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Sharing health information with community organizations to promote health equity



A Locally Driven Collaborative Project (LDCP)

Speakers

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Presentation Objectives

By the end of this session, participants will be able to:

- Describe the important role Public Health Agencies have in sharing data with community organizations in order to advance health equity
- Identify considerations and approaches for enhancing partnerships with community organizations through data sharing processes
- Apply the lessons learned to their own data sharing practices with community organizations



Disclaimer

- This project is funded by Public Health Ontario
- The views expressed in this presentation are those of the project team and do not necessarily represent the views of Public Health Ontario



Participating Local Public Health Agencies

- Kingston, Frontenac and Lennox & Addington Public Health (KFL&A)
- Leeds, Grenville and Lanark District Health Unit (LGLDHU)
- Niagara Region Public Health (NRPH)
- North Bay Parry Sound District Health Unit (NBPSDHU)
- Ottawa Public Health (OPH)
- York Region Public Health (YRPH)



Project Team

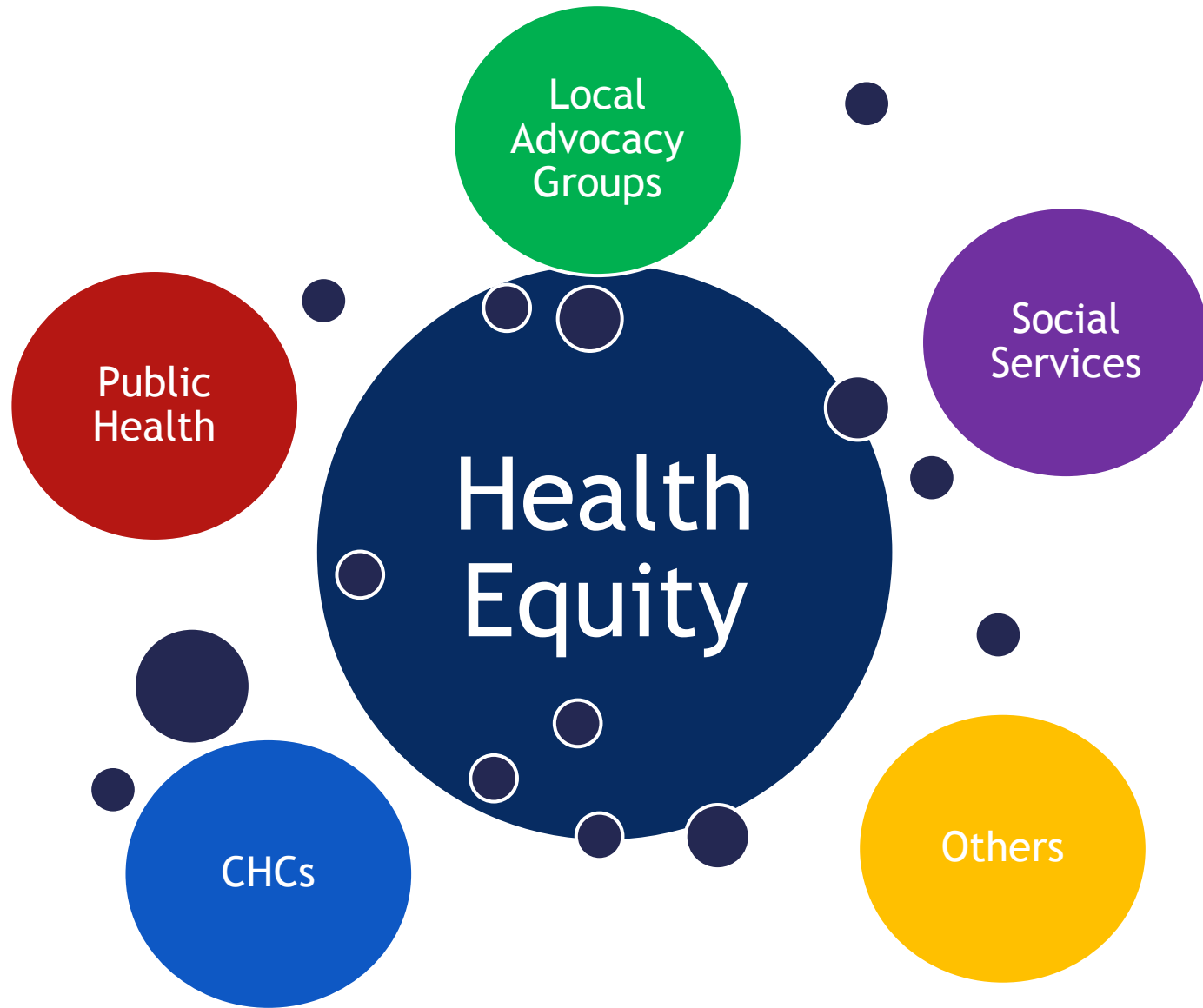
- Allison Branston (NRPH)
- Andrew Hendriks (OPH)
- Clare Mak (KFL&A)
- Elaine Murkin (LGLDHU)
- Ellen Wodchis (NRPH)
- Kaelan Moat (McMaster)
- Karen Graham (NBPSDHU)
- Marty Mako (NRPH)
- Marjan White (OPH)
- Matthew Tenenbaum (McMaster/UofT)
- Nicole Andruszkiewicz (NRPH)
- Sinéad McElhone (NRPH)
- Shailee Tanna (NRPH)
- Tanis Brown (LGLDHU)
- Tanya Scarapicchia (PHO)
- Tina Leung (YRPH)
- Carolynne Gabriel, Middlesex-London Health Unit Library - literature search
- Community partners - survey, dialogue and pilot



