

Putting the Pieces Together:

An updated guide for public health to share data with community organizations to promote health equity



Locally Driven
Collaborative Project

Authors (Members of Core Project and Impact Assessment Teams)

Nicole Andruszkiewicz
Niagara Region Public Health

Allison Branston
Niagara Region Public Health

Karen Graham
North Bay Parry Sound District Health

Cassandra Ogunniyi
Niagara Region Public Health

Core Project Team

Tanis Brown
Leeds, Grenville and Lanark District Health

Andrew Hendriks
Ottawa Public Health

Tina Leung
York Region Public Health

Clare Mak
Kingston, Frontenac and Lennox &
Addington Public Health

Marty Mako
Niagara Region Public Health

Sinéad McElhone
Niagara Region Public Health

Kaelan Moat
McMaster University

Elaine Murkin
Leeds, Grenville and Lanark District Health

Dr. M. Mustafa Hirji
Niagara Region Public Health

Shailee Tanna
Niagara Region Public Health

Matthew Tenenbaum
McMaster University/University of Toronto

Marjan White
Ottawa Public Health

Ellen Wodchis
Niagara Region Public Health

Impact Assessment Team

Christina Carfagnini
Niagara Region Public Health



Locally Driven Collaborative Project (LDCP)

This guide is part of an LDCP funded by Public Health Ontario (PHO). This guide is meant for Local Public Health Agencies (LPHAs) to facilitate and encourage sharing data related to health equity with community partners. This guide provides steps to efficiently share data with community partners and provides the tools necessary to evaluate how community partners are using the data to assist their work on health equity issues.

Acknowledgements

We are grateful to the community partners that participated in the survey, dialogue, pilot project, and impact assessment.

Disclaimer

The guide and related project documents were funded by Public Health Ontario. The views expressed in this guide are representative of the project participants and do not represent the views of Public Health Ontario.

Conflict of Interest

The authors declare that they have no professional or commercial interests relevant to the guide. The funders listed above did not participate in the development of this guide.

For additional information please contact:

Cassandra Ogunniyi

Strategic and Health Equity Initiatives Coordinator

Niagara Region Public Health

Phone: 905-688-8248 ext. 7336

Cassandra.Ogunniyi@niagararegion.ca

Suggested citation

Andruszkiewicz, N., Branston, A., Graham, K., Ogunniyi, C., and Health Equity Data Mobilization LDCP Team (2019). *Putting the pieces together: An updated guide for public health to share data with community organizations to promote healthy equity.*



Table Of Contents

| | |
|--------------------------------------------------------------------------------------|-----------|
| Glossary of Terms | 5 |
| Purpose of This Guide | 6 |
| Summary of the Data Sharing Process | 8 |
| Step 1: Identify Community Partners..... | 10 |
| Step 2: Consultation | 11 |
| Step 3: Data Provision | 12 |
| Step 4: Evaluation | 13 |
| Step 5: Collaboration | 14 |
| Frequently Asked Questions | 15 |
| References | 17 |
| Appendices | 18 |
| Appendix A: Summary of Steps for Data Sharing..... | 18 |
| Appendix B: Case Study, Data Sharing Pilot with Port Cares in Port Colborne, ON...21 | |
| Appendix C: Data Sharing Logic Model..... | 23 |
| Appendix D: Additional Online Resources | 24 |
| Appendix E: Data Sharing Consultation Questions..... | 25 |
| Appendix F: Evaluation Question Guide: 2 to 4 Weeks Post Data-Sharing | 26 |
| Appendix G: Evaluation Question Guide: 6 to 12 Months Post Data-Sharing..... | 29 |



Glossary of Terms

Community Partners: Encompasses all the types of organizations selected to take part in this project, including government bodies, health service providers, community health centres, locally-based non-profit/community partners and local branches of (Provincial/National/International) non-profit organizations.

Client level data: Data representing information at the individual level (e.g. an individual's home address, educational level, employment, or health status).

Data Sharing: Making data available to others. For the purpose of this project data sharing involves population level and not client level data.

Demographic Data: A type of descriptive data including characteristics such as age, gender, income, and geographic location.

Health Equity: Defined as “all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstances.”¹

Health Inequity: Defined as “a sub-set of health inequality and refers to differences in health associated with social disadvantages that are modifiable, and considered unfair.”²

Health Outcome Data: Health outcomes are “changes in health that result from measures or specific health care investments or interventions.”³ This type of data includes early childhood development, mental health, morbidity, and mortality.

