

Using Service and Resource Sharing and Assessment Tools to Strengthen Public Health Infrastructure

Wednesday, August 20th | 9:30-10:45AM CT

2025 PHIG Annual Recipient Convening

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About PHAB

Accreditation. Innovation. Transformation.

Who we are

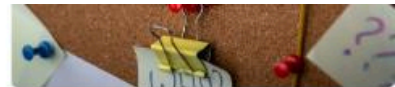
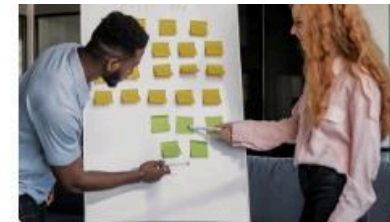
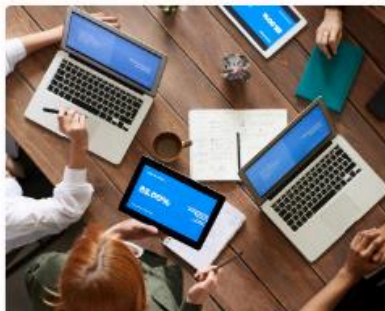
The Public Health Accreditation Board (PHAB) is a 501(c)(3) organization and is the sole national accrediting body for public health in the U.S. PHAB supports health departments in their work to serve their communities with many tools and resources and helps strengthen health department infrastructure, workforce, and data modernization efforts to promote public health system transformation.

Mission

To advance and transform public health practice through accreditation and innovation.

Vision

A high-performing public health system that supports all people living their healthiest lives.





Travis Parker Lee, MBA

Senior Specialist, PHSS
Public Health Accreditation Board



Grace Gorenflo, MPH, RN

PHIG Consultant
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Today's Agenda

- Level Setting
- FPHS Capacity & Cost Assessment
- Service & Resource Sharing
- Small Group Activity
- Discussion and Q&A



Level Setting

- Building infrastructure through Foundational Capabilities
- Using Tools for Transformation and planning for sustainability
 - FPHS Capacity & Cost Assessment
 - Service & Resource Sharing
- Addressing common challenges
 - Limited and unpredictable funding streams
 - Staffing changes and loss of institutional knowledge
 - Balancing transformation with urgent program demands
 - Navigating geographic, jurisdictional, or governance barriers

FPHS Capacity & Cost Assessment

Create understanding across a statewide system of:

- Current ability (capacity & expertise) to deliver FCs and FAs
- Current cost/spend towards the FCs and FAs
- What “full implementation” would look like
- Gap between the current and full implementation

FPHS Capacity & Cost Assessment

- Excel-based tool
- Instructional Guide
- Operational Decisions
- Decision Guide
- FAQs



Foundational Public Health Services Capacity & Cost Assessment

Instructional Guide



Foundational Public Health Services Operational Definitions



Foundational Public Health Services Capacity & Cost Assessment

Decision Guide

FPHS Capacity & Cost Assessment Tool



Background

(FY)

Some fields in this tab are populated from data entered in the **Current Labor tab** (number of staff, number of FTE). Those data on this tab are shaded in pink, are locked for editing as with sum totals, and must be changed in their respective tabs.

Agency Details

(used to identify responding entity and create header labels)

Agency Name:

Top Governance:

Fiscal Year (YYYY)

(FY)

(used to identify reporting period and create header labels)

Please type in the year of the most recent completed or audited fiscal year.

Point-of-Contact:

(used to identify person in charge of responding to assessment)

Point-of-Contact Name:

Email:



Foundational Public Health Services Capacity & Cost Assessment

Frequently Asked Questions

FPHS Capacity & Cost Assessment

- Use data to make recommendations on funding needed and where to invest those resources
- Consider options to shift resources within organization
- Identify opportunities to share resources/services across agencies
- Needs for sustainable funding
- Supporting PHIG implementation

Example: Wisconsin

DPH current state data: staff effort towards FPHS

*Per note above, BADR data was analyzed separately.