Polls

- What type of organization are you representing today?
- What do you know about this project?





LDCP Objective

- Identify best practices to select and analyze key behavioural and health outcome data and how to distribute the data to local community partners to enable them to advance health equity for the populations they serve



Short Term Goals

- Understand community partners' preferred types of data and methods of distribution
- Identify barriers, possible solutions and implementation considerations in data sharing and use among community partners
- Determine ways in which community partners could use population health data provided to them by LPHAs



Long Term Goals

- Enable community partners to successfully reduce health inequities
- Increase data sharing initiatives between LPHAs and their local community partners
- Develop community partners' understanding of the role of public health for data sharing
- Increase understanding among LPHA staff of the data needs of their community partners



Project Timeline

Phase One

Survey of Community Partners

Literature Review

In-Person Deliberative Dialogue



Methods

- **Survey:**

- Sample - 401 community partners
- Partners had existing relationships with 6 LPHAs
- 25% Response Rate - 99 respondents



Methods

- **Literature Search:**

- Supported by librarian
- Search constructs (health equity, public health, KTE, data, community partners)
- Medline, Embase, CINHALL
- Total 12 articles used: 9 grey literature, 3 systematic reviews (2229 citations reviewed)



Methods

- **Deliberative Dialogue:**
 - Evidence brief
 1. Problem (barriers in data sharing and use)
 2. Options to solve the problem
 3. Implementation considerations
 - Participants selected from interested survey respondents
 - McMaster Health Forum facilitated
 - Dialogue summary



Results: Evidence Brief & Dialogue

Barriers

- Capacity limitations across organizations
- Lack of a universal data sharing strategy
- Lack of a supportive work structure for data sharing
- Lack of familiarity with ethical processes to share data

Potential Solutions

- Provide interpreted data
- Enhance data sharing networks
- Provide assistance with capacity-building
- Develop universal methods for data sharing