Local Public Health Agencies (LPHAs): Refers to agencies/units which provide public health programs and services to communities. Each of which is governed by a Board of Health as defined by the Health Promotion and Protection Act (HPPA).

Population level data: Data that is aggregated to represent a population and does not explicitly include individual identifiers.

Social Determinants of Health: The “interrelated social, political and economic factors that create the conditions in which people live, learn, work and play. The intersection of the social determinants of health causes these conditions to shift and change over time and across the life span, impacting the health of individuals, groups and communities in different ways.”² Social determinants of health include access to health services, income and income distribution, and housing, among other factors.



Purpose of This Guide

This guide is the result of a Locally Driven Collaborative Project (LDCP), *Sharing health information with community organizations to promote healthy living for all*,⁴ involving six Local Public Health Agencies (LPHAs) from across Ontario. The aim of the project was identifying best practices to select, analyze, interpret and distribute pertinent health equity-related data to local community partners to enable them to better advance health equity for the populations they serve. The project started with a literature review and an online survey of community partners focused on their current data use, barriers, and needs. The results of the literature review and survey were used in a deliberative dialogue with community partners discussing barriers to data sharing, data sharing solutions, and implementation considerations. A pilot of the data sharing process was conducted with three community partners, and included immediate feedback on the process and goals for data usage.

The first version of this guide was created at the end of the first evaluation of the pilot. Following the project, an impact assessment was conducted to evaluate the pilot and the guide. The impact assessment evaluated the pilot at six and twelve months, and involved a survey and phone interviews with LPHA staff who had accessed the guide. Feedback from the impact assessment has been incorporated into this updated version of the guide.

This guide aims to outline the processes of engaging in data sharing to improve health equity at the local level. This includes selecting and analyzing relevant health data with community partners in a method that aligns with evidence in the literature and primary research conducted with community partners and LPHA staff. This guide will describe five steps for data sharing, followed by Frequently Asked Questions, and includes seven appendices of supporting documents and links to helpful resources.

Who is This Guide For?

The guide has been developed to assist LPHA staff who are: familiar with the data available to their organization; able to collect, analyze, and interpret data for the needs of their community partners; and/or are able to foster relations with local community organizations.

Every LPHA and community partner is unique with different organizational structures and capacities for data sharing. It is therefore essential that LPHAs consider their local context when reviewing this guide.



Why is This Important?

This guide compliments the updated requirements found in The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability in which health equity is now a foundational standard. Requirements now include assessing and reporting on “the health of local populations...and identifying effective local strategies to decrease health inequities” through engagement and collaboration with local community organizations.⁵

Supporting community partners is a valuable role of public health, as the work of community partners often impacts health equity, whether this is the stated intention or not. By engaging in multi-sectoral collaboration LPHAs and community partners can together make a greater impact working towards health equity in their community.

This guide uses research conducted by 2018 the Locally Driven Collaborative Project (LDCP), *Sharing health information with community organizations to promote healthy living for all*, to identify new and/or improved ways to facilitate sharing health data between LPHAs and their local community partners. The underlying theory⁶ of this approach is that if LPHAs work with their local community partners to provide them with relevant population health data then community partners will be better equipped to address health equity in their work and make evidence informed decisions. As a result, sharing the data can support community partners to:

- Participate in local advocacy efforts in their communities
- Better understand priority populations in their community
- Inform programs and services that address priority needs
- Support funding proposals; and
- Collaborate with LPHAs and other organizations



Summary of the Data Sharing Process

Below is a brief overview of the recommended steps to share data with local community organizations based on the findings from this LDCP. Refer to Appendix A for a more detailed breakdown of each step.

Identify Partners

Focus on recruiting community partners that prioritize addressing health equity issues

Conduct Consultation

Meet with community partners to gain a shared understanding of data needs and goals

Provide Data

Develop and share data packages for community partners as determined in the consultation in the agreed upon format

Conduct Evaluation

Gather feedback from community partners regarding the data sharing process and data usage

Collaboration

Build on data provided to identify and work together towards common goals and action



Data Sharing Process



Figure 1: Data Sharing Process in Brief

Five main steps are involved in sharing data with community partners as shown in Figure 1. These steps are meant to be a general guide for LPHAs to engage in data sharing with local community partners and are not meant to be interpreted as an inventory of all possible actions for data sharing. These steps can be adjusted and revisited as necessary to meet the capacity and needs of the LPHAs and community partners. Depending on the project and complexity of the data, these steps may not take place in this order; they are intended to be flexible in nature. For example, you may return to earlier steps in the process to clarify needs or include additional partners. You may conduct the evaluation before, after, or at the same time as engaging in collaboration. Through the process of collaboration, you may realize more data is needed and the cycle will start again.

