Request for Applications Frequently Asked Questions Supplement

Data Modernization Workforce Acceleration Initiative (WAI)

Date Issued: September 3, 2025

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Introduction

This Supplement has been updated to address anticipated questions from applicants about the [Workforce Acceleration Initiative (WAI) Cohort 3 Request for Applications](#) (RFA). The CDC Foundation will also use this Supplement to answer WAI Cohort 3 questions submitted via email and/or during the CDC Foundation Information Session.

Failure to comply with any amended requirements and instructions included in this Supplement may result in an application being deemed non-responsive and ineligible for consideration for WAI placements.

Please note that only communication received in writing from the RFA Contact on behalf of the CDC Foundation shall serve to supplement, amend or alter in any way, this RFA released by the CDC Foundation. Any other communication is not binding and should not be relied upon by any party in interpreting or responding to this RFA.

Definitions

Information Systems Improvement: improvements to work processes and systems for capturing, storing, managing, and using data, especially to streamline and automate that work, or to simplify or expand data capture, or to improve the tools, such as hardware or software, used for that work. Rather than systems improvement projects with specific, limited applicability, the WAI is especially intended to support foundational system improvements, improvements that have broad impact across the Public Health Agency/Authority (PHA) or which establish technical capabilities or skills that can be subsequently used in to establish or improve other tools for the organization. For many PHAs, systems improvement ties to informatics capabilities and/or data modernization efforts.

Public Health Agency/Authority (PHA): Public health agencies or authorities (PHAs) are defined as organizations that are state, local, tribal or territorial entities that have governmental public health authority and conduct routine public health functions. To be eligible, Tribal PHAs must be vested with authority from the Tribal Nation they serve to receive and send health data. Details about applicant eligibility are included in the list in the "Cohort 3 PHA General Eligibility Criteria" section of the [RFA](#). If you have questions about your organization's eligibility, please contact WAI@cdcfoundation.org.

Frequently Asked Questions

RFA Specific Questions

Q: How many Public Health Agencies and Authorities (PHAs) will be selected to have WAI placements in WAI Cohort 3?

> A: In WAI Cohort 3, the WAI will place and provide salary for additional technology and data staff members in approximately 16 PHAs. This total number may increase if several multi-PHA applications are selected.

Q: Will WAI provide travel funding to the WAI Placements?

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A: The CDC Foundation will pay salaries and provide benefits. Regarding travel, there is a limited travel budget available for all staff hired to the program. CDC Foundation will collaborate with selected PHAs on possible travel needs for WAI placements. The CDC Foundation may require that WAI placements travel for some WAI-specific programmatic activities, and plans to have maintain some funding to support such travel. WAI may support the costs of a site visit by a site's Placements to the site.

Q: Are you only staffing for the roles described in the RFA? What if I need other WAI placement types?

A: To expedite WAI placements, the CDC Foundation encourages applicants to use the WAI placement position types listed in item 12 of the application. Please do not request more than 4 FTEs total. The CDC Foundation team members will work with the selected PHAs to ensure that the position types used will be appropriate to the assigned work.

Q: Are WAI placements expected to be sustained by the selected PHAs beyond the funding period (after June 30, 2027)? Is that meant to be an expectation of selected PHAs?

A: The selected PHAs are encouraged but not required to find ways to support the WAI placements after the WAI funding ends. The WAI will work with the selected PHAs to explore how the WAI placements and the value they provide might be sustained after the funding ends.

Q: Are you only staffing full-time FTEs? Or can it be part time?

A: At this time, the CDC Foundation is only filling full-time positions. If your PHA identifies a strong need for WAI placements at less than full time, please note this in your narrative response. As the CDC Foundation learns more about PHA workforce needs, the CDC Foundation may consider approaches for having WAI placements provide part time support. Multi-PHA applicants may split full-time FTEs across their PHAs.

Q: Are there options other than remote work for Cohort 3? Can we have the individual come into office if located locally?

A: Cohort 3 PHAs are required to be prepared for staff to work remotely. If a fitting WAI placement is identified for a PHA and lives in a location where they can work in a hybrid or in-person scenario at the PHA, the WAI placement can be asked to report to the PHA office. The CDC Foundation team members will work with selected PHAs on this scenario as it arises in the WAI placement recruitment and selection process.

Q: What is the reporting structure for WAI placements? Who employs WAI placements and how does reporting and supervision work?

A: WAI placements are employed by CDC Foundation and supervised by a CDC Foundation manager. All disciplinary, performance and employee relations issues are the responsibility of the CDC Foundation. WAI placements' day-to-day direction and work will be directed by staff at the selected PHA.

Q: What are the reporting requirements for the PHAs and/or WAI placements?

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A: Selected PHAs are required to join regular post-placement check-in meetings with CDC Foundation team members (e.g., every month) to discuss success stories, challenges and emerging opportunities related to the WAI placements' workplans. Selected PHAs are also required to submit regular reports (e.g., quarterly) regarding WAI placements' progress and areas for potential improvement in WAI implementation.