Project Timeline

Phase Two



Pilot Sharing Data



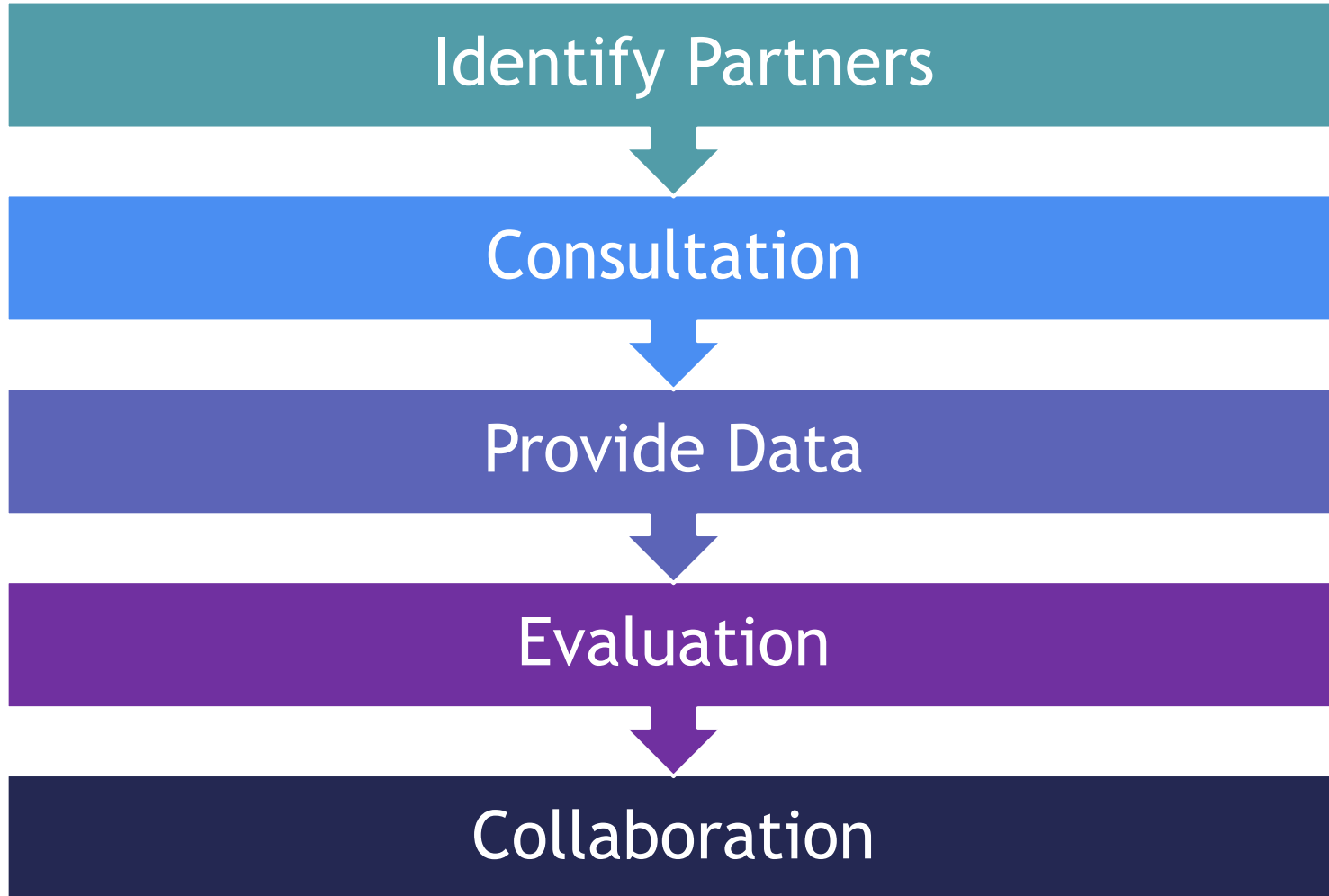
Feedback & Evaluation



Develop a Guidebook for LPHAs



Process for Data Sharing



Step 1: Identify Partners

- Trust is important
- Collaborate based on common areas of focus
- Community partners may also self-identify by requesting data from LPHAs



