"Indeed, We Can": Lessons Learned for Accelerating Hiring Processes in Governmental Public Health Through the Centers for Disease Control and Prevention's (CDC) Public Health Infrastructure Grant (PHIG)

Jonathan Sung, MPH, Joseph Madden, MPH, CPH, Melissa Touma, MPH, Christina Chung, MPH

PHIG Annual Recipient Convening

August 21, 2025

Learning Objectives

- Describe the purpose of monitoring hiring processes and timeliness
- Describe challenges that may affect hiring processes and timeliness
- Reflect on lessons learned from peers who have demonstrated progress in hiring timeliness that could be applied to your own jurisdiction, in alignment with your own goals

Agenda

1) Hiring Timeliness Context
2) Strategies and Challenges for Improvement
3) Stories From the Field
4) Q&A
5) What's Next?

Hiring Timeliness Context: Why is it important and how are we using this data?

Why Monitor Hiring Timeliness?

- **Inefficient hiring processes** linked to challenges with recruiting and retaining the governmental public health workforce[1]

- Strengthened **organizational/workforce systems, processes, and/or policies** is an intended PHIG outcome

- **Improving timeliness** (i.e., number of calendar days from job posting date to first day of work) **can help public health agencies**:
  - Attract and retain higher quality candidates
  - Increase productivity
  - Reduce costs

[1] When Money Is Not Enough: Reimagining Public Health Requires Systematic Solutions To Hiring Barriers | Health Affairs

How Are We Using This Information?

1. Monitor recipients' ability to maintain, make progress, and/or overcome challenges in recruiting and filling positions in a timely manner

2. Report progress on key PHIG outcomes to interest holders

3. Support recipients who prioritize this via training and technical assistance (TTA) and peer-to-peer sharing activities

Strategies and Challenges for Improvement

How Are Recipients Improving Their Hiring Processes?

Leveraging what is within agency control, for example:

- Upgrading systems and technologies
- Process improvement
- Expanded recruitment
- Salaries
- Funding availability
- Hiring freezes and recissions
- Administrative priority changes

Stories from the Field

Presenting Recipients

Katy Womble, JD
Deputy Director for Program Operation
Dallas County Health and Human
Services

Shauna Meador
Project Manager
Tulsa Health Department

Alana Wellacruz, MAOL
Employee Engagement Coordinator
Tulsa Health Department

Valentina Vasquez, MHA
Program Evaluation Specialist
Tulsa Health Department

John Siegfried, MA
Human Resources Manager
Arizona Department of Health
Services (freestanding agency)

Nathan (Nate) Baza
Administrative Officer
Guam Department of Public Health
and Social Services (under umbrella)

HOW DCHHS STREAMLINED OUR HIRING AND ONBOARDING PROCESS

Presented By:

Katy Womble
Deputy Director - Program Operations

DCHHS
Dallas County Health and Human Services
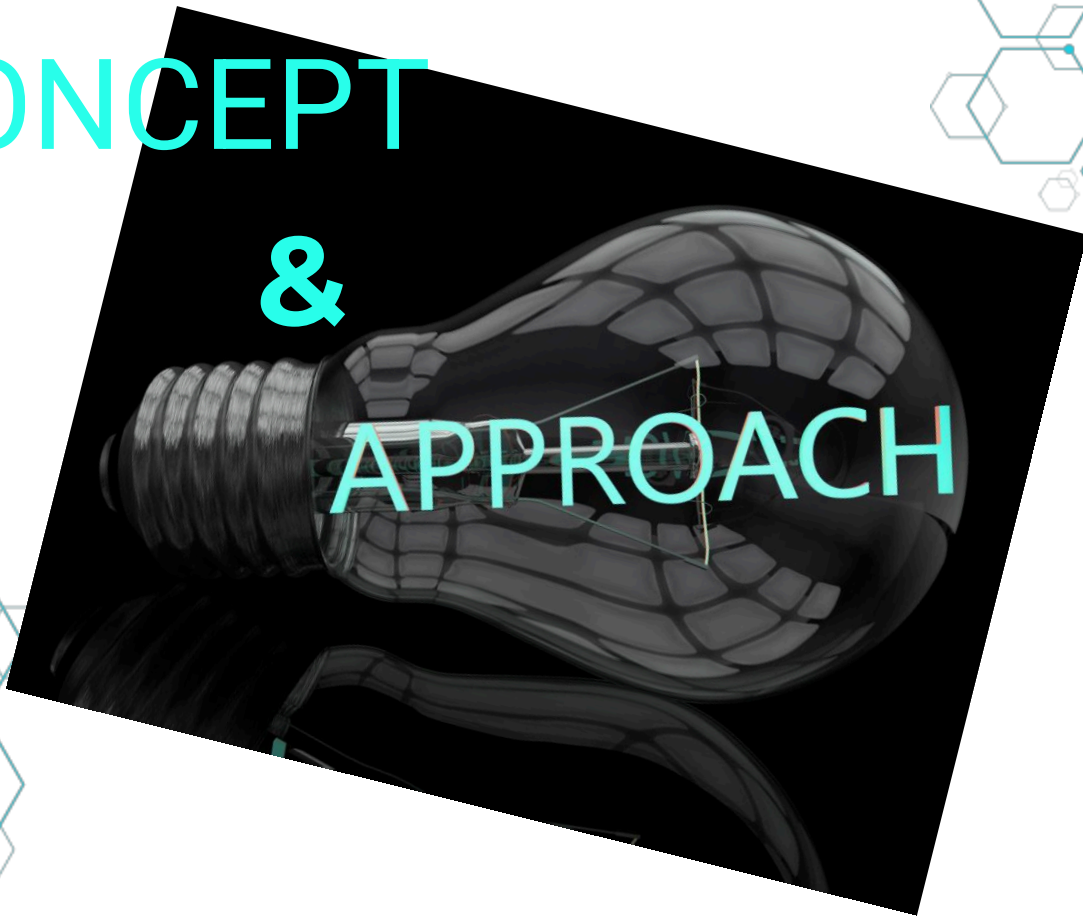
Identifying the Division to Lead the Recruitment Improvemnt

- ✓ Addressing the Limitations of Centralized HR Systems

- ✓ Choosing Financial Administration as the Operational Lead

- ✓ Leveraging Internal Expertise and Functional Teams within FA

Building the Foundation for the Centralized Data System
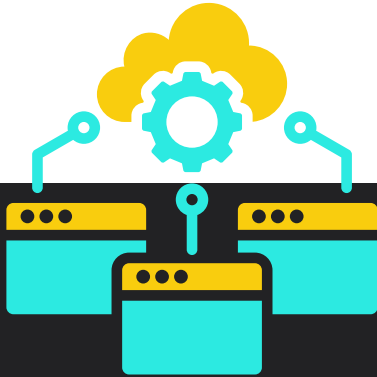
- ✓ Diagnosing the Vacancy Problem through Data

- ✓ Identifying Structural Data Gaps

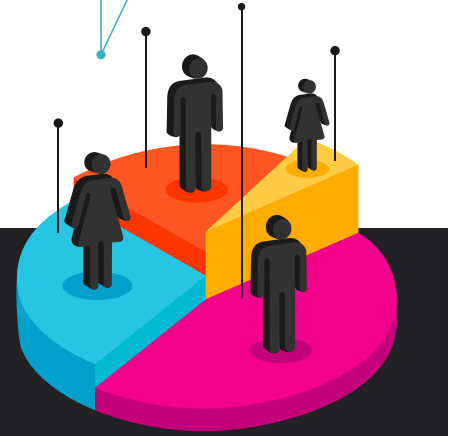- ✓ Laying the Groundwork for Actionable Insights

Building the Foundation for the Centralized Data System

Compiling Baseline Data from County Systems

Partnering with Division Managers to Validate and Update Rosters

Populating the Workforce Tool with Data

HHS_PHWorkforce

To: Katy Womble; Philip Huang
Cc: Ganesh Shivaramaiyer; Kelly Hall

☺ ↩ Reply   ↩ Reply all   → Forward   🅰 ∨   ⊘   🗐   🔳   ⋯

Thu 8/7/2025 10:26 AM

📄 Vacancy Report - Health Admin...
79 KB   ∨

Good morning Ms. Womble & Dr. Huang,

Attached is a listing of vacant positions in your division, per DCHHS' employee records. Please review the list to ensure that information is accurate and provide edits for any exceptions noted. Additionally, indicate by placing a 'Y' or 'N' in the 'Posted' column for the positions that have been posted in Taleo and provide justification in the 'Reason' column for positions that have not been posted.