The CDC Foundation team members will also engage with WAI placements directly through training and learning opportunities, mentorship and peer-learning opportunities and check-ins with CDC Foundation supervisors. PHA staff will also have access to some of these opportunities.

Q: When will the WAI placements be placed at selected PHAs? When can we expect them to be onboarded to our PHA?

A: The CDC Foundation aims to place Cohort 3 WAI placements at PHAs as soon as possible to maximize the length of time WAI placements have at selected PHAs before June 30, 2027. If your PHA is selected for Cohort 3, the CDC Foundation team will schedule an onboarding meeting with you shortly after you are selected to discuss the process for candidate recruitment, selection, placement and onboarding.

Q: What is the process to engage the PHAs in the recruitment and hiring processes?

A: PHAs will be engaged immediately after the PHA is selected for the WAI. The CDC Foundation will meet with PHAs to discuss and finalize job descriptions, interview guides and onboarding processes. A shortlist of pre-screened candidates will be shared with PHAs to review. PHA hiring teams may select candidates they would like to interview from the shortlist. Interview panels will consist of 1-2 CDC Foundation staff and 1-2 PHA staff. The CDC Foundation has final decision making authority around hiring selections; however, the CDC Foundation will strongly consider the feedback of the PHA in making these decisions.

Q: What if you cannot find someone to fill these positions? How long will you look to fill these positions?

A: In the occurrence the CDC Foundation team cannot identify a candidate for a specific PHA-based role, the team can consider other alternatives. For instance, the CDC Foundation may address hard-to-fill positions by hiring individuals who can serve multiple PHAs versus only being assigned to one PHA.

The WAI goal is to place candidates within 60 days of posting.

Q: Will you be able to place multiple positions at one PHA?

A: Yes, you may request up to four (4) WAI placements total within your application. Please request the number of placements necessary to accomplish the proposed work. The CDC Foundation expects that many PHAs will need to add more than one WAI placement to successfully advance their project(s) and/or activities.

Q: If we have multiple programs applying per PHA could we have multiple applications and multiple points of contact (since only one point of contact is listed on the current application form)?

A: Please only submit one application per PHA. For the point of contact fields, please indicate one individual who will serve as the primary point of contact for CDC Foundation regarding the overall application and any possible next steps.

Q: May we apply for WAI Cohort 3 for our own PHA using the individual PHA application, and also be part of as WAI Cohort 3 multiple-PHA application?

A: No. A PHA may not be a participant in a WAI Cohort 3 multiple-PHA application and also apply for WAI Cohort 3 as a single-PHA applicant.

Q: May we be participants in more than one multiple-PHA application for WAI Cohort 3?

A: No. A PHA may not be a participant in a WAI Cohort 3 multiple-PHA application.

Q: At the programmatic level we don't know the PHA-wide FTE counts regarding informatics staff – but can tell you exactly the FTE counts within each of our programs. How should we answer the questions about existing FTEs at our PHA?

A: For these questions, answer as best as you can for the PHA overall and then add text in the available fields to explain how many FTEs are on specific teams/programs or explains how or whether the information may be incomplete or imprecise for the PHA overall.

Q: How does this initiative relate to Public Health Infrastructure Grant (PHIG) funding for workforce, or to the Implementation Center (IC) initiative?

A: WAI is a separate initiative from PHIG and the ICs, but all three have related goals. Some PHIG or IC recipients may be among the PHAs selected to participate in WAI. The CDC Foundation team will collaborate with the organizations administering the PHIG and ICs to coordinate the initiatives.

Q: Do PHAs need to provide laptops or other equipment to WAI placements?

A: CDC Foundation can purchase basic equipment for staff hires – see "The tangible equipment ..." question in the "Administrative Questions" section, below in this FAQ. However, PHAs may need to provide computers or other equipment to WAI placements in the cases where PHA policies restrict access from computers not issued by the PHA.

RFA General Questions

Q: Can a completed single audit be submitted in lieu of the required financial documents?

A: A single audit can be submitted as part of this application. Please note that in the review process additional documents may be required. If so, a member of the CDC Foundation team will reach out following your application submission.

Q: Regarding the requirement for a Balance Sheet and Income Statement, could you provide further guidance on what is meant by "Audited"?

A: The term "audited" is defined as any financial statement that a certified public accountant (CPA) has examined and reviewed. A CPA audited financial statement will ensure the statements adhere to the general accounting principles and auditing standards.

Q: Are applications reviewed and approved on a rolling basis?

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A: The application opened on August 18, 2025, and will be reviewed for selection after Friday, October 17, when the submission period ends.

Q: Can a team that applied to Cohort 1 or 2 also apply to Cohort 3? Can a team that was selected for Cohort 1 or 2 also apply to Cohort 3?

