Data Science Team Training Application

Please click "+Create a Profile to Get Started" to begin. You can always edit your Profile by clicking "Edit".

You cannot move forward until you have completed your Profile.

Profile has been Completed

To begin, click "+Get Started" below. When you return to this Homepage, you can see the status of your submission by the colored status bar below the submission card.

- If the status bar is gray, your submission is under review, and no action needs to be taken.
- If the status bar is blue, there is an action required. Click on the Submission Card to complete.
- If the status bar is red, there is an error. Please reach out to the Administrator of this program.

You may log in to create new applications for future cycles, but only the first submitted application each annual cycle will be considered.

Filling out the Actual Application

Application

When every step in this submission is complete, the "Submit" button to the right will become green and clickable.

The submission is not fully submitted until you click the green "Submit" button. Once you click "Submit" the submission will no longer be editable.

Project Description Form

Please click "Open" to complete the project description component of your application. You will be able to edit this form until you click "Submit."

The button will update to reflect how you can interact with this step.

Data Science Team Training Application

Thank you for your interest in the CSTE Data Science Team Training program. Applications must be submitted by October 6, 2023. If you have any questions about the program or application, please email dstt@cste.org.

About the program:
Teams can range from 3-5 people and must include a health department epidemiologist. Please note that a letter of support from your agency is required as part of your complete application.

DSTT promotes the goals of the Data Modernization Initiative by supporting teams to increase their data science skills through self-paced online courses, work with subject matter experts, and project-based learning. Learners in this program will also be part of a digital community of practice, as well as receive CSTE membership for the year. Additional funds will be available to support learning via boot camps, conferences, and other training opportunities. This program will accelerate growth in data science capacity among the applied epidemiology workforce. More information about CSTE and this program can be found on our website.

**Eligibility:**

To be considered for DSTT, you must complete all application sections, including a project description. A full-text PDF of the application is available on this page for your reference. If you have the answers to the questions prepared before beginning the online application, filling out the project description form will take around 15 minutes. You will then fill out the team members section, which will require each team member to fill out a short profile about their contributions and expectations about the program.

*Please complete all required fields.* You can save as a draft and return later to complete by clicking "Save Draft" at the bottom of the page.

When you are ready to submit this step, please click the blue "Save" button at the bottom of the page.

**Profile:**

Please fill out the information below for the primary team contact. This person will be the primary recipient of email communications.

You may return to edit/update this information at any point.

**Primary Team Contact Name**

_________________________________

**Primary Team Contact Email Address**

_________________________________

**Agency Type *(Dropdown)***

Please choose which agency type best fits your organization.

Local
Body of Application:

Data Science Project Description
When writing your project description, please consider how participating in DSTT will support your project and data science capacity at your agency.
Include a specific description of how your project addresses one or more priorities of the Data Modernization Initiative. Consider including a problem statement, proposed methods, and expected outcomes (public health outcomes or capabilities outcomes).

Project Title: *

________________________________________________________
________________________________________________________
________________________________________________________

Please provide a brief description of your project (400 words max):

________________________________________________________
________________________________________________________
________________________________________________________

Describe the intended results of your project. What is the outcome, deliverable, or product of this project? What is the anticipated public health impact? How will public health activities be done differently at your agency with the completion of this project (e.g., all clinical facilities will be able to send eCRs, improving data quality and timeliness)? (200 words max)

________________________________________________________

With which activity of the Data Modernization Initiative is your project aligned? (Select all that apply)

a. Coordinating people and systems (e.g., creating interoperable systems, making data sharing easier, or advancing academic and private partnerships)
b. Accelerating data for action (e.g., updating and modernizing IT infrastructure, strengthening the data science workforce, or translating data into evidence-based recommendations)
c. Supporting strategic innovation (e.g., developing next-generation tools or strengthening predictive analytics and forecasting)

Which of the following subjects are related to your project? Check all that apply. If ‘other’, please describe.

- Electronic lab reporting (ELR)
- Electronic case reporting (eCR)
- Geographic or geospatial analysis
- Automating data workflows (e.g., data retrieval or analysis)
- Dashboarding
- Data visualization
- Creating a local database
• Interoperability
• Syndromic surveillance
• Infectious disease surveillance
• Data linkage
• COVID-19
• Public health laboratory data
• Other: (blank)

**Team Statement of Interest**

*To be completed as a team*

Please answer the questions below, describing why your team wants to participate in DSTT, including anticipated benefits and data science needs. These answers should be written in a cohesive manner with all team members contributing. Please brainstorm as a team to ensure all ideas are included.

