

## PROJECT 1: POPULATION HEALTH & PREVENTION GRANTS DATA

### Issue/gap identified

- Office of the Commissioner (OCOM) need for "single source of truth" on various layers of grant data
- Constantly changing communications & program needs
- Need for multiple users to regularly access and update grants data while preserving data integrity
- Database needs to be intuitive to understand/update for various users
- Data stored differently across repositories
- Need to join "people" and "programs" information into one interface

### Outputs

- Consolidated grants listing, verifying data integrity across various sources
- Worked with Office of Information Management (OIM) to determine workflow to ensure user updates, so data will sync
- Identified differences in grant listings between systems, created system (Project IDs, Parent IDs, etc.) to organize data
- Pending output: working with OIM to develop Tableau dashboard to visualize grant updates & associated people/program information
- "Part 1" deliverable presentation to VDH senior leadership team

### Takeaways

- Best practices when collecting & storing data to maintain integrity
- Working with multi-step data workflows
- Learning how backend and front-end data sources need to interact; designing data front-end that allows for customization to various/changing comms needs
- Navigating changing data & data that supports changing needs/comms purposes & audiences of VDH (grantors, SHHR, General Assembly, etc.)
- Supporting data life cycle
- Understanding what data exists where, how data might need to be stored differently for different purposes
- How federal changes affect state-level PH functions

### Outcomes

- Integrated Excel consolidating information from multiple sources – worked with OIM, Office of Grants Administration (OGA) to link this to database pulling from Finance & Accounts (F&A)
- Tableau dashboard & database in-progress

## PROJECT 2: FOUNDATIONAL PUBLIC HEALTH SERVICES STAFFING

### Issue/gap identified

- Need for preliminary analysis of "foundational level" of PH capacity based on national standards/VA-specific need
- What is VDH's staffing capacity across key program areas, and how does it compare to national standards?
- Basis to advocate for resources to meet foundational program needs

### Outputs

- Identifying VDH foundational services based on Public Health Accreditation Board (PHAB)'s FPHS framework; crosswalk state/federal mandates and LHD and Office director priorities
- Identifying models/engagement with SMEs to determine assumptions of future staffing capacity and foundational levels
- Creating repository of available data
- Presentation of current state & next step recommendations to Central Office leadership
- Staffing capacity analysis and "cost to foundational level" presented for 11 key staff categories

