STRENGTHENING A POPULATION HEALTH APPROACH FOR HEALTH SYSTEM PLANNING

A Public Health Ontario 2017-18 Special Edition
Locally Driven Collaborative Project (LDCP)

Key Findings - Phase 1

Both public health units (PHUs) and Local Health Integration Networks (LHINs) recognize the importance of health system planning through a population health lens.

- Clarity of expectations, shared accountability and funding support are critical for successful PHU-LHIN collaboration for health systems planning.

- LHINs and PHUs are already working in partnership on projects using elements that promote success, such as: strategies with clear, mutually agreed upon goals, shared indicators and accountabilities. Building on specific projects was recommended by participants.

The number of participants in Phase 1 from LHINs was very similar to the number of participants from PHUs.

What is the topic of this research?

Ontario's *Patients First Act* provides an opportunity for PHUs and LHINs to work together using a 'population health' approach to plan health services that meet the health needs of the entire community.

The purpose of this research is to answer: what are the key elements for successful PHU-LHIN collaboration as required by *Patients First Act*.

Phase 1 Research Objective

To explore elements such as: values, goals, definitions, processes, structures and use of population health indicators/measures/ assessment/information, in order to determine the scope of and key elements of successful PHU-LHIN collaboration.

Phase 1 Preliminary Findings

1. Generally, PHU and LHIN participants defined population health and the use of a population health approach similarly. PH participants mentioned u**pstream** prevention interventions more frequently than LHINs; LHIN participants raised **inter-sectoral** collaboration more frequently than PH.

2. PHUs and LHINs **have already worked together** in many ways, most often: a) on local program planning including measuring, monitoring, reporting; b) at planning tables; c) by jointly collecting, providing and sharing data to determine priority community needs; and d) through leadership councils or groups.

3. **Most commonly noted elements for successful collaboration** included:

   a. Sharing of and dedicated human resources for collaboration

   b. Common understanding of each other's mandates, language, roles, knowledge and expertise, and drivers

   c. Common and aligned vision, goals and objectives that are mutually beneficial

   d. Sharing of data, data infrastructure and tools and methods for data management and analysis

   e. Clarity on expectations from the Ministry regarding *Patients First* and how to work together

   f. Aligning accountability requirements and deliverables for PHUs and LHINs

   g. Strong leadership and effective collaborative structures at all levels

   h. Organizational-level agreement on collaborative processes (e.g., planning tables, cross-training)

4. **Top barriers** related to PHU-LHIN collaboration were reported as: a lack of resources/capacity to do collaborative work; challenges with data (e.g., who has what; limited data for small geographies); overlapping or inconsistent geographic boundaries.

5. **Tools** that can support collaboration include shared: planning tools; models and approaches to support analysis; supports for face-to-face and online communication; and decision-making tools.

How was Phase I of this mixed methods research done?

- Phase I of this research used a descriptive qualitative approach involving interviews and focus groups with sixty-eight participants conducted between July and Sept. 2017.

- Sample:
  o n = 26 from PHUs
  o n = 30 from LHINs
  o n = 12 from other ON and non-ON key informants

- Eleven **focus groups** were conducted via teleconference. Purposive sampling was used to obtain representation from sectors (PHU, LHIN or both), various positions (board members, senior management, middle management, staff) and across Ontario regions.

- Eleven key informant **interviews** were conducted with key stakeholders from various branches of the MOHLTC, as well as relevant agencies of government and key informants in practice and or policy from across Canada. Interviews were conducted as an alternative to scheduling challenges for focus groups and to obtain rich data from jurisdictions outside of Ontario.

- Results will inform a cross-sectional online survey of potentially 100+ respondents to be conducted in Phase 2.

Where do we go from here in Phase 2?

Phase 2 Research Objective
(November 2017 – March 2018)

To identify and prioritize the categories of population health and health system indicators that could potentially strengthen the PHU-LHIN collaboration.

- An online survey, which aims to reach staff, management and leadership in LHINS and PHUs, will explore:
  o What do Ontario PHU and LHIN stakeholders think are the most important **actions** to be taken to foster successful collaboration and the most likely solutions to overcome barriers to collaboration between PHUs and LHINs?
  o What are priority **categories** of population health and health system data/information that could potentially strengthen PHU-LHIN collaboration?

Who did the research?

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Funding and Acknowledgements