Public Health Data Strategy (PHDS) Workforce Acceleration Request for Proposal

Section One: General Information and Instructions

Statement of Need

The Association of Public Health Laboratories (APHL) is seeking proposals from qualified organizations to implement a Workforce Acceleration Initiative to advance the goals of the Centers for Disease Control and Prevention (CDC)’s Data Modernization Initiative (DMI)\(^1\) and the Public Health Data Strategy (PHDS)\(^2\), led by the Office of Public Health Data, Surveillance, and Technology (OPHDST)\(^3\). Specifically, this initiative aims to accelerate State, Tribal, Local and Territorial (STLT) progress on Public Health Data Goals through strategic workforce placement and expansion.

Eligibility

This is an open and competitive process.

RFP Details

Schedule

APHL will follow the anticipated RFP schedule unless otherwise modified on APHL’s procurement site [https://www.aphl.org/rfp/Pages/default.aspx](https://www.aphl.org/rfp/Pages/default.aspx). If there is a change to the RFP schedule following the letter of intent deadline, APHL will also contact the main point of contact identified in their letter of intent directly. Applicants must meet the following three important submission deadlines related to this RFP: the letter of intent email, final response submission and, if applicable, revised or updated submission. Please Note: Applicants who submit proposals in advance of the deadline may withdraw, modify, and resubmit proposals at any time prior to the indicated deadline.

<table>
<thead>
<tr>
<th>RFP Schedule</th>
<th>Date</th>
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<tbody>
<tr>
<td>RFP Issued</td>
<td>09/29/2023</td>
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\(^1\) [https://www.cdc.gov/surveillance/data-modernization/index.html](https://www.cdc.gov/surveillance/data-modernization/index.html)


\(^3\) [https://www.cdc.gov/ophdst/index.html](https://www.cdc.gov/ophdst/index.html)
Informational Teleconference (optional)  
Register in Advance  
10/06/2023

Letter of Intent (required)  
10/09/2023

Questions and Clarifications Deadline  
10/15/2023

Final Responses Due (required)  
10/30/2023

Submission Evaluation Period Ends  
(including follow-up questions and outreach to vendors if necessary)  
11/15/2023

Final compliance review completed, and awardee notified  
11/17/2023

RFP Materials

APHL will post all RFP-related documents, current schedule information, and answers to all submitted questions and clarifications on APHL’s procurement site.

Communications

➢ Outbound communications: APHL will manage all outgoing RFP communication with applicants through APHL’s Informatics program central inbox: informatics@aphl.org.

➢ Inbound communications: When submitting an RFP inquiry to APHL, please include the following text in the subject line of all email correspondence: PHDS Workforce Acceleration RFP_ [Your organization name] to: informatics@aphl.org with a cc to: Leslie.McElligott@aphl.org

Questions and Clarifications

This RFP provides essential information for applicants to prepare competitive proposals but is not exhaustive. Applicants are responsible for determining any additional factors necessary for a comprehensive submission. We encourage questions and clarification requests regarding the RFP to support development of responsive proposals. Applicants must submit all questions and requests for clarification via email to informatics@aphl.org and cc: Leslie.McElligott@aphl.org by close of business 10/15/2023.

RFP Informational Teleconference (Optional)

APHL will hold an optional teleconference for interested applicants on October 6, 2023, at 1:00pm ET. During this call, APHL will review the RFP scope of work and attendees may ask clarifying questions ahead of the letter of intent due date of October 9, 2023. Applicants may send questions as needed; it is not necessary to wait for the informational teleconference.

APHL requests that all attendees register for the teleconference in advance by following the link below:
**Date and Time:** October 6, 2023 at 01:00 PM Eastern Time  
**Registration Link:** [REGISTER IN ADVANCE FOR THIS EVENT](#)  
After registering, you will receive a confirmation email containing information about joining the meeting.

## Proposal Guidance and Information

### Page Limit and Formatting Specifications

An applicant’s proposal must be limited to the following per scope area:

- 12 pages of narrative and visuals
- font size of 11 points or larger
- page margins of at least 0.5 inches

If an application exceeds the identified page limit, only the information provided within the allotted page limit will be sent to the evaluation team who will review scores based solely on the portion of the proposal submitted for review. Title page, table of contents and allowable appendices do not count against the page limit.

### Award

APHL expects to provide funding for this work on a cost-reimbursable basis. APHL will make these payments in accordance with the payment terms specified in the written contract between APHL and the selected organization or as otherwise mandated by applicable federal law or regulation, or the terms of APHL’s funding notice from the CDC.

### Term of Award

The period of performance for this award will run from the date of contract execution (target date: December 1, 2023) through the end of the current APHL/CDC cooperative agreement, which ends on June 30, 2025.

APHL anticipates that the initial project period for this award will be 19 months. However, 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. A no-cost extension allows additional time to complete project work within the established budget without providing additional funds.