Please provide us the completed report by COB August 15, 2025.

Thank you,
PH WORKFORCE
Dallas County Health & Human Services

Vacancies by Division: STD/HIV Surveillance and Intervention
Division Head: Shelley Cabrera

PROGRAM	FUNDING SOURCE	POSITION NO	JOB TITLE	EMPLOYEE	HIRING MANAGER	TEMP STAFF IN PLACE	POSTED? (Y/N)	REASON
HEALTH-V D EPIDEMIOLOGY	8706	0000005145	DISEASE INTERVENTION SPECIALIST III	**VACANT**	Shelley Cabrera	N	Y	candidate selected
HEALTH-V D EPIDEMIOLOGY	8706	0000005150	DISEASE INTERVENTION SPECIALIST III	**VACANT**	Shelley Cabrera	Y	N	
HEALTH-V D EPIDEMIOLOGY	8706	0000005154	DISEASE INTERVENTION SPECIALIST SUPER	**VACANT**	Shelley Cabrera	N	N	requested to post
STD/HIV DIS PREVENTION	8924	0000008024	DISEASE INTERVENTION SPECIALIST II	**VACANT**	Shelley Cabrera	Y	N	
HEALTH-V D EPIDEMIOLOGY	8706	0000005148	DISEASE INTERVENTION SPECIALIST III	**VACANT**	Shelley Cabrera	N	Y	candidate selected
HEALTH-V D EPIDEMIOLOGY	8706	0000005156	STD OPERATIONS MANAGER	**VACANT**	Shelley Cabrera	N	N	Posting closed, prescreen conducted
HEALTH-V D EPIDEMIOLOGY	8706	0000006426	DISEASE INTERVENTION SPECIALIST III	**VACANT**	Shelley Cabrera	N	Y	candidate selected

Employee Profile

Roster By Division

ROSTER BY DIVISION

| Job Title	Grade	Exempt	Schedule	Position Num	Funding Entity	Job Code	Full name	Funding Type	Funding Source	Grant/Program	Posn-Status	Division ▲	Month-Salary	Hiring Manager
BUILDING INSPECTOR	10	N	I	0000000102	Grantor	8011100	JEEVAN THAPA	Grant Fund	Financial Administration Grant	HHS-FINANCIAL ADMIN GENERAL GOVERNMENT	FILLED		▬▬	MASOOMA HYDER
CLERK IV	08	N	I	0000000404	Grantor	6001100	PEDRO RODRIGUEZ	Grant Fund	Financial Administration Grant	HHS-FINANCIAL ADMIN GENERAL GOVERNMENT	FILLED		▬▬	MASOOMA HYDER
CASHIER III	07	N	I	0000000580	Budget Office	6015400	ALEJANDRA M MORALES	General Fund	Local Gov - County	HHS FINANCE ADMIN	FILLED		▬▬	MASOOMA HYDER
GRANTS ANALYST	E	E	E	0000001159	Grantor	5020500	NANCY MARTINEZ	Grant Fund	Financial Administration Grant	HHS-FINANCIAL ADMIN GENERAL GOVERNMENT	FILLED		▬▬	MASOOMA HYDER
GRANTS ANALYST	E	E	E	0000001472	Grantor	5020500	YUAN FANG	Grant Fund	Financial Administration Grant	HHS-FINANCIAL ADMIN	FILLED		▬▬	MASOOMA HYDER

Financial Administration
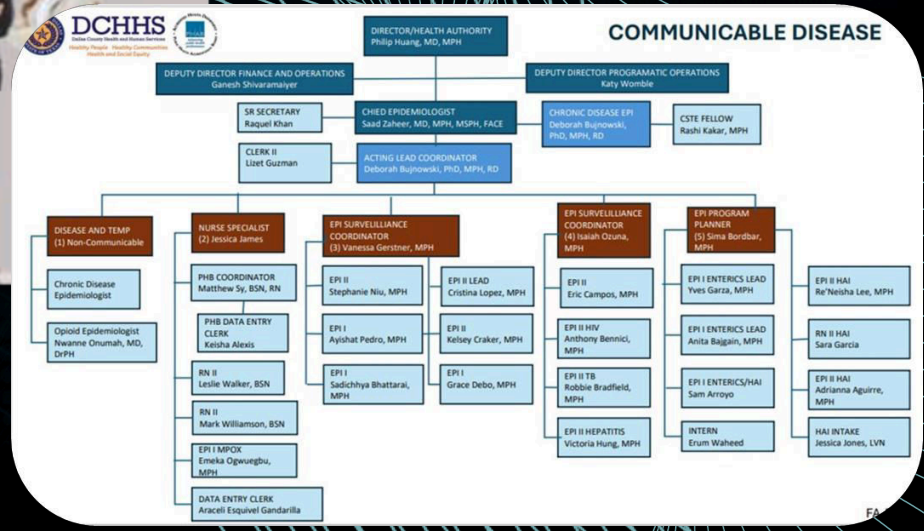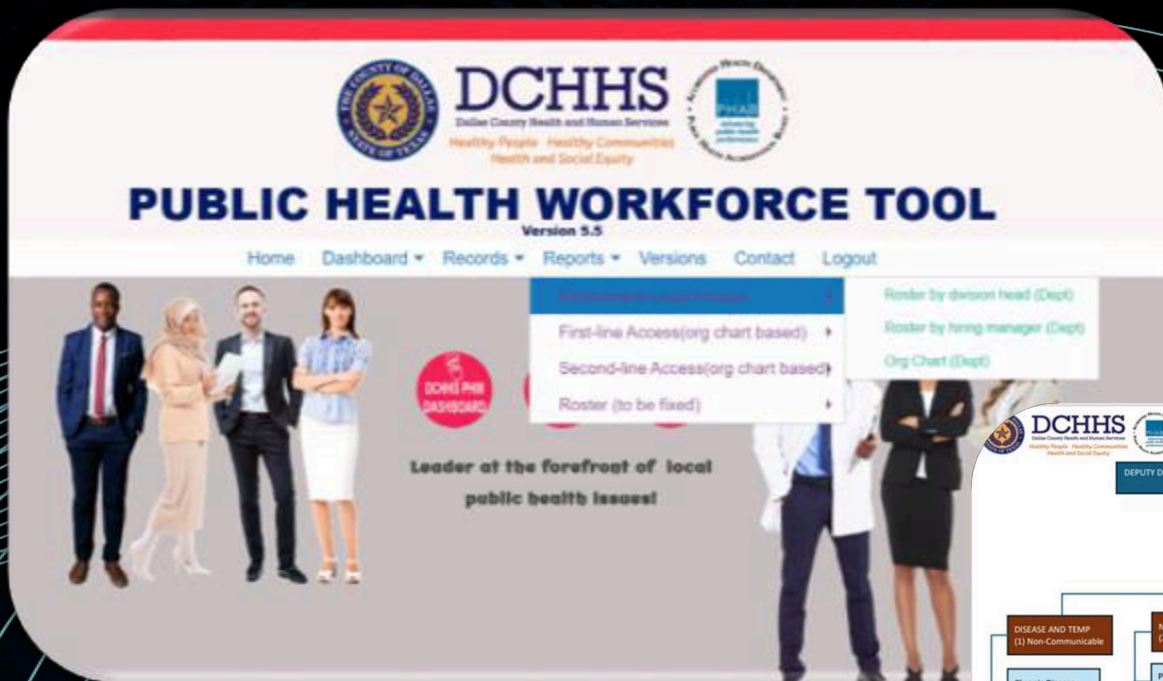
Version 1.0
Basic Database, enhance scalability

Version 2.0
Role-based access, hiring manager features, streamline data entry

Version 3.0
Architecture updates, added employee training module

Version 4.0
Auto email alerts to HIPAA-HHS team when new position is created

Version 5.0
Organization Charts for divisions

Version

UPGRADE

Establish Workforce KPIs Essential to Reducing Vacancy Rate
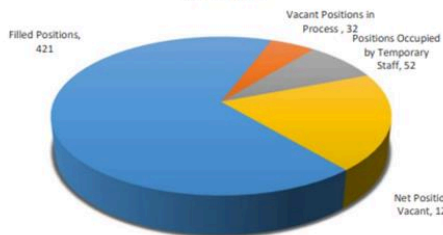
Net Vacancy Rate (Month-over-Month)