Step 2: Conduct Consultation

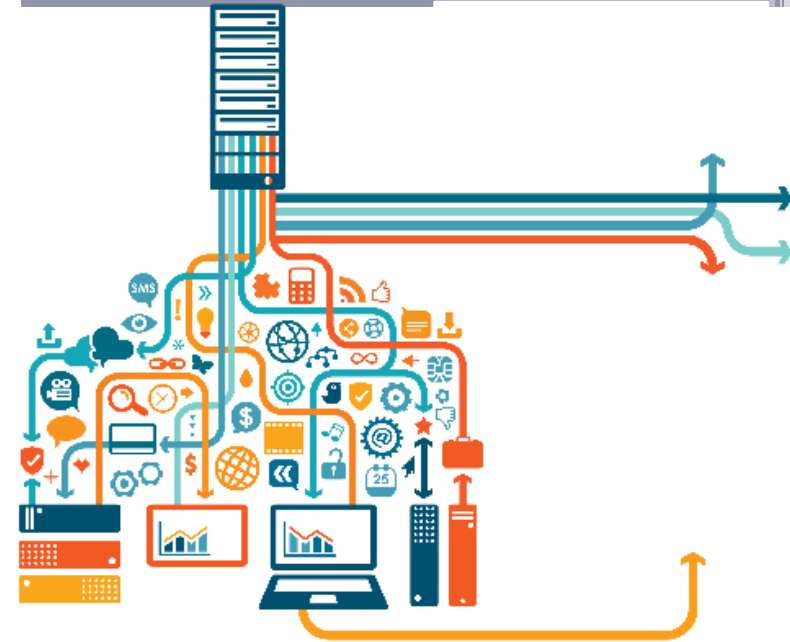
- Shared goals
- Common understanding of data
- LPHA capabilities and community partner needs

- Types of data requested:
 - Demographics
 - Health outcomes



Step 3: Provide Data

- Data considerations:
 - Ownership
 - Privacy
 - Data sharing agreements
- Comparisons between local and regional and/or provincial data is valuable



Step 4: Evaluation

- Connect with community partners over time to conduct multiple evaluations
- Determine if medium and long term objectives are met



Step 5: Collaboration

- Work with partners to use the data collaboratively
 - To address the social determinants of health
 - For program planning
 - Advocacy
 - Raise awareness
- Interactive platforms
 - Networks
 - Open data



Pilot Methods

- **Pilot:**
 - 3 local community organizations in Niagara Region
 - Initial consultation
 - Briefing document with summarized data & interpretation
 - Evaluation
 - Satisfaction
 - Usefulness
 - Capacity to use



Putting the Pieces Together:

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



Locally Driven
Collaborative Project



Guide for Data Sharing



Impact Assessment

Objectives

- 1) Evaluate how data provided to community partners affects their work on health equity issues
- 2) Evaluate how the guide can assist LPHAs with sharing data with their local community partners



Impact Assessment Methods

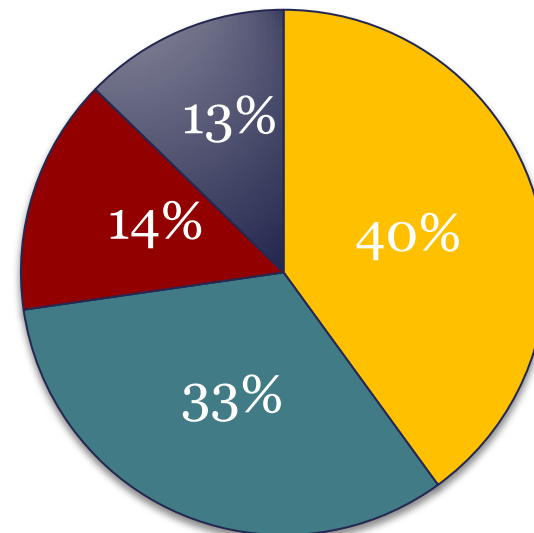
- Conduct evaluation interviews with the pilot organizations at 6 and 12 months post pilot
- Send survey to LPHA staff to assess the guide's content and usability (July 2018)
- Conduct in-person and over the phone interviews with LPHA staff approximately 6 months after the survey (January 2019)



