

Public Health Infrastructure Grant (PHIG)



Our country's public health system is only as strong as the foundation we build it on.

After decades of underfunding, too many health departments lack the resources to deliver basic services. State and local health departments have lost 15% of their workforce over the last decade.* The Public Health Infrastructure Grant is designed to turn this trend around. This groundbreaking, flexible model lets health department recipients invest in the people, services, and systems that can address their communities' most pressing needs.

Unique features

- ★ **Flexible.** Recipients decide where to direct their funds so they can tailor resource to meet their communities' complex and evolving needs.
- ★ **Responsive.** The grant was designed with input from public health agencies and partners and is structured to provide real-world support.
- ★ **Synergistic.** Sound infrastructure is essential for all aspects of public health to work. PHIG funding can build on other CDC public health programs, and accelerate impact.
- ★ **Sustainable.** PHIG plants the seeds. Funding provides stability, avoids the "boom and bust" cycle, and serves as a potential model for ongoing investment.

Goals: rebuilding, resilience, transformation

Funding allows health department recipients at all levels—state, territorial, local, freely associated states—to repair critical infrastructure along three fundamental pillars:



Workforce. Includes hiring, training, and retaining staff to both fill vacancies and create new positions.



Foundational capabilities. Covers skills and services such as disease surveillance, partnerships, readiness and response, and communications.



Data systems. Supports upgrades to technology, training, and staffing for modernized disease detection, prevention, and response.

Without this support, we leave people vulnerable to unnecessary illness, injury, and death. Let's give our frontline public health agencies the means to protect every community.



*Source: de Beaumont Foundation and the Public Health National Center for Innovations, October 2021. debeaumont.org/staffing-up



Impact on communities

Investing in public health infrastructure benefits communities across the U.S.—from the frontier to the big cities, on tribal lands, and across freely associated states and territories.



Safety and security. Health department recipients are better equipped to detect and prevent outbreaks, manage chronic diseases, protect food and water supplies, and respond to environmental emergencies.



Local career opportunities. Recipients can ensure their workforce best represents the people they serve. PHIG creates a local pipeline of leadership and expertise for epidemiologists, contact tracers, lab scientists, community health workers, data analysts, and communicators.



Advances in health equity. Recipients can make services more accessible to communities that are rural, economically marginalized, medically underserved, and composed of people from racial and ethnic minority groups.



Stronger state and local partnerships. Forty percent of state funding will be invested into local health departments through mini grants. Resources help to increase community outreach, build coalitions, and involve partners in developing health improvement plans.



A knowledge base that represents the nation. Performance measures will track outcomes, capture lessons learned, and drive continuous improvement. We expect PHIG to build the evidence base for the entire public health community.

More on PHIG here

www.cdc.gov/infrastructure/phig



More about our division here

www.cdc.gov/infrastructure/divisions-offices/about-division-of-jurisdictional-support.html



A closer look: How some recipients use their funding

Dallas County, Texas is providing mini grants of up to \$10,000 to community-based organizations to mitigate barriers to HIV testing and treatment services.

Ohio provided surge staffing to support the East Palestine train derailment response and recovery.

San Francisco initially collaborated with promotores for COVID-19 outreach, who now form a Community of Practice for mental health resources.

Shelby County, Tennessee formed an academic-practice partnership with the University of Memphis to help cover tuition costs for health department staff seeking advanced degrees and certificates.

Funding Awarded as of December 2024



\$4.5 billion

107 health departments

\$3 billion for workforce

\$811 million for data modernization (available to 64 eligible recipients)*

\$630 million for foundational capabilities



\$4.8 billion total



\$361 million

3 national partners

Training, technical assistance, evaluation, communication support

Annual funding provided through CDC's Public Health Infrastructure and Capacity and Data Modernization appropriations

**Awarded only to current or previous recipients of data modernization funding through CDC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Program.*