Vacancies by Funding Source: General Fund Programs and Grant-Funded Programs

Vacancies by Position Type, Retention and Turnover Data, Workforce Demographics
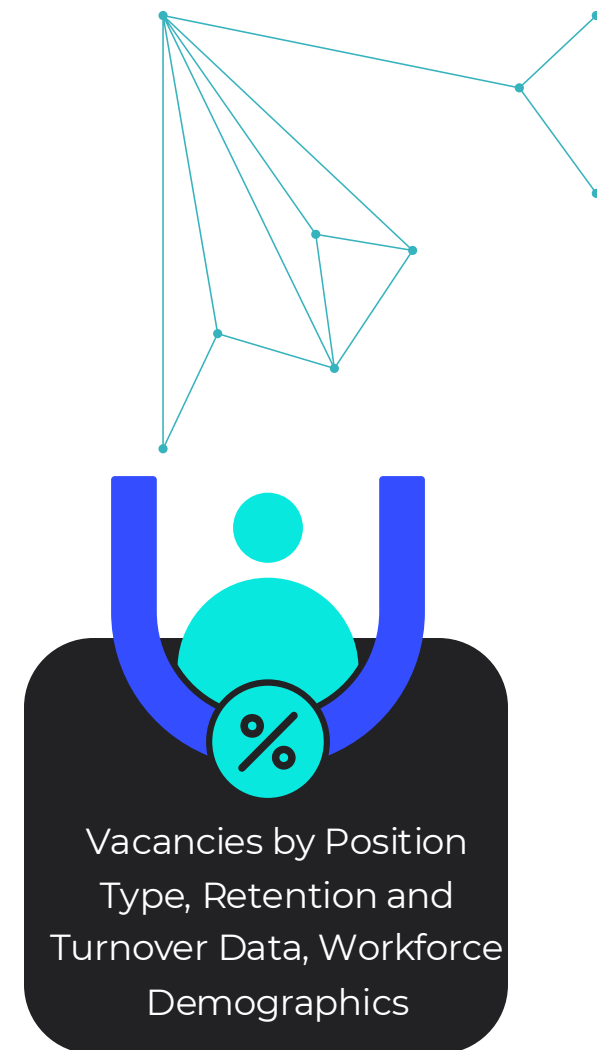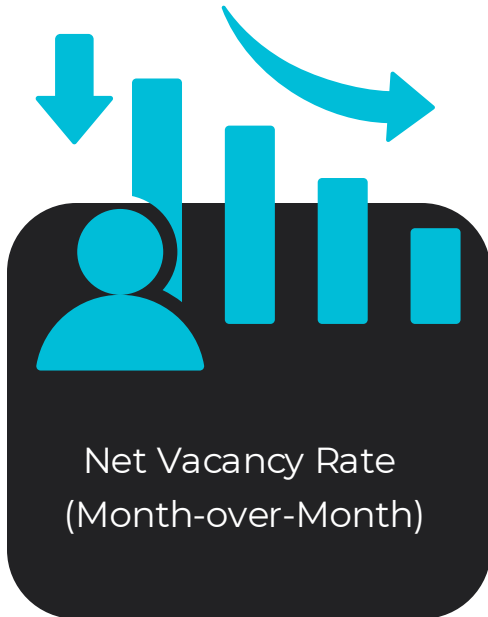
Workforce Tool Dashboards
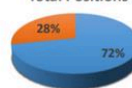
Vacancy by Program Report

Dallas County Health and Human Services

Vacancies by Program Report

Program	Filled	In-Process	Positions Occupied by Temporary Staff	Net Vacancies
Chronic Disease Prevention	13	3	1	1
Communicable Disease and Epidemiology	19	–	1	-1
Community Outreach Program	2	–	1	-1
Ending the HIV Epidemic Program	8	1	1	3
Environmental Health	18	1	–	5
Financial Administration	67	1	1	4
Health Administration	34	1	1	1
Home Loan Counseling	6	–	–	–
Jackson-Stainfield Clinic (EHC)	6	–	–	–
Preventive Health and Immunizations	68	–	5	13
Public Health Emergency Preparedness	19	2	–	2
Public Health Lab	33	–	–	1
Refugee Clinic	11	–	3	3
Ryan White Grants Management	21	3	3	1
Section 8 - HCVP	34	1	1	2
Sexual Health Clinic	25	–	1	4
Social Services	73	2	25	3
STD/HIV Surveillance and Intervention	31	1	2	6
Tuberculosis Control and Prevention	57	1	–	10
Grand Total	**545**	**17**	**46**	**57**

Workforce Demographics

Management Staff Demographic Breakdown

Race/Ethnicity	Total
BLACK	9
WHITE	6
ASIAN	5
HISPANIC	5
TWO OR MORE	1
AMERICAN INDIAN OR ALASKA NATIVE	0
Total	26
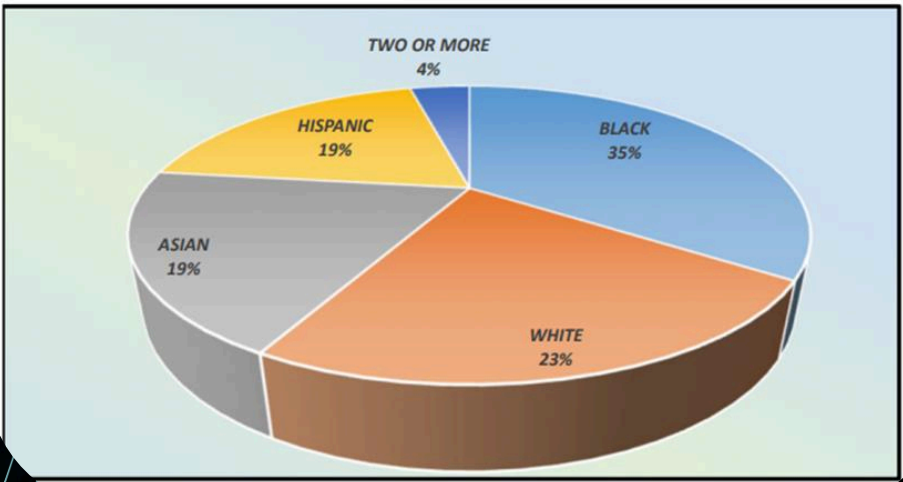
Workforce Demographics

Race/Ethnicity	Total
BLACK	237
WHITE	57
ASIAN	69
HISPANIC	169
TWO OR MORE	10
AMERICAN INDIAN OR ALASKA NATIVE	3
Total	545

Management Staff pie chart:
- BLACK 35%
- WHITE 23%
- HISPANIC 19%
- ASIAN 19%
- TWO OR MORE 4%

Workforce pie chart:
- BLACK 45%
- HISPANIC 30%
- ASIAN 13%
- WHITE 10%
- TWO OR MORE 2%
- AMERICAN INDIAN OR ALASKA NATIVE 0%

Male	Female
137	408

Gender bar chart: FEMALE 408, MALE 137

Financial Administration
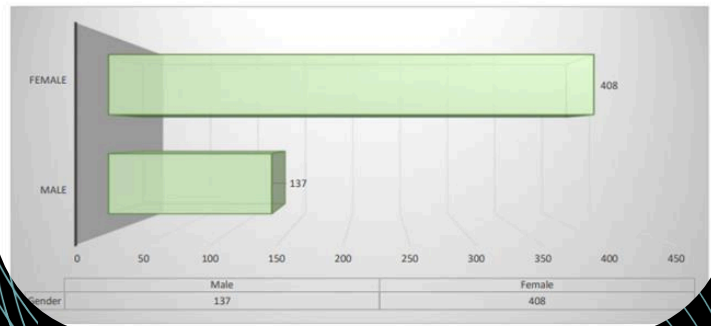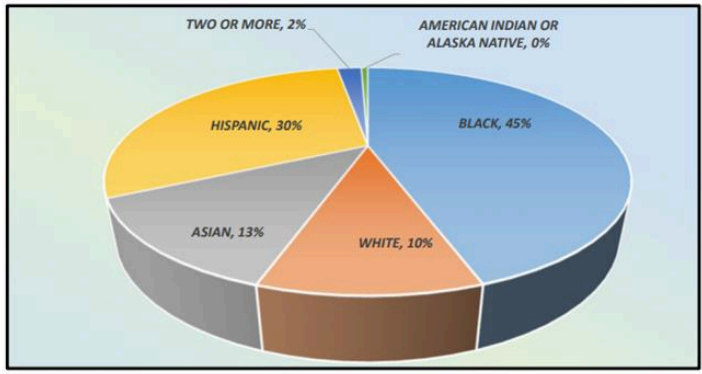
Create a Unified Dashboard to Track Key Metrics
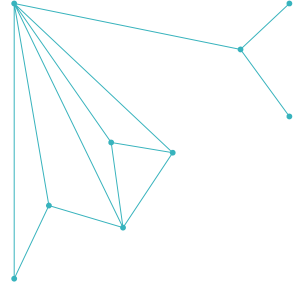
Develop standardized dashboard templates for executive use

