Request for Proposals
Public Health Infrastructure Grant (PHIG)
Data Modernization Technical Assistance Providers

Overview

Published: February 3, 2025

Funding Amount: Up to $20,000 for each domain area, and up to four agreements will be awarded. *Please note: The determination of agreement classification will be determined upon review of the applicant's submitted proposal.*

Project Period: April 1 – November 30, 2025, with possibility of extension and/or renewal through November 2027

Application Deadline: February 24, 2025

Timeline:

RFP Released	February 3, 2025
Deadline to Submit Application	February 24, 2025, at 5:00 PM EST
Review & Interview Period	February 25 – March 13, 2025
Notice of Selection	On or before March 17, 2025
Project Period	April 1 – November 30, 2025

Opportunity

The National Network of Public Health Institutes (NNPHI) seeks to partner with qualified individuals or organizations for the provision of technical assistance (TA) to Public Health Infrastructure Grant (PHIG) recipients involved in Data Modernization Initiative (DMI) efforts. NNPHI seeks subject matter experts to fulfill TA topics in four domain areas: 1) Health IT Standards & Data Exchange; 2) Data Use & Dissemination; 3) Data Modernization Processes, Planning, and Collaboration; and 4) Data Modernization Workforce. Qualified individuals and organizations may apply to one or more domain areas. All NNPHI members are eligible for this opportunity, including those who are currently funded under PHIG for technical assistance, evaluation, or otherwise.

Background

National Network of Public Health Institutes (NNPHI)

Mobilizing 50-member public health institutes with over $2.2 billion in annual funding, NNPHI connects more than 12,000 subject matter experts with organizational partners across the nation. With an expansive organizational presence and activities across all 50 states, the national network is a go-to resource for analysis and best practices. NNPHI also provides important network connections for communities, government agencies, foundations, the health care delivery system, media, and academia.

Overview of the Public Health Infrastructure Grant (PHIG)

The Center for Disease Control's (CDC) Public Health Infrastructure Grant (PHIG) is a groundbreaking investment supporting critical public health infrastructure. Funding from this grant is designed to ensure that health departments have the people, resources, and systems they need to assess, promote, and protect health in the communities they serve. Funding was awarded to 107 state, local, and territorial health departments ("recipients") and three national public health partners ("National Partners"); it will be distributed over a five-year period (12/1/2022 - 11/30/2027). The CDC PHIG website provides maps to visualize the funded jurisdictions. The purpose of PHIG is to implement activities that strengthen public health outcomes, utilizing a funding model that gives health departments the flexibility to direct funds towards specific organizational and community needs. The PHIG National Partners, consisting of the Association of State and Territorial Health Officials (ASTHO), National Network of Public Health Institutes (NNPHI), and Public Health Accreditation Board (PHAB), support the work of the funded health departments by providing training and technical assistance, evaluating the overall grant, and facilitating coordination and communication across recipients and CDC.

NNPHI's Training and Technical Assistance (TA)

As one of the PHIG National Partners, NNPHI provides two types of TA to PHIG recipients with the purpose of building recipients' overall capacity to implement measurable and sustainable process and system improvements at their agencies. First, responsive TA allows PHIG recipients to submit a request for on-demand direct assistance with their PHIG workplan activities. The second type of TA is proactive, which aims to address the needs of several recipients at once in a more strategic manner. Responsive TA may take the form of resource sharing; feedback or input on documents, processes, plans, etc.; training delivery; coaching; or additional hands-on support like facilitating strategic planning sessions or making workforce development plans actionable. Proactive TA is delivered in the form of trainings and webinars; peer networks and communities of practice; resource development and dissemination; and convenings.

Domains

There are many DMI TA topics available for PHIG recipients to request assistance. NNPHI seeks subject matter experts (SMEs) to fulfill TA topics in four domain areas: 1) Health IT Standards & Data Exchange; 2) Data Use & Dissemination; 3) Data Modernization Processes, Planning, and Collaboration; and 4) Data Modernization Workforce. Qualified individuals or organizations may apply to one or more domain area.

