telling the story of what public health is and does, and measles.”

“[We have] been successful in establishing stronger financial process management including developing ethical and standardized processes with our member counties. With some adjustment this year, we were successful in directing some of our work towards our community health assessment... Our team is pulling just a few hours a week in this work across the three counties, which is essential to proper decision making for years to come.”

Recruitment and retention activities

Nearly one-third of community health boards used grant funds to assess or implement recruitment and retention strategies, some of which may overlap with other areas. These included keeping staff employed when other funding was cut, paying for the cost differential for a position that was reallocated, staff recognition, offering increased FTE so staff could qualify for benefits, providing relocation funds for a new hire, expanding telecommuting and flexible schedules, maintaining partnerships with colleges for nursing placements, and using

funds for posting and advertising open job positions. Some community health boards found great success in recruiting and hiring staff and paid interns.

“Grant funding has supported the recruitment, onboarding, and retention of community health workers who reflect the cultural and linguistic backgrounds of the communities they serve. This approach shifts outreach and service delivery away from one-size-fits all models toward culturally responsive, community-centered practices. By embedding trusted community members within the public health workforce, the department is addressing structural barriers that have historically limited engagement with public health programs among immigrant and non-English-speaking populations.”

“[The local public health department] has continued to prioritize workforce retention and satisfaction by offering robust telecommuting and flexible scheduling options.... Staff consistently express appreciation for these arrangements, noting that flexibility significantly contributes to their job satisfaction. Notably, [the local public health department] has experienced zero staff turnover during this reporting period, demonstrating the effectiveness of these workforce supports.”

“We have continued to use the grant for posting open job positions, advertising, and interviewing time. This is expensive and time consuming, so it is nice to have the grant support this.”

Wellness/wellbeing programs

A growing number of stressors and increased burnout have 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 surveys and plans, recognition items and standing desks, bringing in speakers during staff meetings, and reflective supervision.

Community health boards continue to share how prioritizing staff wellness and reducing burnout has proven beneficial for employees.

“We have conducted a staff survey related to our wellness initiatives and the results indicate the activities currently offered are appreciated by staff and hope they continue.”

“Funds were used to host an all-staff retreat that... focused on team building, strengths development, continuous improvement and work-force development. ...As we continue to work to prevent burnout, wellness activities were also included throughout the day including both physical and mental well-being activities. In addition to the all-staff retreat, funds have been utilized by multiple work units to hire a consultant to continue to build a solid foundation around strengths-based work, self-exploration, navigating change and resolving conflict. Multiple work units have seen an increase in overall employee engagement and satisfaction as a result of these opportunities.”

Challenges and barriers

Community health boards shared a variety of challenges to implementing their proposed activities during the third year of the grant; 14 (27%) community health boards 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 several community health boards reporting not receiving many applicants for job postings or not being able to find qualified candidates. Some continue to experience challenges with being in a local hiring freeze, a slowdown in work when someone leaves, additional onboarding due to turnover, and needing to reclassify some positions. Not having enough staff or experiencing delays in hiring puts extra burden on existing staff to carry the workload, resulting in reduced capacity.

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Lack of time and capacity was a close second for highest reported challenge in year three of the grant. Some work was sidelined due to not having enough staff time and capacity, as staff are balancing multiple roles and responsibilities and trying to maintain manageable workloads.

Other major challenges that arose over the course of the year for many community health boards include an increase in change and uncertainty, which has affected the workforce in a myriad of ways. Community health boards noted that the context in which public health operates has noticeably shifted since 2023 when this grant began, and that they have needed to adapt their original plans in response to funding and policy changes. One in five community health boards shared that a lack of funding was a major challenge. The loss of funding in other areas of their agencies has impacted how community health boards are able to accomplish their work. They have had to change their plans, including how they might use these grant funds, scaling back programming, and focusing on continuing to support current staff rather than hiring vacant positions. Some community health boards have not been able to move forward with initiatives or complete work on the anticipated timeline. Budget constraints overall have made it difficult to get approvals and presented challenges in sustainability planning after this grant ends.

Additional challenges ranged from outdated technical systems, navigating complex administrative processes and organizational change management, lack of child care access, communication and coordination across teams and counties, cross-training, public perceptions, and external factors outside their control.

Success stories

Community health boards reported many success stories during year three of the grant. Staffing successes included increasing FTEs, seeing less turnover, covering gaps from retirement, maintaining and increasing capacity, recruitment and onboarding, and improving staff morale and engagement.

Community health boards also reported successes around providing training and education to meet job requirements and improve retention, staff retreats, wellness surveys and activities, the ability to plan further into the future and be more strategic, improved financial, HR and other processes, performance management, and data analysis.

Others celebrated their communications work, achieving accreditation, having employees and public health teams receive awards recognizing their outstanding work, and the positive ripple effect of community trust in public health staff.

“We have not seen any staff turnover since this grant began. I believe that this is in part due to our ability to offer professional development opportunities for growth to our staff.”

“This grant supports important infrastructure ensuring access, as well as surveilling and responding to infectious disease cases... Members of the team funded by these dollars were key in conducting case investigations and interviews, and equipping our trusted messengers with support and education to connect with part of the community that are most impacted by infectious disease outbreaks. This team was able to understand the linkages of index cases with other outbreaks across the U.S., and respond rapidly, reducing a further outbreak to occur in [Minnesota]. We are so proud of this team.”

“We were able to accommodate several WIC participants outside of traditional work hours. This increased accessibility to rural area residents and clients employed in shift work.”

“We successfully had a staff officially pass her certification test to become an IBCLC [International Board Certified Lactation Consultant]—the highest credentials for lactation services. This greatly increased our capacity to support pregnant and parenting women who choose to breastfeed, in turn improving nutrition for those infants.”

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“We have been working on an agency strategic plan; while it is not yet complete, I do not believe we would have been able to undertake the strategic planning process without the addition of new positions. These staff have not only taken on other essential responsibilities but have also been actively involved in the planning work. Adding staff focused on infrastructure and foundational activities has allowed us to think more strategically, consider the bigger picture, and plan further into the future. Prior to these additions, the responsibility largely fell to the director, as other staff were fully dedicated to grant work or conducting visits to generate revenue. This funding has been critical in allowing us to begin building a strong organizational foundation.”

Past reports

To read past years’ reports on activities, challenges, and successes among Minnesota community health boards as they build capacity with the CDC Federal Public Health Infrastructure Grant, visit: [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).

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