Resource

Appendix B is a case study of this data sharing process that was piloted in Port Colborne, Ontario outlining each of the steps in the process.



STEP 1: Identify Community Partners

What does this step entail?

This step involves identifying community partners whose work addresses health equity issues at the local level. These may be government bodies, health service providers, community health centres, locally-based non-profit/community partners, and local branches of (Provincial/National/International) non-profit organizations, or others. Community partners may also self-identify by requesting data from LPHAs; if that occurs the process can start from step two.

Tip

One way LPHAs can identify community partners with whom to collaborate is based on common areas of focus. For example, an LPHA with new data on local school-aged health can reach out to local community partners that service school-aged children and therefore may be more likely to use such data.

When identifying potential community partners it is important to consider how many partners your LPHA has the capacity to support in data sharing. Also, consider whether the community partners have the capacity to use potential data that is provided to them from the LPHA. It is recommended to discuss with community partners their roles in the data sharing initiative, to outline that the data shared will be aggregated at a population level, and the potential uses for the data for them to determine their readiness to participate. If several community partners would benefit from similar data, this process could accommodate multiple community partners moving through the steps as a group.

Who conducts this step?

A foundational element of data sharing is trust. It is therefore recommended to have LPHA staff who have established, or are able to establish, relationships with local community partners conduct this step.

When is this step conducted?

It is recommended to conduct this step once the LPHA has clearly outlined its rationale for sharing data with community partners. A data sharing logic model is an excellent way to clearly and concisely outline desired outcomes, outputs, inputs and activities. Refer to Appendix C for the logic model developed for this LDCP pilot as an example.

Resource

Appendix D is a list of relevant online resources that might be of interest when sharing data with community partners.



Why is this step important?

This step is essential for developing a greater understanding of potential community partners who may be interested in receiving data, have the capacity to use data provided to them, and benefit from a data sharing relationship with the LPHA.

STEP 2: Consultation

What does this step entail?

This step requires meeting with community partners to gain a better awareness and understanding of their data needs and capacities as well as to outline potential population level data available through the LPHA. It includes identifying the type(s) of data community partners could benefit from, discussing the data LPHAs have access to, their capacity to provide the data, as well as the preferred format and method community partners would like to receive the data. The questions to be used may be sent to community partners in advance of the consultation for their consideration.

Resource

See Appendix E for an example Consultation Question Guide.

It is recommended that key definitions are reviewed with the community partners at the beginning of the consultation. The glossary of terms at the beginning of this document can be used as an initial list. This allows for discussion of any relevant terms and to ensure a common understanding of terminology between LPHAs and community partners. This is especially important because understandings of data can be very different, community partners often deal with individual or client level data and LPHAs are focused on population level data.

Any capacity limitations of the community partner that may impact their ability to interpret and utilize the data to be shared should be discussed, as well as the capacity and time the LPHA is able to provide in terms of data access and analysis.

Who conducts this step?

It is recommended that only one or two staff attend the consultation: one to guide the conversation and the other to take notes. This is done to help manage power imbalances that may exist between LPHAs and community partners. Working to establish a sense of equality in the relationship will result in a better partnership. It is recommended that one of the staff members be familiar with the data available to the LPHA which can be shared with community partners, such as an epidemiologist or data analyst. If multiple organizations have been identified with similar data needs, the meeting could involve multiple organizations simultaneously.



When is this step conducted?

It is recommended to schedule the consultation shortly after the first step is completed; within approximately two weeks. This period allows community partners sufficient time to review the questions in advance and to consider their goals and objectives for the data they will receive, all the while keeping the project current.

Why is this step important?

This step is essential for community partners to communicate their data needs and for LPHAs to outline the data they are able to provide. The consultation allows common goals to be established with respect to what data will be shared and how it may be used, to ensure that LPHAs share useful and relevant data.

STEP 3: Data Provision

What does this step entail?

The third step involves developing and providing the data packages as determined in the initial consultation with the community partners in the agreed upon format (e.g. a data report sent to the community partner electronically). It is recommended to review the data packages as soon as possible, once shared, in order to understand and answer any immediate questions.

Who conducts this step?

Depending on the complexity, access, and permissions required to work with the data being provided, various LPHA staff could conduct this step, including a research assistant, epidemiologist, data analyst, or statistician. If an epidemiologist or data analyst is not conducting this step, it is recommended that an epidemiologist or data analyst reviews the data package to ensure data is not misinterpreted and will be used in the right context.

