Background
As part of the Bloomberg Data for Health Initiative, the U.S. Centers for Disease Control and Prevention and Vital Strategies (a New York City-based non-governmental organization) have partnered to develop and implement the Data to Policy (D2P) training course with the goal of using data for public health policymaking.

D2P overview
D2P trains government health staff on using core skills required to use data to advance a policy agenda and support specific policy priorities identified by governments through the development of data-driven policy briefs. The training takes place over 3–4 months and is segmented as follows:

- **Training session 1**: 10-day in-country training on the skills needed to develop a policy brief
- **Mentoring phase**: 8–10 week one-on-one long-distance mentorship where participants research and develop their own policy topic, with support from a D2P mentor
- **Training session 2**: 6-day in-country training where participants reconvene to finalize their policy brief
- **Implementation phase**: Semi-annual in-country policy forums where selected briefs are presented to government officials and other relevant stakeholders

Government selection of participants and sponsors
The government can nominate up to 8 teams with 2–3 members, each team having at least one member with policy expertise, one with epidemiologic or database management skills, and one who is knowledgeable about the public health problem and operations within the project setting. Each team must provide a sponsor, ideally a senior official committed to ensuring that the policy proposal is successful.

Sponsors’ roles are to guide and support participants during the policy brief development process, including helping identify stakeholders, providing advice on potential policy options, and championing the briefs upon completion. Sponsors should meet with their participants regularly through the training process and after the brief’s completion.

Participant criteria
Potential participants must provide a written commitment to complete all stages of the training, to return to their program, and to implement course knowledge. Ideal candidates are those involved in the analysis of health data and either participate in health policy development or health program planning at the local or national level.

Additional criteria include the following:
- Training in public health, public policy, or related field
- Basic data analysis skills (required for analysts)
- Familiarity with Microsoft Excel, Word, and PowerPoint, and (ideally) a statistical software package
- Fluency in English

Policy topic guidelines
Participants must enter the training with a policy topic that

- Reflects government priorities for immediate action,
- Includes both an important public health problem and potential solutions,
- Takes advantage of existing data sources (e.g., DHS surveys, HMIS data, vital statistics), and
- Can be completed during the 8–10 week period between training sessions.

Training content

**Training session 1**
This session presents the skills needed to develop the content of a policy brief and to begin to apply those skills to participants’ projects. It combines didactic learning with case studies and exercises. It allows participants to both present their policy topics and to begin to apply the skills from the training to their own topic.

Each participant is paired with a D2P mentor who will work individually with the participant teams to develop an in-depth work plan to help apply the skills from the training to their own projects.

**Mentoring phase**
In between training sessions 1 and 2, participants must make progress on their projects with the support of their mentors. Mentors and participants communicate at a minimum every two weeks to discuss the project.

**Training session 2**
The goal is for participants to leave with both a completed brief and an action plan for how to use the brief to further policy change.
Implementation phase

In this final phase, mentors support participants as they present their brief and its findings to government officials and other relevant stakeholders during semi-annual policy forums.

Further steps to turn the brief into policy change depends both on the policy and the local context, but mentors continue to support participants through this phase.

For more information
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### Data to Policy training timeline

<table>
<thead>
<tr>
<th>Training session 1</th>
<th>Mentoring phase</th>
<th>Training session 2</th>
<th>Implementation phase</th>
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<tbody>
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<td>10 days</td>
<td>8–10 weeks</td>
<td>6 days</td>
<td>Within 6 weeks</td>
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- **Training session 1**
  - Introduction to policy briefs
  - Descriptive epidemiology
  - Data visualization
  - Literature review
  - Health impact modeling
  - Economic analysis
  - Stakeholder analysis

- **Mentoring phase**
  - Conduct data analysis
  - Create data visualizations
  - Conduct a literature review
  - Liaise with stakeholders to identify policy solutions
  - Model the health and/or economic impact of the potential policy solutions

- **Training session 2**
  - Attend didactic sessions on brief writing, action planning, and presentation skills
  - Finalize the brief
  - Develop an action plan for how to use the brief to further policy change

- **Implementation phase**
  - Conduct semi-annual policy forums to present the briefs
  - Turn the brief into policy change

### What is health policy?

- **Health-related laws**
  - Enforced by government agencies other than public health (e.g., cigarette taxes, mandatory seat belt use)
  - That apply to the health system (e.g., universal health coverage)

- **Government regulations set by public health or other agencies**
  - Health regulations (e.g., changes in training of health workers, treatment guidelines)
  - Regulations set by other ministries that impact health (e.g., environmental regulations, eligibility for school nutrition programs)

- **Strategic decision making for health programs**
  - Resource allocation (e.g., increasing the funding allocation for disease prevention activities, for a specific high-burden disease, or a high-burden geographic area)
  - Requests to external funders, government finance departments, etc.
  - Program planning (e.g., developing new interventions, adapting existing ones)

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