

## Workforce Acceleration Initiative (WAI) Public Health Agency Narrative Reports

Language for Email outreach and the Survey introduction (same language will be used as introduction to the 3 survey types that follow, tailored to the timing of the quarterly survey: baseline, interim, and final):

# Workforce Acceleration Initiative (WAI) PHA Surveys Standard Introduction

## Introduction

As a Public Health Authority/Agency (PHA) participating in the Workforce Acceleration Initiative (WAI), the CDC Foundation is seeking your insights and feedback to help create a responsive infrastructure for all WAI PHAs and Placements.

The responses to this survey will be reviewed by individuals on the CDC Foundation WAI team only. Your responses will be stored in secure locations where individuals outside the WAI CDC Foundation team are unable to access your responses. Your responses will not be shared directly outside of the CDC Foundation without your written permission.

The CDC Foundation will leverage your responses in several ways, including:

1. **Improvements:** Identifying ways to improve the implementation of WAI.
2. **Programming:** Identifying programmatic needs and approaches to best support WAI PHAs and Placements.
3. **Project Management:** Helping WAI Project Managers and Technical Advisors offer you customized and relevant support.
4. **Sustainability Support:** Developing the business case for WAI PHAs to hire and/or retain WAI Placements.

## Submission Instructions

Submit your responses in this survey form <<make "in this survey form" a hyperlink>>. If you have any questions, contact [desireesmith@cdcfoundation.org](mailto:desireesmith@cdcfoundation.org). The survey platform offers you the option to save your responses and return to them later. You can also use this Word document to draft your responses.

Time Period for Consideration: <<insert appropriate time frame>>

**Please respond by <<insert due date>>**

Anticipated survey length: <<for the Baseline and Final surveys, indicate 90 to 120 minutes; for the interim surveys, indicate 30 to 45 minutes>>

Please only submit one survey per PHA

## Baseline Survey

1. Name of Public Health Agency (PHA) submitting survey. <<Drop down of all PHAs>>
2. Submitter Email (Please type out the email we should contact if we have any questions about this survey.) <<Text response>>

For the next two questions, please reflect on the Workforce Acceleration Initiative (WAI) activities that took place between August and October 2024.

3. Reflecting on these activities, what has worked well for your agency and should be continued by the CDC Foundation? <<Text response>>
4. Reflecting on these activities, what should the CDC Foundation or its partners do differently moving forward? <<Text response>>
5. On a scale of 1 to 5, how satisfied have you been with your overall experience as part of WAI during this time period? Very dissatisfied / Dissatisfied / Moderately satisfied / Satisfied / Very satisfied
6. Rate the extent to which you agree with the following statement: The WAI Placement(s) at our PHA are meeting our needs and expectations. Agree for all WAI Placement(s) / Agree for at least one WAI Placement and disagree for at least one WAI Placement / Disagree for all WAI Placements

### Systems Improvement Maturity

The WAI Systems Improvement Maturity Model includes 22 capabilities across 4 dimensions that assess your PHA's maturity within each capability on a scale of 4 to 7 points. To the best of your knowledge, please enter your PHA's level on each of the capability scales **as of today**.

7. **Vision and Strategy:** The PHA's information system improvement (ISI) activities are guided by a PHA-wide vision and strategy. Not Initiated / Initial / Developing / Functional / Optimized
8. **Information Systems and Data Governance:** The PHA has ongoing governance processes to establish and improve policies that guide its information systems and data operations, creating an environment where high quality information is available to inform timely decision making. Not Initiated / Initial / Developing / Functional / Optimized
9. **Sustainable Funding:** The PHA has a funding plan for ISI – including but not limited to workforce, software, systems and related activities – and has operationalized the plan to meet ISI resource needs and develop sustainable funding. Not Initiated / Initial / Developing / Functional / Optimized
10. **Cost-effective and Scalable Information Systems:** The PHA intentionally develops information systems that are flexible, scalable, aligned with the national movement of public health information system development, and can be maintained and improved in the long term within the scope of the PHA's expected resources. Not Initiated / Initial / Developing / Functional / Optimized
11. **Recruitment of ISI Staff:** The PHA's human resources (HR) policies and practices support recruitment of highly qualified ISI staff. Level 0 / Level 1 / Level 2 / Level 3
12. **Retention of ISI Staff:** The PHA's HR policies and practices facilitate an environment focused on retaining high-performing staff. Level 0 / Level 1 / Level 2 / Level 3
13. **ISI Staff Skillsets:** The PHA has sufficient staff with the needed diversity of ISI skillsets to make meaningful progress on its ISI Strategy. Not Initiated / Initial / Developing / Functional / Optimized
14. **Information Systems Skillsets (PHA Staff, Management and Leadership):** The PHA's program staff, management staff and leadership have the appropriate level of knowledge needed to fulfill their roles in ISI. Not Initiated / Initial / Developing / Functional / Optimized
15. **ISI Leadership:** The PHA has employed a leader who has sufficient time, resources and authority or influence to direct ISI activities and ensure ongoing progress. Not Initiated / Initial / Developing / Functional / Optimized
16. **ISI, Program and IT Collaboration:** The PHA's ISI projects and efforts are coordinated with PHA program teams and the agency IT team to build efficient systems, improve utility and maximize adoption. Not Initiated / Initial / Developing / Functional / Optimized