When is this step conducted?

The length of time needed to analyze, interpret, and provide data to community organizations depends on various factors discussed throughout the consultation. These factors include how much data will be provided to the community partners, whether any data has to be compiled and cleaned by the LPHA, and the format in which the data will be presented (e.g. a one page summary or full report).

Resource

See the [Frequently Asked Questions](#) section for time estimation considerations for data analysis.



Why is this step important?

This step provides community partners with data from their LPHA that is ideally useful and relevant. Providing a data package in an easily accessible format can assist community partners to better understand their community, participate in local advocacy efforts, inform their programs and services, support funding proposals, and collaborate with LPHAs and other partners to address local health equity issues.

STEP 4: Evaluation

What does this step entail?

Evaluation involves gathering information on the usefulness of the data sent to community partners to address health equity issues in their community. There are two types of evaluation in this step. The initial evaluation should be conducted between two and four weeks after providing the data, which focuses on the data sharing process (see Appendix F for the evaluation question guide developed for the LDCP). The second evaluation is conducted between six and twelve months and reviews the data usage. It also evaluates if the goals and objectives of data sharing have been achieved (see Appendix G for the second evaluation guide developed for the LDCP). Suggested questions in the guides include whether the data sharing process met the community partners' intended goals, if it influenced their work on health equity related issues, and whether there was any additional data they would have liked to receive. It is helpful to review the data packages provided to community partners at the initial evaluation, and also review the goals and objectives established at the consultation.

Who conducts this step?

Similar to the initial consultation, it is recommended that no more than two LPHA staff attend the evaluation including at least one staff who developed the data package. This will allow the LPHA staff to address any further data related questions that may arise.

When is this step conducted?

It is recommended to conduct multiple evaluations with community partners over time (e.g., 2 to 4 weeks after providing the data, and between 6 and 12 months). This will assist with determining if medium and long-term outcome objectives of the data sharing process have been met.

Why is this step important?

Conducting an evaluation with each of the community partners allows the LPHA to determine if the shared goals outlined in the consultation are being met and provides potential areas for improvement in the data sharing process for future collaboration. It also assists the community partner to clarify any data-related questions, and for any additional data to be requested and provided.



STEP 5: Collaboration

What does this step entail?

Collaboration occurs when multiple stakeholders work together towards a common goal. Collaboration enhances capacity, which enables groups to address complex issues. Once shared goals and data sharing relationships have been established, community partners and LPHAs may take on further joint projects. This can include participating in a data sharing network, working to address specific community issues highlighted through data sharing, capacity-building together in a specific area, or other initiatives.

Who conducts this step?

All involved must contribute for there to be collaboration.

Collaboration and Leadership are two core competencies of public health professionals⁷ and, on this basis, the involved LPHA staff may assume a leadership role, where appropriate, in supporting collaborative efforts.

When is this step conducted?

Collaboration is a value underlying data sharing activities and should be present throughout all stages. Collaborative action can take place at any time, but collaboration following data sharing may be most beneficial, as all involved have learned more about the mandate and capabilities of the other agency, of shared goals and have a greater understanding of relevant population demographic and health outcome data.

Why is this step important?

Health inequity is a complex problem that requires a multi-sectoral response. Collaboration is essential to impact work on a large scale. Data sharing becomes mutually beneficial for all parties when it is associated with actions that address complex community issues in a coordinated and collaborative manner.



Frequently Asked Questions

What privacy legislation do I need to consider?

In Ontario, the Personal Health Information Protection Act (PHIPA) identifies how to collect, use and disclose personal health information. For data to be considered 'Personal Health Information', it must contain identifying information that links it to an individual. This is not the case with population level health outcome or demographic data, which represents many people without information that would allow the identification of any one individual.

When do I need a data sharing agreement? What do they look like?

While questions were raised about data sharing agreements, it is beyond the scope of this project to outline the various scenarios where a data sharing agreement is required. It is also beyond the scope of this project to provide templates or examples of data sharing agreements. The need for such an agreement must be negotiated between the individual LPHA and the community partner with whom they are sharing data.

Data sharing agreements are generally required when there is sharing of personal health information, or client level data. A data sharing agreement is generally not required to share aggregated population level data, which was the focus of this guide.