Domain 1: Health IT Standards & Data Exchange

Modernizing core data sources, systems, infrastructure, processes, and standards is core to CDC's Data Modernization Initiative (DMI) and Public Health Data Strategy (PHDS). PHIG recipients seek TA in the following related topic areas:

Data Exchange*: Data exchange is the process of taking data structured under a source schema and transforming it into a target schema, so that the target data is an accurate representation of the source data. Data exchange allows data to be shared between different digital platforms. Additionally, data exchange can refer to the transmission of data across systems using the same (or similar) schemas that exist in different organizations. Subtopics include:*

- *Data exchange framework*
- *Health information exchanges*

- *Qualified Health Information Network (QHIN)*
- *Data exchange technology (e.g., APIS)*

***Data Infrastructure**: A data infrastructure is a digital infrastructure promoting data sharing and consumption. In a health department, data infrastructure consists of programmatic and organization-wide information systems and processes that are interconnected via hardware, software, networks, and servers. Some public health entities may include hardware resources as a part of their data infrastructure, given that many environments are still using older hardware that may be incapable of modern digital engagement. Modern infrastructure is flexible, scalable, and sustainable. Shared services and cloud native technology should be leveraged. Subtopics include:*

- *Building Extract, Transform, Load (ETL) pipelines*
- *Defining data infrastructure framework*
- *Data Storage Options (e.g., data warehouse, data lake)*
- *Other data infrastructure needs*

***Data Standards/Standardization:** Data standards refer to uniform, consistent, consensus-based vocabularies and data exchange formats that assist in data aggregation, sharing and reuse. Development and use of national standards will provide a platform for improved interoperability and a unified foundation for public health data modernization. Standards fall into 4 main groups: terminology, content, data exchange or transport and privacy and security. Examples of standards include: Logical Observation Identifiers Names and Codes (LOINC), Consolidated Clinical Document Architecture (C-CDA), Health Level Seven Version 2 (HL7 v2), United States Core Data for Interoperability (USCDI), USDCI+ (+ is for Public Health), and HL7 Fast Healthcare Interoperability Resources (FHIR). Subtopics include:*

- *HHS Health IT Alignment Policy | HealthIT.gov*

***Data Quality**: Data quality is a measure of the condition of data based on factors including accuracy, completeness, consistency, usability, timeliness, and reliability. In public health practice data quality is impacted both by data collection procedures, and the treatment and processing of data following collection. High quality data is imperative to usage, analytics, visualizations and advanced operations such as machine learning and artificial intelligence. It can be achieved through regulating processes, eliminating failures and identifying errors. Subtopics include:*

- *Development or adaptation of appropriate best practices to assess data quality*
- *Development or adaptation of data quality report cards or feedback reports for data submitters*

***Cloud Technology**: Adoption, utilization, and/or enhancement of cloud technology (such as a secure virtual private cloud for health information exchange) to securely collect, store, share, and analyze local public health data to advance community health and quality-of-life. This also includes onboarding, training and skilling-up health department and partner staff to implement and sustain use of cloud technology for local public health. Subtopics include:*

- *Cloud technology tools and systems*
- *Staff training for cloud technology in public health*
- *Cloud Assessment and Implementation Planning*

Domain 2: Data Use & Dissemination

One of CDC's Public Health Data Strategy (PHDS) goals is to visualize and share insights to inform public health action. To pursue this goal, PHIG recipients seek TA in the following related topic areas:

Data Analytics/Modeling: *Effective use of public health data for statistical analysis, trend analysis, forecasting, and surveillance of community health conditions. Additionally, the development of staffing and training programs to improve a health department's capacity to effectively use data analytics and modeling to address health equity. Subtopics include:*

- *Support with programming languages (e.g., SQL, SAS, R)*

Data Dissemination*: Data dissemination is the distribution or transmitting of data to other stakeholder organizations, target groups, or end users. In public health practice, this term generally refers to messages and information derived from data collected for public health purposes. The most popular dissemination method today is the 'non-proprietary' open systems using internet protocols. Data dissemination can occur through a variety of channels such as flyers/ brochures, policy briefs, conference presentations, internet/ social media forums, portals, etc.*

