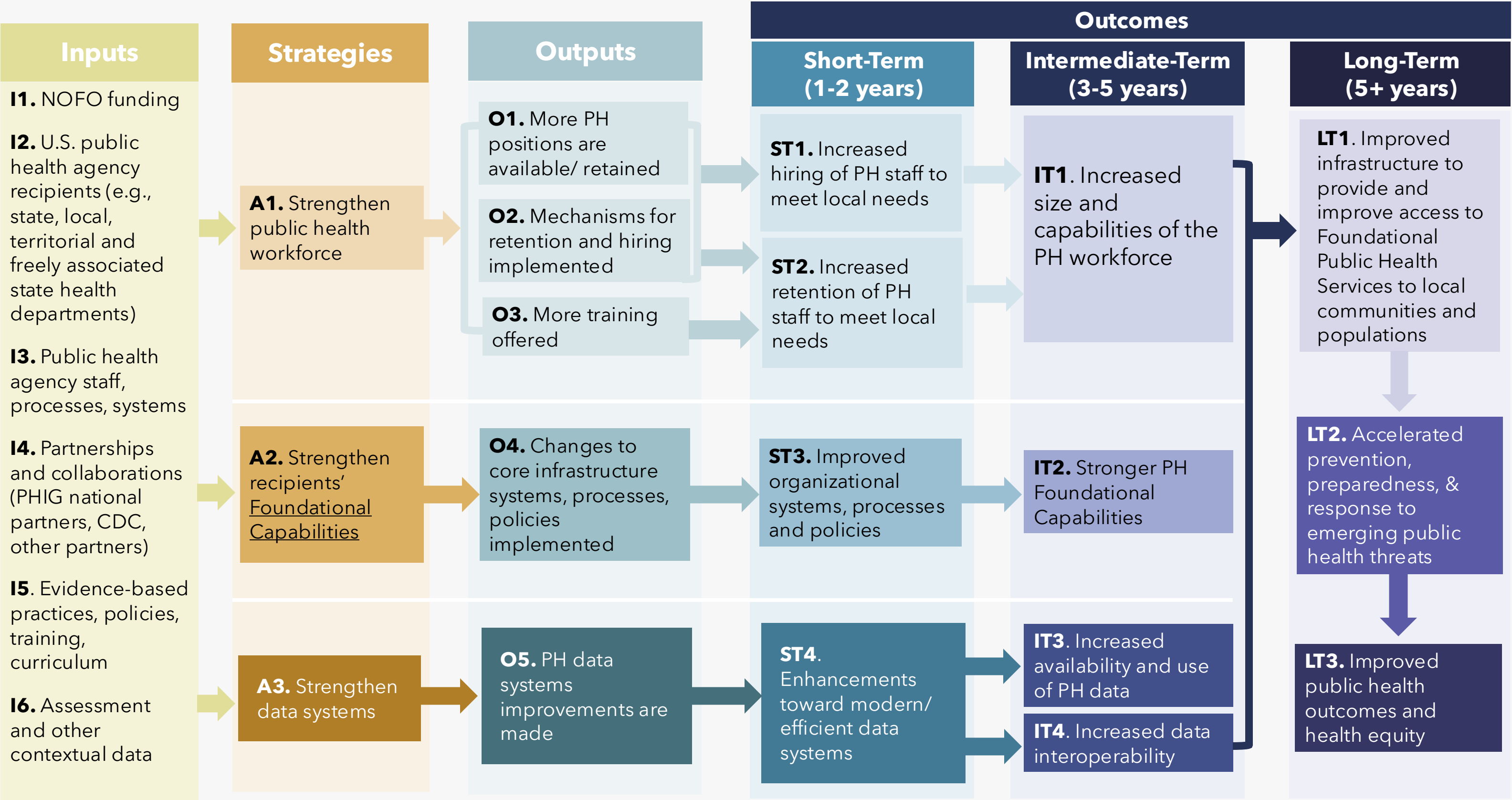# Public Health Infrastructure Grant (PHIG): Strengthening US Public Health Infrastructure, Workforce, and Data Systems