17. **External Public Health Data Community Networking:** The PHA is an active contributor within the broader national network of public health professionals, agencies and partners. Unaware / Aware / Connected / Networked / Leading
18. **Maximizing External Partnerships:** The PHA works with external partners (e.g., with academia, healthcare, business, etc.) to develop cost-effective and scalable information systems. Level 0 / Level 1 / Level 2 / Level 3
19. **Interoperability--Extent of External Electronic Data Exchange:** The number of dataset types that the PHA sends or receives electronically to or from external partners, such as healthcare entities, laboratories, health information exchanges, etc. Level 0 / Level 1 / Level 2 / Level 3 / Level 4
20. **Interoperability--External Exchange Message Format:** In external data exchanges, information to be captured in electronic databases is transferred in standard message formats that simplify the ingestion of data into databases, using national standards where such standards exist. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / Level 6
21. **Interoperability--External Exchange Mode:** In external data exchanges, the PHA sends or receives data in a timely, automated and monitored manner. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5
22. **Interoperability--Degree of Systems Integration (External):** Data from external system(s) are acquired by and integrated into internal PHA system(s) in ways that support staff workflow and provide notable value. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / Level 6
23. **Interoperability--Degree of Systems Integration (Internal):** Data from one internal PHA system is automatically acquired, consumed and used by another internal PHA system where it provides notable value. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / Level 6
24. **Data Management and Quality:** The PHA assures data are well organized, accurate, timely and trustworthy for analysis and decision making. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5
25. **Data Linkage and Deduplication:** The PHA can link related data together to provide more complete, accurate information for data users. Not Initiated / Initial / Developing / Functional / Optimized
26. **Centralizing Common Organizational Functions:** The PHA uses one tool for similar functions across the PHA's programs and administrative activities (e.g., client registration, billing, analysis, data sharing, master patient indexes, provider registries and so forth). Level 0 / Level 1 / Level 2 / Level 3
27. **Effective Use of Data:** The PHA makes data accessible to internal and external parties in ways that effectively support data users assess health outcomes and determinants, make decisions and pursue action. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / Level 6 / Level 7
28. **System Acquisition and Enhancements:** The PHA uses a consistent process for planning, designing, implementing, maintaining and enhancing information systems. The process engages affected parties, employs user-centered design approaches, accounts for short and long term costs, ensures system acquisition is done at the PHA-wide level and creates alignment with the PHA's ISI strategy. Not Initiated / Initial / Developing / Functional / Optimized
29. Consider the projects that are supported by the WAI Placement(s) at your PHA. Below is a list of the 22 WAI Maturity Model capabilities. Please **select the top 4 to 6 capabilities** that you anticipate will be improved directly through your WAI Placement(s) and projects.
  - Vision and Strategy
  - Information Systems and Data Governance
  - Sustainable Funding
  - Cost-effective and Scalable Information Systems
  - Recruitment of ISI Staff
  - Retention of ISI Staff

- ISI Staff Skillsets
- Program Staff, Management and Leadership Information Systems Skillsets
- ISI Leadership
- ISI, Program and IT Collaboration
- External Public Health Data Community Networking
- Maximizing External Partnerships
- Interoperability: Extent of External Electronic Data Exchange
- Interoperability: External Exchange Message Format
- Interoperability: External Exchange Mode
- Interoperability: Degree of Systems Integration (External)
- Interoperability: Degree of Systems Integration (Internal)
- Data Management and Quality
- Data Linkage and Deduplication
- Centralizing Common Organizational Functions
- Effective Use of Data
- System Acquisition and Enhancements

<<LOGIC: The following question will only appear for those capabilities selected in the last question.>>

30. Please describe the improvements you anticipate will be made within <<name of capability>> due to the work being done by your WAI Placement(s). <<Text response>>

#### **Building the Case: Anticipated Efficiency and Data Quality Gains**

The following information will help your Project Manager support you in building a business case to justify the WAI Placement, and other technology and data positions, at your PHA into the future.

