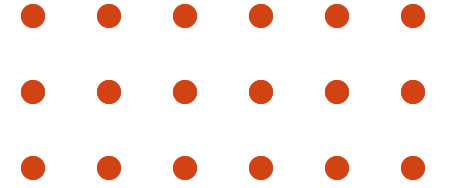




astho™ NNPHI™ PHAB

Strengthening Local Public Health Infrastructure: State- Local Strategies for Sustainable Impact

SHAPING TOMORROW'S PUBLIC HEALTH TODAY.



Agenda

- Maryland's Mountains, Cities, and Bays: Facilitating and Highlighting Local Public Health Sub-Recipients' Infrastructure Successes
 - Kansas: Strengthening Local Public Health Infrastructure: State-Local Strategies for Sustainable Impact
 - Tennessee Return on relationships: Investing in Local Capacity and Confidence
 - Q&A
-



Maryland's Mountains, Cities, and Bays: Facilitating and Highlighting Local Public Health Sub-Recipients' Infrastructure Successes

Gabrielle Nichols
Nyrobi Tyson

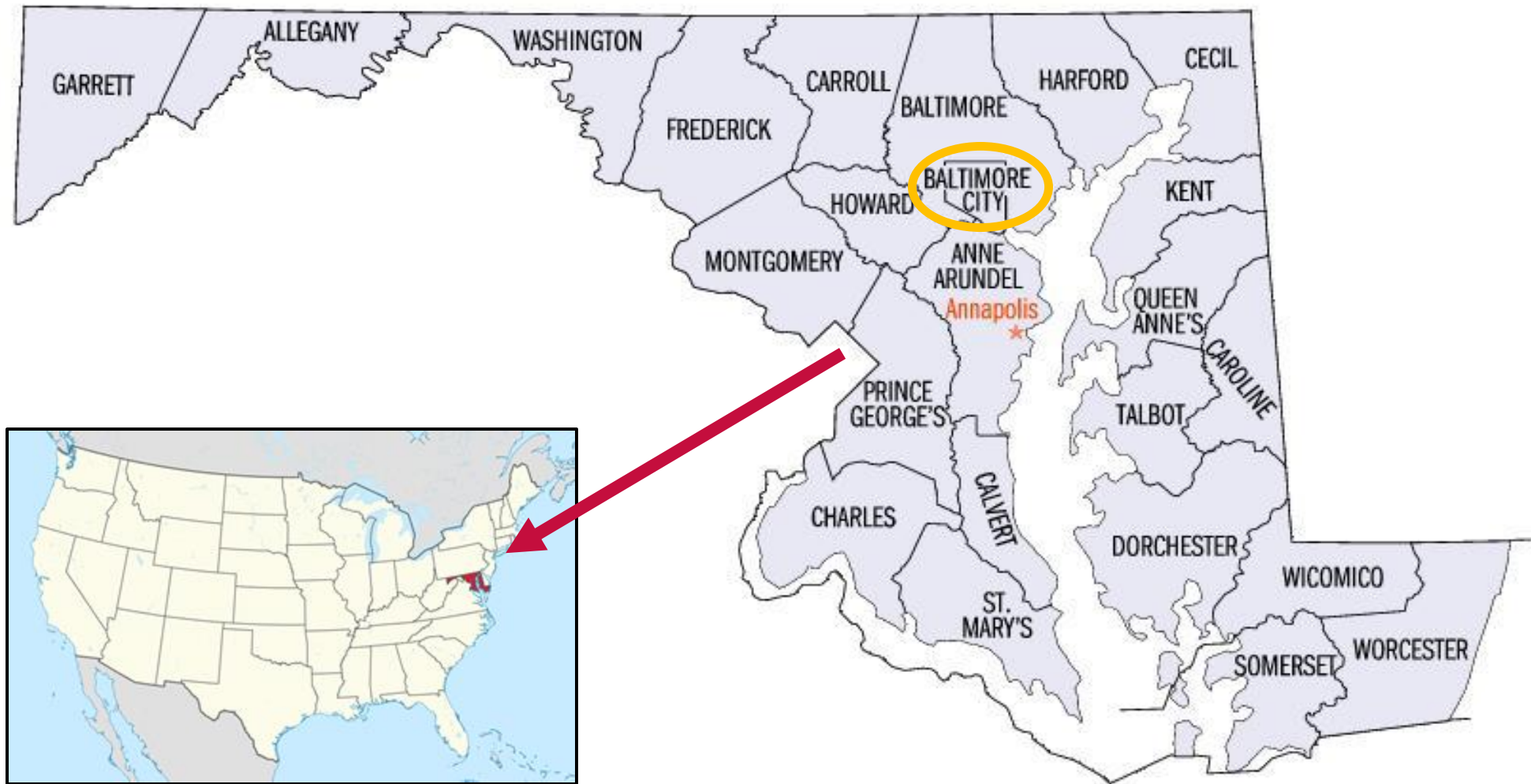


Agenda

- **Setting the Stage:** Overview of Maryland and the Maryland Department of Health (MDH)
- **Background:** Burdensome reporting system and lack of connection
- **Approach**
 - Modernized reporting processes
 - Supportive resources
 - Cross-jurisdictional sharing opportunities
- **LHD Impact**
- **Discussion**



Overview of Maryland



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TH

MDH Public Health Infrastructure Grant



- MDH was awarded **\$67,382,733** in PHIG funds in all 3 strategies
- MDH awarded \$19,818,924 (44% of A1 award) to 23 local health departments (excluding Baltimore City, which is a direct PHIG recipient)
 - Range of \$533,021 to \$1,836,437 per LHD
 - LHD Funding period: 12/1/22- 06/30/2027
 - State fiscal year: 07/01-06/30
- LHDs allowed considerable flexibility in use of funds

Background

Year 1: Previous PHIG Reporting and Supports for LHDs

- LHDs submitted reports via emailing Excel documents
- MDH provided one-off support in response to questions
- Limited opportunities for sharing between LHDs



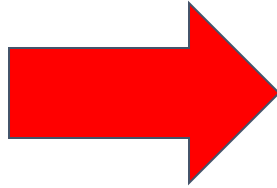
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Approach

Approach

- Goal: Capture accurate positions and work plan activities, highlight and celebrate successes, and share best practices among LHDs
- Developed and implemented a suite of modernized processes, supportive resources, and cross-jurisdictional sharing opportunities

Modernized Reporting Process



Pros of project management and collaboration software versus emailed spreadsheets:

- Less burdensome for partners to complete
- Centralized data and multimedia for each local health department
- No more copying and pasting from separate spreadsheets
- Potential for data visualization and tracking/dashboard functionalities



Maryland Department of Health

Evolution of Reports



Initial Iteration of Reporting:
Meet Reporting Requirements

2nd Iteration of
Reporting: Ease
Reporting Burden for
LHDs

3rd Iteration of
Reporting:
Documentation of
LHD PHIG Activities

- Pilot using Smartsheet Form
- Collect information on the hiring status of funded positions and overall work plan successes and challenges
- Pre-populate reporting forms
- Reduce reporting frequency from quarterly to bi-annual
- Add data fields to capture progress for each work plan activity
- 'Upload' button to collect pictures, videos, and more!