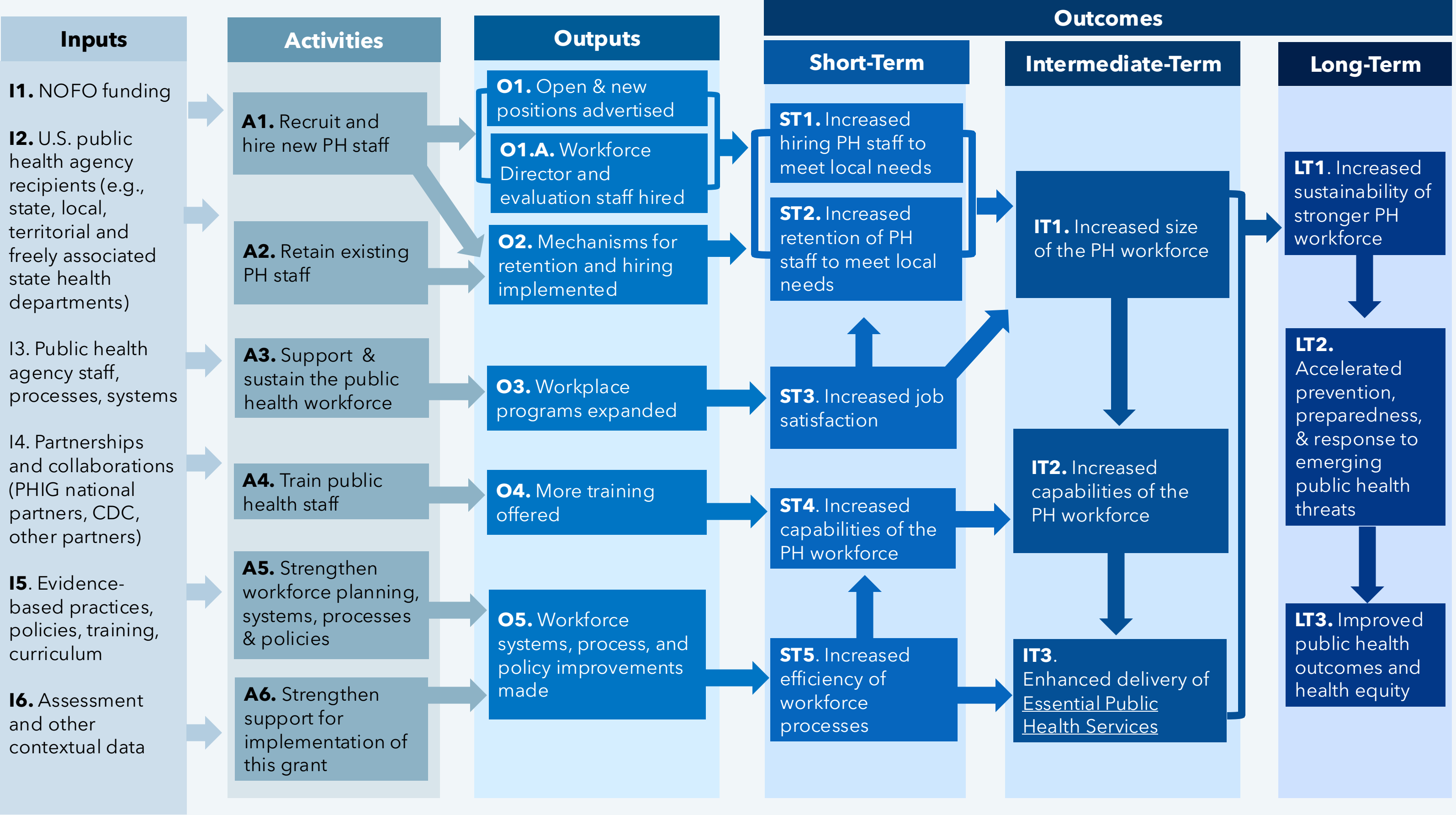
With a stronger infrastructure we will be better able to protect people from preventable illness, death, and health threats.