Factors to consider regarding data sharing include:

- Is aggregation by socio-demographic variables possible, particularly for smaller populations?
- Is special permission required to access/disseminate the data?
- Are recipient community partners allowed to share the report widely?
- Are there approvals required from within the organization before data products are shared?
- Are follow-up requests from community partners welcome?

How does the structure of my health unit impact the data I can access and share?

Multiple organizational structures can be found across Ontario's Local Public Health Agencies. LPHA staff will be best positioned to determine how their organizational structure, staff complement, and local context influences their data sharing capabilities. Staff are encouraged to contact other surrounding and/or LPHAs with similar organizational structures to gather information or share resources when needed.



How long will it take to analyze the data?

The time it will take for this portion of the process will vary depending on various factors including the capacity of the LPHA and individual staff members, as well as the following factors:

- Data ownership – is the data easily accessible, or does it need to be requested from another agency?
- Data Characteristics – how recent, comparable, or repeatable is the data?
- Data Cleaning – does the data need to be cleaned, or merged?
- Data Analysis – what level of analysis or interpretation is required? References



References

1. Population and Public Health Division Ministry of Health and Long Term Care. Health Equity Guideline, 2018.
2. Glossary of essential health equity terms - NCCDH | National Collaborating Centre for Determinants of Health. <http://nccdh.ca/resources/glossary/>. Accessed February 8, 2018.
3. Outcomes | CIHI. <https://www.cihi.ca/en/outcomes>. Accessed February 8, 2018.
4. Andruszkiewicz, N., Branston, A., and Health Equity Data Mobilization LDCP Team. (2019). A summary of findings: A Locally Driven Collaborative Project on public health data sharing with community organizations to promote healthy equity.
5. Ministry of Health and Long-Term Care. Standards for Public Health Programs and Services. 2017;(11):15-16. https://wdgpublichealth.ca/sites/default/files/file-attachments/meetings/standards_for_public_health_programs_and_services_consultation_document.pdf.
6. Andruszkiewicz, N., Ogunniyi, C., Carfagnini, C., Branston, A., and Hirji, M.M. (2019). Utilizing public health core competencies to share data effectively with community organizations to promote health equity. Canadian Journal of Public Health, Mar 8.
7. Public Health Agency of Canada. (2007). Core competencies for public health in Canada Release 1.0. Canada: Ottawa www.phac-aspc.gc.ca/core_competencies. Accessed 30 Jan 2018.



Appendices

Appendix A: Steps for Data Sharing

STEP 1: Identify Community Partners

Recruit community partners who focus on addressing local health equity issues

Identify the capacity of community partners to use data

Consider the capacity of the LPHA to share data

Determine the readiness of the community partner to participate

Build relationships between organizations based on trust

STEP 2: Consultation

Send consultation questions in advance to allow community partner time to review

Review key terms and definitions to ensure a common understanding

Meet with community partners to discuss shared goals and objectives

Identify type and format of data to share, and desired method for data sharing

Identify community partner's capacity to interpret and utilize data & outline LPHA's data analysis capacity

Recommended one LPHA staff be very familiar with available data that can be shared



Appendix A: Steps for Data Sharing

STEP 3: Data Provision

Develop data package as determined during consultation in the agreed upon format

LPHA staff to conduct this step may vary dependent on complexity of analyses required

Identify time needed to analyze, interpret, clean, and provide data to community partners

Provide data package in preferred format identified by community partner

STEP 4: Evaluation

Evaluate data sharing process shortly after data is provided

Review data with community partner to ensure common understanding and address questions

Review goals and objectives for data usage for next 6 to 12 months

Evaluate again between 6 to 12 months to determine if goals and objectives for data usage were achieved

Evaluation results can be used to improve and focus collaboration efforts



Appendix A: Steps for Data Sharing

STEP 5: Collaboration

Collaboration is a value underlying data sharing and should be present throughout all stages

Collaboration involves identifying and working towards common goals together

All involved in data sharing must contribute for true collaboration

The complexity of inequities is most effectively addressed through collaboration



Appendix B: Case Study, Data Sharing Pilot with Port Cares in Port Colborne, ON

Background

Port Cares was established in 1986 in Port Colborne, Ontario, a municipality in the Niagara Region. Port Cares has two locations and provides a wide variety of services, including literacy and basic skills programs, employment services for adults and youth, food security services (e.g., food bank, meal program, community gardens), and more. Port Cares is also the location for an EarlyON Centre, and provides clients with system navigation supports.