Maryland Department of Health

Support for Modernization



- Between January 2024 and May 2025
 - Hosted two informational webinars
 - Developed and revised guidance documents to support modernized reporting system
 - Held eight optional office hours to answer questions on modernized reporting system and reporting requirements
- Office hours provided opportunity to hear feedback from LHDs



Maryland Department of Health

Cross-jurisdictional Sharing



- Virtual quarterly convenings
- Facilitate cross-jurisdictional sharing and communicate updates
- Topics based on requests from LHDs
- Opportunities for LHDs to share success stories and ask questions
- Additional opportunity to hear feedback from LHDs

Local Health Department Impact

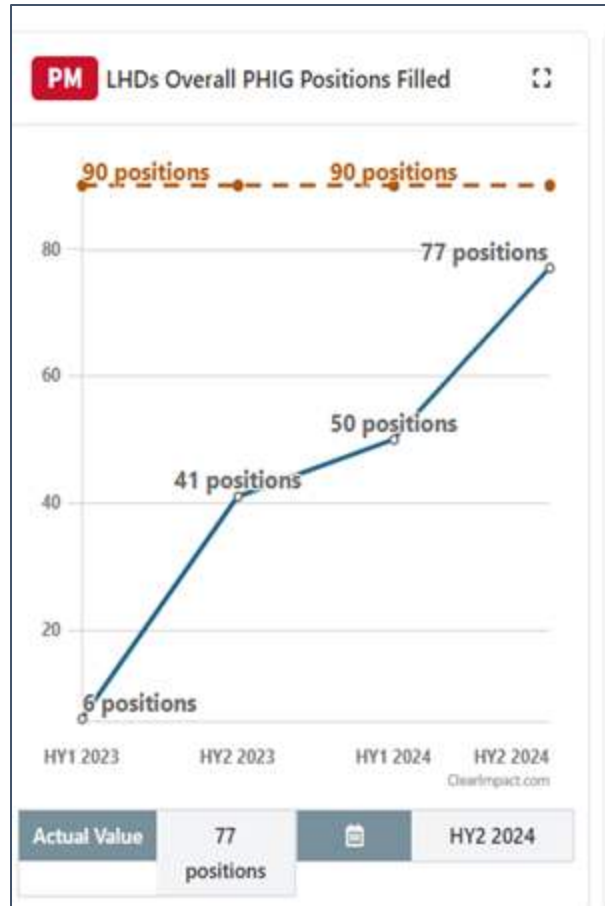
Modernized Reporting Process and Supports

- For the most recent reporting period, 95% of LHDs submitted correctly and on time
- Positive feedback on reduced reporting burden from LHDs
- Collected 50+ multimedia
- Collected complete updates on 77 funded LHD positions and 115 funded activities



LHD PHIG-funded Positions as of 11/30/2024

PHIG funds 77 positions across 23 funded local health departments

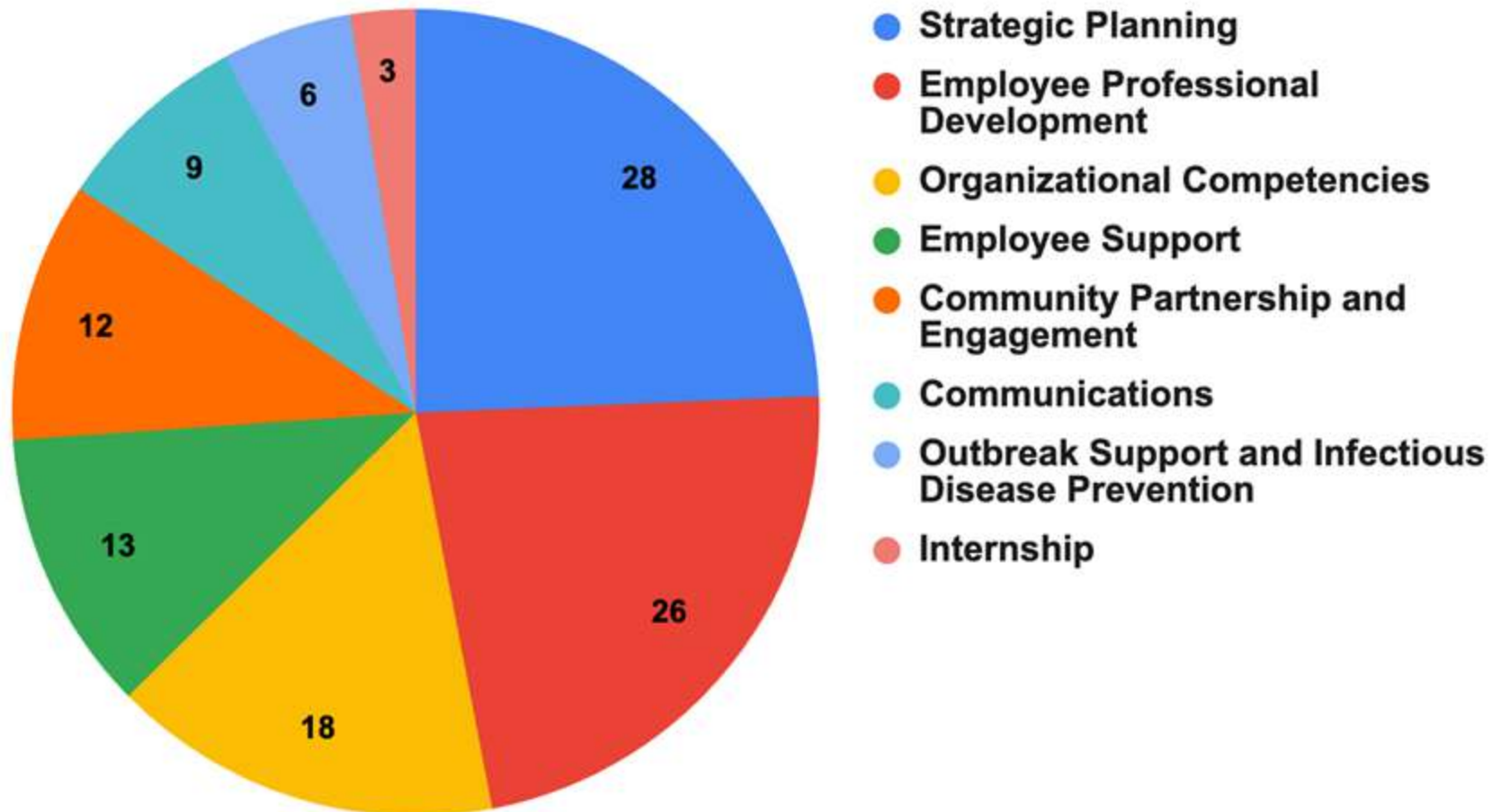


Wicomico County Health Department staff celebrating reaching their PHWINS threshold