A: Any PHA not selected for Cohort 1 or 2 is eligible to apply for Cohort 3 whether or not they applied for Cohort 1 or 2. Any PHA that was selected for Cohort 1 or 2 is not eligible to apply for Cohort 3, unless they apply for Cohort 3 as part of a multiple-PHA application.

RFA and Eligibility

Q: What are the web links to important WAI information?

A: See the RFA, application and FAQs here: https://www.cdcfoundation.org/request-for-proposals .

Q: Reading through the application, I just need clarification on the narrative. If we were to request 4 positions, we would need to have an A, B, and C narrative for each, correct?

A: Yes, this is correct. Please include part A, B, and narrative for each FTE requested. If you are requesting more than one FTE for a particular position type, please submit a narrative part A, B, and C for each of these FTEs.

Q: Is there a CFDA number associated with this RFA?

A: The CFDA number associated with this RFA is CFDA #93.322.

Q: Are Urban Indian Organizations, which are non-profits and not tribal governments, eligible?

A: To be eligible, Tribal organizations must be vested with public health authority from the Tribal Nation(s) they serve.

Q: Can Public Health Infrastructure Grant recipients participate?

A: Yes, recipients of the Public Health Infrastructure Grant may participate in WAI.

Q: Can Implementation Center Grant recipients participate?

A: Yes, recipients of the Implementation Center Grant may participate in WAI.

Q: Besides the Smartsheet application form and the items requested within it. Does PHA need to submit anything else for the application?

A: No, but finalists in the PHA selection process may be interviewed about their application. Please refer to "Step 2. Participate in a 30-minute interview" in the RFA.

Q: If we were picked for Cohort 1 or 2, could we also be considered for Cohort 3, or is selection for the WAI limited to one cohort per organization?

A: Any PHA not selected for Cohort 1 or 2 is eligible to apply for Cohort 3 whether or not they applied for Cohort 1 or 2. Any PHA that was selected for Cohort 1 or 2 is not eligible to apply for Cohort 3, unless they apply for Cohort 3 as part of a multiple-PHA application.

Q: If PHA serves a population of 100,000, are they excluded?

A: For Cohort 3, jurisdictions serving a population size of 100,000 or more are eligible to submit a STL PHA Proposal, as described in the "PHA Eligibility Criteria Specific to Each Proposal Category" section of the RFA. There is no population size criterium for Tribal PHA Proposal or Multiple-PHAs proposals.

Q: Are there opportunities for PHAs serving populations under 100,000?
A: PHAs serving populations under 100,000 may be part of a Multiple-PHA proposal. Tribal PHAs serving populations of any size may submit a Tribal PHA proposal. In addition, the CDC Foundation hopes to share lessons learned from this initiative with other PHAs. The CDC Foundation team is developing the project evaluation, training, communications and dissemination plans and will share additional details as they become available.

Administrative Questions

Q: How would the current CDC Foundation MOAs cover this new component?

A: In the CDC Foundation's experience, it can help accelerate the overall agreement process if a Master Service Agreement is in place as this is the first step prior to the component specific MOA. If a PHA has an existing Master MOA with CDC Foundation, then it may be usable for this project. If a PHA does not have an existing Master MOA, it is expected that a new Master MOA will be executed for this component.

Q: If the PHA has a current MOA with CDC Foundation, would we be able to transition individuals within our PHA onto this funding stream if we were awarded these funds?

A: If the individuals are CDC Foundation employees, they will need to go through the application review process to ensure that they meet the requirements.

Q: How will CDC Foundation handle contracting/MOUs with the PHA? If there are concerns in getting this approved by Cohort 3?

A: Other CDC Foundation initiatives already have MOAs in place allowing CDC Foundation employees to work within the PHA. For PHAs that are selected for WAI, the CDC Foundation may leverage existing MOAs if that is appropriate. The CDC Foundation will work with the selected PHAs to establish the necessary agreement(s) as quickly as possible.

Q: Is this grant only for human resources only? If PHA is willing to develop new cloud/database for current running data, will CDC offer the cost for setting up these tools?

A: The focus of this funding is to provide human resources. This funding would not cover costs for setting up new cloud/database tools, nor other software or hardware acquisition or maintenance costs beyond basic equipment for the WAI placements (see "The tangible equipment …" question below). The applicant PHA must provide funding for costs associated with the projects in the WAI placements' workplans.

Q: What are the expectations for equipment for PHA hires?

A: CDC Foundation can purchase basic equipment for staff hires. The PHA should assure that the WAI placements have access to the PHA equipment, data, and systems that are necessary to execute their workplans. See "The tangible equipment …" question below.

Q: The tangible equipment (computers, licensing, etc.): what is being provided by the CDC Foundation under the administrative aspects and what is being provided by the PHA? Is that something the PHA should consider when applying?

A: CDC Foundation has some funds to provide equipment for WAI placements, such as for computers and standard software. Note that many PHAs may have policies restricting what equipment may be used to access and work on information systems, especially sensitive information systems; CDC Foundation will work with PHAs to try to address equipment needs but may not be able to provide equipment conforming to each PHA's policies. PHAs may need to provide computers or other equipment for WAI placements in the cases where PHA policies restrict access from computers not issued by the PHA.

