

Public Health Infrastructure Grant (PHIG)



Our country's public health, safety, and security is only as strong as the foundation we build it on.

Flexible funding strengthens public health decision-making at the state and local levels. It enables jurisdictions to meet their specific needs related to health, safety, and security. 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 resources 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.
- ★ **Efficient.** 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 empowers state, territorial, local, and freely associated state health departments in repairing critical public health infrastructure through three key pillars.



Workforce.

Recruit, retain, support, and train a flexible public health workforce.



Foundational capabilities.

Strengthen systems, policies, and processes – including disease surveillance, partnerships, readiness and response, and communications.



Data systems.

Modernize technology, enhance training, and expand staffing for improved disease detection, prevention, and response.

This investment ensures public health agencies are equipped to protect communities, respond to emerging threats, and build a stronger, more resilient future.





Impact on communities

PHIG's flexibility empowers state and local decision making for public health infrastructure investments that meet the needs of communities across the nation.



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.

Since 2024, PHIG has placed 6,255 public health professionals in critical roles. PHIG creates a local pipeline of leadership and expertise for epidemiologists, lab scientists, community health workers, data analysts, and communicators.



Data systems.

Improvements in data systems and reporting to strengthen information exchange between healthcare and public health.



Stronger state and local partnerships.

At least 40% of state funding will be invested into local health departments through mini grants. Resources help increase community outreach, build coalitions and involve partners in planning and implementing improvements.



Emergency response.

Flexibility allows jurisdictions to quickly pivot and respond to local health threats and emergencies.



Accountability.

Evaluation and performance monitoring assure grant objectives are being met. For example, data shows overall hiring timeliness has improved, demonstrating process efficiencies.

A closer look: How some recipients use their funding

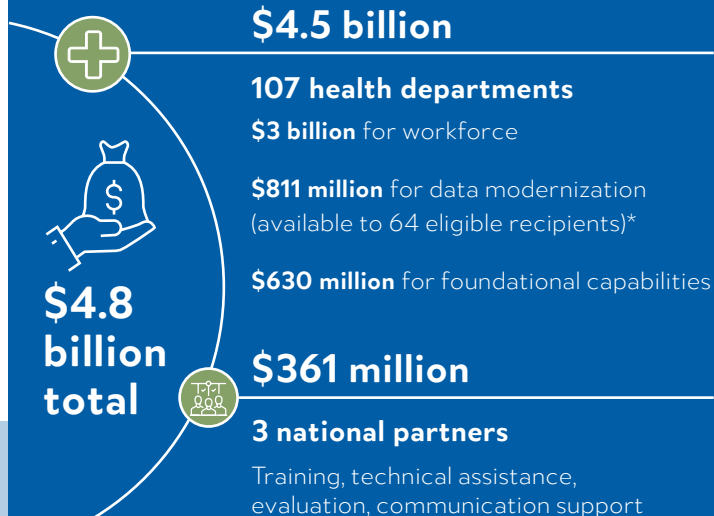
Arizona integrated over 7,400 Electronic Case Reports into the state's surveillance system, which reduces healthcare provider burden and allows for quicker public health responses.

Nevada conducted statewide needs assessment that led to Nevada's first-ever \$15M investment in local public health. Nevada launched a data modernization project that improved efficiency to support informed, real-time decision making.

Southern Nevada Health District overhauled behavioral health scheduling process, cutting patient wait times from 3 months to 3 weeks. The District can serve more patients with the same staffing levels.

Riverside County, California standardized and accelerated the hiring process for Community Health Workers (CHW), allowing them to quickly deploy into communities. Within a year, these CHWs provided critical health support to over 2,000 patients.

Funding Awarded as of December 2024



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

More on PHIG here

www.cdc.gov/infrastructure/phig



How PHIG is Empowering State and Local Decision Making

https://journals.lww.com/jphmp/abstract/2025/03000/centers_for_disease_control_and_prevention_s.28.aspx



*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.