
Request for Applications Frequently Asked Questions Supplement

Data Modernization Workforce Acceleration Initiative (WAI)

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Introduction

This Supplement has been updated to address anticipated questions from applicants. The CDC Foundation will additionally answer questions submitted via email and/or during the CDC Foundation Information Session within this document and post updates no later than Tuesday, April 30th for the Workforce Acceleration Initiative Request for Applicants (Cohort 1) issued on 4/25/2024.

UPDATES: On May 1, 2024, this document was updated to include questions submitted during the Information Session webinar hosted April 29, 2024, for the Data Modernization Workforce Acceleration Initiative (WAI) RFA issued April 25, 2024. These responses are all listed under [the RFA Information Session Questions](#). This document has also been updated with a selection of [success stories](#).

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. Eligible applicants are included in the list below. If you have questions about your organization's eligibility, please contact WAI@cdcfoundation.org no later than 11:59 PM PST on Monday, May 6.

- State governments (includes the District of Columbia)
- Local governments or their bona fide agents
- Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau
- County governments
- City or township governments

- Special district governments
- Native American tribal governments (Federally recognized)
- Native American tribal organizations (Other than federally recognized tribal governments)
- Tribal Epidemiology Centers
- American Indian or Alaska Native tribal governments (Federally recognized)
- American Indian or Alaska Native tribally designated organizations

Example Projects

Proposed workplans for WAI team members may involve contributing to current projects or initiating new projects. Projects 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.
 - Example: Automate the addition of geolocation fields to accidental death records using a process that can be expanded to other datasets.
 - 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.
 - 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.
 - 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.
- Migrate something into “the cloud” or adapt something in the cloud to be more efficient.
- Make data from multiple PHA datasets available through one analytic tool.
- Improve and automate a system for capturing and tracking or analyzing food inspection results.
- 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.

Please note that projects to implement electronic health records (other than efforts directly related to improved system interoperability to facilitate a stronger public health data infrastructure) are not within the scope of projects aligned with this RFA.

Frequently Asked Questions

RFA Specific Questions

Q: What is the number of Public Health Agencies and Authorities (PHAs) that will be selected to have WAI placements?

A: This RFA is for the first WAI placement cohort; later (before June 30, 2024) the CDC Foundation will post an application for a second WAI placement cohort. Across the cohorts, the WAI will place and provide salary for additional technology and data staff members in approximately 40 PHAs. The CDC Foundation anticipates this first cohort will include up to 10 PHAs that are prepared for immediate onboarding and utilization of WAI placements to maximize length of support within the PHA.

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 within this first cohort, the CDC Foundation encourages applicants to use the WAI placement position types listed in item 12 of the application. If your PHA has a critical need for a WAI placement in a position other than those described in the application, please enter the requested position using the “Other” selection option and elaborate in your attached narrative. Please do not request more than 5 FTEs total. The CDC Foundation team members will work with selected PHAs to determine opportunities for filling these requests following selection.

Q: Are WAI placements expected to be sustained by the selected PHAs beyond the funding period (after June 30, 2025)? 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.

Q: Are there options other than remote work for Cohort 1? Can we have the individual come into office if located locally?

A: To expedite placement, PHA applicants for Cohort 1 are required to be able to support remote WAI placements. However, 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. Please note that this requirement will not apply to future Cohorts.

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?

A: Selected PHAs are required to join regular post-placement check-in meetings with CDC Foundation team members (e.g., every other 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.

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 1 WAI placements at PHAs as soon as possible to maximize the length of time WAI placements have at selected PHAs before June 30, 2025. If your PHA is selected for Cohort 1, the CDC Foundation team will schedule an onboarding meeting with you sometime between Tuesday, May 21 through Friday, May 31 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: While the CDC Foundation will be hiring the candidates, PHAs will be engaged from the beginning. 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.

PHAs will also be asked to participate in recruitment training, and then in virtual recruiting forums where they can meet potential candidates and share more information about their organization and hiring needs.