WAI Placement Timeframe, Roles, FTEs and Location

Q: Is the June 2027 cutoff for both cohorts or only cohort 1?

A: Funding for WAI Cohort 3 placements is through June 30, 2027. Funding for WAI Cohorts 1 and 2 is 3 placements is through June 30, 2026.

Q: How many FTEs can a PHA request? 1-4 staff?

A: Yes, this is correct.

Q: Is it fair to assume these positions will be full-time or will they be part-time/hourly?

A: The CDC Foundation expects proposals requesting full-time positions. If your PHA identifies a strong need for WAI placements at less than full time, please note this in your narrative response. Depending on PHA workforce needs, the CDC Foundation may consider approaches for having WAI placements provide part time support.

Q: Will all of the hires need to be remote? Is there flexibility in Cohort 3 with fully remote work and recruitment?

A: Cohort 3 PHAs are required to be prepared for staff to work remotely.

Q: Will you also have security analysts as a possible position?

A: A security analyst could be requested in the "Cybersecurity" category in the WAI Cohort 3 application.

PHA's Role in Recruitment and Hiring

Q: Can current PHA staff be funded to retain the workforce already in place after other funding cuts begin?

A: There isn't any funding directly sent to PHAs for hiring staff. The staff hired through WAI will be CDC Foundation employees only. If a staff member is interested in working for a PHA under this funding, the PHA should instruct the staff member to apply to the CDC Foundation.

Q: Can PHA agencies recommend people to be hired? (i.e. past employees)

A: Yes, the CDC Foundation encourages PHAs to share this opportunity with potential candidates when the recruiting begins. Note that the CDC Foundation team hopes to shape

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recruiting such that it draws experts from beyond public health into public health and minimizes occurrences of experts leaving one PHA to fill a WAI position at another.

Q: Will PHA's have a role in helping define specific job descriptions/recruitment when trying to recruit/find staff for our PHA? (Example – Engineers or IT infrastructure staff recruited with the appropriate technical knowledge for the specific PHA; Azure vs. AWS vs. GCP)

A: Yes, the CDC Foundation will meet with PHAs to gather specific software skills and technical knowledge needed for each placement.

Q: Will PHAs have a role in the recruitment process to ensure that the candidate is a good fit?

A: Yes, the CDC Foundation team will meet with PHAs to gather specific software skills and technical knowledge needed for each placement. The CDC Foundation will ask PHAs to participate in interviews, share candidate feedback and support some elements of onboarding/training specific to their PHA.

Q: Can the PHA require specific skill sets inside the Software Development & Engineering roles (to ensure ability to interact with existing technology stack)?

A: Yes, the CDC Foundation team will meet with PHAs to gather specific software skills and technical knowledge needed for each placement.

Q: What is the estimated time requirement that PHAs would have to dedicate for the recruitment process?

A: It will vary based on the number of positions for which each PHA is hiring. Participation will be required for: a kick-off/discovery call (to finalize position needs, align a timeline and next steps); interview preparation; participate in 3-5 one-hour interviews per open position; participate in a feedback call and/or provide candidate feedback; participate in a virtual candidate/recruitment forum. Time requirements may range from 10-30 hours total, spread across several weeks.

Q: How will you recruit WAI workforce? Do you already have a target pool to recruit or are you going to post the jobs on your CDC Foundation site?

A: The CDC Foundation will post positions on the CDC Foundation website and on sites such as https://www.dice.com/ that are used by potential candidates.

Q: If a PHA applied and is selected to participate in a cohort, can the PHA also participate in the recruitment process and decide whether to onboard the WAI staff?

A: While the CDC Foundation will be hiring the candidates, PHAs will be engaged immediately after the PHA is selected for the WAI. The CDC Foundation will meet with PHAs to discuss and finalize job descriptions, interview guides and onboarding processes. A shortlist of pre-screened candidates will be shared with PHAs to review. PHA hiring teams may select candidates they would like to interview from the shortlist. Interview panels will consist of 1-2 CDC Foundation staff and 1-2 PHA staff. The CDC Foundation has final decision-making authority around hiring selections; however, the CDC Foundation will strongly consider the feedback of the PHA in making these decisions.

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PHA Organizational Structures, Roles and Projects

Q: Do all WAI placements have to report to the same systems improvement decision-making authority (same team) or can we apply to have WAI placements spread across different teams?

A: WAI placements within one PHA may be directed by different systems improvement decision-makers. In fact, some current WAI PHAs have placements working in their jurisdiction's IT agency, outside of their PHA. WAI placements are intended to strengthen the PHA's information system infrastructure and long-term opportunities for improvement; workplans that indicate strategic, coordinated efforts are likely to be scored higher than more siloed, less generalizable efforts.