Cutting across this grant program is a **continuous commitment** to health equity in PH programs

Inputs

I1. NOFO funding

I2. U.S. public health agency recipients (e.g., state, local, territorial and freely associated state health departments)

I3. Public health agency staff, processes, systems

I4. Partnerships and collaborations (PHIG national partners, CDC, other partners)

I5. Evidence-based practices, policies, training, curriculum

I6. Assessment and other contextual data

Strategies

A1. Strengthen public health workforce

A2. Strengthen recipients' Foundational Capabilities

A3. Strengthen data systems

Outputs

O1. More PH positions are available/ retained

O2. Mechanisms for retention and hiring implemented

O3. More training offered

O4. Changes to core infrastructure systems, processes, policies implemented

O5. PH data systems improvements are made

Outcomes

Short-Term (1-2 years)

ST1. Increased hiring of PH staff to meet local needs

ST2. Increased retention of PH staff to meet local needs

ST3. Improved organizational systems, processes and policies

ST4. Enhancements toward modern/ efficient data systems

Intermediate-Term (3-5 years)

IT1. Increased size and capabilities of the PH workforce

IT2. Stronger PH Foundational Capabilities

IT3. Increased availability and use of PH data

IT4. Increased data interoperability

Long-Term (5+ years)

LT1. Improved infrastructure to provide and improve access to Foundational Public Health Services to local communities and populations

LT2. Accelerated prevention, preparedness, & response to emerging public health threats

LT3. Improved public health outcomes and health equity

Public Health Infrastructure Grant (PHIG): Strengthening US Public Health Infrastructure, Workforce, and Data Systems
STRATEGY A1 – Strengthen the Public Health Workforce

Cutting across this grant program is a **continuous commitment** to health equity in PH programs

Inputs

I1. NOFO funding

I2. U.S. public health agency recipients (e.g., state, local, territorial and freely associated state health departments)

I3. Public health agency staff, processes, systems

I4. Partnerships and collaborations (PHIG national partners, CDC, other partners)

I5. Evidence-based practices, policies, training, curriculum

I6. Assessment and other contextual data

Activities

A1. Recruit and hire new PH staff

A2. Retain existing PH staff

A3. Support & sustain the public health workforce

A4. Train public health staff

A5. Strengthen workforce planning, systems, processes & policies

A6. Strengthen support for implementation of this grant

Outputs

O1. Open & new positions advertised

O1.A. Workforce Director and evaluation staff hired

O2. Mechanisms for retention and hiring implemented

O3. Workplace programs expanded

O4. More training offered

O5. Workforce systems, process, and policy improvements made

Outcomes

Short-Term

ST1. Increased hiring PH staff to meet local needs

ST2. Increased retention of PH staff to meet local needs

ST3. Increased job satisfaction

ST4. Increased capabilities of the PH workforce

ST5. Increased efficiency of workforce processes

Intermediate-Term

IT1. Increased size of the PH workforce

IT2. Increased capabilities of the PH workforce

IT3. Enhanced delivery of Essential Public Health Services

Long-Term

LT1. Increased sustainability of stronger PH workforce

LT2. Accelerated prevention, preparedness, & response to emerging public health threats