Visualize metrics and trends through graphs and pie charts
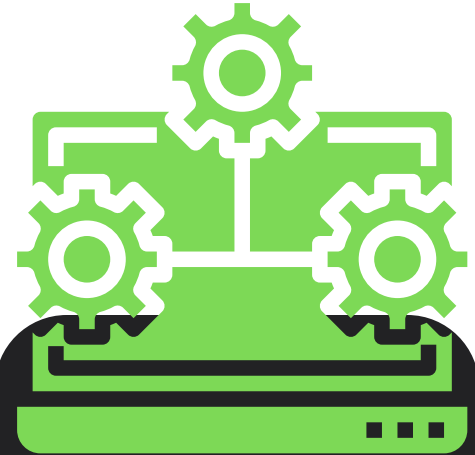
Ensure data is actionable and presented accessibly

DCHHS

Financial Administration

Establish Routine Reporting and Share KPI Dashboard with Stakeholders

1 Implement monthly reporting cycles to executive leadership and Civil Service Commission

2 Share dashboard through FA-InfoHub
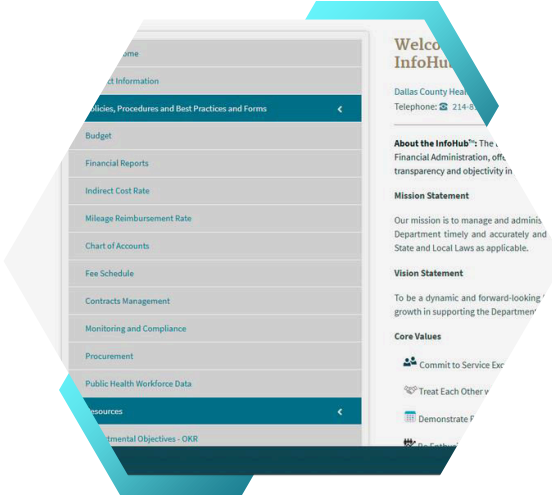
3 Promote data-informed workforce planning and transparency

CONTACT US
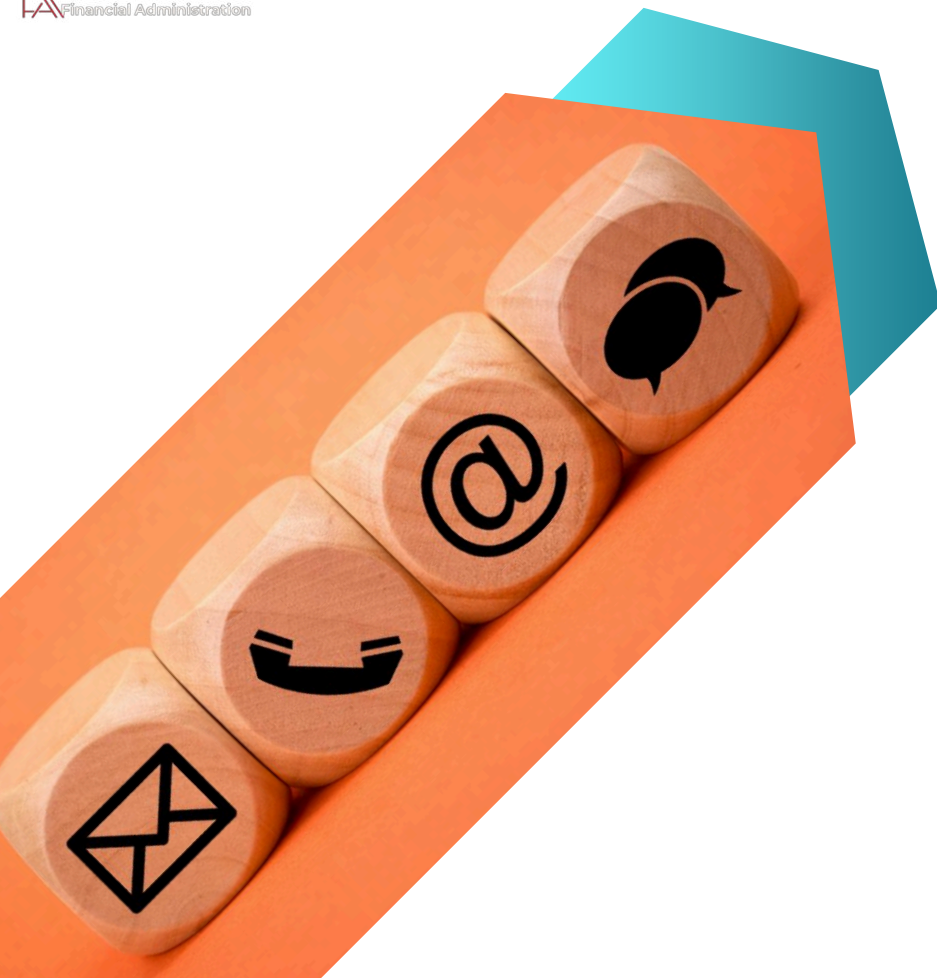
https://www.dallascounty.org/departments/dchhs/

datamgmtsupport@dallascounty.org

THANK YOU

Shauna Meador
Project Manager

Alana Wellacruz
Employee Engagement Coordinator

Valentina Vasquez
Program Evaluation Specialist

Tulsa Health Department

Large Local Health Department

3 Main Locations

350 Employees

2024 Top Workplace in Oklahoma

682,868 population of Tulsa County

East Tulsa

North Tulsa

Central Tulsa

PHAB Accredited

78% Employee Engagement

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                          ┌─────────────────┐
                          │   THD Offices   │
                          └────────┬────────┘
     ┌──────────┬──────────┬───────┼───────┬──────────┬──────────┐
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| Office of Preventive Health | Office of Maternal Child Health | Office of Community Health and QI | Director's Office | Office of Prevention Preparedness and Response | Office of Environmental Health | Office of Legal Services and Human Resources |
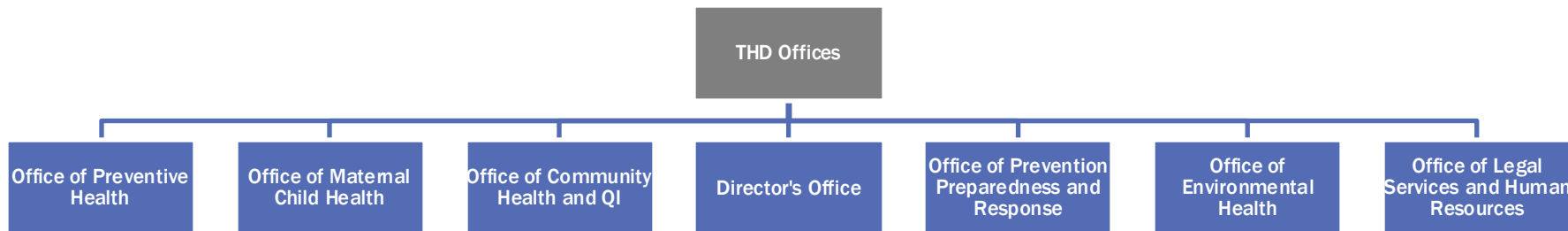
2023-2024 Year In Review

| 16,939 Patients Seen | 45,078 Vaccinations | 30,584 Food Handler Permits | 50,390 WIC Client Visits |

Applying
- LinkedIn Application
- Submitted in *August*
- Applied on "official" site in *September*

Interviewing
- Screening call prior to official application
- Final round interview in *September*