If approved, a formal modification to the award will be issued detailing the revised project end date and reporting requirements. The total project period including any extension may not exceed 31-months.

### Award Ceiling

The award made under this RFP will not exceed $74,000,000.

### Budget Development
Respondents must submit a detailed budget not to exceed the award ceiling of $74,000,000. Respondents should clearly justify costs and align the budget with the proposed project phases, timeline, and deliverables, allowing evaluators to understand how funds are expected to be spent down throughout the project term.

Please note:
- Respondents should take the possibility of a no-cost extension into account when planning the timeline, scope, and phased budget.
- APHL reserves the right to negotiate the final budgets with the successful applicant prior to award. Any reduction in the proposed budget may warrant revising the scope of services in close coordination with OPHDST project leads.

### Evaluation Criteria

APHL will select and notify a successful applicant only after the evaluation team completed their full assessment and scoring of each submitted proposal. Evaluators will weigh an applicant’s ability to meet the outlined goals and objectives, basing their assessment on the general evaluation criteria listed below:

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Submission Guidance</th>
<th>Weight</th>
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<tbody>
<tr>
<td><strong>Management Approach</strong></td>
<td>- Describe organizational structure and task management approaches.</td>
<td>25%</td>
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<td></td>
<td>- Describe organizational management strategies, including resource allocation approaches.</td>
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<td></td>
<td>- Describe methodology for task management, including:</td>
<td></td>
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<td></td>
<td>o Performance measures</td>
<td></td>
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<td></td>
<td>o Management tools</td>
<td></td>
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<td></td>
<td>o Risk mitigation</td>
<td></td>
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<td></td>
<td>o Communication plan</td>
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<td></td>
<td>- Outline task and subtask monitoring and corrective action processes.</td>
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<td></td>
<td>- Describe conflict resolution, client satisfaction, and fiscal responsibility.</td>
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<td>- Identify any dependencies, perceived risks or barriers and describe risk mitigation strategies.</td>
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| **Implementation Plan**     | 1. Provide a comprehensive statement of the project's purpose and scope to demonstrate clear understanding of the project goals and outcomes. | 40%    |
|                             | 2. Describe the initial steps for program initiation, detailing how the respondent will initiate, scale up, and smoothly transition into execution. |        |
|                             | 3. Include a well-defined project plan to address program goals and outcomes, including: |        |
|                             |   o key project phases                                                               |        |
## Organizational Experience and Past Performance

Provide descriptions of **up to** three projects your organization has completed in the last five years that align closely with the objectives and requirements of this RFP:

- Brief narrative description of the project.
- Overview of the work performed under each contract.
- Discussion of any challenges faced, and corrective actions taken.
- Key accomplishments and outcomes achieved.

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### Project Evaluation

- **Evaluation Methods**: Describe the quantitative and qualitative methods to be used to measure project outcomes and objectives.
- **Data Collection Procedures**: Provide an overview of data collection protocols (e.g., data sources, tools, frequency).
- **Analysis Plan**: Detail the data analysis methods that will be utilized.
- **Performance Metrics**: Identify specific indicators and metrics to gauge performance, progress towards goals, and project impact.
- **Learning and Improvement**: Describe how findings will inform project improvements and revisions over the award period.

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## Additional Submission Elements

In addition to the main elements of guidance provided above, applicants should also include the following information as part of their RFP submission package.

Respondents may submit the following information as appendices which will not be counted against the proposal's 12-page limit.

**Required:**

- Resumes for key management and programmatic staff.
• A detailed budget broken down by each phase of the project covering the expected period of performance as described in the provided budget development guidance.
• Up to three (3) references letters from past clients.

Optional:

• Respondents may include up to three (3) letters of general support.
• Respondents may include one (1) page of additional organizational information (capacity and capabilities beyond the scope of just this work).

Evaluation of Responses

Initial Review
Informatics Program staff will conduct an initial review of all proposals for completeness. Any application that is incomplete on the RFP response due date will not be considered and will not receive a formal evaluation.

Evaluation Team
Following the initial review, APHL will convene the RFP evaluation team to assess proposals and assign scores based on the criteria outlined in the Evaluation Criteria section.

Conflict of Interest
Members of the RFP evaluation team must complete and sign APHL’s Conflict of Interest Statement in order to disclose any real or perceived conflict of interest prior to the start of the evaluation process. Reviewers will have to affirm that they have no conflict of interest that would preclude an unbiased and objective review of the proposals received. APHL will not select reviewers with a perceived or potential conflict of interest.