31. Many system improvements can produce efficiency gains that support faster, more impactful decision making and response to public health threats. Focusing **only on the projects with WAI Placement(s)**, please select the top **1 to 4 efficiency gains** you expect to see either immediately or soon after reaching your project milestones.

- Removal of manual and/or paper-based processes
- Less time for matching and integrating multiple data sources for analysis
- Less time to run queries or reports
- Less time to translate raw data into usable data
- Less time to address data entry or other data errors
- Less time to respond to security breaches and unauthorized access
- Lower load on servers
- Cost savings
- Less time needed to integrate additional datasets and/or scale systems in the future
- Existing employees can accomplish the same task in less time
- Individuals have more time to use their skills (e.g., epidemiologists have more analysis time)
- Other
- I **do not** anticipate efficiency gains as part of the WAI projects

<<LOGIC: The following question will only appear if the PHA selects at least one efficiency gain.>>

32. Briefly describe the anticipated efficiency gains based on those items you selected above. *For example: The time it takes to create XYZ report will decrease from 20 hours to 5 hours; We anticipate*

*our HIV epidemiologists will be able to redirect 5 hours each week away from manual data entry; Server load to process this request will go down from XX to XX CPUs; and so forth. <<Text response>>*

33. Many system improvements can lead to more accurate, comprehensive and complete data, helping data users make informed decisions. These users may include individuals both inside and outside the PHA. Focusing **only on the projects with WAI Placement(s)**, please select the top **1 to 4 data quality improvements** you expect to see either immediately or soon after reaching your project milestones.

- Higher quality datasets (e.g., fewer missing values, fewer duplicates)
- Increased data accuracy (e.g., fewer data errors or inconsistencies)
- More complete data for users (e.g., data contain information meeting data users' needs)
- Greater data consistency and coherence across PHA data sources and systems
- Better user experiences in accessing and using data (e.g., analytic tools, real time dashboards)
- Availability of new data and/or new data sources
- More useful and comprehensive data for analysis (e.g., synthesized information from raw data)
- More robust governance practices (e.g., quality management, data standards)
- More robust tracking and auditing capabilities
- Other
- I **do not** anticipate efficiency gains as part of the WAI projects

<<LOGIC: The following question will only appear if the PHA selects at least one efficiency gain.>>

34. Briefly describe the anticipated information and data quality improvements based on those items you selected above. *For example: I estimate that the dataset will have 10% - 20% fewer missing values for XXX data field; The communicable disease team will have near-real-time access to laboratory data that now has a 3 to 5 day lag; The system will now audit all new data entries which was not done previously to create greater transparency. <<Text response>>*

#### **Additional Questions**

35. If you have any feedback for the CDC Foundation, need additional support, or information from the CDC Foundation team, please describe it here and we will respond. <<Text response>>

36. Is there anything else you would like to share with us? This can include links to media coverage, quotes from participants or staff or any good news or stories you'd like to highlight. <<Text response>>

## Interim Survey

1. Name of Public Health Agency (PHA) submitting survey. <<Drop down of all PHAs>>
2. Submitter Email (Please type out the email we should contact if we have any questions about this survey.) <<Text response>>

For the next two questions, please reflect on the Workforce Acceleration Initiative (WAI) activities that took place between <<insert time period for this survey>>.

3. Reflecting on these activities, what has worked well for your agency and should be continued by the CDC Foundation? <<Text response>>
4. Reflecting on these activities, what should the CDC Foundation or its partners do differently moving forward? <<Text response>>
5. On a scale of 1 to 5, how satisfied have you been with your overall experience as part of WAI during this time period? Very dissatisfied / Dissatisfied / Moderately satisfied / Satisfied / Very satisfied
6. Rate the extent to which you agree with the following statement: The WAI Placement(s) at our PHA are meeting our needs and expectations. Agree for all WAI Placement(s) / Agree for at least one WAI Placement and disagree for at least one WAI Placement / Disagree for all WAI Placements
7. <<PRESET to show items that the PHA selected in the Baseline Survey.>> Below is the list of WAI Maturity Model capabilities that you said would be directly improved through your WAI projects. Please describe any improvements made within each capability due to the work done by your WAI Placement(s) in this time period. <<Text response>>
8. If you have any feedback for the CDC Foundation, need additional support, or information from the CDC Foundation team, please describe it here and we will respond. <<Text response>>
9. Is there anything else you would like to share with us? This can include links to media coverage, quotes from participants or staff or any good news or stories you'd like to highlight. <<Text response>>