Survey Feedback - Respondents

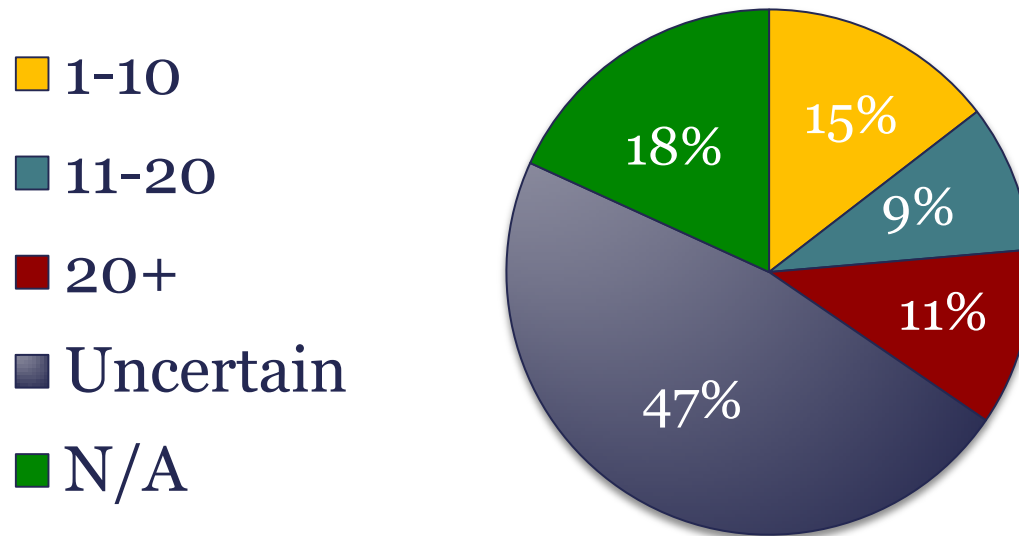
- The survey was emailed to 470 contacts in 4 list-serves, and a list of contacts that had signed up at 2 conferences
- 12% responses rate (n=55)

- Other
- Nurses
- Epidemiologists
- Health Promoters



Survey Feedback - Data Analysis Capabilities

- 85% of LPHAs have one or more staff dedicated to data analysis (n=23)
- Number of organizations share data with



Guide - Feedback

- Most useful
 - Background knowledge
 - Practical steps
 - Appendices
- Challenges
 - Lack capacity to provide level of data needed for sufficient community use



Guide - Other details

- Stronger link between Health Equity and Data sharing
- Definitions and examples
- Data sharing
- Data sources



Guide - Recommendations

1. Divide guide into two documents
2. Incorporate case studies
3. Incorporate data sharing agreement templates
4. Educate community partners on publically available data sources



Pilot Evaluations - 6 Months

- Variable use of data from consistent to only used once
- Data uses:
 - Identify gaps in services
 - Increased understanding of community needs
 - Leverage new grant funding
 - Workshop and training sessions



Pilot Evaluations - 6 Months

- Reasons data wasn't used:
 - Not relevant
 - Lack of time
 - Big problems that lack ownership
 - Uncertain of how to take action
- Suggestions:
 - Continue to share more local level data
 - More collaboration
 - Public Health could lead/co-ordinate



Next Steps

- Final evaluation of the pilot - any differences in data usage one year since receiving the data
- Interviews with LPHA staff for detailed feedback on the Guide and to gather case study examples
- Revision of the Guide



Thank you!



Questions?