Maryland Department of Health

Number of LHD PHIG-funded Activities (n=115) by MDH-defined Activity Categories

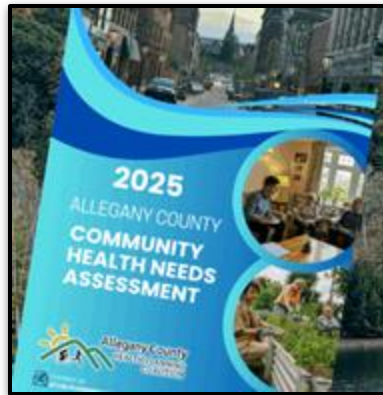
LHD PHIG Activities by MDH-defined Categories



LHD PHIG Activity Examples

Strategic Planning

(28 activities): Local health department alignment through strategic planning, needs assessments, and quality improvement



Allegany Co. Community Health Needs Assessment

Professional Development

(23 activities): Build public health staff knowledge, skills, and capabilities through sponsored training, leadership development, continuing education, etc



St. Mary's Co. CPR/First Aid Training

Organizational

Competencies (18 activities): Modernize internal systems and operations by upgrading IT, HR, and financial infrastructure



Carroll Co. Implementation of a policy management system

Employee Support (13

activities): Enhance employee well-being and job satisfaction through wellness activities and engagement surveys to foster an inclusive, responsive workplace.



Worcester Co. Employee Mentorship PProgram

LHD PHIG Activity Examples cont.

Community Partnership and Engagement (12 activities): Relationships with local organizations to identify needs and increase service access



Harford Co. Teen Girls Symposium

Baltimore Co. Health department promotional video production



Communications (9 activities): Improve public health communication via culturally relevant messaging, expanded social media, and tech upgrades

Outbreak Support and Infectious Disease Prevention (6 activities): Establish workforce capacity to respond rapidly to emergencies and conduct surveillance and infection prevention efforts.



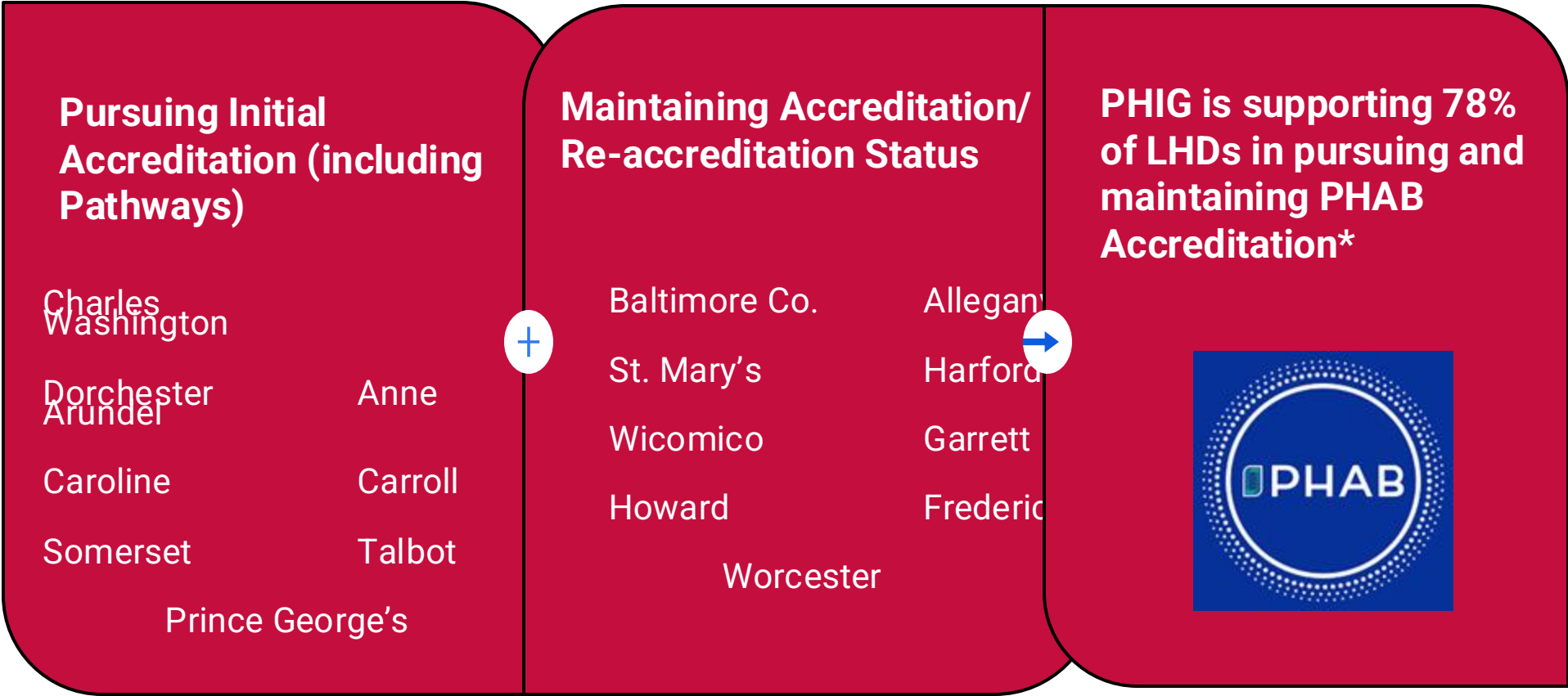
Wicomico Co. Funded position manages Immunization and COVID response activities

Internships (3 activities): Support entry-level workforce pathways to generate interest in public health and recruit high quality candidates.



Prince George's Co. Hosting 4 interns

LHDs Utilizing PHIG funds for PHAB Accreditation



*Two additional LHDs are accredited but are not using PHIG funding for accreditation-related activities. Three LHDs are not using PHIG funding to pursue accreditation at this time

Maryland Department of Health

Cross-jurisdictional Sharing

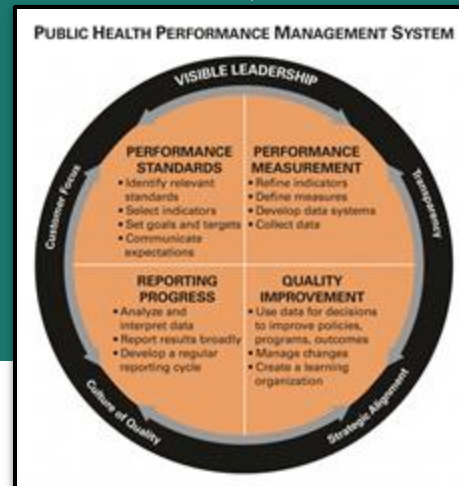
5 Convenings Held

- Between July 2024 and June 2025
- 40+ participants from all 23 LHDs



LHDs Shared Best Practices

- Somerset and Harford County shared their performance management systems



Success Stories Shared

- Six PHIG success stories shared during the convenings



Discussion

Successes

- Reduced reporting burden on LHDs
- Greater knowledge and awareness of positions and outputs of PHIG activities
- Increased ability to gather and share successes
- More opportunities to share best practices
- Increased communication with and among LHD staff

Challenges

- Supporting LHDs of different sizes, capacities, and processes
- Different state fiscal year and PHIG year calendars
 - PHIG funds are awarded to LHDs on state fiscal year calendar (07/01-06/30)
 - PHIG reporting year (12/01-11/30)
includes 2 separate fiscal year work plans