Section Two: Scope of Work and Requirements

Purpose and Approach

The Workforce Acceleration Initiative represents a substantial CDC investment in the expertise required to fill critical workforce gaps that inhibit STLTs ability to fully leverage modern technology and interoperable data to drive public health action. The ultimate goal of this initiative is to accelerate STLT progress towards the two-year critical path goals of the Public Health Data Strategy (PHDS), in line with ONC-supported national data standards, which streamlines efforts to enable efficient, secure exchange of critical core data:

• **Goal 1: Strengthen the core of public health data:** Ensure Core Data Sources⁴ are more complete, timely, rapidly exchanged, and available to support the integrated ability to detect, monitor, investigate, and respond to public health threats.

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⁴ Core Data Sources are case (including electronic case reporting [eCR]), lab (including electronic lab reporting [ELR], Electronic Test Orders and Results [ETOR]), emergency department (including National Syndromic
- **Goal 2: Accelerate access to analytic and automated solutions to support public health investigations and advance health equity**: Make tools available so STLTs and other public health decision-makers can better use public health data to address health disparities.

- **Goal 3: Visualize and share insights to inform public health action**: Serve as a trusted source for near real-time visualizations and offer situational awareness for the public and decision-makers to understand risks, make decisions, and direct resources.

- **Goal 4: Advance more open and interoperable public health data**: Enable exchange of interoperable data that use national standards so that healthcare, STLTs, federal agency partners, and CDC programs can access and use data they need, when they need it.

This initiative should leverage and align with related programs and partners where possible for maximum impact. For example, the initiative should leverage the workforce and data modernization strategies and activities funded by CDC’s OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant.5

### Scope of Work

In close coordination with CDC Office of Public Health Data, Surveillance, and Technology (OPHDST) leads the selected organization will be responsible for developing and implementing a comprehensive workforce recruitment, placement, and maintenance plan with the goal of filling high priority newly created or existing positions focused on public health informatics and data analysis and management.

 Respondents should use the following assumptions, goals and objectives to develop a well-defined project approach that includes:

- key project phases
- timelines
- milestones
- deliverables
- **budget by phase**

1. Support up to 107 public health departments in all 50 states, Washington D.C., eight territories/freely associated states, and 48 large localities.
   a. Recruitment will be tailored based on the specific technology and data skills needs and gaps identified by the requesting public health entity and supported by STLT leadership.

2. Identify 4 to 7 highest priority technical occupational series needed by participating entities to achieve PHDS two-year milestones (e.g., software engineer, software architect, data analyst, integration engineer, cloud computing, security officer, implementation/project manager) based on existing public health workforce needs assessments.

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3. Identify technical competencies and proficiency standards and use existing position descriptions, when possible, to streamline recruitment and placement of skilled technology and data experts in health departments.

4. Develop a process to identify participating health departments and determine how the technology and data experts will be assigned to the public health entity and supported by STLT leadership.

5. Identify and use expedited recruitment and hiring mechanisms and platforms to hire and place technology and data experts in participating health departments.

6. Develop standardized processes across participating health departments that support placed technology and data experts’ continual development and contributions to meet the health departments strategic needs, as aligned to the PHDS goals such as:
   - onboarding
   - performance management
   - information sharing resources, tools, and processes
   - evaluation and impact monitoring

7. Develop and facilitate standard pre-service training and onboarding resources aligned with PHDS goals and expected outcomes that are consistent across STLT health departments.

8. Create standard templates for the technology and data experts’ scopes of work identifying activities and deliverables aligned with PHDS goals. The experts’ activities should support:
   a. Enabling automated data exchange between healthcare and public health jurisdictions, across jurisdictions, which use ONC-supported national standards, as well as the ingestion and integration of healthcare data (i.e., lab) into jurisdictional data systems at the jurisdiction levels.
   b. Increasing capacity and addressing technical infrastructure needs to support automated data exchange and reduce manual reporting, including a potential transition to FHIR-based exchange.
   c. Aligning across technical and functional standards to promote interoperability, including a potential transition to FHIR-based exchange.
   d. Increasing alignment of technical and implementation approaches and improved knowledge sharing.

9. Create and/or adapt existing performance management tools, job aids, processes, and in-service training for health departments to support the technology and data experts’ continual development and contribution to meet the health departments’ strategic needs.

10. Create (or participate in existing) information sharing platforms and/or groups to increase engagement, collaboration, and continual feedback among technology and data experts, projects, and/or teams. These resources would provide peer mentorship, professional development, troubleshooting, and sharing of best practices.

11. Evaluate workforce outcomes and demonstrate a clear return on investment.

Alternate approaches may include supporting new dedicated informatics teams/units in STLT agencies, training STLT agency staff on informatics best practices or new approaches, establishing peer mentorships between STLT agency data leaders, meeting with OPHDST technical officials, and developing and disseminating guidance documents, tools, and resources accessed by thousands of public health professionals nationwide.
Terms and Conditions

This RFP does not obligate APHL to award a contract or reimburse any costs incurred by respondents in developing proposals. APHL reserves the right to reject any or all proposals received, negotiate modifications with qualified respondents, or cancel the RFP in whole or in part at its sole discretion.