Q: What types of projects can the WAI placements support? Are there examples of projects that may be supported by the placements?

A: Proposed workplans for WAI placements may involve contributing to current projects or initiating new projects. One WAI placement may work on several projects, and may also have general responsibilities or roles, such as participating in a data governance committee or in procurement processes related to information-systems. For further examples of projects supported by the placements, please see **Appendix A.**

Q: If we would like to have someone give assistance on multiple smaller projects is that possible? Or is the idea to have one specific longer-term project in mind for this request.

A: One WAI placement can be multiple projects. The CDC Foundation team expects this to happen frequently.

Q: Can you speak to the appropriate, or allowable, level of seniority (e.g. supervisors, assistant commissioners, etc. vs. non-managerial) for the requested positions?

A: In Cohort 3, the requested WAI placements may be at whatever level of seniority that is needed for the proposed system improvement work.

Q: Can the Position Descriptions generated from this initiative be made available generally for Informatics Directors to leverage for other DMI recruitment processes?

A: Yes, WAI Position Descriptions are posted on the [CDC Foundation's WAI webpage](#).

Q: Will the job postings indicate that the positions are for WAI? What are the titles?

A: Yes, the job postings will indicate that the positions are for WAI, and indicate hosting PHA jurisdiction. The titles for the jobs will not indicate that it was the WAI program. The WAI program will be mentioned in the introductory paragraph of the posted job description.

Q: Can a jurisdiction propose multiple projects in hopes that one is selected?

A: Jurisdictions can submit only one application, but the CDC Foundation expects that the proposed workplans for each WAI staff will often include more than one project. The CDC Foundation's hope is that WAI placements will bring skills that provide value in many efforts to improve a PHA's information infrastructure or capabilities.

PHA Review and Selection Criteria

Q: How will each PHA's level of need be assessed?

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A: An initial assessment of need will use information from the written application. Level of need will be assessed further during the interview of each PHA selected to go to the interview phase.

Q: How will applications be scored for cohort 3? Are there specific needs that rise to the top? Are both the same or do they differ?

A: Specific review criteria and their weightings are listed in the "Review Criteria for All Applicant Types" section of the RFA.

Q: Will a PHA have a greater chance of being selected if it requests fewer WAI-funded staff (e.g., fewer than 4)?

A: We hope to have an average of 2.5 WAI placements per selected PHA. We are looking for practical and achievable workplans. Since we will not be placing 4 WAI placements at the majority of PHAs, we are more likely to select applications that propose work and milestones achievable with fewer than four WAI placements, as long as they have sufficient staff to accomplish the work they propose. This group of sufficient staff may include both WAI placements and current PHA staff or contracted help.

The application includes a section for prioritizing among the requested positions. Please be sure to fill that in thoughtfully since we expect that most PHAs will not receive 4 placements. Those reaching the interview phase of cohort 3 selection may be asked to discuss options for sustainability, and the more WAI-funded staff, the greater the sustainability challenge will be.

Q: My organization, a State Public Health Laboratory, is a division of the Department of Health and Senior Services (DHSS). We would like to apply but I also know that our partners at the Bureau of Data Modernization and Interoperability (another division of DHSS) is also planning on applying. Would we be counted as one PHA or two separate PHAs?

A: We will limit WAI placements to no more than 4 per jurisdiction. Please submit only one application per jurisdiction. Each agency may request up to 4 full-time roles. The positions can span agency divisions and have workplans that include different projects.

Q: Are we required to submit letters of support from every Tribe we serve (in our case, 43 Tribes)? Or would a single letter of support/resolution from our Board of Tribal Delegates that includes a statement about our public health authority to exchange data with member Tribes be sufficient?

A: A single letter of support from your Board of Tribal Delegates that includes a statement about public health authority to exchange data with member tribes will be sufficient. Support from every Tribe is not necessary, but support from at least some Tribes is necessary. The letter should make it clear that the Tribes understand and support the proposed work.

Q: Are there any plans for funding future cohorts?

A: No, we do not plan to have additional cohorts after Cohort 3.

Q: Regarding the Key Technical Roles, would that include Database administrators?

A: Yes, a database administrator could be provided as a Data Engineering placement.

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Q: For a budget for non-personnel expenses, is there a recommended amount PHAs should allocate?

A: The PHA will need to estimate non-personnel expenses associated with a project or work plan, and have funds to cover those expenses, funds not from WAI.

Q: Does the PHA determine number of staff requested? Are modifications expected after the application review?

A: Yes, the PHA needs to request the number of positions they would like between one and four. There may be modifications to that number after the application is received. Not all requested positions may be awarded to the agency; the application includes a question asking that the applicant rank the requested position by priority.

Q: Does the CDCF WAI budget determine the number of WAI placements that will be allotted to the PHAs or is there enough for 4 WAI placements for all PHAs that would be selected?

A: There will not be enough positions for all selected PHAs to have 4 placements. Our planning is based on providing an average of 2.5 placements per selected agency.