Step 1: Identify Community Partners

For the purposes of this LDCP, the focus was on recruiting community partners who have an existing working relationship with Niagara Region Public Health and are involved in addressing SDOH in the local community. Partners had participated in an online survey about data sharing and indicated interest in participating in a pilot project. Three local community partners within the Niagara Region who expressed interest in receiving early years' data were invited to take part in the pilot, one that provided primary care services, one that provided a variety of services within a community, and one that is a local unit of a national agency.

Step 2: Consultation

Port Cares was sent the consultation guide in advance of the meeting with Public Health staff (see Appendix C). The goals that were shared focused on program development, specifically fundraising goals in order to add to programming. There is a strong emphasis in the culture of Port Cares on prevention and mainstreaming prevention in programming. This presents a key role for data in terms of providing insight into the need for different types of services in the community and allowing greater specificity in terms of target populations.

Port Cares asked for a community profile, data relating to SDOH and vulnerability, specifically for seniors, also information regarding housing need in their catchment area. Through discussion of what types of data public health could access, Port Cares also identified pregnancy and birth outcome data would be helpful, as well as anything about Port Colborne that differs from the rest of Niagara Region and/or Ontario.

Step 3: Data Provision

A data package was prepared by an epidemiologist at Niagara Region Public Health for Port Cares. This included a glossary, summary, demographic profile, maternal and child health information, a conclusion and appendices. Data was collected from the Better Outcomes Registry and Network (BORN), Health Babies Healthy Children (HBHC), and the 2016 Census.



Step 4: Evaluation

Within two weeks of providing the data package, an initial evaluation focused on the data sharing process was completed. This evaluation focused on gaining a better understanding of the organization's experience of the pilot project. It also focused on the satisfaction with the data provided, the intended uses and timeline for the data, and feedback on the process. At the end of the evaluation, the Executive Director stated, "I cannot believe how easy you made this process, defining what is reliable and available. I could not ask for anything more; public health knows the material and we know the community, a great collaboration".

Approximately six months after the data was distributed, a second evaluation was conducted with the Executive Director of Port Cares. This evaluation what has been done with data, what is planned for the data in the future, and what potential additional data would be useful. The results of this evaluation was that the data was found to be "very helpful" in terms of meeting goals set in the consultation. It was said that: "This is the first time we have gone in depth local profile, revealed systemic issues in the community and risks for youth in our population. [It has g]iven us a point of reference to compare to the region and province".

A third evaluation was conducted a year after the data was initially provided, using the same interview guide as the six month evaluation. The data was noted as being useful in programming planning, creating funding proposals and advocacy work. Port Cares staff shared that they knew, from anecdotal evidence, about two groups for which there is limited programming: pregnant women engaging in high risk behaviours, and seniors living in poverty and isolation. The data confirmed this and provided insight into the population size of these groups. As a result, Port Cares is developing and adapting programming to suit these groups. Staff has also used this data to support a proposal submitted to a Request For Proposals (RFP) for a new EarlyON site. Port Cares staff also used data in a presentation to the Port Colborne municipal Social Determinants of Health Committee.

Step 5: Collaboration

The Executive Director of Port Cares identified the need for collaborative action to fully address issues in the community that are currently underserved, and spoke to the need to bridge the gap between research and practice. [Note: Due to the limited time allocated for the pilot phase of this project, the full scope of collaboration was not utilized.]



Appendix C: Data Sharing Logic Model

| Resources/Inputs | Activities | Outputs | Outcomes | Impact |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Staff familiar with data accessible to LPHA, and familiar with community partners | LPHA staff consult with community partners regarding their data needs, goals and proposed activities in relation to this project | Consultation information from partners, regarding goals, preferred types of data and methods of distribution, etc. | Impact of community partners having data (potential impacts on program planning, funding applications, strategic planning) | Community partners are better able to address health equity within their work |
| Community partners within LPHA catchment area | LPHA staff acquire and analyze data | Data specific to community partners' needs, acquired and interpreted | Increased knowledge for community partners in terms of the role of public health for data sharing | Potential for increased data sharing initiatives between LPHA and partners, including two-way data sharing |
| Population health data | LPHA staff distribute results to community partners | Evaluation of process and data usage by partners in terms of the goals established in consultation | LPHA has a greater understanding of the data needs of their community partners | Improved health equity outcomes |
| | Community partners utilize data as they see fit | | Increased data sharing initiatives between LPHA and partners | Improved community and individual health outcomes |
| | Community partners provide feedback on process | | Evaluation information to support improved future data sharing initiatives | |
| | LPHA and community partners collaborate for collective action to address SDOH/ health inequities | | Improved collaboration between LPHAs and community partners | |



Appendix D: Additional Online Resources

Below is a list of relevant online resources that might be of interest when sharing data with community partners.