Data Visualization*: The practice of developing graphic displays of complex public health data for internal and external communication of various information such as program evaluation findings, community health conditions, and other trends. Effective data visualization in public health can improve understanding of health inequities and inform strategic decision-making for health and social services that promote public health. Subtopics include:*

- *Development of dashboards*
- *Documentation of policies/procedures related to dashboards*
- *Support with geographic information systems (e.g., ArcGIS)*

Data for Action: *Data for action is any instance where data is reviewed to inform a recommendation for action in strategic planning, policymaking, program planning and management, advocacy, or delivering services.*

Data Governance*: Data governance is a collection of processes, roles, policies, standards, and metrics that ensure the effective and efficient use of information in enabling an organization to achieve its goals. It establishes the processes and responsibilities that ensure the quality and security of the data used across a business or organization. Data governance defines who can take what action, upon what data, in what situations, and using what methods. Data Dissemination should be considered as part of Data Governance. Data dissemination is the distribution or transmitting of data to other stakeholder organizations, target groups, or end users. In public health practice, this term generally refers to messages and information derived from data collected for public health purposes. The most popular dissemination method today is the 'non-proprietary' open systems using internet protocols. Data dissemination can occur through a variety of channels such as flyers/brochures, policy briefs, conference presentations, internet/social media forums, portals, etc. Subtopics include:*

- *How to create a Data Governance Steering Committee*
- *Data use agreements (DUAs) or data sharing agreements*

Data Modernization Privacy and Security: *Implementation of training and development programs and practices that improve privacy and security of sensitive information transferred between health department staff and/or appropriate third parties. Information could include protected health information (PHI) from clients served as well as information related to health department operations in general.*

Data Modernization Policy: *The planning, development, documentation, implementation, and improvement of policies, processes, and practices related to a health department's data infrastructure. DMI policy should ensure a robust data-driven system for insights and decision-making at all levels of public health, stronger engagement with healthcare data systems, meaningful communication with the public, and improved ability to address health equity and protect and promote health.*

Domain 3: Data Modernization Processes, Planning, and Collaboration

Data modernization is not a "one and done." It is an ongoing, comprehensive, and long-term effort among public health agencies, federal agencies, and healthcare partners. Strategic planning, processes, and collaboration are key to data modernization sustainability. PHIG recipients seek TA in the following related topic areas:

Data Modernization Implementation Planning*: Development of instructions, standard operation procedures, and process details for health department data modernization efforts. Subtopics include:*

- *Workplan development*
- *Resource and budget management*
- *Stakeholder engagement*
- *Risk assessment*
- *Quality control*

Data Modernization Strategic Planning*: A process and resulting plan that engages all levels of staff in defining and determining the health department's roles, priorities, and direction, what the department aims to achieve with their data modernization goals, and how it will allocate resources toward goals and measure success. Subtopics include:*

- *Forming a strategic planning committee*
- *Developing or implementing a department-wide strategic planning process*
- *Developing division or program-level strategic plans*
- *Monitoring/managing strategic plan performance*
- *Defining organization mission, vision, and values*

Data Modernization Sustainability & Planning: *Short- and long-term planning to ensure the success and continuation of data modernization efforts over time. Identification and implementation of strategic efforts to support practitioners in sustaining data modernization activities and accomplishments as dynamics related to funding, leadership, workforce, organizational capacity, and public health needs change. Sustainability is a CDC DMI core capability of a modern public health information system (which is also aligned with the North Star Architecture). Subtopics include:*

- *Data Modernization Plan Development*

Data Modernization Procurement*: Development of sample language for key data modernization activities that can be utilized by public health agency partners for guiding RFP development for data modernization activities. Subtopics include:*