Q: If we already have an agreement with CDCF, are we already covered?

A: PHAs that already have a master service agreement with CDCF, will only need approval for the MOA/scope of services for this project.

Q: Will the WAI Placement work remotely, or would they be expected to relocate and work in-person?

A: Cohort 3 PHAs are required to be prepared for staff to work remotely. The WAI positions are posted as remote.

Q: Can a PHA fund positions via this opportunity? For example, if a PHA is awarded 2 positions, but would like to have 3. Can the PHA fund 1 additional position via your offering?

A: The CDC Foundation would only fund the 2 awarded positions. However, we encourage PHAs to find other streams of funding that could cover additional positions.

Q: How will the Workforce Acceleration Initiative effectively place and manage data and informatics experts to meet each public health agency's specific modernization needs?

A: While the CDC Foundation will be hiring the candidates, PHAs will be engaged immediately after the PHA is selected for the WAI. The CDC Foundation will meet with PHAs to discuss and finalize job descriptions, interview guides and onboarding processes. A shortlist of pre-screened candidates will be shared with PHAs to review. PHA hiring teams may select candidates they would like to interview from the shortlist. Interview panels will consist of 1-2 CDC Foundation staff and 1-2 PHA staff. All interview panelists will receive interview training. The CDC Foundation has final decision-making authority around hiring selections; however, the CDC Foundation will strongly consider the feedback of the PHA in making these decisions.

Q: Can you describe how we will work with 4 FTEs if we can request 4 FTEs, or is it better to request a lower number of FTEs given that you anticipate placing an average of fewer than 4 FTEs in each agency?

A: There needs to be strong justification for each requested FTE. If a PHA needs less than 4 WAI FTEs, it should request fewer than 4. Applications requesting 4 FTE need to exhibit need for the 4 FTES and the capability to utilize all requested FTEs. Applicants should consider the work that needs to be completed and how many staff are necessary to make that happen. Applicants should request sufficient positions to successfully accomplish the workplan milestones. Applicants will also be asked to rank those positions. If a PHA does not receive all requested positions, the highest prioritized FTEs will be awarded.

Q: Are there plans to do a cohort 4?

A: No, there are no plans for a Cohort 4.

Q: Can selected WAI placements be absorbed by agency after the year?

A: Yes. The hope is to bring people into public health and retain them in the field.

Q: Can you provide some helpful tips used in the selection of PHA's for Cohort 1 and 2 to help build a stronger application for Cohort 3?

A: Application should include a sensible work plan that also builds the PHAs sustainable capability for future systems improvement.

Q: If an agency has developed a strategic roadmap for the Data Modernization Initiative (DMI) for the next few years, can the Workforce Acceleration Initiative provide the expertise needed to support its implementation and review the plan?

A: The CDC Foundation may be able to provide support to some agencies for short-term consulting to help review plans and provide recommendations. The FTE placements may bring on expertise needed as well.

Q: How do you define "highest need for data modernization support"? Is this based on public health use case need (e.g., disease burden, disparities, etc.), current gaps in data systems, having gaps in staffing, having a specific project with needs that will advance our systems infrastructure, or something else?

A: Since WAI is focused on workforce, "need" will primarily be assessed in terms of current workforce with some consideration of jurisdiction characteristics and the systems improvement contribution that WAI placements may make.

Success Stories

The CDC Foundation will continue to offer example stories of what success may look like for different PHAs that could leverage WAI placements. The CDC Foundation team will add to the stories as they are gathered.

Success Story 1 (Sharing Tribal Health Data in Realtime)

In the past, State X handled all reportable condition surveillance, investigation and interventions for people on Tribal lands and American Indian/Alaskan Native (AI/AN) groups statewide without Tribal leadership or TEC (Tribal Epidemiology Center) involvement. With assistance from the TEC, the Tribes engaged in discussions with State X about Public Health Authority and Data Sharing Agreements (DSAs).

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Through these discussions, the TEC's goal was shared to work in partnership with the Tribes to take on PHA for Tribal lands and AI/AN populations in State X. After establishing a DSA, State X began sharing electronic case reports for all reportable conditions, totaling 78, using Azure/Cosmos cloud services (REST API). Now, the TEC and Tribes are moving forward with intervention services.

Detailed Results

- All identifiable reportable conditions for individuals residing on Tribal lands and AI/AN people statewide, along with five years of historical data, are transferred in real-time using Azure-to-Azure transfer via RESTful interface. Any transaction in State EDSS records (add, modify, delete) triggers a send event.

    o The initial transmission resulted in 555,406 records received, covering 243,046 unique individuals.

- The system enables seamless interoperability and resource coordination. Resources from TEC, State X, Tribes, IHS clinics and CDC Epi Aid initiated a joint syphilis outbreak response with focus on all cases in the past 60 days not brought to treatment.