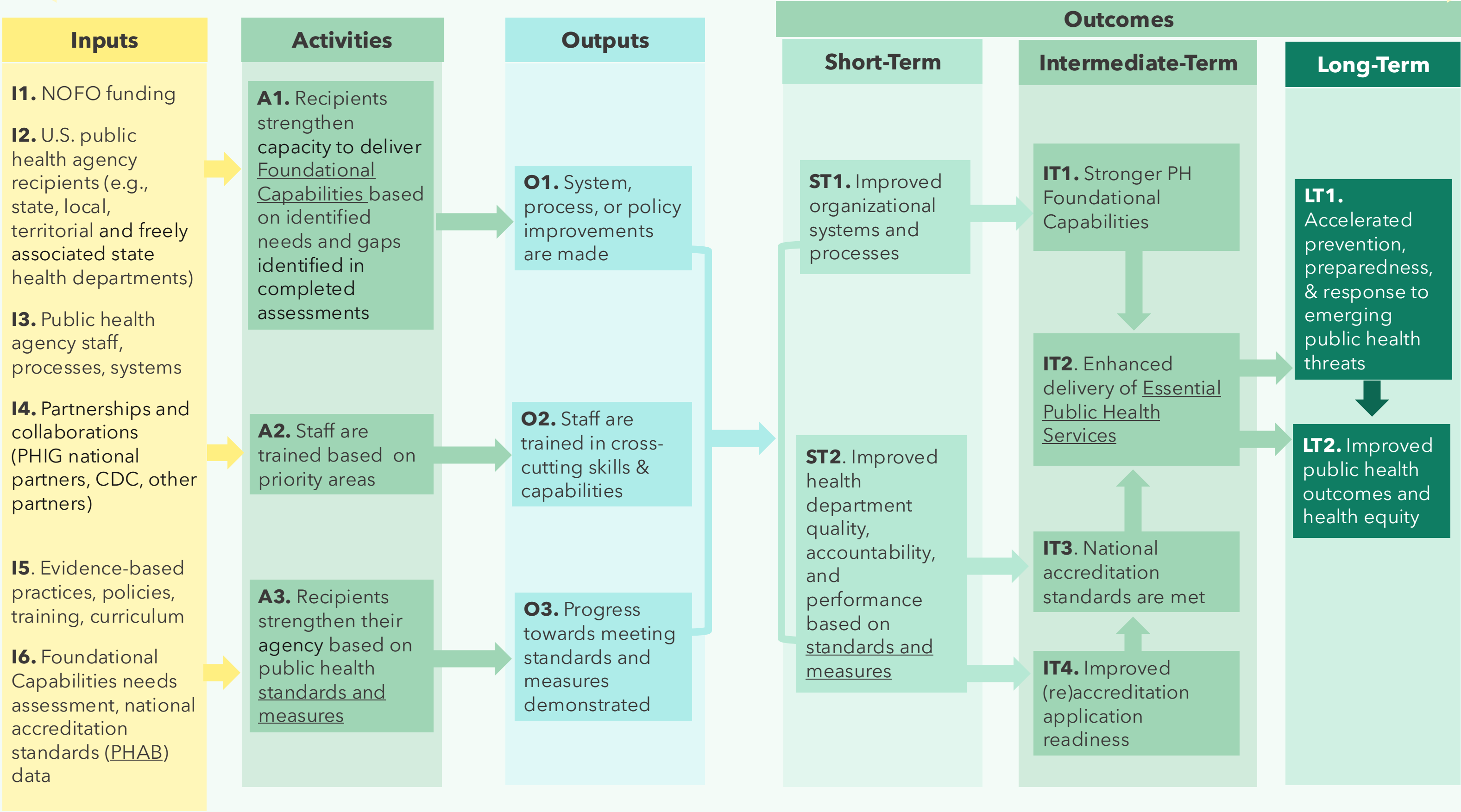**LT3.** Improved public health outcomes and health equity

Public Health Infrastructure Grant (PHIG): Strengthening US Public Health Infrastructure, Workforce, and Data Systems
STRATEGY A2 - Strengthen Foundational Capabilities

Cutting across this grant program is a **continuous commitment** to health equity in PH programs

Inputs

I1. NOFO funding

I2. U.S. public health agency recipients (e.g., state, local, territorial and freely associated state health departments)

I3. Public health agency staff, processes, systems

I4. Partnerships and collaborations (PHIG national partners, CDC, other partners)