Onboarding
- Received offer quickly after interview
- Onboarded in *October*
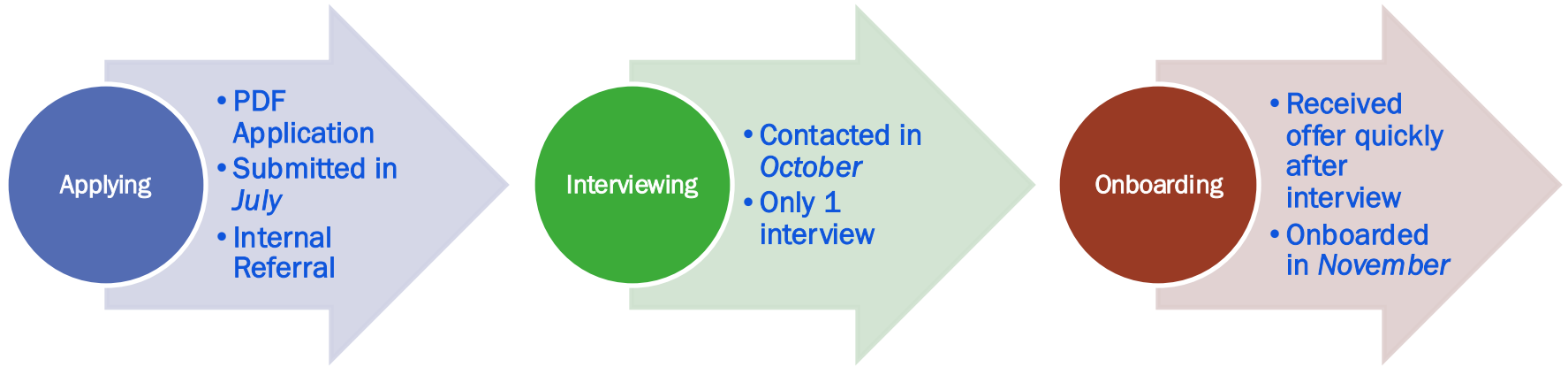
Applicant Process took 3 months

Changes to Improve Hiring Timeliness

Talent Acquisition Specialist	**Investment in New Software**	**Job Posting Boards**	**Career Fairs**
Training for Hiring Managers	**Standardized Job Templates, Job Descriptions, and Job Requirements**	**Compensation Study to Upgrade Salary Grades**	**New KEY Positions Created because of PHIG Funding**

Recruitment Process

- Resources for utilizing NEOGOV
- Different types of interviews

Candidate Profile

- Preferences
- Biases to avoid and common pitfalls

Standardizing

- Interview process
- Documenting the process

Average Time to Fill Positions Reported to CDC
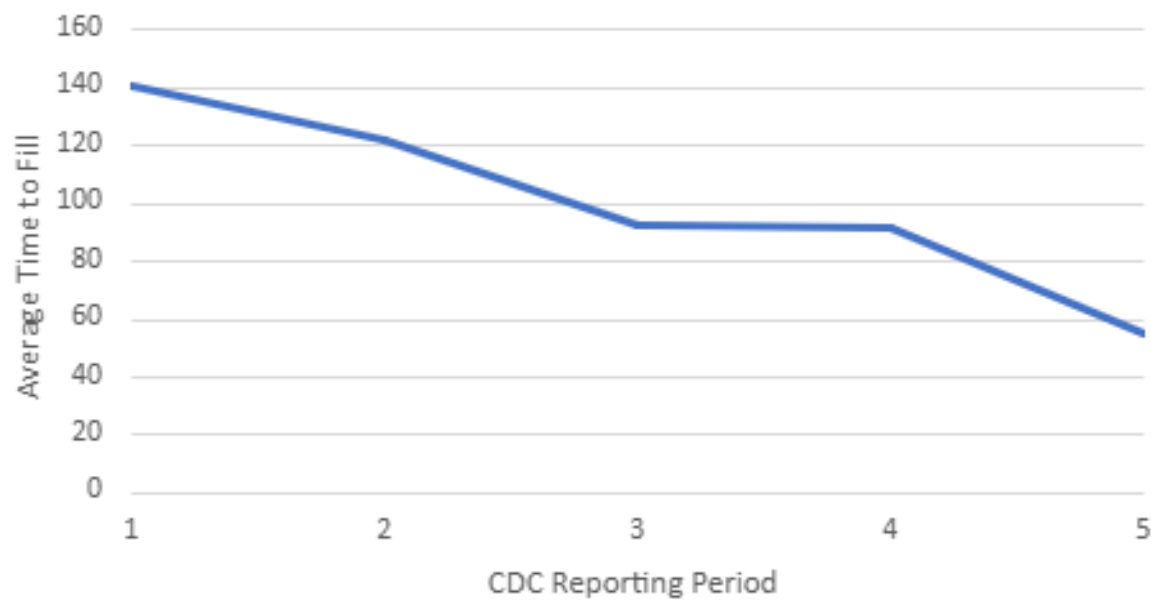
Requisitions Created Since 2023
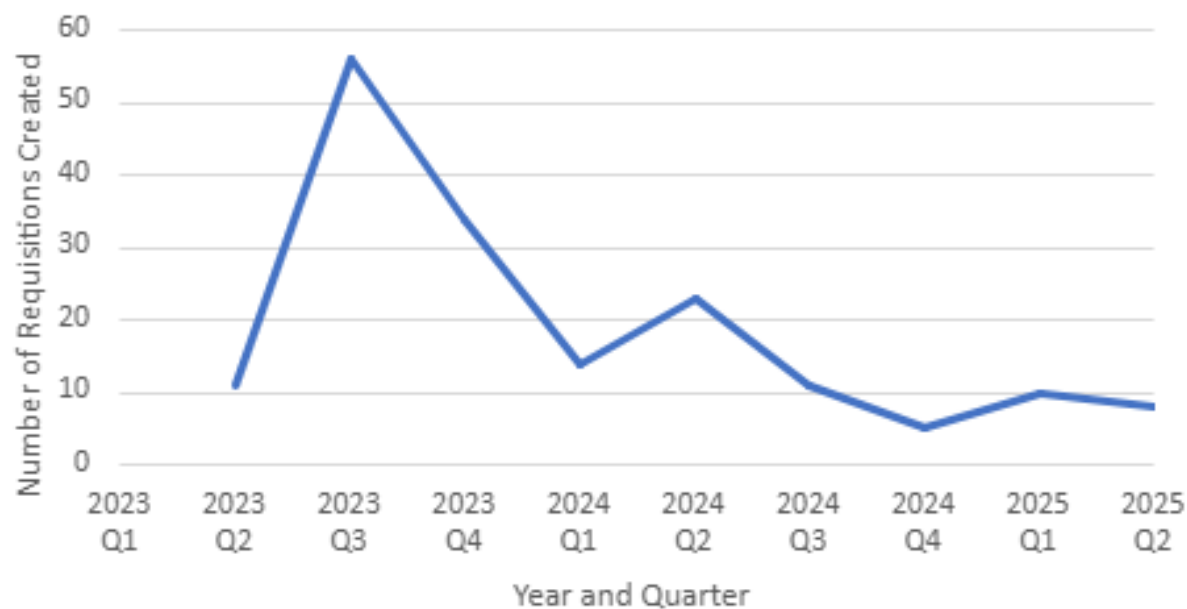
New Hire Onboarding Day

Streamlined "welcome" to THD

Improved communication between Workforce Development, Human Resources, and Hiring Manager

New hire packet

Branded merch

Streamlined new hire required paperwork

Training Room Refresh
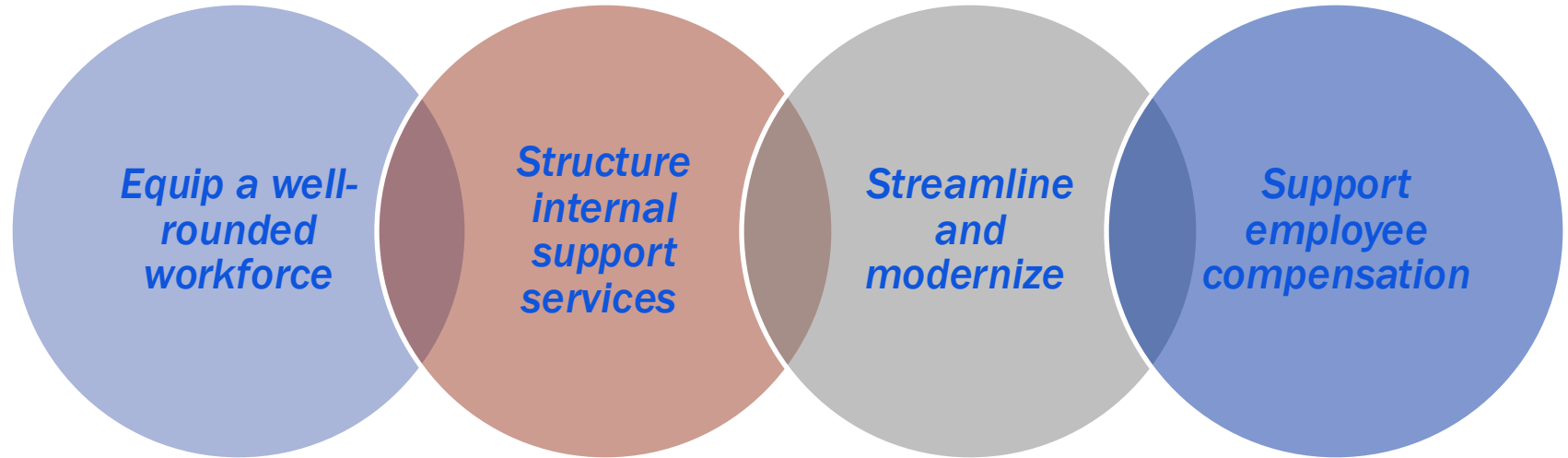
Shauna Meador
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slmeador@tulsa-health.org

Alana Wellacruz
Employee Engagement Coordinator
awells@tulsa-health.org

Valentina Vasquez
Program Evaluation Specialist
vvasquez@tulsa-health.org

Public Health Infrastructure Grant: Hiring Timeliness

PHIG Annual Recipient Convening | August 21, 2025

Who We Are

- **Department Governance**: Decentralized State Public Health Agency

- **How big is our team?** Over 1,600 FTE

- **Agency Mission:** To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

- **Agency Vision**: Health and Wellness for all Arizonans.