- Records are converted to structured data by SAS server for analysis and Disease Intervention Specialist (DIS) user access. Tribal Disease DIS "operate on the ground" in Tribal communities, including some community areas where State X does not offer services.

In the future, the TEC plans to acquire open-source EDSS and configure a bidirectional exchange between the two Azure Cloud resources.

Success Story 2 (Connecting Communities for Health)

X County Public Health faced a major challenge: its collaboration with numerous community partners was hindered by fragmented information systems. Data was trapped in isolated silos, making it difficult to understand the full impact of public health initiatives and preventing residents and stakeholders from working together efficiently.

Detailed Results

To address this, the WAI placement developed a centralized project management and data-sharing system using Monday.com. This accessible, user-friendly platform now serves as a collaborative hub where X County Public Health and its partners can:
- Track projects in real time across multiple organizations
- Share data seamlessly, eliminating duplication and confusion
- Visualize collective impact, turning raw inputs into actionable insights
- Make smarter, data-driven decisions based on integrated information

The results have been transformative. By leveraging a cost-effective tool like Monday.com, the WAI placement demonstrated that powerful public health solutions don't require expensive, specialized software. More importantly, the initiative strengthened relationships across the county, fostering deeper coordination and more effective public health outcomes for the entire community.

Success Story 3 (Making Public Health Data More Accessible)

A public health agency in a U.S. territory faced challenges in managing and communicating health data effectively. Disconnected systems and limited access to timely, understandable information made it difficult for both professionals and residents to respond proactively to public health concerns.

Detailed Results
Through a placement with a national public health initiative, a data scientist with a background in clinical research and data governance led efforts to modernize the agency's epidemiology dashboard. Key accomplishments include:

- Expanded disease tracking: The dashboard now monitors 11 foodborne illnesses, with a framework ready to incorporate 4 additional conditions if needed.
- Timely updates: Flu season data and other health trends are now regularly updated for public and internal use.
- Integrated education: CDC health resources were embedded directly into the dashboard, helping users understand the data and make informed decisions.
- Future expansion: Plans are underway to include data from all agency programs, such as waterborne diseases and vaccine-preventable illnesses.
- Vital statistics dashboard: A new tool is being developed to provide accessible demographic and health data for both staff and the public.

This initiative demonstrates how accessible tools and cross-sector collaboration can transform raw data into actionable insights. By making public health information clearer and more accessible, the project is empowering communities to take charge of their health and building a stronger, more resilient infrastructure for the future.

Success Story 4 (Leveraging EHR One Data Point at a Time)

A public health agency faced a major challenge: critical patient data was scattered across incompatible systems, making it difficult to track emerging health threats quickly and accurately. Without a unified approach, public health officials struggled to respond effectively to fast-moving outbreaks.

Detailed Results
Through a national public health initiative, a data scientist with expertise in technology and analytics led efforts to transform fragmented electronic health records (EHRs) into a cohesive, actionable system. Key achievements include:

- Advanced data integration: Applied artificial intelligence and complex algorithms to unify data from diverse hospital and clinic formats.
- Improved interoperability: Enhanced communication between systems and ensured alignment with national data standards.
- Faster outbreak detection: Enabled real-time tracking of infectious diseases, including drug-resistant threats, allowing for earlier interventions.

- Proactive public health response: Shifted the agency's approach from reactive to proactive, improving decision-making and safeguarding vulnerable populations.
- Infrastructure transformation: Laid the foundation for a more resilient and responsive public health system.

This work demonstrates how strategic use of technology can revolutionize disease surveillance and response. By turning raw data into intelligence, the project is helping build healthier, more secure communities one data point at a time.

Appendix A

Example Projects

Proposed workplans for WAI placements may involve contributing to current projects or initiating new projects. One WAI placement may work on several projects, and may also have general responsibilities or roles, such as participating in a data governance committee or in procurement processes related to information-systems. Projects in WAI team members' workplans should be at a point where sources of likely delays, such as getting approvals from your IT or Legal departments, or getting access to necessary data or systems, have already been addressed. Projects should be consistent with Public Health Data Strategy (PHDS) goals. Projects may be related to the PHDS goals directly and/or to capacity-building efforts that create a path towards PHAs being able to participate in these broader efforts. Most essentially, projects should address PHA priorities for improving PHA information management or systems.

Here are some categories and examples of possible projects. Many other categories and projects may be equally appropriate.