Lessons Learned

- Importance of opportunities to hear feedback from Local Health Departments
- Modernized reporting system requires significant time and effort to implement
- LDHs prefer simultaneous support for both programmatic and fiscal reporting
- Next Steps
 - Creating additional resources to develop Success Stories



Thank you

Gabrielle.Nichols@maryland.gov

Nyrobi.Tyson@maryland.gov

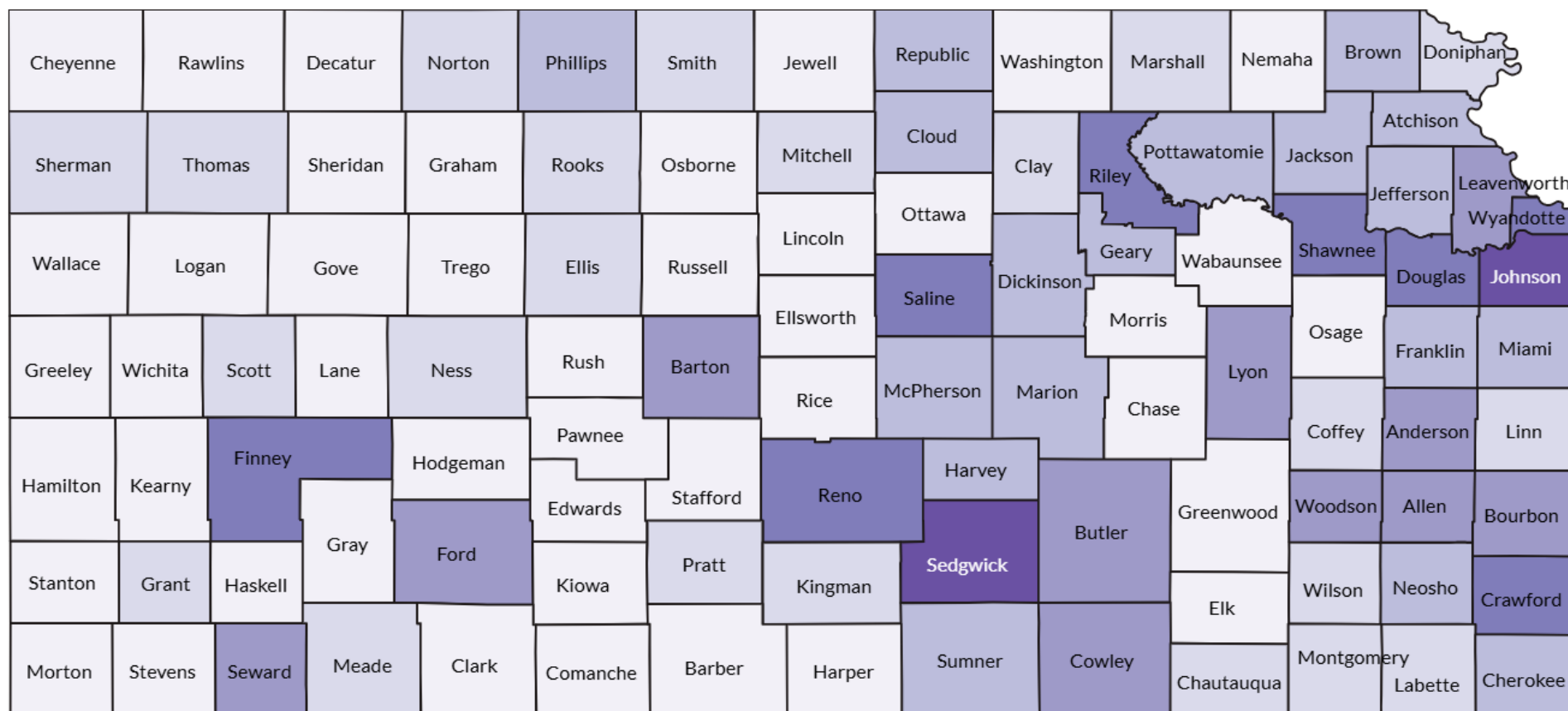
Strengthening Local Public Health Infrastructure: State-Local Strategies for Sustainable Impact



Ashley Wallace, CD(DONA)
Health Policy Consultant, PHIG
Kansas Department of Health and Environment
Ashley.Wallace@ks.gov

Strengthening Local Public Health Infrastructure: State-Local Strategies for Sustainable Impact

Local Health Departments in Kansas by Staff Size



Number of Staff: 1-4 5-7 8-12 13-25 26-75 76-179

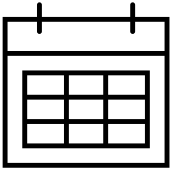
Centralized Technical Assistance Approach



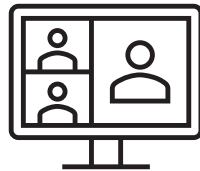
Support Team Formation



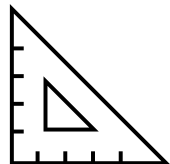
Dedicated Email Inbox



Booking Calendar Link



Personalized TA Calls “Office Hours”



Resource Toolkit



Support Team Formation



Jade Ramsdell

Performance Improvement
Director



Ashley Wallace

Health Policy Consultant



Traci Addington

Program Evaluator



Nicole Swiger

Performance Improvement
Coordinator

Strengthening Local Public Health Infrastructure: State-Local Strategies for Sustainable Impact



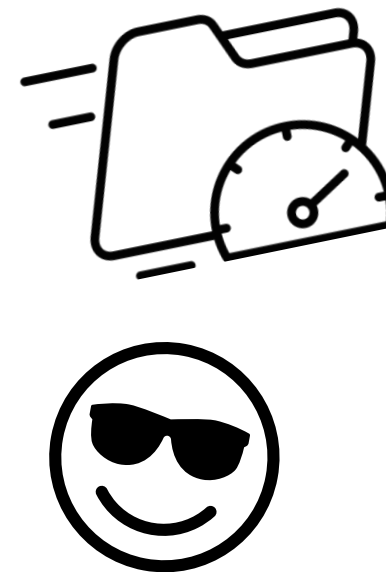
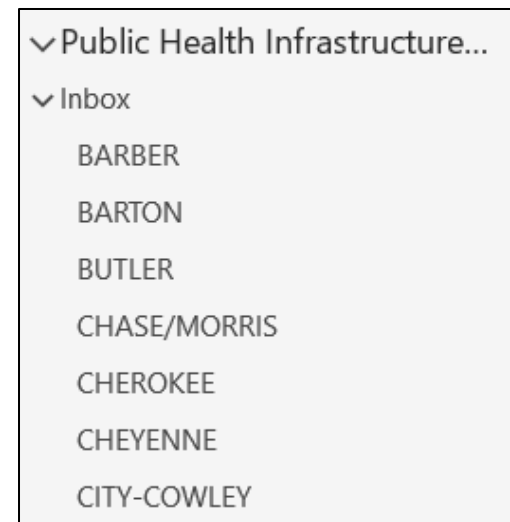
Dedicated Email Inbox

Before

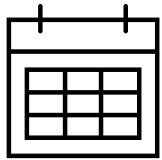


Hours each week on back-and-forth scheduling

After



Organized Folder System
and Booking Link



Booking Calendar Link



SELECT A SERVICE

60-min Technical Assistance
Meeting



30-min Technical Assistance
Meeting



Meetings will be held via Microsoft Teams. I... [Read more](#)

Streamlined scheduling

- LHD can select 30- or 60-min session to receive TA at date/time of their choosing
- User indicates which area they need help with (Budget Development, Progress Reporting, etc.)