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, we 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, the CDC Foundation can place up to 5 full-time WAI placements at one PHA. WAI placements can serve the same or different roles at the PHA.

Q: How does this initiative relate to Public Health Infrastructure Grant (PHIG) funding for workforce?

A: WAI and the PHIG are separate initiatives but have related goals. Some PHIG recipients may be among the PHAs selected to participate in WAI. The CDC Foundation team will collaborate with the organizations administering the PHIG to coordinate the PHIG and WAI initiatives.

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

A: 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 and/or depending on availability of WAI funds.

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: Are applications reviewed and approved on a rolling basis?

A: The application will open on April 25, 2024, and will be received and reviewed on a rolling basis through Friday, May 10. Top scoring applications reflective of a diverse and inclusive applicant pool (a group representing different types and sizes of PHAs and varied locations nationally) will be asked to attend a 60-minute presentation and interview session.

Q: Can a team that applies to Cohort 1 also apply to future Cohorts? Can a team that is selected for Cohort 1 also apply to future Cohorts?

A: If a PHA is selected for Cohort 1, they will not be eligible to apply for Cohort 2. If a PHA is not selected for Cohort 1, they will be eligible to apply for Cohort 2.

NEW! RFA Information Session Questions (Monday, April 29)

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>. The CDC Foundation team will be posting the updated FAQs and info session slides and recording to this page no later than Wednesday, 5/1.

Q: Will answers to these questions be added to FAQ's on the website? I did not catch all the answers given live.

A: Yes, the CDC Foundation team will be adding all of these questions and answers to the FAQ document on the request for proposals website and updating the document no later than Wednesday, 5/1. 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 for 5 positions, we would need to have an A and B narrative for each, correct?

A: Yes, this is correct. Please include part A and B narrative for each FTE requested. If you are requesting more than one FTE for a particular position type, please submit a narrative part A and part B 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: Can Public Health Infrastructure Grant recipients participate?

A: Yes, recipients of the Public Health Infrastructure 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 there will be an interview session to present on systems improvement work and Q&A. Please refer to last page of RFA.

Q: If we're picked for Cohort 1, could we also be considered for future cohorts for other work needed, or is it limited to one cohort per organization?

A: If a PHA is selected for Cohort 1, they will not be eligible to apply for Cohort 2. If a PHA is not selected for Cohort 1, they will be eligible to apply for Cohort 2. The CDC Foundation recognizes that PHA infrastructures operate differently across the nation and that PHAs may be pursuing interoperability-related projects together. Therefore, the CDC Foundation will monitor applications from related PHAs and may follow-up with applicants to further understand the ways in which proposed WAI projects and placements may collaborate on systems improvement efforts across PHAs.

Q: Can PHA agencies apply to both cohorts?

A: PHAs not selected for cohort 1 can apply for cohort 2. If the PHA's is selected for cohort 1, they are not eligible for cohort 2. The CDC Foundation team will do its best to make it easy for interested Cohort 1 applicants to use their Cohort 1 application material in their Cohort 2 application.

Q: If we are not selected for cohort 1, can we apply for cohort 2?

A: Yes. See answer to "Can PHA agencies apply to both cohorts?"

Q: If a PHA is selected for Cohort 1, can they also be considered for future cohorts for other work needed, or is it limited to one cohort per organization?

A: If you are selected for Cohort 1, you will not be eligible for future cohorts as part of this initiative.

Q: The FAQ states you cannot apply for future cohorts, what happens if initial workforce assignments are not enough? I.E., You receive 2 placements, but current projects actually need an additional?

A: Within the bounds of its resources, the WAI will endeavor to provide the staff needed by the PHA to notably improve its information system infrastructure. But placement of staff beyond those initially requested is not expected.

Q: If PHA serves a population of 300,000, are they excluded? Will requirements for serving a population of 300,000 or more look different in the future?