- Enhance, upgrade or replace an existing application or system.
  - Example: Develop requirements for upgrading or replacing a case investigation or case management system.
- Change data entry from being onto paper to being directly into an electronic database.
  - Example: Develop an RFP for an interface that nurse epidemiologists can use during their case investigations.
- Make data storage more centralized or migrate data storage from Excel or "flat files" into more robust, advanced database software, like SQL Server, MySQL, Oracle Server, or the like.
  - Example: Develop and issue an RFI to identify the database management system your agency will prefer.
  - Example: Analyze some current data capture processes and work with users to design a "wireframe" (a rough schematic) for a solution.
  - Example: Use an agile process to move from a wireframe to a prototype to a production version of the solution.
- Automate the linkage (matching) of records within a dataset or between two datasets to create more informative datasets or to improve program operations.
  - Example: Improve and increasingly automate a method for de-duplicating, linking and updating laboratory results within reportable disease cases, perhaps using machine learning.
  - Example: Improve the capture and longitudinal tracking of food inspection results by establishment, including prompting staff for follow up and resolution of citations.
- Increase the accessibility of data or analysis results, such as by developing automated dashboards for the public or decision makers, or by implementing "open data" tools.
  - Example: Automate the production of some community assessment tables or maps, including a process to interpret and present them on a frequently updated website.
- Assess and improve data quality, standardize or harmonize data fields between different databases.

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- o Example: Automate the addition of geolocation fields to accidental death records using a process that can be expanded to other datasets.
- o Example: Implement a system of automated data quality checks on an incoming data stream, to quickly detect and communicate with the data source about both data quality issues with specific fields and interruptions in the transmission of the data.
- Develop data sources and analysis tools related to food access, neighborhood walkability, greenspace, tobacco sales, other chronic disease risk factors, overdose or other accidental deaths or other social determinant of health-related factors.
  - o Example: Develop a dashboard that displays near real-time mapping of case reports of vector born disease or elevated blood lead levels, including relevant geography-based factors.
- Automate and improve current work processes.
  - o Example: Analyze and improve processes involved in monitoring tuberculosis cases and their treatment, including automated reminders to PHA staff and use of texting and telehealth or video meetings with cases.
  - o Example: Improve and automate a system for capturing and tracking or analyzing food inspection results.
- Enhance, upgrade, or replace an existing application or system.
  - o Upgrade EpiTrax to securely connect to North Dakota labs and ingest ELRs directly into TMPHD's cloud platform.
  - o Replace local servers with cloud-based repositories that support separate data lakes for confidential Tribal eCR data.
- Enhance, upgrade, or replace an existing application or system.
  - o Replace fragmented reporting workflows with a standardized, integrated information system across Tribal partners.
  - o Enhance existing pipelines by embedding Tableau automation for near real-time visualization of health trends.

- Make data storage more centralized or migrate data storage
  - o Transition KPI tracking spreadsheets into a centralized SQL database connected to Tableau.
  - o Migrate fragmented flat-file data into GLITEC's secure cloud repositories for improved analysis and reporting.

- Automate the linkage (matching) of records within a dataset or between two datasets.
  - o Automate linking of HL7v2 lab feeds with FHIR clinical encounter data for complete patient records.
  - o Build automated deduplication pipelines for incoming data streams to improve data quality.

- Increase the accessibility of data or analysis results.
  - o Develop role-based dashboards that give secure, tiered access to Tribal, state, and federal partners.
  - o Create automated geospatial dashboards combining health and environmental data for community assessments.

- Improve interoperability and data exchange

- o Develop APIs to connect Tacoma's workflow governance system with state public health data systems for compliance validation.
  - o Standardize integration pipelines that allow multiple departments to feed into a shared governance dashboard while preserving role-based access.

- Increase the accessibility of data or analysis results
  - o Develop automated Tableau dashboards that summarize BHRS and HIE data for department-wide decision-making.
  - o Create role-based dashboards for internal teams to visualize priority analyses without requiring custom SQL queries.

- Enhance, upgrade, or replace an existing application or system
  - o Replace the outdated food inspection scheduling tool with an electronic permit system that includes flagging for overdue or upcoming inspections.
  - o Build a document filing and storage module that digitizes paper permit records, enabling faster retrieval and updates.

- Make data storage more centralized or migrate data storage
  - o Transition of private well water quality data from Access into a SQL Server database with built-in validation rules to prevent typos/incomplete records.
  - o Migrate Excel-based communicable disease tracking into a centralized SQL system connected to Wisconsin DHS surveillance feeds.

- Enhance, upgrade, or replace an existing application or system
  - o Replace MyInsight EHR with a custom-built system using Umbraco framework, Azure servers, and a centralized data warehouse.
  - o Develop Power BI dashboards and analytics for internal teams and grant reporting.

- Make data storage more centralized or migrate data storage
  - o Improve the data warehouse on Azure and automate ingestion of state surveillance data into Databricks.

- Increase the accessibility of data or analysis results
  - o Create Power BI dashboards and share epidemiologic insights via the Cleveland Open Data Portal.
  - o Migrate something into "the cloud" or adapt something in the cloud to be more efficient.
  - o Make data from multiple PHA datasets available through one analytic tool.
  - o Automate data exchange with other organizations, such as electronic case reports from health care organizations, electronic laboratory orders or results from a laboratory of health information exchange, datasets from partner public health agencies, etc.
  - o Develop or implement an agency-wide data governance process to improve data quality, use, security, and appropriate accessibility.
  - o Develop or refine a systems improvement or informatics strategy and plan.