Strengthening Local Public Health Infrastructure: State-Local Strategies for Sustainable Impact

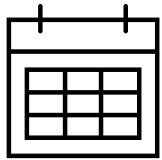


Personalized TA Calls “Office Hours”

- Benefit of face-to-face interaction (screen sharing, real-time solutions)
- Continuous feedback & relationship-building
- Timely approvals and funding reimbursements



Strengthening Local Public Health Infrastructure: State-Local Strategies for Sustainable Impact



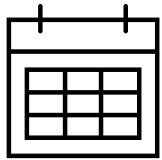
Satisfaction Survey – Successes

“Traci helped me through step-by-step processes and made sure I spoke to the right person regarding the Budget Maintenance Request.”

“The PHIG/WFD grant has been an invaluable support to our health department as we continue to rebuild and strengthen our workforce following the challenges of the COVID-19 pandemic. These funds have allowed us to prioritize continuing education for our staff—ensuring they remain current with best practices, emerging public health trends, and compliance standards.”

“I have been able to keep a good employee on staff because of this grant.”

“The new team that is facilitating items is stellar.”



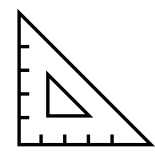
Satisfaction Survey – Challenges

“KGMS constantly has technical issues that have to be addressed by certain individuals. Instead of being able to go straight to the person you need to fix the issue again, you have to jump through hoops and waste time with people who cannot fix the problem.”

“Seems the grant has grown more complex and complicated than the original intent.”

“The only challenge is the changing of the dates on when FSR/Progress reports are due and that it does not follow the same time frame as the other grants.”

Strengthening Local Public Health Infrastructure: State-Local Strategies for Sustainable Impact



Resource Toolkit

- Cost Allowability Guide
- Calendar of Reporting Deadlines
- Sample Templates for Tuition Assistance, Student Loan Repayment, and Other Bonus Incentive Policies
- Webinar Recordings & Slides
- Step-by-Step Instruction Manuals

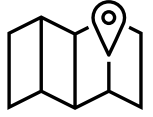
Public Health Infrastructure Grant Cost Allowability Table Created: October 2024

Expense	CDC/KDHE Guidance	Documentation Required Don't forget to keep your receipts.	Examples	Last Modified
Salary				
Staffing costs	Hiring, retaining, and sustaining public health workforce are allowable activities within this grant. These funds may be used to 1) fund new roles and 2) to retain employees that may be funded by another grant that may be ending soon 3) support time spent on grant administration/reporting and 4) time spend furthering efforts of grant. PHIG funding should be used to pick up where the funding ends.	Please outline in one sentence or more how the staffing help meet the objectives of the grant and meet the needs of the community. Which roles will be funded? Personnel, fringe, etc. will be needed per the budget preparation guidelines and should not exceed more than 1 FTE.	Detailed examples listed below.	
Hiring a new staff person	The funds are to enable recipients to hire public health workers and staff.	Please outline in Salary Justification that		
Increasing a part-time staff to full time	The funds are to enable recipients to hire public health workers and staff.			
Market rate adjustment or staff raises to retain	This grant can be used to fund public health workers and staff.			
Incentive pay (i.e., 10% pay bump for getting a master's degree or a onetime bonus of say \$1000 for getting a certification).	This grant can be used to fund public health workers and staff.			
Short-term support staff	Seasonal and grant.			

Public Health Infrastructure Grant (PHIG) Reporting Calendar (Updated 2/4/25)

Quarter	Reporting Period	FSR Due	PR Due	
Q1	December 1, 2023 – March 31, 2024	4/15/24		
Q2	April 1, 2024 – June 30, 2024	7/15/24	7/20/24	Period 1
Q3	July 1, 2024 – September 30, 2024	10/15/24		
Q4	October 1, 2024 – November 30, 2024	12/15/24	12/20/24	Period 2
NEW BMR	A new BMR will be automatically populated to set up your budget for the next fiscal year.			
Q5	December 1, 2024 – February 28, 2025	3/17/25		
Q6	March 1, 2025 – May 31, 2025	6/16/25	6/20/25	Period 3
Q7	June 1, 2025 – August 30, 2025	9/15/25		
Q8	September 1, 2025 – November 30, 2025	12/15/25	12/19/25	Period 4
NEW BMR	A new BMR will be automatically populated to set up your budget for the next fiscal year.			
Q9	December 1, 2025 – February 28, 2026	3/16/26		
Q10	March 1, 2026 – May 31, 2026	6/15/26	6/19/26	Period 5
Q11	June 1, 2026 – August 30, 2026	9/15/26		
Q12	September 1, 2026 – November 30, 2026	12/15/26	12/18/26	Period 6
NEW BMR	A new BMR will be automatically populated to set up your budget for the next fiscal year.			
Q13	December 1, 2026 – February 28, 2027	3/15/27		
Q14	March 1, 2027 – May 31, 2027	6/15/27	6/21/27	Period 7
Q15	June 1, 2027 – August 30, 2027	9/15/27		
Q16	September 1, 2027 – November 30, 2027	12/15/27	12/17/27	Period 8

BMR = Budget Maintenance Request FSR = Financial Status Report PR = Progress Report
Please submit Budget Maintenance Requests before the end of the reporting period for timely approval.



Big Takeaways

- Centralize to Simplify
- Meet Folks Where They Are
- Continuous Feedback Loop



Return on Relationships

Investing in Local Capacity and Confidence

Who We Are:

Office of Strategic Initiatives

We contribute to a healthier Tennessee by driving health strategy, building partnerships, and growing state and community capacity through resource development, grant management, and coaching support.

Our Work Includes:



Strategic Planning



Health Councils



**Healthcare
Resiliency**



**Public Health Infrastructure
Grant Management**



Special Projects

Community Collaboration & Impact Team – PHIG Supported



Chelsei Granderson
Director of
Community Impact




Aubrenie Jones
Local Engagement Director
CHA/CHIP



Mariah Horton
Public Health Executive Fellow
CHA/CHIP




Atlee Tyree
Community Engagement Strategist
Community of Practice



Barrett Smith
Data Communications Specialist
Data & Evaluation



Hannah Duiven
Special Projects Manager
Tennessee Vitality Toolkit



Dr. Angelia Allen
Community Development Dir.
Community Development



Darla Sampson
Community Impact Consultant
Community Development



Dennis Clark
Community Impact Consultant
Community Development



Emily Mathews
Community Impact Consultant
Community Development



Dr. Margaret Taylor
Community Impact Consultant
Community Development

What are County Health Councils?

- Diverse groups of community-led, cross-sector collaborators
- Advance health priorities identified by the community
- Convened by the local health department



How Do We Support Health Councils?

