

Insights on Education and Training

for Workforce Development in
Public Health Data Science



PH Leads Steering Committee Feedback Synthesis Report

The Public Health Leadership and Education Advancing Data Science (PH LEADS) Steering Committee was convened to guide the development of curricula, training models, and workforce strategies that align with the evolving needs of the public health field. Comprised of a diverse and accomplished group of leaders from academia, local and state health departments, and public health innovation organizations, the committee offers deep expertise in areas such as data science, health equity, workforce development, epidemiology, and systems leadership. Their lived experience and professional insight provide a powerful lens through which to examine the current gaps and future priorities in public health education and leadership training.

The Steering Committee's charge was to support PH LEADS through strategic mentorship and the co-development of recommendations in three key domains:

1. recruitment and retention,
2. curricular development,
3. guidance and the alignment of education and training with public health workforce needs.

Over the course of quarterly meetings and in-depth review assignments, committee members offered critical insights into the shortcomings of existing educational pathways and proposed forward-looking strategies to modernize training, improve diversity and equity in leadership, and better prepare the workforce to meet emerging challenges.

This report details the PH LEADS' Steering Committee extensive and thoughtful feedback on the Train-the-Trainer (TTT) Pilot Program, reflecting a shared interest in developing a dynamic, equity-centered approach to workforce development in public health data science.

The Public Health Leadership and Education, Advancing Health Equity and Data Science: A Feasibility Study for Development, Implementation, & Sustainability of a Train-the-Trainer Program served as a foundational resource for the PH LEADS Steering Committee in shaping its recommendations for the Train-the-Trainer (TTT) Pilot Program. By outlining a comprehensive vision for modernizing public health infrastructure through coordinated investment in workforce, data systems, and governance, the report helped committee members contextualize their feedback within broader systems-level transformation goals.

Feedback Overview

Overall, members affirmed that the TTT program aligns well with current workforce needs—particularly around data modernization, leadership development, and workforce equity—but emphasized the importance of refining the program's goals, audience, and structure to ensure long-term success and relevance.

Committee members generally agreed that the pilot's goals resonate with emerging challenges in the public health workforce, such as the need for stronger leadership pipelines, applied data science skills, and a more flexible, adaptive workforce. However, there were requests to sharpen the program's focus and clarify whether it is intended to build foundational competencies across public health roles or develop advanced leadership skills among data science supervisors. Many participants encouraged the program team to ground the curriculum in practical application rather than overly theoretical content. They also emphasized the value of community-led and anti-racist frameworks, urging the inclusion of data ethics, Indigenous data sovereignty, and decolonization methodologies as foundational elements rather than supplemental topics.

Several respondents expressed confusion about how the different tiers of the program would function in practice, particularly around Tier 2, and suggested more clarity around the purpose and implementation of each level. To ensure diversity, reviewers recommended proactive strategies such as targeted outreach to underrepresented communities, language access, professional translation, and recruitment through community-rooted organizations. They also encouraged the program to remove participation barriers like in-person-only formats or broadband-dependent modules.



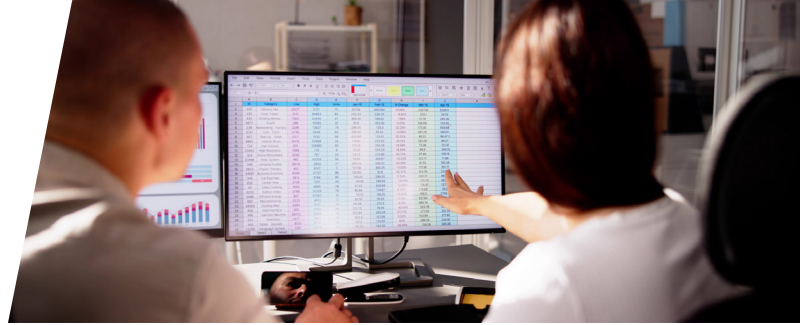
While mid-career professionals are a reasonable starting point for the target audience, reviewers recommended broadening eligibility to include aspiring program managers, frontline practitioners, health planners, and early-career staff with lived experience.

The curriculum's core competencies—including leadership, communication, ethical AI use, and data equity—were widely supported. However, committee members urged the inclusion of emerging skills like generative AI, data crisis response, and policy-relevant analytics. Several reviewers emphasized the importance of programming literacy and suggested connecting participants with external resources like coding bootcamps. There was strong support for hands-on learning opportunities through project-based training, case studies, mentorship, and “see one-do one-teach one” models. Committee members also urged the program to support real-time application of new skills to participants' existing job responsibilities, which would allow learners to gain value without overburdening their already limited bandwidth.



Most members recommended a cohort-based structure with a hybrid delivery model that includes both virtual and in-person components.

In-person gatherings were seen as especially valuable for fostering connection and community, though some reviewers raised concerns about accessibility for those with caregiving responsibilities, travel constraints, or unreliable internet. The ideal program length ranged from 12 weeks to six months, with flexibility depending on the learning goals and scope of content. Key challenges anticipated in participant engagement included time limitations, staffing shortages, competing priorities, and unclear expectations. Several reviewers proposed narrowing the scope of content to what participants can realistically control and implement within their organizations.



Mentorship was viewed as an essential but potentially optional component. Committee members recommended flexible models that offer both structured and organic mentorship experiences, including one-on-one and group formats. **Some reviewers emphasized the importance of mentorship matching and facilitation to ensure successful interpersonal dynamics.**

Peer learning was also encouraged through structured activities such as group projects, capstone presentations, and discussion forums. There was broad support for involving industry and academic partners to enhance mentorship, with suggestions that such partnerships could also serve as teaching opportunities or lead to longer-term collaborations.

Evaluation and impact metrics were another area of strong consensus. Committee members recommended tracking cohort completion rates, participant satisfaction, skills gained, diversity of participating jurisdictions, and post-program impact over time. Longitudinal evaluation—such as six- and twelve-month follow-up surveys—was suggested to assess the sustained application of learned skills. Some reviewers proposed using evaluation frameworks that support self-awareness and leadership growth, including 360-degree feedback or strength-based tools. Others recommended that the program include a dashboard or communications strategy to package outcomes and demonstrate impact for funders and stakeholders.

Finally, the committee offered several ideas for sustainability and funding. Suggested funding sources included

- ▶ **a mix of employer sponsorships**
- ▶ **participant fees (on a sliding scale)**
- ▶ **academic partnerships, and**
- ▶ **federal or philanthropic grants.**

Several reviewers stressed the need for financial investment from participants or employers to build buy-in while also ensuring equity through financial support mechanisms. Innovative models were proposed, such as involving alumni in future training cycles, contracting capstone work with health departments, and creating micro-credentialing systems. Overall, members urged the program to align with national data modernization goals and position itself as a long-term workforce infrastructure investment.

Summary

In summary, the committee envisions the TTT Pilot Program as a powerful tool to strengthen the public health data science workforce through applied learning, equity-driven design, and sustained mentorship. Their feedback reflects a clear appetite for systems-level change, with strong emphasis on removing barriers, centering community expertise, and building durable leadership pipelines for the future of public health.

