Public Health Units and LHINs working together for population health

Can local public health units and health care partners improve population health together?

Locally Driven Collaborative Project

Canadian Public Health Association Conference

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Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

New provincial direction for public health to inform health system planning, funding and delivery

- Patients First Act, 2016 directed regional funders of the health care system (Local Health Integration Networks or LHINs)

- Ontario Public Health Standards 2017 directed local public health agencies

- Use a population health approach

Local Health Integration Networks (LHINs) plan, integrate and fund local health care, improving access and patient experience.

Image Credit; http://www.lhins.on.ca/

36 Public Health Units

Funded by:

- Provincial Ministry of Health and Long-term Care (75%)
- Local Municipalities (25%)
- Some 100 % provincial programs

Image credit: http://c.ymcdn.com/sites/www.alphaweb.org/resource/resmgr/images/alphaontario2.pdf

Lead Health Unit:	**Vera Etches (Project Lead) – Ottawa Public Health** Amira Ali, and Lise Labrecque
Public Health Units	Louise Simmons - Eastern Ontario Sinéad McElhone - Niagara Ruth Sanderson - Oxford Marc Lefebvre - Sudbury
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What are the key elements for successful Public Health-LHIN collaboration?

- Mixed methods
- Phase 1 Qualitative
- Phase 2 Quantitative

6 PHU & 5 LHIN focus groups

n=26 & n=30

1. CEOs/MOHs/VPs
2. Directors
3. EPIs/Analysts/ Planners/ Decision Support
4. Managers/ Senior Integration Specialists
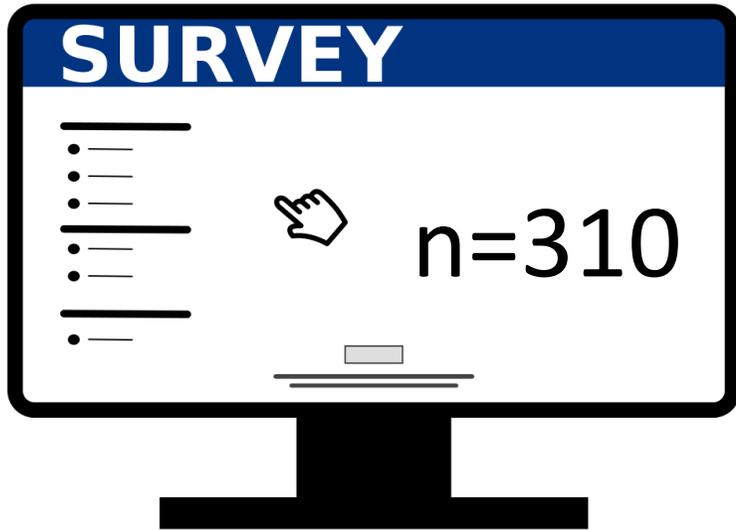5. Board Members

11 key informant interviews

n= 12

n= 68

Phase 2

n=310

Employer
- 74% Public Health Unit
- 14% LHIN
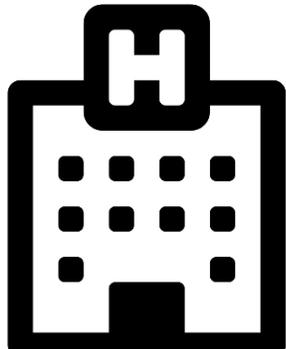- 8% Other sectors
- 4% MOHLTC or Public Health Ontario

Position
- 22% managers
- wide range of positions (e.g. 17% data experts)

Who collaborates with whom?

LHINs

- 90% Ministry of Health
- 88% Hospitals
- 80% Primary Care

PHUs

- 72% Public Health Ontario
- 70% Non-healthcare sector
- 62% Ministry of Health

LEGISLATIVE

Equal Housing Opportunity

Top 5 actions to foster collaboration

1. Partner on specific projects with clear goals & shared indicators (67%)

2. Collaborate on data sharing & analysis (60%)

3. Build understanding of each other's roles, priorities, decision making processes (48%)

4. Develop a clear process for leaders to connect (39%)

5. Create a common understanding of each sector's approach to population health (38%)

Top 3 processes to promote role clarity

1. Shared indicators for a health outcome of common interest in both LHIN and PHU accountability agreements (57%)

2. Identification of leads in PHUs and LHINs to work with the leadership teams of each organization (50%)

3. Formal MOU for collaboration (43%)

Solutions to overcome geographic boundary challenges in relation to <u>using data</u>

- Ensure that health data are geocoded (89%)
- Ensure that geocoded information is available to all agencies/ embedded into health data (82%)

Solutions to overcome geographic boundary challenges in relation to <u>collaboration</u>

- Develop a joint strategic local needs assessments (77%)

- Identify one PHU lead to connect with each LHIN sub-region leadership team (57%)

- Identify one LHIN executive lead to work with each PHU leadership team (57%)

Agreement on the top categories of tools, jointly used, to support collaboration

- Program planning, management and evaluation (64%)

- Knowledge exchange & translation (52%)

- Health equity impact assessments (51%)

Top types of data used to understand the health of the population

LHIN (n=98 responses)		Public Health (n=254 responses)	
Health Services Utilization	28.6%	Health Status/Health Outcomes	31.5%
Health Status/Health Outcomes	28.6%	Demographics and Determinants of Health	24.8%
Demographics and Determinants of Health	21.4%	Health Services Utilization	21.3%
Health services quality/ performance	10.2%	Health Behaviour	11.0%
Health Behaviour	6.1%	Community Characteristics	9.4%
Community Characteristics	5.1%	Health Services Quality/ Performance	2.0%

Conclusions

- Build on relationships working on specific projects
- Have key partners/collaborators who differ
- Agree that clear expectations, shared accountability & funding support are key to overcome barriers to collaboration
- Share top actions, tools, & types of data for population health that support collaboration
- Support specific initiatives to overcome geographic boundaries

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The views expressed in this publication are the views of the project team, and do not necessarily reflect those of PHO.

More information on Public Health Ontario's Locally Driven Collaborative Projects (LDCP) website

https://www.publichealthontario.ca/en/ServicesAndTools/LDCP/Pages/Patients-First.aspx

✓Background on the project
✓Phase 1 and Phase 2 research briefs

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