CCI aids Health Councils in addressing community health priorities and reducing health disparities. While Health Councils own the work, CCI supports Health Councils in these ways:



Technical Assistance

To support Councils in the Community Health Improvement Process (CHA/CHIP)



Data & Evaluation Support

For assessment and implementation



Community Development

Provides funding-related resources and trainings



Tennessee Vitality Toolkit

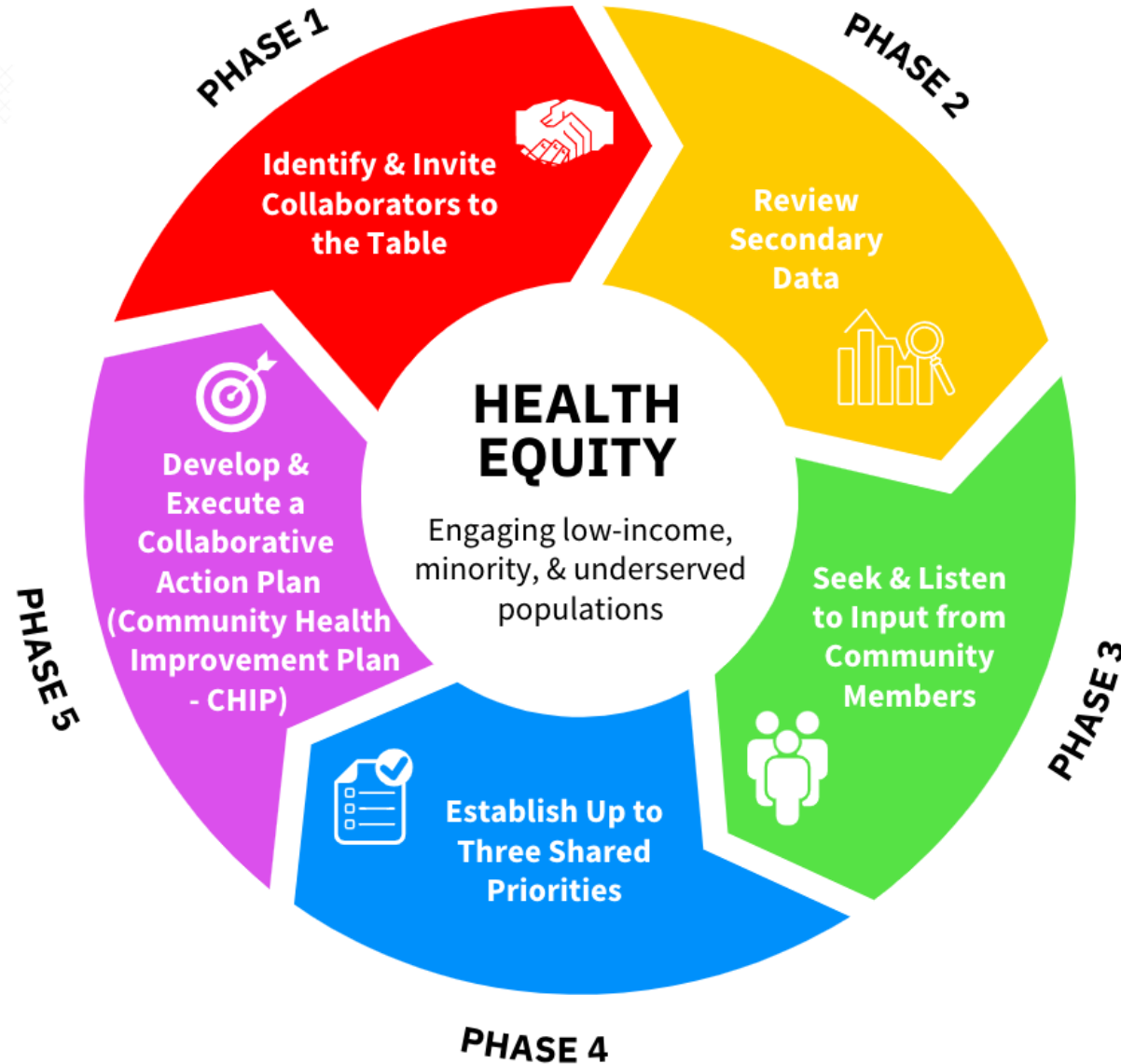
A resource library to support upstream initiatives that address policy, systems, and environmental change



Community of Practice

Creates a space for shared learning and connectedness of Health Councils across the state

Community Health Improvement Process (CHA/CHIP)