- *Systems maintenance*
- *Systems replacement*

Data Modernization Communications*: Development and implementation of plans and processes to communicate key messaging themes about data modernization, foster effective collaboration for data modernization (internally, externally, interdepartmental, with leadership, etc.), share success stores, etc.*

Data Modernization Performance Measurement: *The use of DMI performance data to inform continuous quality improvement. This includes the process of regular measurement of program, process, and/or service milestones, outcomes, outputs, and results to generate reliable data on the effectiveness and efficiency of programs, processes, and services. Subtopics include:*

- *Developing or identifying program performance measures and indicators*
- *Performance measure data collection*
- *Analysis of performance measures and indicators*

Data Modernization Partnership Development & Engagement*: Developing and leveraging relationships and collaboration with community members, community-based organizations, policymakers, health system organizations, and other community health stakeholders to achieve collective impact toward health equity, community health improvement, and resilience. Subtopics include:*

- *Data Modernization Partner Facilitation*
- *Planning and assistance with pilot partners for innovative modernization projects*
- *Partnerships for community health assessment and planning*
- *Community Based Participatory Research (CBPR)*

Data Modernization Organizational Competencies*: Implementation of processes, policies, staff training and education, and mentorship that support achieving and sustaining Foundational Public Health Services within the health department and/or public health system, and core public health competencies among health department staff. Subtopics include:*

- *Foundational Areas*
- *Foundational Capabilities*
- *Core competencies*

Data Modernization Systems Planning*: Consideration and inclusion of multi-factor contributors (i.e., social determinants) to inequitable individual and population health outcomes in the design of community health interventions and plans. This could include engaging and co-planning with community-based organizations, hospitals and clinical providers, transportation systems, workforce development programs, housing programs, mental health services, justice systems, etc., to achieve shared goals.*

Domain 4: Data Modernization Workforce

As technology advances and public health and healthcare delivery become more data driven and analytically focused, it is critical to support the development of a well-trained and highly skilled public health workforce. Developing and sustaining a strong DMI workforce within public health agencies will enhance the innovative approaches and advance the technological solutions that drive public health data forward. PHIG recipients seek TA in the following related topic areas:

Data Modernization Workforce Planning*: Forecasting the number of health department employees needed to enhance the agency's data modernization efforts and support achievement of health equity and quality-of-life for communities served. Clearly articulating and documenting workforce development goals and strategies to meet forecasted staffing needs. Subtopics include:*

- *Conducting a workforce needs assessment*
- *Developing a Workforce Development Plan (WFDP)*
- *Implementing and monitoring WFDP*
- *Using workforce data to inform workforce planning*
- *Public Health Workforce Calculator*

Data Modernization Workforce Training and Professional Development*: Training that develops, enhances, and/or maintains specific data modernization skills and/or competencies of existing health department employees. A workforce training program may be job or role-specific (i.e. for public health nurses, epidemiologists, community health workers, etc.), or may apply to a division, program, or group (such as leadership development trainings). Training should include specific learning objectives and outcomes, incorporate adult learning principles, and may be provided in-person, online, or asynchronously.*

Data Modernization Recruitment and Hiring*: Planning, developing, and implementing policies, processes, and programs to attract a skilled and diverse talent pool to deliver data modernization expertise, and streamlining hiring and onboarding practices. Subtopics include:*

- *Development of position descriptions*
- *Hiring mechanisms*

Data Modernization Workforce Retention: *Planning and implementing workforce and human resource policies, procedures, and system improvements aimed at reducing turnover and increasing career longevity for current or future DMI workforce staff****.***

Scope of Work

The chosen individual or organization will offer comprehensive strategic direction and guidance on activities such as:

- Serve as subject matter experts for the selected domain area(s) for technical assistance (TA) requests submitted through CDC's online request system from Public Health Agencies (PHAs) who are PHIG recipients. Fulfillment of a TA request may include:

    - Development of new or collecting existing resources, tools, or other materials
    - Providing feedback or input on documents, processes, or plans
    - Developing and delivering training or coaching
    - Facilitating planning sessions or processes
- Facilitate consistent communication with NNPHI and the DMI team through Salesforce and email.
- Schedule and coordinate meetings with PHAs and/or NNPHI as needed to ensure successful TA request completion.
- Maintain current records on TA request progress and fulfillment and provide regular updates regarding meetings, calls, resources shared, and any challenges or delays.
- Work closely with NNPHI and the DMI team to address potential issues, provide insights, and ensure smooth execution of activities.
- Co-develop proactive TA projects focused on selected domain area(s) with NNPHI, the DMI team, and our National Partners, as needed.