- **Populations We Serve**: All of Arizona! (113,594 square miles)
  - 7+ million Arizonans -- 15 counties and 22 tribal nations, including urban, rural and border communities.

- **Agency Values**: Integrity, Collaboration, Accountability, Equity focus, Excellence, and Dedication.

Agenda

1 | Hiring Timeliness Overview and Time to Fill

2 | What does our process look like?

3 | What have we done so far?

4 | What are we doing now?

5 | What is next?

Hiring Timeliness and Time to Fill

The expectation of our enterprise is to have a time to fill average of under 45 days. That covers from when a position is approved to be filled, to when an offer is accepted.

Over the past 18 months (12/2023 - 5/2025), the Arizona Department of Health Services has improved our average time to fill from 35 days to 32 days.

Hiring is a wheel, but can we reinvent it?

Let's take a closer look

Where do we advertise? Is our audience there? Can they see it? Do they like what they see?

Are hiring managers treating hiring like a priority? Do our candidates interview us?

How do we speed up the hiring process? How do we engage new talent? How do we keep them?

Are we getting good feedback from hiring managers? Candidates? Our vendor partners?

Is our onboarding process designed around the candidate experience? How do we know it works?

How does retention factor into hiring? Fewer recruitments equals more recruiter bandwidth.

What have we done so far?

Created Standard Work for our recruiters and our hiring managers. The easy part is creating it, the hard part is getting everyone to follow it.

Attended team meetings around the organization, and hosted lunch and learns to both educate and motivate our hiring managers.

Reviewed the Return on Investment of our existing tools and partnerships. This requires a bit of courage, because we had to admit we didn't know everything.

Researched other platforms and pricing. We then launched a paid partnership with Indeed.

❏ Recruiters are now easily able to cover each other's workload
❏ Hiring Managers understand their role

❏ Hiring managers feel valued and heard
❏ A more collaborative relationship was formed

❏ Benchmarked against peers
❏ Scaled down our package with LinkedIn

❏ Recruiters can now source for ideal candidates online
❏ No more "post and pray"
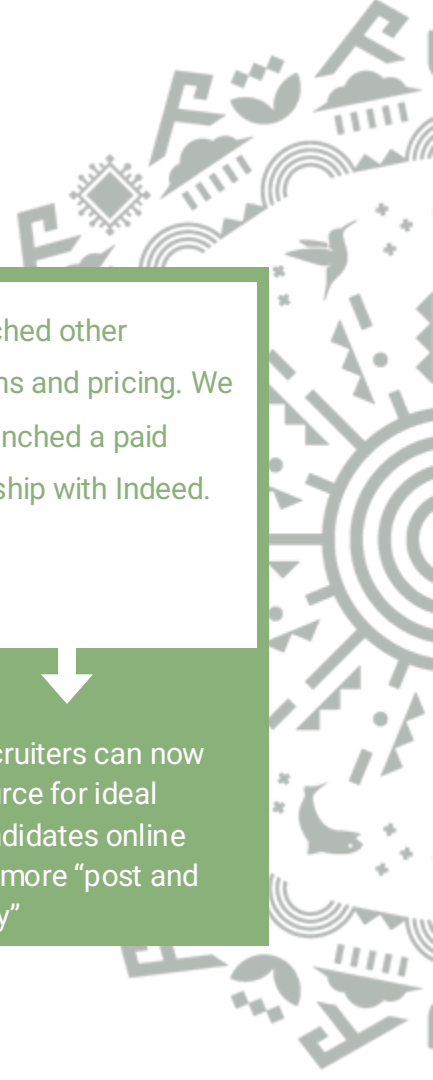
What are we refining, doing now and next?

Refining How do we best use our Indeed credits and LinkedIn sponsored job slots?

Now Developing and testing an onboarding app that will keep hiring managers informed

Next Launch our onboarding app once UAT is complete, hopefully pilot skills based hiring

Thank You!

John Siegfried
john.siegfried@azdhs.gov

Welcome to Guam

- Located in the Western Pacific Ocean
- An unincorporated territory of the United States
- Measures roughly 36 miles long and 4 to 12 miles wide
- Population: Approximately 168,999
- The largest and southernmost island in the Mariana Islands
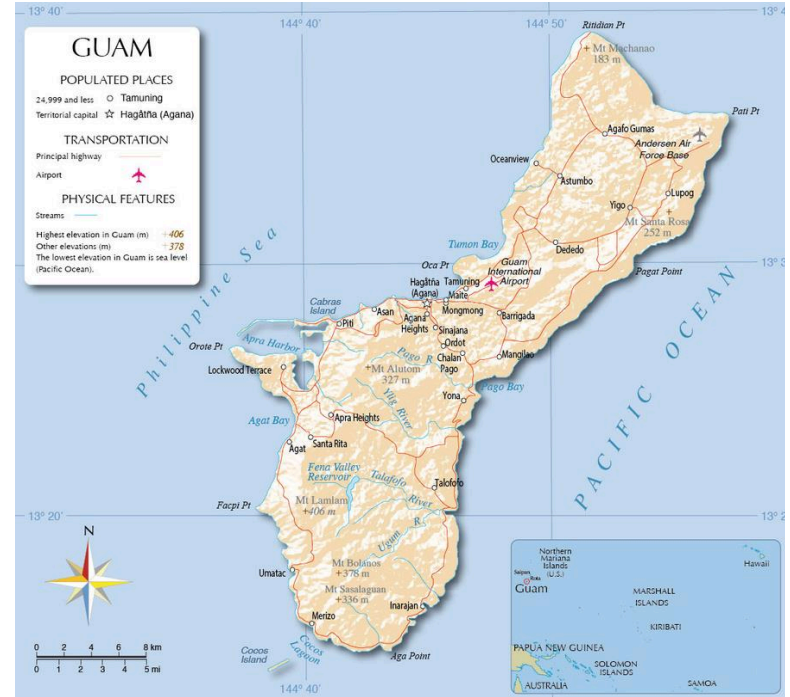
About the Guam Department of Public Health and Social Services (DPHSS)

Mission Statement
To assist the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare.

Vision Statement
A community of empowered individuals with healthy minds and bodies thriving in a safe and nurturing environment across every stage of life.

Organizational Structure

PUBLIC HEALTH
Division of Environmental Health (DEH)
Division of General Administration (DGA)
Division of Public Health (DPH)

SOCIAL SERVICES
Division of Children's Wellness (DCW)
Division of Homelessness Assistance and Poverty Prevention (DHAPP)
Division of Senior Citizens (DSC)
Division of Public Welfare (DPW)

DPHSS Workforce Snapshot

Employee Classifications

- Total Employees: 492
- Classified: 385
- Unclassified: 107
  - Limited Term Appointment (LTA - 1 year)
  - Temporary Appointment (TA - 120 days)
  - Competitive Limited Term Appointment (CLTA - Grant end)
  - Contractual Appointment

Funding

- Federally Funded: 230
- Locally Funded: 262
  - Includes Federal/Local Match

Gender

23.6% M

76.4% F

AGE

- 20 - 29: 9.8%
- 30 - 39: 25.4%
- 40 - 49: 18.1%
- 50 - 59: 27.0%
- 60+: 19.7%

As of August 6, 2025

DPHSS Workforce Snapshot (Cont'd)

CHILDREN'S WELLNESS (DCW)

ENVIRONMENTAL HEALTH (DEH)

GENERAL ADMINISTRATION (DGA)

HOMELESSNESS ASSISTANCE AND POVERTY PREVENTION (DHAPP)

PUBLIC HEALTH (DPH)

PUBLIC WELFARE (DPW)