Key ● Foundational Capabilities ▲ Foundational Areas ■ Community-specific Services

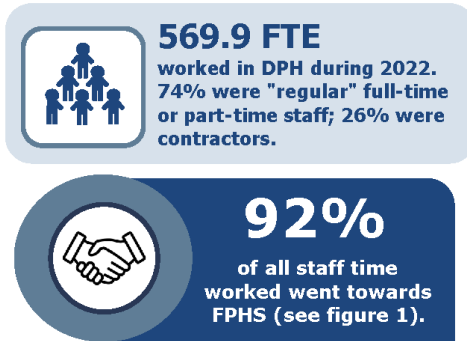
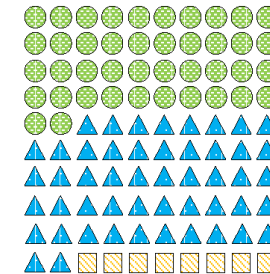


Figure 1. DPH staff time in 2022 (including regular staff and contractors).

Among DPH staff and contractors in 2022, 92% of work time was spent on FPHS, including 42% on Foundational Capabilities and 50% on Foundational Areas. The remaining 8% of work time was spent on Community-specific Services.



DPH spending: comparing current and ideal states

*Per overview on page 1, BADR data was analyzed separately.

Key ■ Foundational Capabilities (FC) ■ Foundational Areas (FAs) ■ Community-specific Services (CSS)

Figure 2. All DPH spending in 2022 (all expenses, including salaries, benefits, contracts, and other non-staff expenses).

For DPH spending in 2022, 53% was spent on FPHS, including 11% on Foundational Capabilities and 42% on Foundational Areas. The remaining 47% was spent on Community-specific Services.

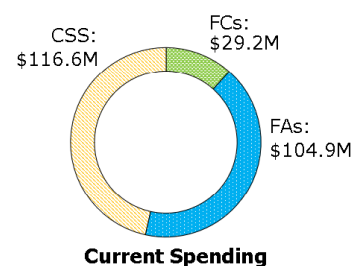
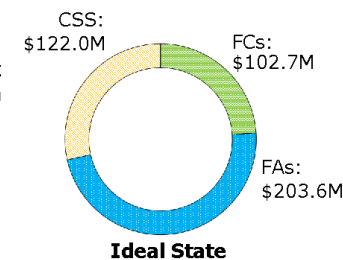


Figure 3. Projected DPH spending for full implementation of FPHS annually (includes all expenses).

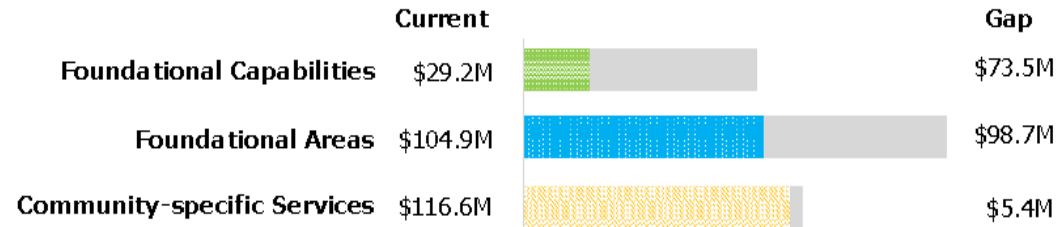
If DPH had all resources needed to fully implement FPHS, 72% would be spent on FPHS, including 24% on Foundational Capabilities and 48% on Foundational Areas. The remaining 28% would be spent on Community-specific Services.



Example: Wisconsin

DPH FPHS spending and gap: summary, visualized

*Per overview on page 1, BADR data was analyzed separately.



Recommendations

- Infuse FPHS understanding across sectors
- Engage cross-sector partners using assessment data
- Increase investment in FCs and FAs
- Expand assessments to DPH & Tribal Health Systems

[Full Report](#)

Challenges to Implementing FPHS

- Staff
 - Difficult to recruit and retain
 - Insufficient training
 - Lack of needed Expertise
- Insufficient IT capability
 - Antiquated systems
 - Expensive new systems
- Cost
 - Staff
 - Equipment/Materials
 - Lack of eligibility for grants

What is Service and Resource Sharing?

