

A CLOSER LOOK INTO THE UPCOMING PUBLIC HEALTH INFRASTRUCTURE GRANT



OVERVIEW



- The Infrastructure Grant is an open-competition, multi-component grant that will provide cross-cutting support to public health agencies for critical infrastructure needs.
- The total period of performance for this grant is 5 years. The Notice of Awards is scheduled for November 22, 2022.
- There are three different strategies within the grant and the total amount of funding for all 3 areas is estimated to be \$50,235,880.00
- For strategy A1 Workforce, the full award will be dispersed in FY2023 and recipients can use over the five-year period of performance.
- For strategies A2 Foundational Capabilities and A3 Data Modernization, funding will generate for the first year only. DHSS will reapply every year for this funding during the entire 5 year grant period.







- In order to support the proposed activities across all three strategies, DHSS will fill the following positions.
- These 5 FTE positions are:
 - Workforce Director-John Thomas
 - Evaluation Staff-TBD
 - Public Health Policy Strategist-Daniel Bogle
 - Accountant-Amanda Shortal
 - Public Health Program Associate-TBD



STRATEGY OVERVIEW

• A1: Workforce

• A2: Foundational Capabilities

• A3: Data Modernization

A1: Workforce

This strategy focuses on increasing hiring of public health staff, both at DHSS and Local Public Health Agencies (LPHAs), as well as creating environments to foster staff well-being and retention - from professional development opportunities to employee mental wellness and a focus on diversity and equity in hiring and retention.



- Strengthening Local Public Health Workforce Capacity
 - ~\$25 million (52% of all A1 funds) available for LPHAs to respond to workforce needs.
 - All of the funding will be available to LPHAs during Year 1 and LPHAs will determine their own plans to spend allocated funds over the grant period.
- Missouri Public Health Association Section of Public Health Nursing
 - In order to better support public health nurses across the state of Missouri, DHSS is contracting with the Missouri Public Health Association to rebuild the Section for Public Health Nursing.



- Workforce Development via Academic Partnerships
 - Public Health Workforce Commission
 - Advisory group chartered by State to inform decision-making by Governor and DHSS.
 - Leadership Academy
 - DHSS is reviving this dormant academy in order to strengthen the management and leadership skills of public health professionals across Missouri.

- Workforce Development via Academic Partnerships Continued...
 - ∘ Internship Program
 - Intended to be a learning, recruitment, and capacitybuilding tool, this Internship Program fulfills a critical need to expand the number of qualified candidates for public health system jobs.
 - Missouri Health Care Workforce Project
 - Collaboration with MU on a project that collects and integrates data on Missouri's public health workforce.

- Learning and Development Redesign (LDR)
 - Due to the recent loss of public health leadership nationwide, training and professional development is in high demand within the public health sector.
- Mental Wellness
 - The Mental Wellness Project embraces the model of traumainformed care. A Missouri Public Health Well-Being Playbook will guide LPHA administrators through the fundamentals of employee wellness such as creating an infrastructure for wellbeing, engaging teams, measuring well-being, designing interventions, evaluating impact, and sustaining an inclusive culture.



- Grant Management System
 - The current system for DHSS does not allow for comprehensive tracking and reporting from one source.
 - This new information system will streamline grant fund distribution and accounting and reduce the administrative burden for LPHAs.
- Electronic Inspection and Data Management System (EIDMS)
 - Primary focus is to modernize inspection operations and grant DHSS and LPHAs the ability to obtain, manage, and analyze field data.

A2: Foundational Capabilities

This strategy will give emphasis to supporting accreditation efforts throughout the state and creates a concise communications strategy.



- Foundational Public Health Services Cost Analysis
 - The FPHS Cost Analysis project advances DHSS's efforts to increase long-term core funding for LPHAs, identify gaps in implementation for foundational capabilities and areas, and guide future investments in foundational capabilities and areas across all jurisdictions in the State of Missouri.

- Accreditation
 - Currently only 22 LPHAs in Missouri have accreditation, due to a variety of factors including lack of funding and workforce capacity to pursue accreditation. All LPHAs will be encouraged and supported to achieve accreditation, as all LPHAs will be eligible for initial accreditation or renewal of their accreditation status over the next 3 years. The process of accreditation, and funds to support its achievement, will strengthen LPHA infrastructure, increase workforce capacity through staff hires, establish electronic platforms and more.
 - LPHAs may choose to be accredited through either PHAB or MICH.

- Communications Strategy
 - The public's uneven response during the COVID-19 pandemic demonstrated the importance of compelling and persuasive public health messaging.
 - Missouri has an opportunity to reframe health messages that will lead to the public understanding what they stand to gain versus what they believe they will lose by following the guidance of public health agencies. Improved perceptions and better health outcomes can extend beyond COVID-19 and work to restore trust and confidence among the public.

A3: Data Modernization

This strategy seeks to modernize data systems within DHSS and its partners, such as entrenching infrastructure created for COVID-19 and making existing systems more compatible.

A3 STRATEGIES

- Interoperability Business Analysis
 - DHSS manages many freestanding data systems that securely hold data, but do not interface with one another.
 - The Interoperability Business Analysis project addresses an immediate and critical data infrastructure need.
 - This project gives a thorough review of DHSS data systems to identify opportunities and solutions in order to achieve interoperability and drive improvements in data quality and timely analysis/reporting.

A3 STRATEGIES

- Hospitalization Surveillance System
 - Historically, healthcare system data have often had lengthy delays in reporting, were fractured, and inaccessible. Combining these data and providing near real-time access makes this information extremely useful for data-driven decision making, guiding action, directing and maximizing resources, and improving health outcomes.
 - This is a collaborative program to modernize and enhance the Missouri Hospital Association's Hospitalization Surveillance System for exchange of hospital case data.

A3 STRATEGIES

- Missouri Cancer Registry (MCR)
 - The MCR is one of the most important and mature surveillance systems used to measure and improve the health of the state's population.
 - The MCR's upgraded systems will achieve improvements in the following areas: (1) interoperability between laboratories and other reporters and the registry, (2) improved timeliness, quality, completeness, and accuracy of data, and (3) modern and efficient infrastructure.

Our Challenges

- Missouri's public health system funding is consistently among the lowest in the country and has been for decades.
- Missouri ranks 42nd in overall healthy living according to America's Health Rankings.
- Missouri ranks 51st among jurisdictions and would only move to 50th if we double public health funding.
- 33% of Missouri LPHAs are unable to meet minimum foundational programmatic areas.
- 55% of Missouri LPHAs are unable to meet minimum foundational capabilities.

Our Goals

- This opportunity will provide urgently needed funding that will enable DHSS to offer improved public health services and well-being to all Missourians.
- This funding will improve and modernize
 Missouri's public health infrastructure to better
 meet the health needs of citizens, by increasing
 and bolstering the public health workforce,
 strengthening foundational capabilities such as
 systems and policies, and modernizing data
 systems.



ANY QUESTIONS?

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