

Wisconsin Division of Public Health Public Health Infrastructure Grant: Local Health Department Frequently Asked Questions

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Questions about the PHI Grant

What is DPH's vision for the PHI Grant?

Wisconsin's public health system has been woefully underfunded for decades, which contributes to gaps in our system's infrastructure. The Division of Public Health's (DPH's) vision for the Public Health Infrastructure (PHI) Grant focuses on identifying, quantifying, and addressing these gaps.

Within the five years of the PHI Grant, DPH aims for our statewide governmental public health system to be equipped with the financial and human resources needed to provide all Foundational Capabilities¹ to every community in Wisconsin. Realizing this vision will be dependent on articulating both the anticipated positive human and economic impacts to investing in public health, and the exact types of investments required to realize those impacts across the State.

The Foundational Capabilities were established by the Foundational Public Health Services (FPHS) model as the basic set of core functions that underlie the successful execution of governmental public health programs.¹ They align with the Ten Essential Services and with accreditation, and they include the administrative, organizational, and operational skills and resources required to identify public health needs, design and evaluate programs to meet them, and manage the resources and diverse community partnerships required to implement those programs. Health departments that are equipped to provide the Foundational Capabilities will be better equipped to meet the unique population health needs of all people in Wisconsin.

DPH plans to achieve this goal include: (1) refining our definition of core public health services more concretely in FPHS terms; (2) quantifying the resources and staff required to implement them through a robust assessment of the governmental public health system; and (3) addressing identified gaps through strategic positions and actions that provide needed training, skills development, and application opportunities at both the State and local levels.

How much funding did DPH receive?

Wisconsin DPH was awarded \$55,908,198 across three strategy areas:²

- \$43,018,968 for A1 Workforce. These funds are meant to support the recruitment, hiring, training, and retention of a well-trained and skilled public health workforce. This funding is provided in full up front to cover all five years of the grant period (12/1/2022 - 11/30/2027).
- \$1,929,331/year for A2 Foundational Capabilities. These funds are meant to assess and strengthen the capacity of the public health system to provide the Foundational Capabilities, as defined by the Foundational Public Health Services model. These funds are provided one year at a time, and are subject to federal funding availability.
- \$648,515/year for A3 Data Modernization. These funds are meant to supplement other funds aiming to modernize public health data infrastructure. Please note that these funds are approved but current unfunded and not yet received. Provided that funding becomes available, the funds will be provided one year at a time.

¹ "Foundational Capabilities" is a term developed by the Foundational Public Health Services model to describe the cross-cutting skills and functions required for successful operation of governmental public health agencies and the programs they implement. Please see [this overview of the FPHS model](#) for more information.

² This includes \$44,948,299 that has been awarded for year 1 of the grant, and \$10,959,899 for years 2 – 5 that are subject to the availability of funding at the federal level.

How much of DPH's funding will be passed through to local and Tribal health departments (LTHDs), and what other types of support will DPH provide to LTHDs using PHI Grant funding?

Of the A1 funds, 40% will be passed through directly to local and Tribal health departments. This amounts to \$16.8 million to local health departments (LHDs) and \$344,152 for Tribal health departments.

In addition to the 40% of direct pass-through funds from A1 as noted above, several allocations of A2 dollars have been ear-marked for LTHD support, including: (1) each LTHD that participates in the costing and capacity baseline assessment will receive \$2,400 to help offset some of their efforts, and (2) \$300,000/year beginning in year 2 has been set aside for innovative approaches to addressing Foundational Capability gaps. These funds begin in year 2 to allow the baseline assessment to identify the gaps first. DPH will seek further input of health departments to articulate how these funds should be spent, which could include systems improvements to benefit all LTHDs or jurisdiction-specific work.

Outside of these monetary contributions, DPH has intentionally focused on creating specific projects and positions with PHI Grant funding that are focused on providing technical assistance and support to LTHDs. For example, a health equity strategist, advanced epidemiologist, and social determinants of health epidemiologist will be supported by the PHI grant to focus on meeting the data and health equity training needs of LTHDs. Additionally, contracts supporting the Public Health Infrastructure Grant and the Wisconsin Association of Local Health Departments and Boards, among others, specifically focus on supporting LTHDs. More information about these contracts and activities will be made available over time.

What type of activities will DPH be undertaking with their PHI Grant funds?

Currently planned activities for A1 and A2 strategy areas are provided below for your reference, with the caveats that they are high-level by design and will be further shaped by the baseline assessment results.