## Final Survey

1. Name of Public Health Agency (PHA) submitting survey. <<Drop down of all PHAs>>
2. Submitter Email (Please type out the email we should contact if we have any questions about this survey.) <<Text response>>
3. What was the greatest impact WAI had within your organization? <<Text response>>
4. Reflecting on the entire WAI project – from the application process, to hiring, to onboarding, to working with WAI Placement(s), what worked well to support your organization’s success? <<Text response>>
5. Reflecting on the entire WAI project, where could improvements be made to WAI to better support your organization’s success? <<Text response>>
6. What are your plans for continuing and/or building upon project activities after WAI ends? <<Text response>>
7. On a scale of 1 to 5, how satisfied have you been with your overall experience as part of WAI? Very dissatisfied / Dissatisfied / Moderately satisfied / Satisfied / Very satisfied
8. Rate the extent to which you agree with the following statement: The WAI Placement(s) at our PHA met our needs and expectations. Agree for all WAI Placement(s) / Agree for at least one WAI Placement and disagree for at least one WAI Placement / Disagree for all WAI Placements
9. Would you recommend participating in WAI to other PHAs? Yes / Maybe / No

### WAI Placement Retention

10. <<PRESET to show list of WAI Placement(s) by role type placed at the PHA>> Your PHA received the following WAI Placement(s). For each, select your plans for retaining the WAI Placement after WAI ends. <<Offer responses for each listed>> Yes, will retain / Might retain / No, will not retain
11. <<LOGIC: if said yes to any in question 10>> List how you will retain and fund the Placement(s) you plan to retain, including if they will be hired as staff or as contractors. <<Text response>>
12. <<LOGIC: if said might retain to any in question 10>> Describe why you are unsure if you will retain the indicated WAI Placement(s) and if WAI can provide any assistance. <<Text response>>
13. <<LOGIC: if said not retaining to any in question 10>> Please briefly describe why you will not retain the indicated WAI Placement(s) after WAI ends. <<Text response>>

### Systems Improvement Maturity

The WAI Systems Improvement Maturity Model includes 22 capabilities across 4 dimensions that assess your PHA’s maturity within each capability on a scale of 4 to 7 points. To the best of your knowledge, please enter your PHA’s level on each of the capability scales **as of today**.

14. **Vision and Strategy:** The PHA’s information system improvement (ISI) activities are guided by a PHA-wide vision and strategy. Not Initiated / Initial / Developing / Functional / Optimized
15. **Information Systems and Data Governance:** The PHA has ongoing governance processes to establish and improve policies that guide its information systems and data operations, creating an environment where high quality information is available to inform timely decision making. Not Initiated / Initial / Developing / Functional / Optimized
16. **Sustainable Funding:** The PHA has a funding plan for ISI – including but not limited to workforce, software, systems and related activities – and has operationalized the plan to meet ISI resource needs and develop sustainable funding. Not Initiated / Initial / Developing / Functional / Optimized
17. **Cost-effective and Scalable Information Systems:** The PHA intentionally develops information systems that are flexible, scalable, aligned with the national movement of public health information



system development, and can be maintained and improved in the long term within the scope of the PHA's expected resources. Not Initiated / Initial / Developing / Functional / Optimized