SENIOR CITIZENS (DSC)

DSC 3%

DHAPP 1.6%

DEH 5.1%

DGA 6.1%

DCW 19.5%

DPH 42.1%

DPW 22.6%
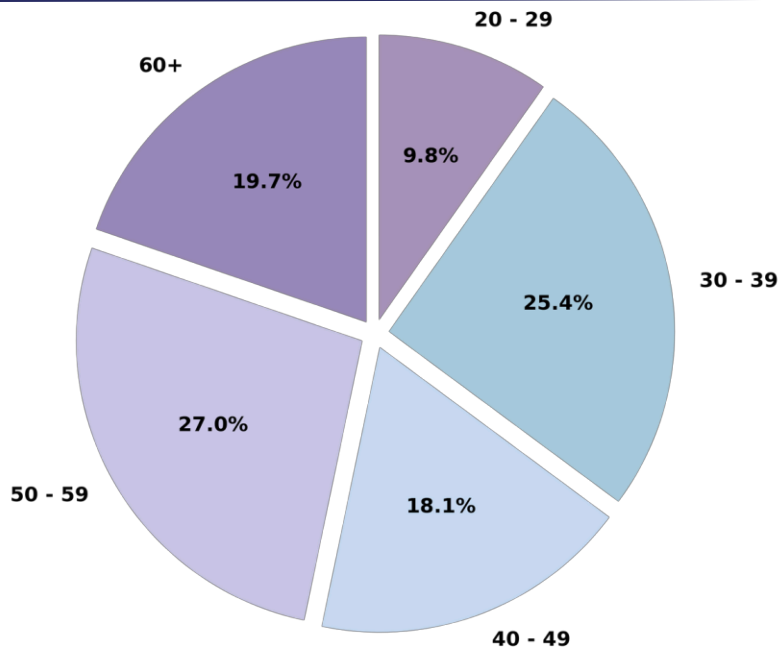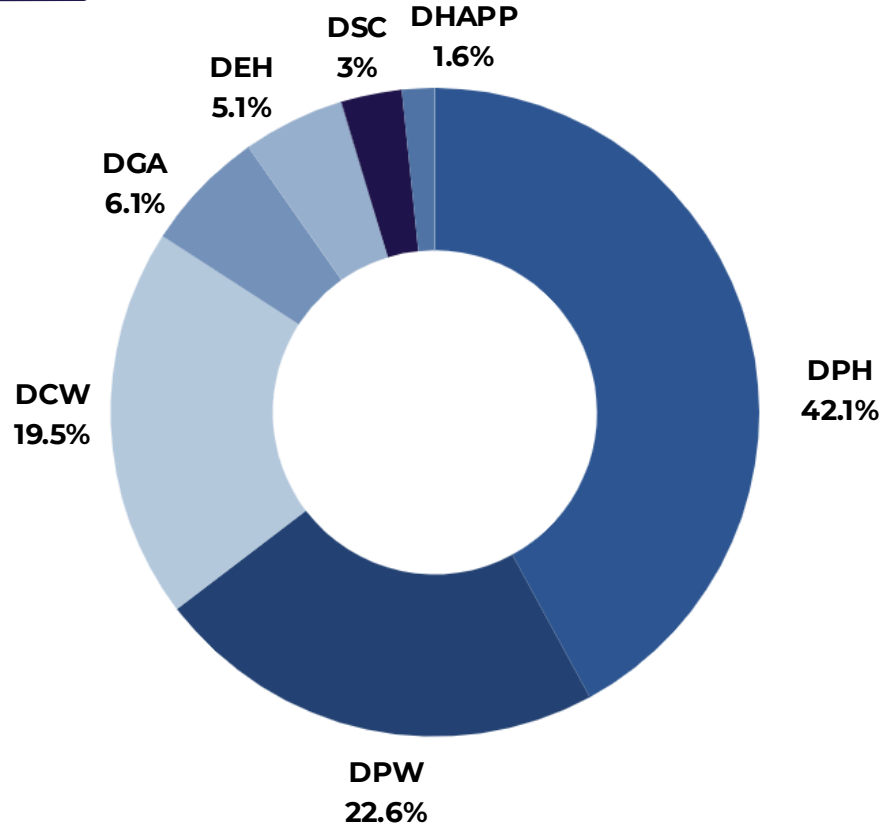
Our Personnel Office

- **Personnel Office Staffing:**
  - 2 Classified Staff
  - 2 Unclassified Staff

- **Role in Recruitment:**
  - Personnel Office
    - Coordinates internal recruitment efforts
    - Manages GovGuam Request for Personnel Action (GG-1) processing
    - Facilitates interviews, selection, and onboarding

  - Collaboration with reviewing agencies: Bureau of Budget Management and Research (BBMR) and Department of Administration (DOA)
    - BBMR reviews financial aspects of GG-1s
    - DOA post job announcements, receives and evaluates job applications, conducts drug testing, and issues Notices of Personnel Action (NPAs)

GG-1 Flowchart

**DPHSS
(Steps 1-4)**

**BBMR
(Step 5)**

**DOA
(Steps 6-10)**

1	2	3	4	5	6	7	8	9	10
Dept Admin	Submitted	Cert Officer	Agency Director	BBMR	Classification	Recruitment	EMR	Drug Testing	Records
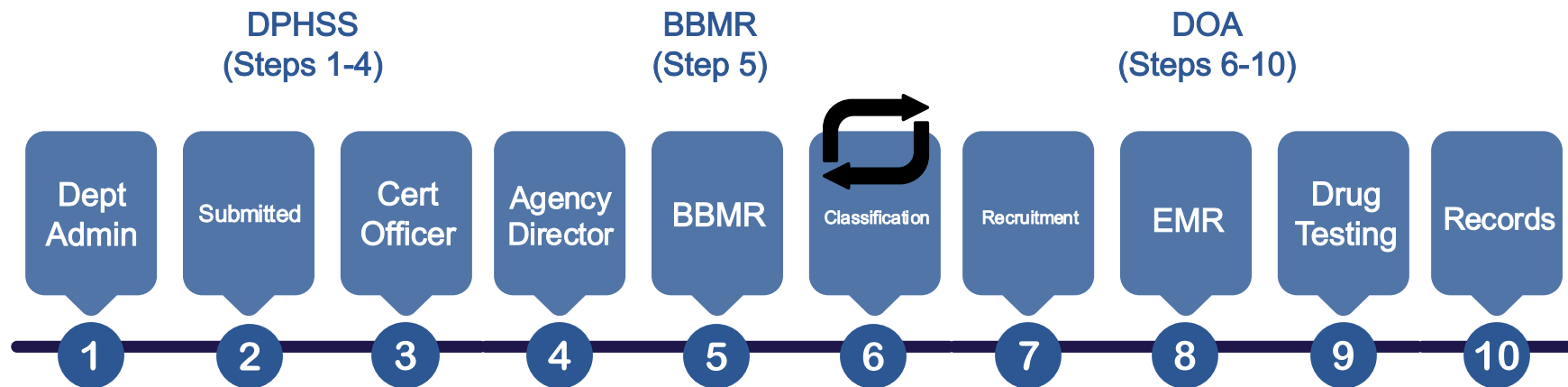
- **Unnamed GG-1**
  - Steps 1-6
    - If there's an existing list of eligible applicants: DOA Certifies the listing of names and provides the Certification Package to DPHSS
    - If there's no existing list of eligible applicants: DOA Posts the job announcement, screens and rates applicants, establishes and approves an eligibility list, issues Notices of Ratings with an appeal period, then certifies the list and provides the Certification Package to DPHSS
- **Named GG-1**
  - Steps 1-10

Recruitment Challenges at DPHSS: Pre-Public Health Infrastructure Grant (PHIG)

1. **Manual, Paper-Based Hiring**
   - Slow routing and approval of documents
   - Limited visibility into hiring progress
   - Higher risk of lost or misplaced paperwork
   - Manual data entry prone to errors
   - Difficult to generate timely, accurate reports

2. **Decentralized & Siloed HR Operations**
   - Inconsistent hiring procedures across divisions
   - Duplication of work and conflicting processes
   - Limited cross-department communication
   - Delays in decision-making due to lack of Standard Operating Procedures (SOPs)
   - No centralized communication channel and database

3. **Gaps in the Personnel Office**
   - Backlogs in recruitment and hiring actions
   - No central oversight to standardize processes
   - Loss of institutional knowledge from turnover and no classified staff
   - Delays in resolving recruitment issues
   - Limited capacity to drive strategic improvements