Anticipated A1 Workforce Activities

Assess public health workforce numbers, wellbeing, leadership capacity, and capacity to provide public health core competencies at both the state and local levels

- Conduct systematic assessments of Wisconsin's public health workforce size, diversity, skills, compensation, wellbeing, and capacity to meet public health core competencies
- Within the workforce assessment, include contractual staff to facilitate complete understanding of current structure, strengths, and gaps in total public health system

Improve public health workforce numbers, wellbeing, leadership capacity, and capacity to provide the public health core competencies at both the state and local levels, therein strengthening the system's capacity to provide the Foundational Capabilities (see A2)

- Improve recruitment efforts to reach diverse applicants through cultivating innovative pipeline programs in partnership with academic and non-academic partners; refining the process and outcomes of developing job descriptions, position advertising, and recruitment methods; and increasing the intentional incorporation of diversity, equity, and inclusion principles into DPH recruitment, screening, interviewing, and retention practices

- Strengthen the ability of state and local public health staff to provide public health Core Competencies, and therein contribute to increasing the capacity of health departments to provide agency-level Foundational Capabilities
- Increase accessibility and utilization of leadership programs
- Cultivate/formalize role of a partner or group of partners to systematically convene and coordinate public health workforce in partnership with DPH and local public health departments
- Refine policies and practices to ensure DPH culture is proactively supportive of holistic health and wellbeing and work-life balance, and prevents, identifies, and responds quickly to burn-out

Anticipated A2 Foundational Capabilities Activities

Assess the public health system's capacity to provide Foundational Capabilities to all people of Wisconsin

- Jointly develop and cost the implementation of the Wisconsin Foundational Public Health Services model in partnership with local health departments and key non-governmental partner agencies, such as the Wisconsin Association of Local Health Departments and Boards, the Wisconsin Public Health Association, and Wisconsin Public Health Forward
- Conduct systematic assessment of Wisconsin's public health agency staffing levels, expenses and revenue sources, and capacity to provide Foundational Capabilities; identify gaps; create interventions to address gaps and where targeted training and investment can push system forward
- Include in assessment, where possible, non-governmental public health partners that comprise an important part of the public health workforce

Strengthen public health system's capacity to provide Foundational Capabilities to all people of Wisconsin

- Respond to identified gaps in the provision of Foundational Capabilities through targeted training, technical assistance, and logistical support
- Strengthen relationships between governmental and key non-governmental public health partners as it pertains to the development and delivery of the Foundational Capabilities
- Center equity in the implementation of work aiming to increase capacity to provide Foundational Capabilities

Strategically quantify and communicate the role and impact of public health to the public and policymakers

- Increase public understanding of public health's role through improving use of strategic communications and improving accessibility and dissemination of messaging
- Improve trust in public health profession through communications efforts and through leveraging partnerships with non-governmental partners cultivated through a variety of mechanisms (for example, SHA/SHIP work, Health Disparities Grant, etc.)
- Facilitate collection, analysis, and dissemination of public health economic (return-on-investment) and social impact data, including critical personal narratives

Questions about LHD use of PHI Grant Funds

When will we be able to see the allowable activities and objectives for LHDs?

A statement of work has been drafted and will be shared with local health officers sometime in March or April of 2023. Please note that this statement of work is specific to LHDs. The allocation for Tribal health departments is being addressed through a separate process that will result in a different statement of work.

How will funds be dispersed? Will funds from A1 and A2 designated for LHDs be provided under one profile and scope?

There are two pots of funding that are coming to LHDs: A1 Workforce (passthrough) funds, and A2 funds to support participation in the baseline assessment for those who opt-in. It is possible that additional funds from A2 may be allocated to health departments, depending on how DPH and local public health partners choose to focus those funds in the future.

We are anticipating that the A1 and A2 (baseline assessment support) funds will be administered under separate profiles and scopes, but will provide further clarity as those details become more certain. If additional A2 funds are allocated to LHDs from the “innovation” line, those would be provided under a separate profile and scope as well. Some specific details that may be helpful to LHDs are provided below:

A1 Workforce Passthrough Funds

The eligible activities for A1 passthrough funds will span the functions described under both the A1. Workforce and A2. Foundational Capability umbrellas. These funds will be the focus of the upcoming contracting process and will be available for draw-down as soon as the switch from the Community Aids Reporting System (CARS) to the Grants Enrollment, Application and Reporting System (GEARS) is complete, likely in July 2023.

A2 Funds to Support LHD Participation in the Baseline Assessment

\$2,400/jurisdiction is earmarked to support LHD participation in the baseline costing and capacity assessment. Only LHDs who participate in the baseline costing and capacity assessment will receive this funding.

A2 Funds to Support LHD Innovation in the Foundational Capabilities

\$300,000/year of A2 funding, beginning in year 2 of the grant, has been allocated to support innovation in Foundational Capability work among local public health departments. These funds could be spent in numerous ways. For example, they could be competitive and involve an RFA; they could support one specific system-wide improvement or a specific function or position that would provide a specific type of technical assistance to all LHDs, etc. DPH will seek to understand from health officers what would most help the public health system, likely after the results of the baseline assessment are released towards the end of 2023.

How long do we have to spend our funds?

You have until 11/30/2027 to spend your PHI Grant funds. You do not need to spend any in year one if you don't want to; you do not need to spend it equally across the five-year grant period (12/1/2022 – 11/30/2027). This funding is meant to be as flexible as possible so that you can identify what makes sense to your team and your unique infrastructure needs.