A: PHAs will only be eligible if they are serving a population of 300,000 or more, except for Tribal authorities and territorial PHAs as they can have a population of less than 300,000 and still qualify for this opportunity. The CDC Foundation team expects this requirement to remain the same for all cohorts throughout this project. The CDC Foundation will document best practices and create resources drawing from our learnings with the PHAs included in this current project – ranging from larger and mid-size PHAs (serving more than 300,000) to smaller tribal authorities and territorial PHAs serving less than 300,000. These resources will be made available to assist PHAs of all sizes on their data modernization journey.

Q: Are there opportunities for PHAs serving populations under 300,000?

A: 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 already 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 1, can a PHA work on these documents in anticipation of applying for Cohort 2?

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 does not anticipate working on WAI MOAs PHAs before the PHA is selected to participate in WAI. 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 resource 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. Some selected 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.

WAI Placement Timeframe, Roles, FTEs and Location

Q: Is the June 2025 cutoff for both cohorts or only cohort 1?

A: Current funding for all WAI placements is through June 30, 2025 regardless of cohort 1 or 2. The funding agency may approve a no-cost extension of up to 12 additional months beyond the stated project end date of June 30, 2025.

Q: How many FTEs can a PHA request? 1-5 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: 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.

Q: Will all of the hires need to be remote? Is there flexibility in Cohort 1 with fully remote work and recruitment?

A: Cohort 1 applicants are required to be prepared for staff to work remotely. The CDC Foundation will work with PHAs to meet agency requirements.

Q: Onboarding for most PHA staff

A: If there is a need for staff to begin quickly, they can start work remotely prior to an MOA being fully executed.

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

A: A security analyst could be requested in the "Cybersecurity" category of question 12 of the WAI Cohort 1 application. If the applicant PHA needs a position that they cannot fit within categories offered in question 12, they can propose it in category "i) Other."

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. 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 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 training webinar/meeting; 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: To ensure a robust applicant pool, the CDC Foundation team is engaging an organizational partner experienced at hiring technology team members from private industry into government positions. Recruitment activities will also include a Hiring Forum in mid-June where potential candidates and PHA staff will be in attendance. Our partners will provide training to PHA in advance of this forum to support you in developing your key messages to recruit technical staff and maximize opportunities for meeting fitting potential candidates. In addition to these recruitment activities, the CDC Foundation will use our website for posting positions and platforms for promoting positions.

Q: If a PHA applied and is selected to participate in a cohort, can 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 from the beginning. 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.

PHA Organizational Structures, Roles and Projects

Q: Do all WAIs have to report to the same systems improvement decision-making authority (same team) or can we apply to have WAIs split into two different teams who collaborate closely?

A: WAI placements within one PHA may be directed by different systems improvement decision-makers. 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: 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 1, the applicant PHAs should already have an individual with decision-making authority who oversees the PHA's information systems improvement, including the projects that would be supported by the WAI placements. 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 will also be posted on the CDC Foundation career website.

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 the focus on level of need be assessed in PHA?

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 1 and cohort 2? Are there specific needs that rise to the top? Are both the same or do they differ?

A: There is a readiness aspect that is required for cohort 1 that will not be required for cohort 2, including having to have someone already in place to supervise the work, and

having well defined projects to propose in the WAI placements' workplans. Specific review criteria are listed in the RFA.

Q: Will a PHA have a greater chance of being selected if it requests fewer WAI-funded staff (e.g., fewer than 5)?

A: We hope to have an average of 2.5 WAI placements per selected PHA. We are looking at practical and achievable workplans. Since we will not be placing 5 WAI placements at the majority of PHAs, we are more likely to select applications that propose work and milestones achievable with fewer 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 5 placements. Those reaching the interview phase of cohort 1 selection may be asked to discuss options for sustainability, and the more WAI-funded staff, the greater the sustainability challenge will be.

NEW! 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).

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.
 - 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.