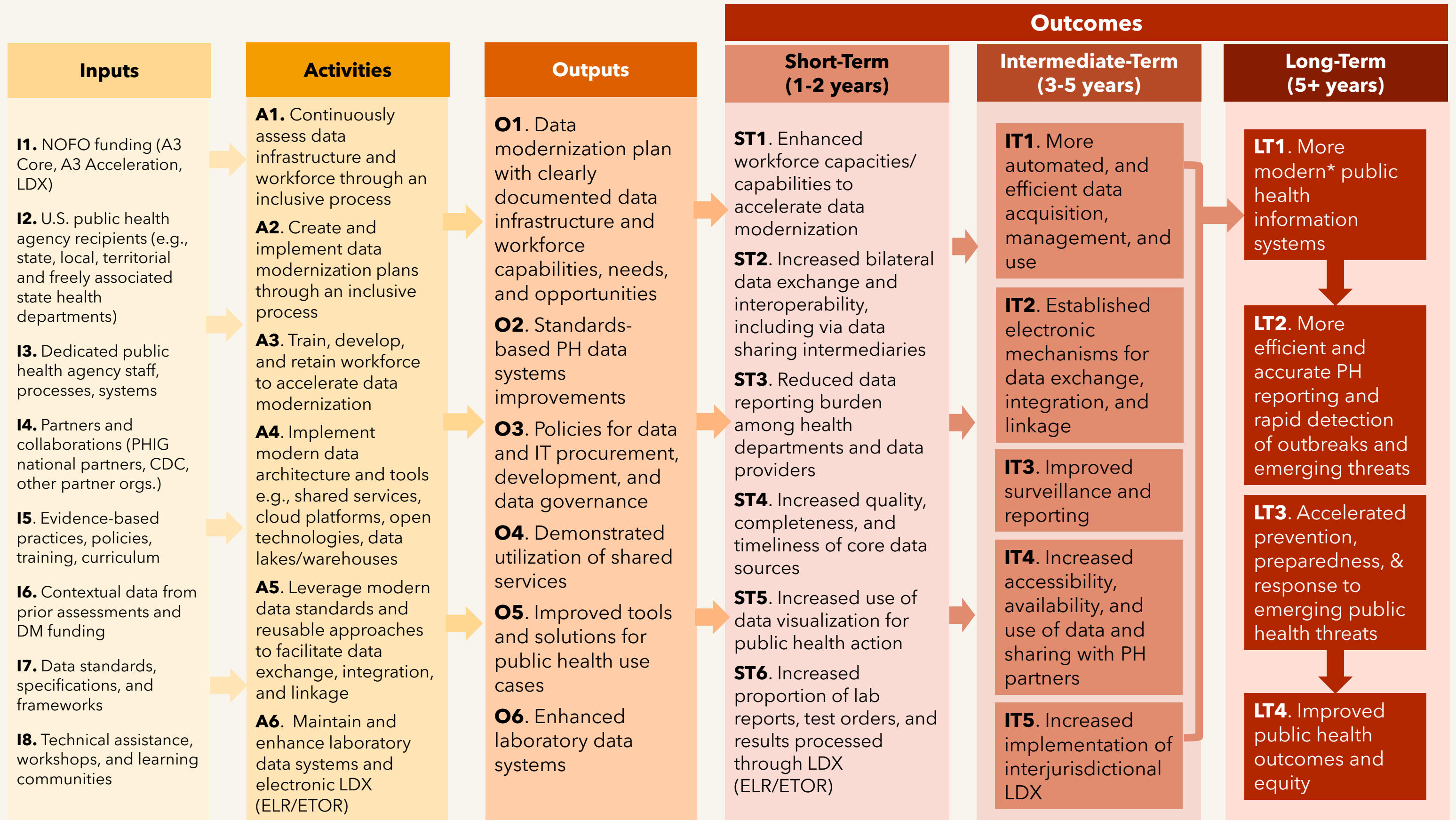# Public Health Infrastructure Grant (PHIG): Strengthening US Public Health Infrastructure, Workforce, and Data Systems
STRATEGY A3 – Data Modernization

Cutting across this grant program is a continuous commitment to **health equity** in PH programs and to diversity, equity, inclusion, and accessibility in the workforce.

Inputs	Activities	Outputs	Outcomes		
			Short-Term (1-2 years)	**Intermediate-Term (3-5 years)**	**Long-Term (5+ years)**
I1. NOFO funding (A3 Core, A3 Acceleration, LDX) **I2.** U.S. public health agency recipients (e.g., state, local, territorial and freely associated state health departments) **I3.** Dedicated public health agency staff, processes, systems **I4.** Partners and collaborations (PHIG national partners, CDC, other partner orgs.) **I5.** Evidence-based practices, policies, training, curriculum **I6.** Contextual data from prior assessments and DM funding **I7.** Data standards, specifications, and frameworks **I8.** Technical assistance, workshops, and learning communities	**A1.** Continuously assess data infrastructure and workforce through an inclusive process **A2.** Create and implement data modernization plans through an inclusive process **A3.** Train, develop, and retain workforce to accelerate data modernization **A4.** Implement modern data architecture and tools e.g., shared services, cloud platforms, open technologies, data lakes/warehouses **A5.** Leverage modern data standards and reusable approaches to facilitate data exchange, integration, and linkage **A6.** Maintain and enhance laboratory data systems and electronic LDX (ELR/ETOR)	**O1.** Data modernization plan with clearly documented data infrastructure and workforce capabilities, needs, and opportunities **O2.** Standards-based PH data systems improvements **O3.** Policies for data and IT procurement, development, and data governance **O4.** Demonstrated utilization of shared services **O5.** Improved tools and solutions for public health use cases **O6.** Enhanced laboratory data systems	**ST1.** Enhanced workforce capacities/capabilities to accelerate data modernization **ST2.** Increased bilateral data exchange and interoperability, including via data sharing intermediaries **ST3.** Reduced data reporting burden among health departments and data providers **ST4.** Increased quality, completeness, and timeliness of core data sources **ST5.** Increased use of data visualization for public health action **ST6.** Increased proportion of lab reports, test orders, and results processed through LDX (ELR/ETOR)	**IT1.** More automated, and efficient data acquisition, management, and use **IT2.** Established electronic mechanisms for data exchange, integration, and linkage **IT3.** Improved surveillance and reporting **IT4.** Increased accessibility, availability, and use of data and sharing with PH partners **IT5.** Increased implementation of interjurisdictional LDX	**LT1.** More modern* public health information systems **LT2.** More efficient and accurate PH reporting and rapid detection of outbreaks and emerging threats **LT3.** Accelerated prevention, preparedness, & response to emerging public health threats **LT4.** Improved public health outcomes and equity

*A modern public health information system is one that is scalable, flexible, interoperable, sustainable, reusable, and intuitive