I5. Evidence-based practices, policies, training, curriculum

I6. Foundational Capabilities needs assessment, national accreditation standards (PHAB) data

Activities

A1. Recipients strengthen capacity to deliver Foundational Capabilities based on identified needs and gaps identified in completed assessments

A2. Staff are trained based on priority areas

A3. Recipients strengthen their agency based on public health standards and measures

Outputs

O1. System, process, or policy improvements are made

O2. Staff are trained in cross-cutting skills & capabilities

O3. Progress towards meeting standards and measures demonstrated

Outcomes

Short-Term

ST1. Improved organizational systems and processes

ST2. Improved health department quality, accountability, and performance based on standards and measures

Intermediate-Term

IT1. Stronger PH Foundational Capabilities

IT2. Enhanced delivery of Essential Public Health Services

IT3. National accreditation standards are met

IT4. Improved (re)accreditation application readiness

Long-Term

LT1. Accelerated prevention, preparedness, & response to emerging public health threats

LT2. Improved public health outcomes and health equity

Public Health Infrastructure Grant (PHIG): Strengthening US Public Health Infrastructure, Workforce, and Data Systems
STRATEGY A3 – Data Modernization

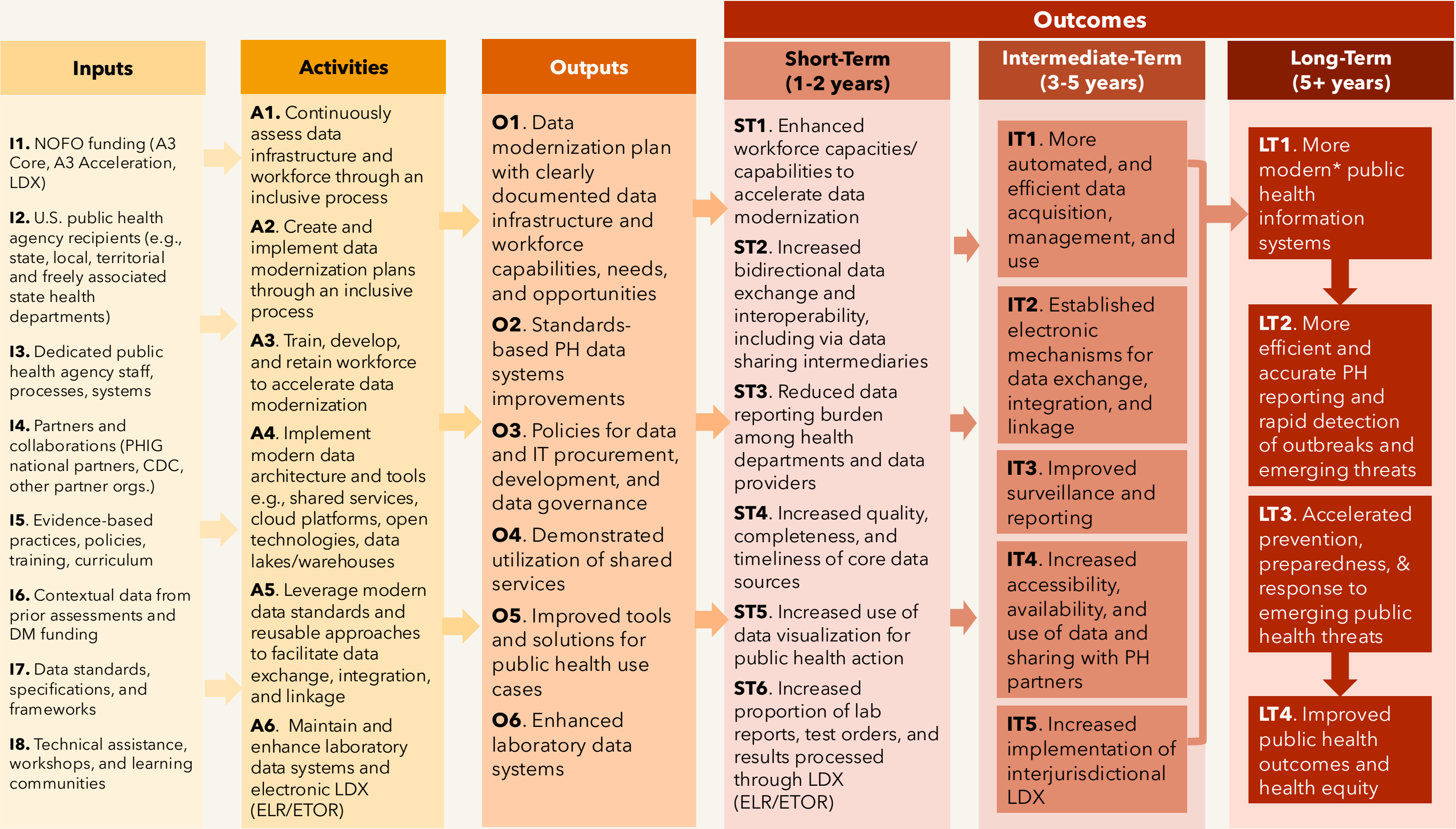Cutting across this grant program is a continuous commitment to **health equity** in PH programs