Service and resource sharing among health departments is when **insights, expertise, techniques, and tools are shared across organizational boundaries.**

What Innovation Might Look Like to Provide FPHS

State level/systemwide approaches

- Some/all FPHS offered by a single, centralized entity
- State health department strategy to promote SRSAs among local health departments in the state in order to provide some/all FPHS

Regional/district approaches

- Some/all FPHS offered by an entity that serves a defined sub-section of a state

Local approaches

- Two or more local health departments working directly with each other to share some/all FPHS

State Level/Systemwide Approaches

Provision of Specific Foundational Capabilities

- CA district offices
 - Surveillance and assessment, communications
- IN district employees
 - Surveillance and assessment, communications, organizational competences (legal, financial, workforce)

Enhanced Infrastructure (general)

- MA District Incentive Grants(DIG)/Statewide Accelerated Public Health for Every Community (SAPHE) Act

Enhanced Infrastructure (specific areas)

- WA pilot projects

Regional/District Approaches

Provision of Specific FPHS

- San Luis Valley Public Health Partnership (CO)
- San Joaquin Valley Public Health Consortium (CA)
 - Supported by Fresno State

Enhanced Infrastructure (general)

- Central Nevada Health District

Local Approaches

Communicable Disease Control

- Montgomery Township, NJ
- 5 non-contiguous municipalities in 2 different counties
- 1 FTE RN hired to provide dependable and comprehensive services

Environmental Public Health

- Kandiyohi-Renville County Public Health Departments, MN (CHB)
- Modified ordinances, adopted the same fee structure, refined and streamlined policies and processes
- Shared a team of sanitarians

Local Approaches

Enhanced Infrastructure (general)

- GO Health, NY
 - Separate departments that share a management team and public health practice policies and procedures
- Horizon Public Health, MN
 - Three health departments merged into one

Guiding Principles

- Include local-level partners in planning
- Tend carefully to collaboration
 - Consider using Wilder Collaboration Survey
- Communicate, communicate, communicate
- Use change management tools and techniques
 - Check out Prosci
- Include an evaluation plan



Small Group Activity

Service & Resource Sharing Scenario Design

Small Group Activity

Purpose: working session on developing different SRS models that can be used for service delivery scenarios.

Instructions: break into small groups and use your own challenge to design an SRS approach. Questions to consider:

- What capability or service is being addressed?
- What is the core constraint or challenge?
- Which SRS model would work and why?
- What resources or partnerships are required?
- What are potential barriers and success factors?

Timing: 30 minutes working together, 10 minutes to share out with full group.

Questions?



PHAB Capacity Building Supports

- Strategy and implementation consultation and facilitation
- Support utilizing tools for transformation

<https://phaboard.org/services/>

PHABTA@phaboard.org

[Home](#) - [Center for Innovation](#) - [Service and Resource Sharing](#) - [Service and Resource Sharing in Action](#)

Service And Resource Sharing In Action

APPROACHES TO SERVICE AND RESOURCE SHARING

SERVICE AND RESOURCE SHARING IN ACTION

TOOLS FOR SERVICE AND RESOURCE SHARING

There are many real-world examples where service and resource sharing has proved to be effective.

Examples may include:

- ✓ [Shared Epidemiology Services in the San Joaquin Valley](#)
- ✓ [Enhancing Public Health Preparedness in Southern New York](#)
- ✓ [Creating a "Hub and Spoke" Model for a Statewide Immunization Program in Washington](#)

Explore More Service And Resource Sharing In Action



Bringing Counties Together to Create Stronger Health Departments at a Lesser Cost in Rural Western New York



Working Together to Improve Environmental Health in Colorado



Combining Contracts to Fight Chronic Disease in Montana



Working Together to Improve Local Public Health Capacity in West Central Minnesota

Resource Links

PHAB FPHS Capacity & Cost Assessment Website:

<https://phaboard.org/infrastructure/foundational-public-health-services-capacity-and-cost-assessment/>

PHAB Service and Resource Sharing Website:

<https://phaboard.org/center-for-innovation/service-sharing/>

Service and Resource Sharing Examples Collection Form:

https://phaboard.qualtrics.com/jfe/form/SV_a2xIFspLAsYnRHw



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Thank You