Can we use our funds to support our participation in the baseline assessment?

Yes, you are encouraged to use some of your funds to support participation in the baseline (or eventual endline) assessment, if needed.

Can we wait to use our funds until after the baseline assessment is completed?

Yes, DPH supports waiting to use your funds until after the baseline assessment is completed and/or the results are released.

Can we use our funds to support participation in assessments other than the baseline assessment, such as PHWINS?

Yes, participating in PHWINS and other such national assessments is an acceptable use of funds. DPH encourages that participation in these national assessments be in addition to, rather than in lieu of, participation in the baseline assessment. This is because significant portions of the work that DPH designs and executes in grant years 2 – 5 to support LHDs will be based on the results of this baseline assessment. We are committed to ensuring that the results are as representative of our state and statewide needs as possible, and that all health departments have a voice in shaping future activities. Additionally, many of the national assessments do not filter down to the level that would be most applicable to/actionable for the state of Wisconsin. Participation in the baseline will help us to ensure an accurate, actionable picture of the state of public health in Wisconsin.

Can we use our funds to support existing staff time?

Yes, you may use your PHI Grant funds to support future work time for existing staff, so long as any expenses meet federal requirements around supplanting. LHDs are NOT required to hire or support new staff with these funds (though they can if they wish to do so). LHDs may also choose to allocate funds towards retention of existing staff. So long as all activities adhere to the Funding Purpose and guidelines set forth in this scope of work as well as the CDC Notice of Funding Opportunity, LHDs are free to use their funds in whatever way best allows them to address infrastructure needs.

Can we use our funds to support training for our staff?

Yes, you may use your PHI Grant funds to support the training of existing or new staff, at any level (does not need to be limited to managers or supervisors), so long as the training is in alignment with the guidelines set forth in this scope of work.

Can we use our funds to support costs that are NOT related to staff time? For example, can we fund travel to conferences, membership in professional organizations, “incentives” like agency-branded gear, food for meetings, etc.?

Yes, but with important caveats. You are encouraged to use your funds however needed to bolster public health infrastructure and the capacity to implement the Foundational Capabilities in your agency, in accordance with the Funding Purpose, the guidelines set forth in this scope of work, and CDC’s Notice of Funding Opportunity.

Please note that there are federal requirements around elements such as travel, food for meetings, and incentives, to which both DPH and LHD sub-grantees must adhere. Added information can be provided upon request for jurisdictions that anticipate utilizing PHI Grant funds for these purposes.


Questions about the PHI Grant Baseline Assessment


What is the plan for the baseline assessment, so that we can factor that into our planning for how to use our own funds?

The baseline assessment is meant to be the most robust assessment of the Wisconsin governmental public health system conducted to date. Both quantitative and qualitative data will be collected from the state and local level, including three separate assessment modalities covering four topic areas. An overview of each of the three assessments and the topics they address is provided on the next page. Additional information about the baseline assessment will be provided under separate cover before May 2023.

	Costing & Capacity Assessment	Workforce Assessment	Impact Assessment ¹
Level			
Agency			
Staff (individual)			
Type			
Quantitative			
Qualitative			
Topics			
Financing			
Staffing			
Foundational Capabilities			
Impact of Public Health			

Key

 Internal or joint process with an external partner

 External contract process

¹ Impact assessment may be in year 1 but will likely be an ongoing process through the 5-year grant period.

Will the assessment include qualitative measures?

Yes, as described in the previous questions, the baseline assessment is designed to be a robust, mixed methods assessment of the public health system. It will collect both quantitative and qualitative data to tell the complete story of public health: what we need, why we need it, and why investing in public health is essential.

When and how will assessment results be shared back with LHDs?

Assessment results will be shared back in two ways. First, the costing and capacity assessment will be jointly implemented by the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and DPH. Both entities will retain joint rights to the data and conduct their own independent analyses. WALHDAB will have the option to share data and will likely work with a contracted consultant to support data collection, technical assistance provision, and dissemination of results. Additionally, DPH will be utilizing the costing and capacity assessment data alongside data from the workforce assessment and the impact assessment data to provide an in-depth assessment of the public health system. DPH will share data back with LHDs through a variety of modalities throughout 2024.

Will it be possible to disaggregate the data by jurisdiction?

We are still working on our data analysis plan and the following is subject to change. We do know that we will prioritize data privacy, particularly for data collected about individual staff. Based on current thinking, Costing and Capacity Assessment (agency level) data will likely be analyzed at the regional level and/or by service population size, though each jurisdiction will have their own data and will be able to compare their results with their region and with LHDs of a similar service population size. Raw data from the Workforce Assessment will NOT be available at the jurisdictional level, but will be stratified by region and/or service population size so long as the sample size is sufficient based on privacy rules. Additionally, DPH will seek health department input on the tools to be used and encourage all jurisdictions to share their perspectives during the advice process to ensure we are adequately capturing your needs and interests.