Inputs	Activities	Outputs	Outcomes		
			Short-Term (1-2 years)	**Intermediate-Term (3-5 years)**	**Long-Term (5+ years)**
I1. NOFO funding (A3 Core, A3 Acceleration, LDX)	**A1.** Continuously assess data infrastructure and workforce through an inclusive process	**O1**. Data modernization plan with clearly documented data infrastructure and workforce capabilities, needs, and opportunities	**ST1**. Enhanced workforce capacities/ capabilities to accelerate data modernization	**IT1**. More automated, and efficient data acquisition, management, and use	**LT1**. More modern* public health information systems
I2. U.S. public health agency recipients (e.g., state, local, territorial and freely associated state health departments)	**A2.** Create and implement data modernization plans through an inclusive process	**O2.** Standards-based PH data systems improvements	**ST2**. Increased bidirectional data exchange and interoperability, including via data sharing intermediaries	**IT2**. Established electronic mechanisms for data exchange, integration, and linkage	**LT2**. More efficient and accurate PH reporting and rapid detection of outbreaks and emerging threats
I3. Dedicated public health agency staff, processes, systems	**A3.** Train, develop, and retain workforce to accelerate data modernization	**O3.** Policies for data and IT procurement, development, and data governance	**ST3**. Reduced data reporting burden among health departments and data providers	**IT3**. Improved surveillance and reporting	**LT3**. Accelerated prevention, preparedness, & response to emerging public health threats
I4. Partners and collaborations (PHIG national partners, CDC, other partner orgs.)	**A4.** Implement modern data architecture and tools e.g., shared services, cloud platforms, open technologies, data lakes/warehouses	**O4.** Demonstrated utilization of shared services	**ST4**. Increased quality, completeness, and timeliness of core data sources	**IT4**. Increased accessibility, availability, and use of data and sharing with PH partners	**LT4**. Improved public health outcomes and health equity
I5. Evidence-based practices, policies, training, curriculum	**A5.** Leverage modern data standards and reusable approaches to facilitate data exchange, integration, and linkage	**O5.** Improved tools and solutions for public health use cases	**ST5**. Increased use of data visualization for public health action	**IT5**. Increased implementation of interjurisdictional LDX	
I6. Contextual data from prior assessments and DM funding	**A6.** Maintain and enhance laboratory data systems and electronic LDX (ELR/ETOR)	**O6.** Enhanced laboratory data systems	**ST6**. Increased proportion of lab reports, test orders, and results processed through LDX (ELR/ETOR)		
I7. Data standards, specifications, and frameworks					
I8. Technical assistance, workshops, and learning communities					

*A modern public health information system is one that is scalable, flexible, interoperable, sustainable, reusable, and intuitive