Selection Criteria

Selection will be determined by NNPHI, based on qualifications, in alignment with the terms outlined in this RFP. The selection of an individual or organization for this project will be guided by the following criteria:

1. Proven expertise in one or more of the following areas:
    a. Health IT Standards & Data Exchange
    b. Date Use & Dissemination
    c. Data Modernization Processes, Planning, and Collaboration
    d. Data Modernization Workforce
2. Demonstrated ability to provide comprehensive technical assistance tailored to Data modernization initiative (DMI) efforts, including an understanding of key challenges, best practices, and public health infrastructure.
3. Subject matter expertise in relevant domain(s), supported by credentials, certifications, or other professional qualifications, with flexibility to scale support based on project requirements.
4. Experience with PHIG and/or demonstrates an understanding of PHIG/similar public health initiatives.
5. Ability to work collaboratively with stakeholders across state, local, government, and nonprofit sectors.
6. Capacity to perform within the scope and timelines outlined by NNPHI, ensuring timely and effective delivery of outcomes.

Time

The hours per week will vary and will depend on the volume and content of TA requests received, in addition to hours related to the scopes of proactive TA projects. Total number of hours will be

determined in coordination with NNPHI based on the selected partner's hourly rate and the total award amount.

How to Apply

Applicants should submit a Qualifications Summary not to exceed 4 pages in 12-point, single-spaced, Times New Roman font, with 1" margins. Include the following in your letter:

1. **Cover page that includes:**
    a. Name of Applicant
    b. Title & Affiliated Organization (if applicable)
    c. Email Address
    d. Phone Number
    e. Federal Tax ID or SSN
    f. Unique Entity Identifier (UEI) from SAM.gov
    g. Any other relevant information required for agreement and processing purposes

Please also note that any entity receiving payment for work on a federally funded project must be registered with SAM.gov.

2. **Application Narrative**
    a. **DMI TA Topic Domain(s)**
        - Please indicate which of the four DMI TA Topic Domains you are applying for. As a reminder, qualified individuals and organizations may apply to one or more domain areas.
    b. **Qualifications and Experience**
        - **Describe the background, qualifications, and experience of the individual or organization (i.e., multiple team members)**, and explain why you or the team are qualified to be responsive to this RFP.
        - Describe your or the organization's experience providing similar services as those described in this RFP. Provide sufficient detail to demonstrate the knowledge, skills, and abilities to perform the functions outlined in the RFP, including specific examples.
        - Describe the background and experience of the individual(s) assigned to the project.
    c. **Cost Estimate**
        - Please provide a sample budget, which can be based on your hourly rate(s) or % FTE. If applying as an organization (i.e., multiple team members), please indicate specific or blended rates or % FTE for all team members. CDC's budget guidance may be helpful in developing a budget for this proposal.
3. **Attachments**
        - Please include the following with your response:
            - Resumes for primary staff who will complete the work (not included in page limit).
            - Two references for which you have performed similar work to the requirements of this RFP (not included in page limit).

Submit your Qualifications Summary here by February 24, 2025, at 5:00 pm ET.

Applicants who proceed in the selection process may be required to participate in an interview to determine the final selection.

Please send questions about this RFP to **DMI@nnphi.org**. Questions will be accepted until February 14, 2025, at 5:00PM EST, after which all questions will be posted online **here**.

Notice to Applicants

This RFP is not binding on NNPHI, nor does it constitute a offer. Without limiting the foregoing, NNPHI reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall NNPHI be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.

Disclosure

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