Health Inequalities Data Tool:

“The Health Inequalities Data Tool supports Canada’s pledges under the Rio Declaration. This resource is a collaborative effort of the Public Health Agency of Canada (PHAC), the Pan-Canadian Public Health Network (PHN), Statistics Canada, and the Canadian Institute for Health Information, and builds on a set of indicators of health inequalities proposed by the PHN in 2010. The Health Inequalities Data Tool: contains data on indicators of health status and health determinants, stratified by a range of social and economic characteristics (i.e. social stratifiers) meaningful to health equity. Indicators are grouped into twelve framework components.”

URL: Health Inequalities Data Tool: <https://infobase.phac-aspc.gc.ca/health-inequalities/>

Public Health Ontario (PHO) Snapshots:

“Snapshots are a collection of interactive map-based dashboards showing both geographic and temporal trends for key public health indicators by public health unit (PHU) and Ontario overall. Select Snapshots also include Local Health Integration Network (LHIN) and/or LHIN sub-region (LHIN SR) data. All Snapshots provide dynamically linked tables, graphs, and maps with pre-calculated statistics. Snapshots use Core Indicators developed by the Association of Public Health Epidemiologists in Ontario (APHEO), where available.” URL: <https://www.publichealthontario.ca/en/data-and-analysis/commonly-used-products/snapshots>

Public Health Ontario (PHO) Social Determinants of Health (SDOH) Map:

“The Social Determinants of Health (SDOH) Map shows the distribution of SDOH indicators across the province, Local Health Integration Networks (LHIN) and public health units (PHU). The Map uses the Ontario Marginalization Index and Statistics Canada taxfiler data. It allows you to compare indicators and customize your Map based on most relevant statistics and geographic boundaries (LHIN, PHU). Raw data is also available for download.”

URL: <https://www.publichealthontario.ca/en/data-and-analysis/health-equity/social-determinants-of-health>

Data Sharing Networks:

Data sharing networks increase communication between LPHAs and community partners regarding what data exists, where it exists, and how community partners can prioritize their data needs. Examples of such networks include online data portals such as the Our Kids Network (OKN) Data Portal developed by Halton agencies and organizations (URL: <https://ourkidsnetwork.ca/Public/Home.aspx>) and the CommunityView Collaboration information system developed by agencies across Saskatoon (URL: <http://www.communityview.ca/>).



Appendix E: Data Sharing Consultation Questions

(It is recommended to send this document to the community partners in advance of consultation. Outline that these questions will be asked at the initial consultation and this can be used to prepare for the consultation.)

The purpose of this consultation is to gain a better understanding of the data needs and capacity of your organization. You will also learn about our LPHA and the population level data we have access to that could inform your work. The consultation will be administered through an in-person interview and will take approximately one hour.

NOTE: The information provided in this interview will not be shared beyond the staff working on your data package.

Definitions

[Provide relevant definitions from the Glossary of Terms, such as client level data, data sharing, demographic data, health equity, health outcome data, population level data, and social determinants of health.]

Review definitions provided and discuss any differences.

Defining Shared Goals and Objectives

1. What are the short and long term health equity goals for your organization?
2. Our organizational vision, mission and values relating to health equity are (LPHA Vision, Mission, and Values). Let's discuss how these align with your goals.

Data – Current/Gaps

3. Which groups of clients does your organization work with? What priority populations have you identified in your work?
4. What types of data do you currently use?
5. What type(s) of information/data have you identified that you are not able to access? What is preventing you from accessing this data?

Role of Public Health

6. Your data needs/gaps may be able to be addressed by the following data sources that we have available to us.
7. How would you like to receive data (e.g., a full, detailed report [methods, data analysis, interpretation, and recommendations]; an executive summary [one-page data analysis highlights]; a fact sheet [categorized data in bullet format].)?

Data Use

8. How do you see your organization using this data?
9. Do you foresee any barriers to using this data?
10. What is your expected timeline in using the data once it is provided to you?
11. How do you think this data will help your work related to health equity?



Appendix F: Evaluation Question Guide: 2 to 4 Weeks Post Data-Sharing

The purpose of this evaluation is to gain a better understanding of your experience of this data sharing project. This evaluation includes questions related to your goals as defined in the initial consultation, your satisfaction with the data provided, how you intend to use the data, and any additional feedback you may have.

The evaluation will be administered through an interview. Your answers will be kept confidential and anonymous outside of this interview. Your answers will not affect your access to our agency services or relationship with the project team.