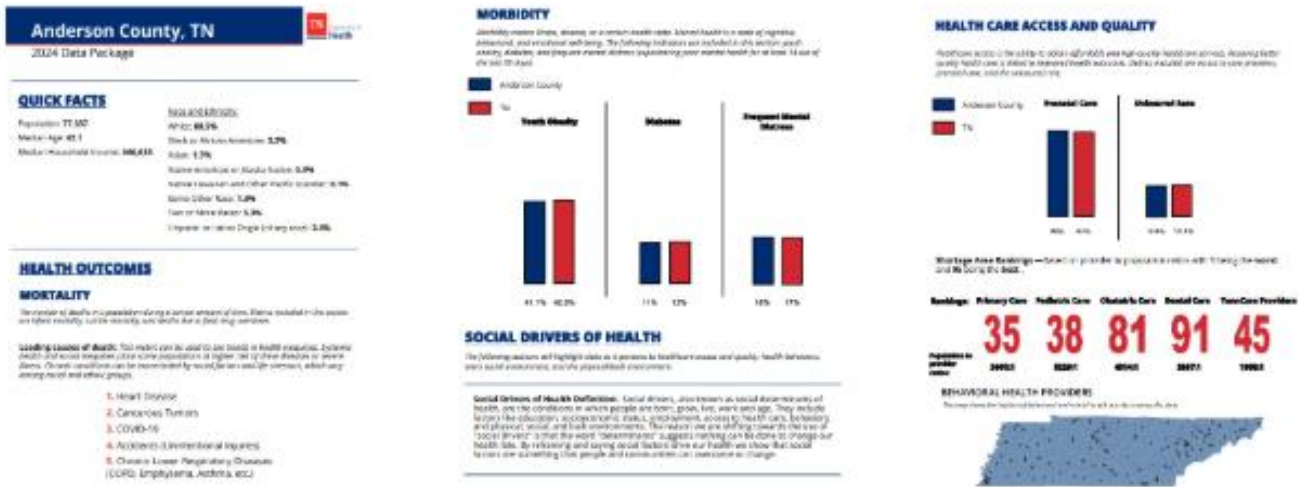


Data Support

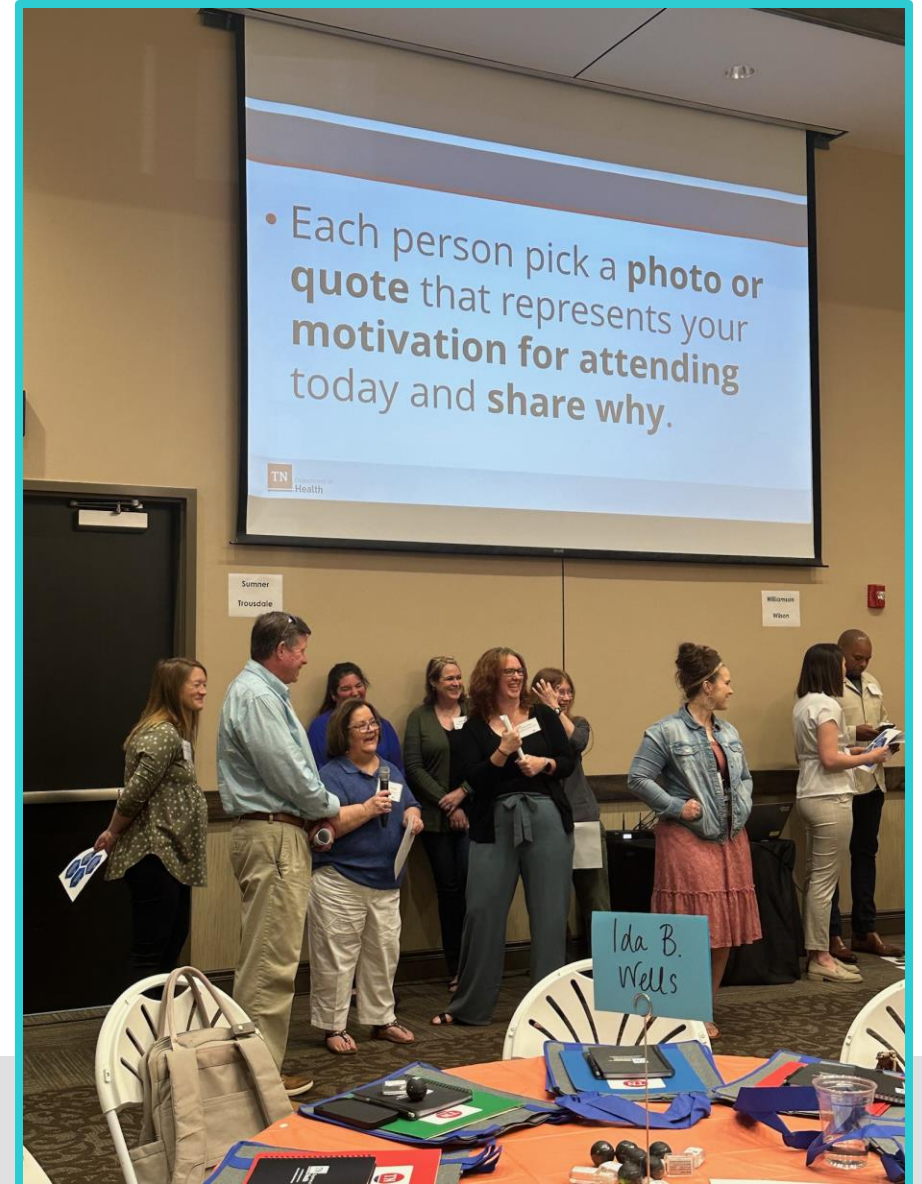
- Support decision-making
- Guide strategic planning
- Monitor program effectiveness

County Data Packages

The following Data Packages include the most up to date information on county demographics, morbidity and mortality rates, key social drivers of health, and more.



Health Council Community of Practice



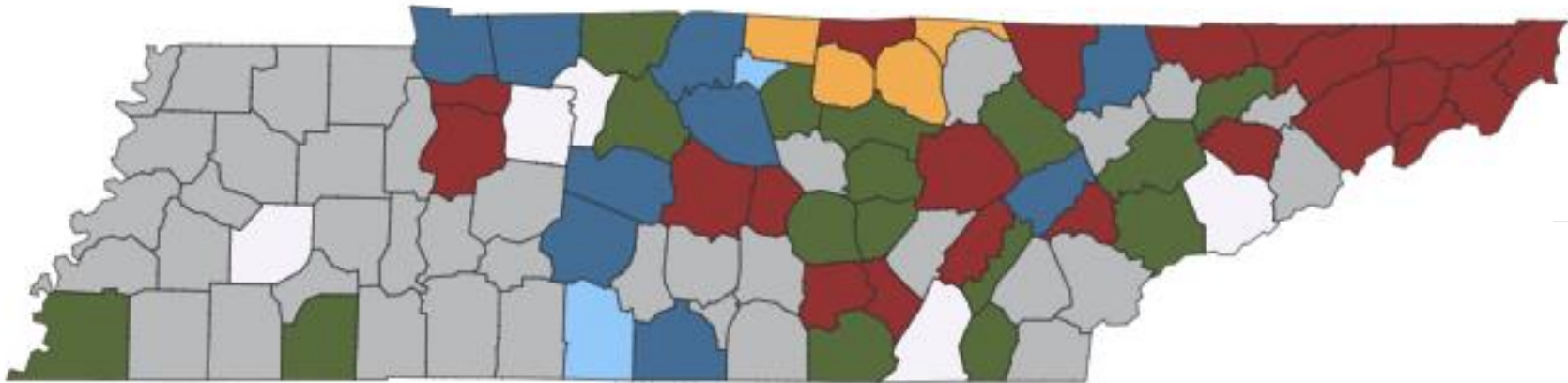
Health Council CHIP Dashboard



Department of
Health

Community Health Assessment Cohorts (2019-2025)

Hover over the counties to see their selected health priority areas.



County Health Assessment Cohort

- 2019
- 2022
- 2023
- 2024
- 2025 - Complete
- 2025 - In progress
- None

Now what?

1. Health Council has completed their Community Health Assessment
2. They have identified their shared goals/priorities
3. They are starting to develop an action plan...BUT...
4. Now they need resources to carry out their plans!!

AND – just sending them **money is not enough**...they have to be ready to receive it.



Community Impact Consultants

Housed within the Office of Strategic Initiatives (OSI), the Community Impact Consultants (CICs) are located across Tennessee. They work to break down barriers to finding funding for Health Councils and community organizations.



CICs can help:

- Develop grant proposals
- Identify potential funding sources for Health Councils
- Obtain 501c3 status
- Develop processes and structures for new/small organizations
- They're here to help the people who know the community best: you.