Improvement Drivers

1. **Launch of eHRP Web (February 2024)**

   - Current Hiring Process
     - Human Resources Management Information System (HRMIS), known as eHRP Web, implemented February 2024 by DOA
     - Automated routing with full audit trail for transparency and accountability
     - Enhanced data extraction capabilities for reporting and analysis
     - Additional modules in development

Timeliness Comparison: RP4 vs RP5

- RP4 (June 2024 – November 2024)
  - 21 recruitments completed
  - Average time-to-hire: approximately 1 year and 9 months
- RP5 (December 2024 – May 2025)
  - 46 recruitments completed
  - Average time-to-hire: approximately 1 year, 4 months, and 22 days

- Significant reduction in time-to-hire between RP4 and RP5, demonstrating improved efficiency
  - **32.2% decrease in the median number of days from RP4 to RP5**
  - **20.6% decrease in the average number of days from GG1 preparation to hire (about 4 months and 10 days faster)**

- Funding Impact: Reducing time-to-hire by over 30% boosts efficiency and ensures funds are used effectively. Faster hiring means fully staffed teams, fewer vacancy costs, and more timely delivery of services

- Note:
  - Earlier periods (RP1 to RP2) are excluded because the required reporting wasn't department-wide
  - RP3 was tracked via email and paper-based with no measurable improvement

PHIG Hiring Timeliness - Open Recruitment GG1's
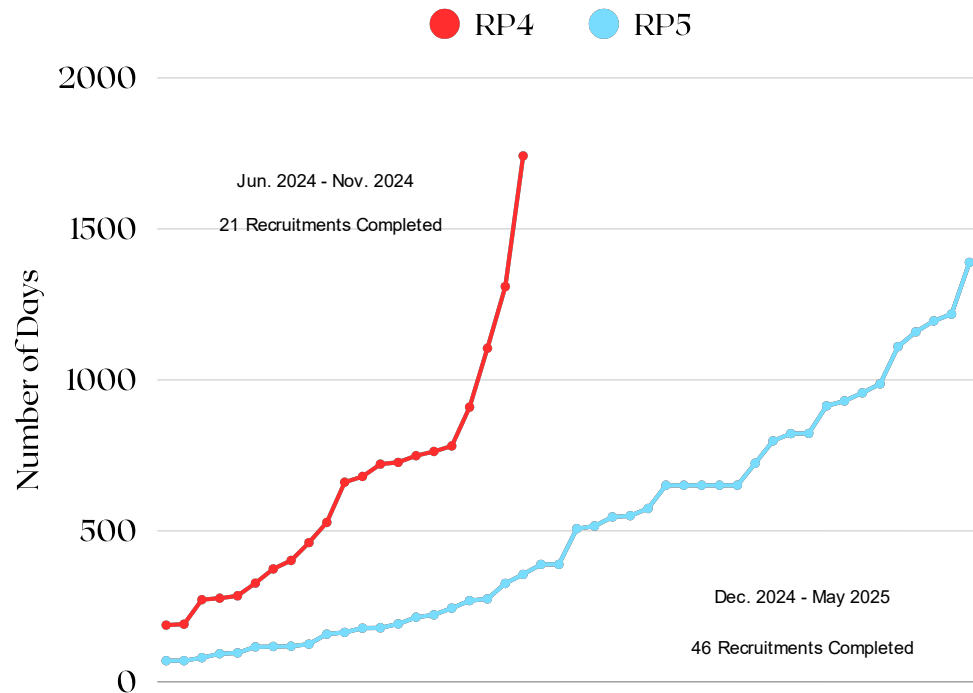
Improvement Drivers (Cont'd)

2. **Department of Interior's Government of Guam-wide Business Process Improvement (BPI) Project, with DPHSS as the lead pilot department due to its size, in partnership with Association of State and Territorial Health Officials (ASTHO) and GovGuam agencies (Governor's Office, Office of Technology (OTECH), BBMR, DOA) (November 2024)**

- Results from BPI Collaboration:
  - BPI Recruitment trainings conducted with DPHSS in November 2024 and April 2025, targeting GG-1 creators and those handling recruitment, Personnel Office staff, PHIG staff, and leadership
  - Rollout of Open Recruitment and New/Renewal LTA/TA SOPs & training conducted by the Personnel Office (August 2025)
  - BBMR now advises the Personnel Officer on financial errors related to recruitment
  - DOA committed to increasing the number of job announcements allowed
- Inter-office memos to GG-1 creators regarding SOPs (June 2024, October 2024, January 2025, August 2025)

Improvement Drivers (Cont'd)

3. **Hiring of our Current Personnel Officer (April 2024)**

- History of the Personnel Officer Position
  - A long-serving Personnel Officer retired after 30 years of service (December 2020)
  - A Personnel Officer served for one year before retiring (August 2021 – August 2022)
  - A GG-1 position was prepared to fill the vacancy (July 2022)
  - An Acting Personnel Officer was assigned to maintain operations during the transition (August 2022 – May 2023)
  - A candidate was interviewed for the Personnel Officer role (September 2023)
  - The candidate was hired (November 15, 2023) but resigned after only two days (November 17, 2023)

Accelerating Workforce Development at DPHSS: PHIG in Action

- **Expanded Workforce Capacity**
  - Funded additional Personnel Office staff, a Workforce Development Coordinator, and a Performance Evaluation & Measures Coordinator
- **Strengthened Workforce Planning & Accreditation**
  - Led the Workforce Planning Committee, supported the Workforce Development Plan, and advanced Public Health Accreditation Board (PHAB) Domain 8 readiness
- **Improved Hiring Processes**
  - Established formal tracking systems, including Reporting Periods and Targeted Evaluation Plans (TEP), where none previously existed
- **Enhanced Employee Experience**
  - Developed new employee orientation, entrance and exit surveys, and assisted in creating SOPs and training materials for recruitment and exit processes
- **Upgraded Infrastructure & Wellness Support**
  - Provided office space, equipment, tools, and resources to support Employee Health & Wellness initiatives
- **Capacity Building & Systems Enhancement**
  - Funded improvements to systems, tools, and workforce training
- **National Collaboration**
  - Partnered with CDC PHIG Component A partners, including ASTHO, the National Network of Public Health Institutes (NNPHI), and PHAB, to share best practices and resources

From Barriers to Action

1. **Centralize the Recruitment Process**
   - Increase Personnel Office staffing to support centralized hiring and reduce bottlenecks
   - Streamline recruitment processes to reduce workload on current staff

2. **Increase System Access and User Competency**
   - Train additional staff to become authorized GG-1 creators, updating user requests and coordinating with DOA for system access
   - Coordinate refresher trainings with DOA on new eHRP Web modules to ensure proper usage and minimize errors
   - Update SOPs and provide cross-training to maintain institutional knowledge and standardize recruitment practices across divisions
   - Implement train-the-trainer model: equip GG-1 creators to master the Recruitment SOPs, while cross-training staff from other divisions to reduce errors, returns, and redundancies

From Barriers to Action (Cont'd)

3. **Enhance Data Visibility and Reporting**
   - Request eHRP Web module modifications and updates to improve tracking, reporting, and workflow integration:
     - Update Bureau and Section listings within DPHSS to allow divisions to monitor division-specific recruitments
     - Integrate Bureau Heads, Division Chiefs, and the Personnel Office into the eHRP Web workflow to streamline communication and reduce reliance on emails and document returns
   - Continue tracking recruitment progress through Reporting Periods and TEP to improve accountability and support data-driven decision-making

4. **Align Recruitment with Department-wide Initiatives**
   - Continue BPI efforts to strengthen interagency collaboration, improve systems integration, and promote system-wide efficiency and accountability in recruitment
   - Align recruitment efforts with the department's goal of achieving PHAB Accreditation by November 2026
   - Collaborate through PHIG and CDC Foundation's Workforce Accelerated Initiative to map and align all Data Modernization Initiative (DMI) projects
     - Explore complementary tracking systems to enhance recruitment data integration and support department-wide initiatives

Q&A

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(THANK YOU)

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Q&A

What's Next?

- Summary of lessons learned
- What to do if you want to implement any of the shared strategies?
- How can CDC support your efforts? Possible examples:
  - Training and technical assistance (TTA)
  - Quality improvement practices for process improvement
- What's one step you can take if you want to implement a strategy and/or if you have challenges you want help addressing? Possible examples:
  - Connecting with other recipients through Peer Networks
  - Sharing ideas with Project Officers, National Partners, and agency staff/leadership (cross-departmental collaboration)

Questions?

For more information, contact CDC
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TTY: 1-888-232-6348   cdc.gov
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.