References to the term “data” in this evaluation refer to the aggregated and fully analyzed data package you received from [LPHA name] on [YYYY/MM/DD].

Goal Setting

1. Let us review the goals we agreed upon at the beginning of the pilot during our consultation. On a scale of 1 (very unhelpful) to 5 (very helpful), how helpful has the pilot been with achieving these goals.

| | | | | |
|----------------|-----------|---------|---------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Unhelpful | Unhelpful | Neutral | Helpful | Very Helpful |

Please explain your rating

Data Received

2. On a scale of 1 (very dissatisfied) to 5 (very satisfied), how satisfied are you with the data you received?

| | | | | |
|-------------------|--------------|---------|-----------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |

Please explain your rating



3. On a scale of 1 (very dissatisfied) to 5 (very satisfied), how satisfied are you with the format (i.e. such as a full detailed report or a fact sheet) of the data you received?

| | | | | |
|-------------------|--------------|---------|-----------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |

Please explain your rating

4. On a scale of 1 (very dissatisfied) to 5 (very satisfied), how satisfied are you with the method in which you received the data (i.e. via email or in-person)?

| | | | | |
|-------------------|--------------|---------|-----------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |

Please explain your rating

5. For what purpose do you intend to use the data?
6. If you have not used the data and do not foresee using the data in the future, why is this?
7. What is your expected timeline in using the data?
8. a) Who in your organization currently has access to this data?
b) Who in your organization will have access to this data in the future?
9. Do you currently have the capacity and skills in your organization to use this data for other purposes?
10. Do you foresee any future challenges or barriers regarding the use of this data?
11. On a scale of 1 (very unhelpful) to 5 (very helpful), how helpful is the data provided for your work related to health equity?

| | | | | |
|----------------|-----------|---------|---------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Unhelpful | Unhelpful | Neutral | Helpful | Very Helpful |

Please explain your rating.



12. Based on your experience, is there further assistance you would recommend public health offer to improve data sharing initiatives with community partners?

Additional Data

13. Is there any additional quantitative and/or qualitative data that was not provided which you would have found helpful?

Data Sharing

14. What advantages and/or disadvantages do you see in sharing data between your organization, Local Public Health Agencies (LPHAs) and other community agencies?
15. Does your agency have any data relevant to public health that could to be shared?

Feedback

16. Do you have any other feedback regarding this process that could be helpful for this and/or similar projects in the future?

Thank you!



Appendix G: Evaluation Question Guide: 6 to 12 Months Post Data-Sharing

The purpose of this evaluation is to gain a better understanding of how your organization has used the data initially shared [YYYY/MM/DD] by [LPHA name]. This evaluation includes questions related to your goals for the pilot as defined in the initial consultation, how you intend to use the data further, any barriers encountered, and any additional feedback you may wish to share. The evaluation will be administered through an interview. Your answers will be kept confidential and anonymous outside of this interview. Your answers will not affect your access to agency services, relationship with the project team, or any other factor.

References to the term “data” in this evaluation refer to the aggregated and fully analyzed data package you received from [Niagara Region Public Health] for the purpose of this pilot

Goal Setting

1. Let us review the goals we agreed upon at the beginning of the pilot during our consultation. On a scale of 1 (very unhelpful) to 5 (very helpful), how helpful has the pilot been with achieving these goals in the past six months.

| | | | | |
|----------------|-----------|---------|---------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Unhelpful | Unhelpful | Neutral | Helpful | Very Helpful |

Please explain your rating.

Using Data

Last time we met you stated that you have used the data for: (state here what that organization has used data for at the initial interview).

2. Have you used the data since we last met [YYYY/MM/DD] for any other purposes?
3. What challenges or barriers (if any) did you experience when using the data? If so, how can we assist with addressing such challenges in potential future data sharing initiatives?



4. How do you intend on using the data in the next year?
5. On a scale of 1 (very unhelpful) to 5 (very helpful), how helpful is the data provided for your work related to health equity?

| | | | | |
|----------------|-----------|---------|---------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Unhelpful | Unhelpful | Neutral | Helpful | Very Helpful |

Please explain your rating

6. Is there further assistance you would recommend public health provide for potential future data sharing initiatives with community partners?

Feedback

7. Do you have any recommendation to improve how community partners and public health can continue to work together on data sharing initiatives or collaboration related to health equity?
8. Do you have any new feedback regarding this process that could be helpful for this and/or similar projects in the future?

Thank you!