### Outcomes

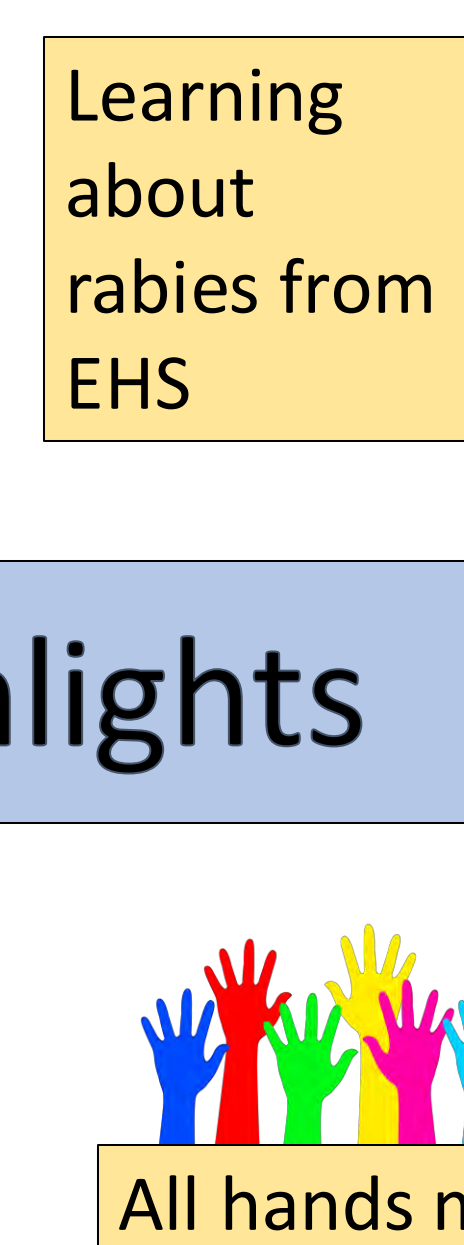
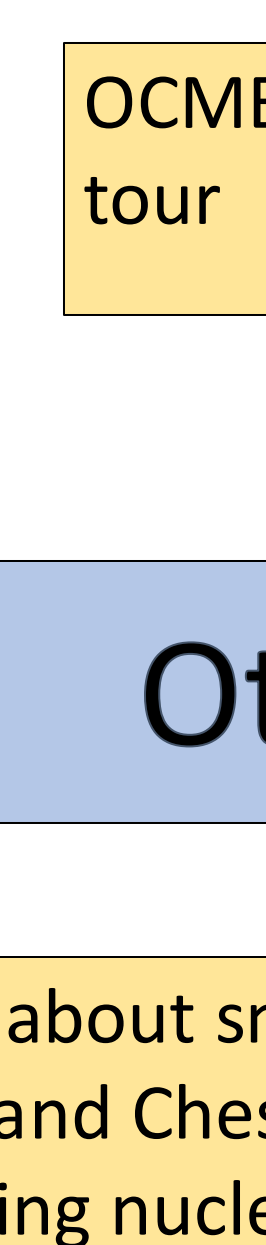
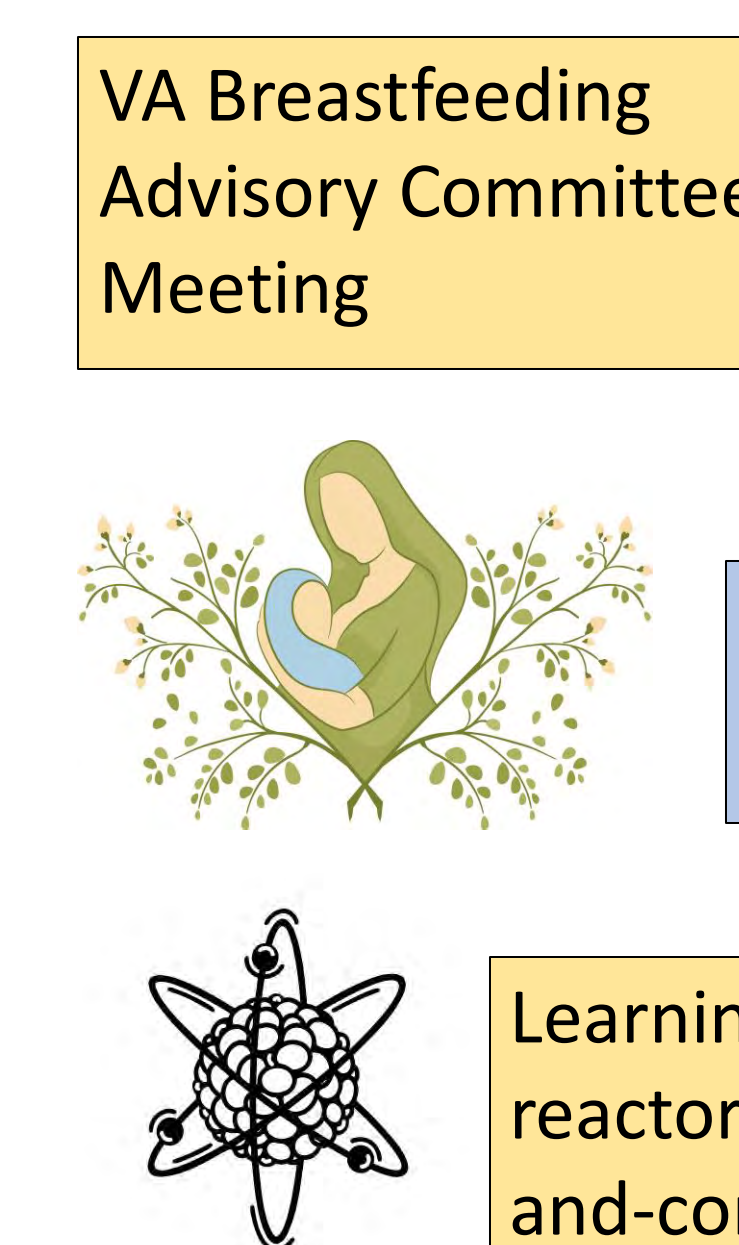
- Inventory of available data & capacity analyses previously done throughout the agency
- Inventory of existing national and state standards for foundational staffing needs and program functions

### Takeaways

- Understanding the FPHS model & how its application to VA may differ from that of other states – different priorities of various stakeholders and views on FPHS
- Understanding VDH's functions & what PHP/CHS perform, on the ground and behind the scenes
- Understanding Office and LHD director priorities/what PH services are "foundational" at state and local level
- Understanding various data sources
- Understanding difficulty of quantifying "average" needs for programs like rabies – where there is no "average"
- Need to correspond our staffing capacity analysis with existing framework – PHAB framework – for comparison purposes
- Identifying correspondence between agency/LHD priorities and state/federal and grant mandates

## Acknowledgments

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## Other Highlights