Dr. Margaret Taylor



Darla
Sampson



Dennis Clark

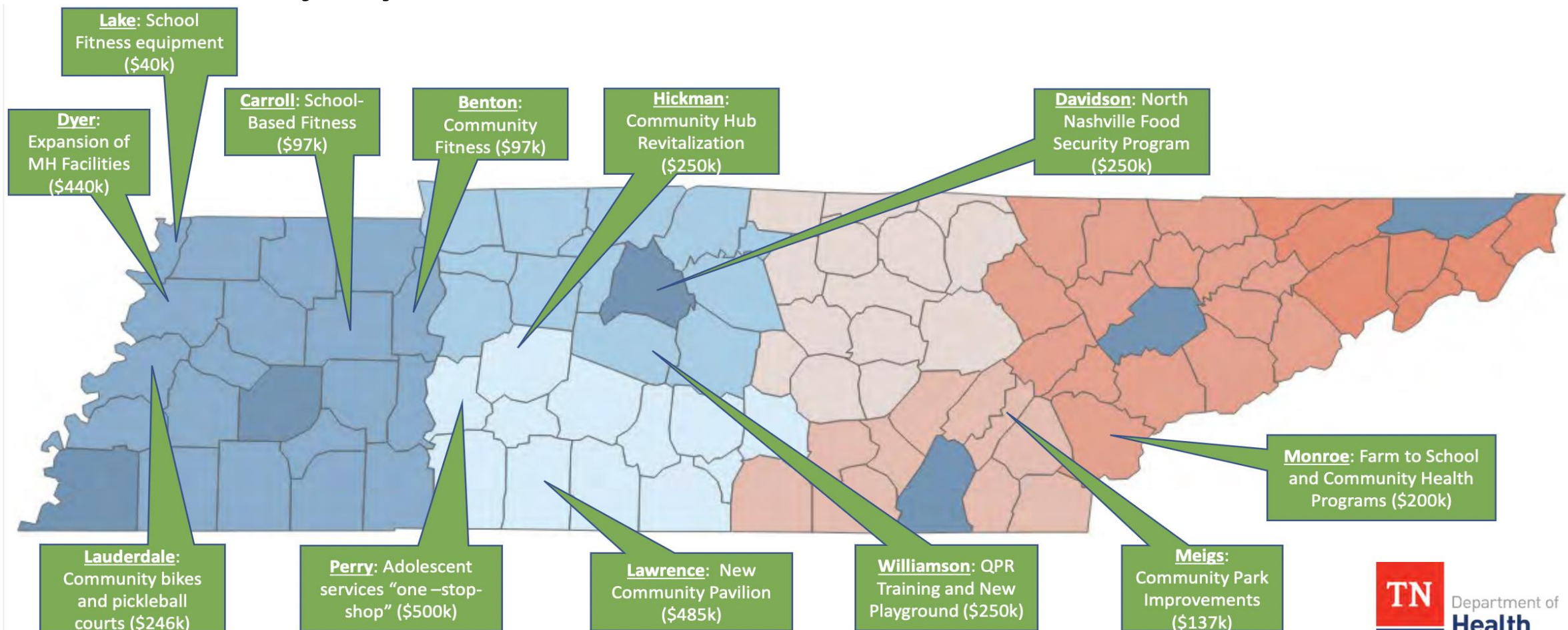


Emily
Mathews

CICs are a one-stop shop for Health Councils and other small organizations that want to increase their impact in the community but don't know where to get started.

CARE Grant: 12 Awardees, 2022-23

Community Action for Resilience and Equity
Funded through **CDC COVID-19 Health Disparities Grant**
Majority of Funds went to Distressed and At-Risk Counties



Lawrence Square Pavilion - \$485k

Lawrence County Health Council

CHA PRIORITIES

- Obesity
- Food Security

The Need:

- 34% adult obesity; youth up to 43%
- Few parks/greenways → low activity
- Heart disease deaths ↑ (320.1/100K)
- Fresh food hard to access (rural, no transit)
- Grocery prices too high for many



- New 3,000 sq ft. pavilion downtown
- Farmers Market + exercise + cooking demos
- Accepts SNAP/WIC
- Healthy food + preservation education
- Supports local farms & small biz

Perry County Youth Services Hub - \$500k

Perry County Health Council

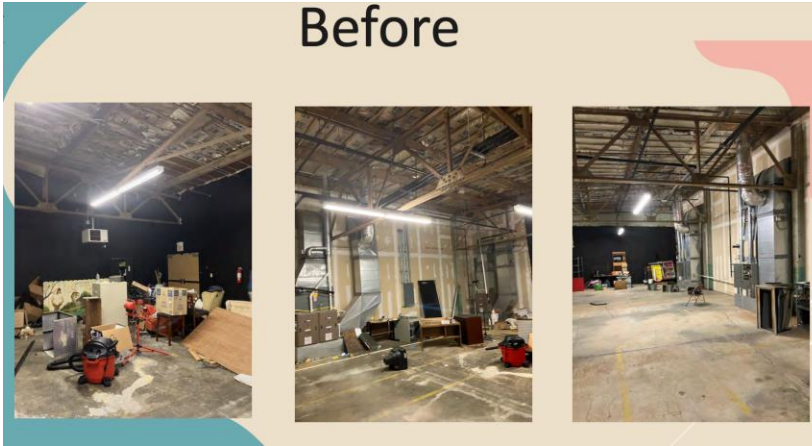
CHA PRIORITIES

- Mental Health
- Substance Misuse

The Need:

- 36% child poverty (5th highest in TN)
- Highest % of uninsured children
- Top issues: substance misuse (25%), mental distress (12.5%)
- 35% of students overweight
- Few after-school or mental health programs

Before



- Renovated Jim Azbill Center → Youth/Family Hub (2,600 sq ft)
- Services: After-school, behavioral health, tutoring, cooking, life skills
- Partners: Save the Children, 4-H, UT Extension, and others



Farm to School & Community Health Programs - \$200k

Monroe County Health Council

CHA PRIORITIES

- Food Security
- Obesity

The Need:

- High youth nicotine use
- Obesity & diabetes = poor heart health
- Ranks 59th in health; low density (70 ppl/sq mi)
- ↑ Smoking, inactivity, obesity, diabetes
- Barriers: poverty, transport, access to care

GARDEN SITES @ RVES & SJHS



NUTRITION EDUCATION

The importance of healthy eating & decision making



- Healthy Roots garden program in schools
- Hands-on lessons: soil → harvest → nutrition
- Fruit/nut trees planted for public use
- Lemonade stand: student-grown produce, community ed
- Built greenway, park signage, and Story Strolls for activity & literacy

NEW GREENWAY

@ Monroe County Health Department



Healthcare Resiliency Program (HRP)

Purpose:

- Invest in high-ROI health and healthcare solutions
- Address the social drivers of health
- Serve low-income, minority, and under-served populations

2022 HRP **Federal** Edition - American Rescue Plan Act

- \$250 Million for capital improvement, modernization, and transformation projects
- Overwhelming response - \$440M in requests

2025 HRP **State** Edition – Governor Lee invested \$50M in TennCare Shared Savings for another round of practice transformation grants

All 23 Awardees Responding to Community-Identified Need




HRP Projects

County	Award	CHA Priority	Project
Grundy County	\$12,000	Mental Health / SUD	Convert pizza restaurant to expand therapy services to include children with disabilities and their families
Lauderdale County (Health Council)	\$866,280	Teen Pregnancy / Mental Health	Community Care Hub – connecting people to services and addressing social needs
Cocke County	\$1.9M	Wellness / SUD	Brick & mortar health hub and mobile unit offering wellness, chronic disease, mental health, and SUD
Hardin, Wayne Counties	\$1.9M	Mental Health	Community Learning Center with affordable childcare and family support. Youth coalitions will offer training, workshops, and resources to strengthen protective factors and promote healthy behaviors.

Local Communities are the Experts...

...Our Job is to Listen to Them.



“There is no power for change greater than a community discovering what it cares about.” – Margaret Wheatley

Thank you!

Contact: Jennifer.trail@tn.gov

Questions?

