

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems: Assessment of **Foundational Capacities**

Frequently Asked Questions

The Association of State and Territorial Health Officials (ASTHO), with support from CDC, is seeking the services of one highly qualified contractor to complete an assessment to determine what defines an effective public health system and agency model and the associated funding levels in the context of the Public Health Foundational Capabilities. Among other goals, the assessment will support increased knowledge of public health systems that support the Foundational Capabilities and facilitate sharing of lessons learned to grantees of the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant, Component A.

This FAQ document provides additional guidance and information regarding this contractor opportunity. Please review this document to learn more.

Is ASTHO expecting a publishable literature and document review deliverable (e.g., short report) separate from the final report?

No, the work does not need to be a separate published report from the final deliverable. We are expecting one organized collection of work, a presentation, and a coherent approach. We also expect a dialogue with ASTHO about progress, the literature and documents reviews, and next steps to create recommendations in the final report.

Is ASTHO expecting a publishable deliverable of recommendations (e.g., one-pager) separate from the final report?

No, the work does not need to be a separate publishable report from the final deliverable. The recommendations would be part of the final report.

If publishable deliverables are not expected at those mid-point due dates, can ASTHO comment on what may constitute acceptable progress for such deadlines?

We are expecting an organized collection of work, presentation, and coherent approach and dialogue with ASTHO about progress. We would expect the contractor to have progress meetings with ASTHO at milestones and be able to present status updates. Virtual meetings with a shareable organized presentation of findings and work thus far would be an appropriate measure of progress.

By "assessment" is ASTHO expecting primary data collection or engagement with states, territories, and freely associated states? Or is ASTHO expecting more of a scoping review?

We are expecting the contractor to collect, review, and assess what has already been completed by the states, territories, and freely associated states and other secondary jurisdiction-focused information. Engagement with jurisdictions to request and collect what, if anything, they have completed would be beneficial, and the contractor may leverage ASTHO to make connections with jurisdiction membership.

By "current state" of systems, models, and funding, is ASTHO expecting a comprehensive national accounting of public health systems and funding levels across all states and territories? Or is ASTHO expecting a synthesis of known activity (e.g., leveraging PHNCI's 21st Century Public Health Learning Community)?

We are expecting a synthesis of known activity and what has been captured and what and how funding is being planned and applied. This would include models planned, developed, and in use.

We recognize the membership base for ASTHO includes states, territories, and freely associated states, but Component A grantees and sub awardees include local public health. We have facilitated some local-only cost and capacity assessments and are aware of other local assessments. Is ASTHO expecting findings and recommendations only as applicable to its membership or inclusive of locals?

We are expecting findings and recommendations for ASTHO membership only, focusing on states, territories, and freely associated states. The collection, review, and assessment of material may be focused on what the states, territories, and freely associated states have completed and other secondary information that is jurisdiction focused.

The project descriptions reads that the contractor will focus on assessing current literature, Foundational Capabilities assessments, and public health infrastructure assessments to provide recommendations on model practices. Can ASTHO please describe how the contractor would gain access to the Foundational Capabilities assessments and public health infrastructure assessments that are not part of the currently published literature? Will the contractor need to conduct supplemental assessments with jurisdictions?

The contractor will not need to conduct separate assessments with the jurisdictions. Engagement with states, territories, and freely associated states to request and collect what, if anything, they have completed would be beneficial, and the contractor may leverage ASTHO to make connections with the jurisdiction membership.