18. **Recruitment of ISI Staff:** The PHA's human resources (HR) policies and practices support recruitment of highly qualified ISI staff. Level 0 / Level 1 / Level 2 / Level 3
19. **Retention of ISI Staff:** The PHA's HR policies and practices facilitate an environment focused on retaining high-performing staff. Level 0 / Level 1 / Level 2 / Level 3
20. **ISI Staff Skillsets:** The PHA has sufficient staff with the needed diversity of ISI skillsets to make meaningful progress on its ISI Strategy. Not Initiated / Initial / Developing / Functional / Optimized
21. **Information Systems Skillsets (PHA Staff, Management and Leadership):** The PHA's program staff, management staff and leadership have the appropriate level of knowledge needed to fulfill their roles in ISI. Not Initiated / Initial / Developing / Functional / Optimized
22. **ISI Leadership:** The PHA has employed a leader who has sufficient time, resources and authority or influence to direct ISI activities and ensure ongoing progress. Not Initiated / Initial / Developing / Functional / Optimized
23. **ISI, Program and IT Collaboration:** The PHA's ISI projects and efforts are coordinated with PHA program teams and the agency IT team to build efficient systems, improve utility and maximize adoption. Not Initiated / Initial / Developing / Functional / Optimized
24. **External Public Health Data Community Networking:** The PHA is an active contributor within the broader national network of public health professionals, agencies and partners. Unaware / Aware / Connected / Networked / Leading
25. **Maximizing External Partnerships:** The PHA works with external partners (e.g., with academia, healthcare, business, etc.) to develop cost-effective and scalable information systems. Level 0 / Level 1 / Level 2 / Level 3
26. **Interoperability--Extent of External Electronic Data Exchange:** The number of dataset types that the PHA sends or receives electronically to or from external partners, such as healthcare entities, laboratories, health information exchanges, etc. Level 0 / Level 1 / Level 2 / Level 3 / Level 4
27. **Interoperability--External Exchange Message Format:** In external data exchanges, information to be captured in electronic databases is transferred in standard message formats that simplify the ingestion of data into databases, using national standards where such standards exist. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / Level 6
28. **Interoperability--External Exchange Mode:** In external data exchanges, the PHA sends or receives data in a timely, automated and monitored manner. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5
29. **Interoperability--Degree of Systems Integration (External):** Data from external system(s) are acquired by and integrated into internal PHA system(s) in ways that support staff workflow and provide notable value. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / Level 6
30. **Interoperability--Degree of Systems Integration (Internal):** Data from one internal PHA system is automatically acquired, consumed and used by another internal PHA system where it provides notable value. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / Level 6
31. **Data Management and Quality:** The PHA assures data are well organized, accurate, timely and trustworthy for analysis and decision making. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5
32. **Data Linkage and Deduplication:** The PHA can link related data together to provide more complete, accurate information for data users. Not Initiated / Initial / Developing / Functional / Optimized
33. **Centralizing Common Organizational Functions:** The PHA uses one tool for similar functions across the PHA's programs and administrative activities (e.g., client registration, billing, analysis, data sharing, master patient indexes, provider registries and so forth). Level 0 / Level 1 / Level 2 / Level 3



34. **Effective Use of Data:** The PHA makes data accessible to internal and external parties in ways that effectively support data users assess health outcomes and determinants, make decisions and pursue action. Level 0 / Level 1 / Level 2 / Level 3 / Level 4 / Level 5 / Level 6 / Level 7
35. **System Acquisition and Enhancements:** The PHA uses a consistent process for planning, designing, implementing, maintaining and enhancing information systems. The process engages affected parties, employs user-centered design approaches, accounts for short and long term costs, ensures system acquisition is done at the PHA-wide level and creates alignment with the PHA's ISI strategy. Not Initiated / Initial / Developing / Functional / Optimized
36. <<PRESET to show items that the PHA selected in the Baseline Survey>> Below is the list of WAI Maturity Model capabilities that you said would be directly improved through your WAI projects. Now that WAI is ending, please describe the improvements made within each capability due to the work done by your WAI Placement(s). <<Text response>>
37. <<PRESET to show items that the PHA did not select in the Baseline Survey>> Below is the list of WAI Maturity Model capabilities that you did not say would be directly improved through WAI projects. Now that WAI is ending, are there any major improvements in any of these capabilities due to work done by your WAI Placements? (Yes/No). <<LOGIC. If yes:>> Please describe the improvements made within the following capabilities due to the work done by your WAI Placement(s).

#### Efficiency and Data Quality Gains

38. Focusing **only on the projects with WAI Placement(s)**, please list any **efficiency gains** that resulted or will result from achieving your project milestones. If you did not have any efficiency gains, please write "N/A". *For example: The time it takes to create XYZ report decreased from 20 to 5 hours; Server load to process this request went down from XX to XX CPUs; and so forth.* <<Text response>>
39. Focusing **only on the projects with WAI Placement(s)**, please list any **data quality improvements** that have resulted or will result from achieving your project milestones. If you did not have any data quality improvements, please write "N/A". *For example: The dataset has 10% - 20% fewer missing values for XXX data field; The communicable disease team have near-real-time access to laboratory data that now has a 3 to 5 day lag; The system now audits all new data entries.* <<Text response>>
40. If you have any feedback for the CDC Foundation, need additional support, or information from the CDC Foundation team, please describe it here and we will respond.
41. Is there anything else you would like to share with us? This can include links to media coverage, quotes from participants or staff or any good news or stories you'd like to highlight. <<Text response>>

Public reporting burden of this collection of information is estimated to average 270 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-1050