Describe why your team wants to participate in DSTT.

_____________________________________________________
_____________________________________________________
_____________________________________________________

Participants in DSTT will be matched with a subject matter expert to provide project coaching. What do you hope to gain from working with a coach? Please be specific in the ways that your team believes a coach could help, such as skills/knowledge they might possess, how they might help guide your team, etc.

_____________________________________________________
_____________________________________________________
_____________________________________________________

**Time Commitment:**

At the time of submitting this application, I recognize that each learner in DSTT spends 5-8 hours each month on program activities, distributed between webinars, meeting with project coaches, online coursework and project-based learning.

This acknowledgement, along with the letter of support you will add, helps CSTE to understand that your team is committed to this program. Without this acknowledgement, the application is incomplete and will not be considered for the program.

-Yes, I acknowledge the above statement
The following questions are unscored questions. The first two are asked to help CSTE better understand and be able to describe how DSTT projects are contributing to improving diversity, equity, inclusion and/or accessibility (DEIA) in applied public health. The other is asked to help applicants begin to think about spending the stipend that teams receive.

**DEIA Initiatives**

Does the team project include objectives that are focused on health equity or diversity, equity, inclusion, and/or accessibility? If yes, please elaborate on how the project will include these initiatives.
_____________________________________________________________________________________

Does the team’s agency or partner serve a large population of American Indian/Alaska Native people? If yes, please explain.
_____________________________________________________________________________________

**Training Stipend**

Does your team currently have ideas on how to spend the offered stipend, which will be $10,000-$12,000?. All monies must be spent during the program year, and you can find ideas on how to spend the stipend on the DSTT webpage under the informational webinar.
https://www.cste.org/page/dstt-webpage
_____________________________________________________________________________________

**Letter of Support**

Please upload a letter of support from your agency that addresses why the proposed project is important to improving your agency’s data science capacity. The letter should:

1. Confirm that participating staff will have dedicated time (5-8 hours per month) and resources to facilitate project progress.
2. Come from a team member’s supervisor or a senior manager in the health department such as the State Epidemiologist, but not a proposed team member.
3. Be signed, dated, and no longer than 500 words.
4. Please upload the letter of support as a PDF or a Word Document.

Thank you for completing the application. Please review everything before you submit and make sure that all appropriate documentation is uploaded.
When you are sure everything is finalized, click "Mark Complete" to return to the previous screen, where you can submit the names and emails of your team members before clicking the green "Submit" button.

**Team Members**

**Team Composition**

Please enter the names and emails of all team members (including yourself, if you will be participating) who will be involved in your project. Teams will have a minimum of 3 members, and a maximum of 5 members, and must include at least one health department epidemiologist. If you will not be an active member of this team, you do not need to include your information on this form (For example, if you are filling this out as a manager of a team, but will not be actively participating, you would not need to include your information on this form). If you will be an active member, please make sure you also include yourself as one of the 5 members.

Team members will receive a request to complete a form regarding their contact information, experience, and their expected contribution to the team. All responses must be completed before you can submit this application.

To add a new team member, please click "+Add New Item" and enter their name, email, and a brief note that will be sent to them.

**Data Science Project Team Composition**

**Team Member Information:** Please complete the information below and submit.

Your response will be automatically attached to the related team project description.

Team Member Information:

- **First Name** ________________________________
- **Last Name** ________________________________
- **Degree(s)** ________________________________
- **Agency** ________________________________
- **Position** ________________________________
- **Years of experience at agency** ______
- **Years of experience in public health** ______
- **Phone Number (XXX-XXX-XXXX)** ________________
- **Work Email Address** ________________________________
- **Project Title:** ________________________________

What is your expected contribution to the team (e.g. skills, expertise, leadership, historical/institutional knowledge)? (250 words max) *
This section is about CSTE membership. Since the program includes a year of membership, we at CSTE need to know if you are a current member or not.

Are you a current member of CSTE?
- Yes
- No

Is the email above the email associated with your membership?
- Yes
- No

Email address associated with your membership.