

A Locally Driven Collaborative Project (LDCP)



Putting the pieces together

Public health sharing information with community
organizations to promote healthy living for all

Speakers

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Presentation Objectives

We will discuss the LDCP's:

- Goal
- Phases
- Results
- Steps to Share Data
- How You Can Help: Impact Assessment



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



Participating LPHAs

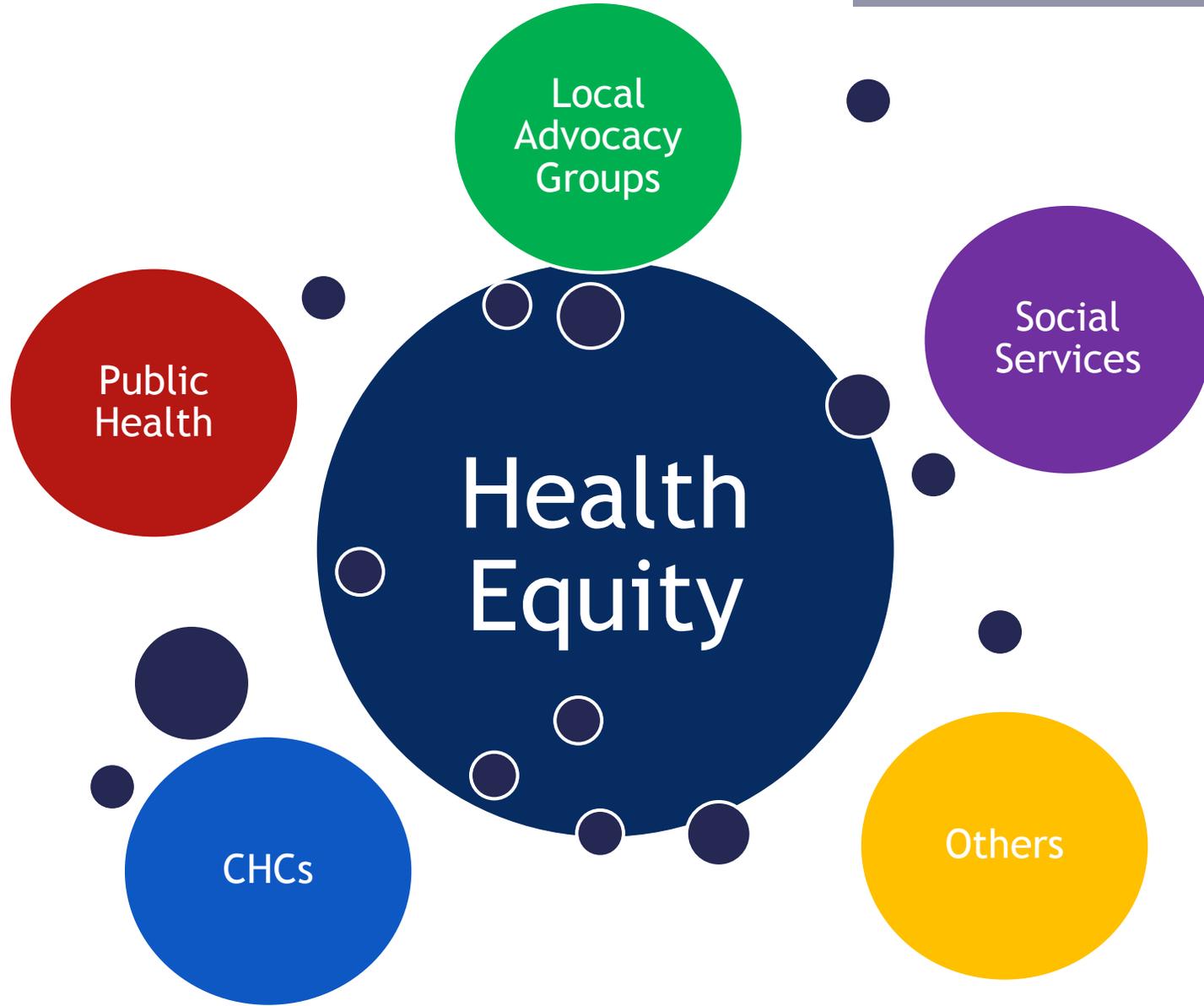
- Kingston, Frontenac and Lennox & Addington Public Health (KFL&A)
- Leeds, Grenville and Lanark District Health Unit (LGLDHU)
- Niagara Region Public Health (NRPH)
- North Bay Parry Sound District Health Unit (NBPSDHU)
- Ottawa Public Health (OPH)
- York Region Public Health (YRPH)



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





LDCP Goal

- Identify best practices to select, analyze, interpret, and distribute pertinent health equity related data to local community partners to enable them to advance health equity for the populations they serve



Project Timeline

Phase One



Survey of Community Partners



Literature Review



In-Person Deliberative Dialogue



Methods

- **Survey:**

- Sent by e-mail to 401 community partners across 6 LPHAs
- Partners included those with existing relationships with PH
- 25% Response Rate

- **Literature Search:**

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



Methods

- **Deliberative Dialogue:**
 - McMaster Health Forum facilitated
 - Evidence brief summarizing survey & literature search
 - 3 elements of problem
 - 3 options
 - Implementation considerations
 - Merit review of evidence brief
 - Participants selected from interested survey respondents
 - Dialogue summary



Results: Evidence Brief & Dialogue

Barriers

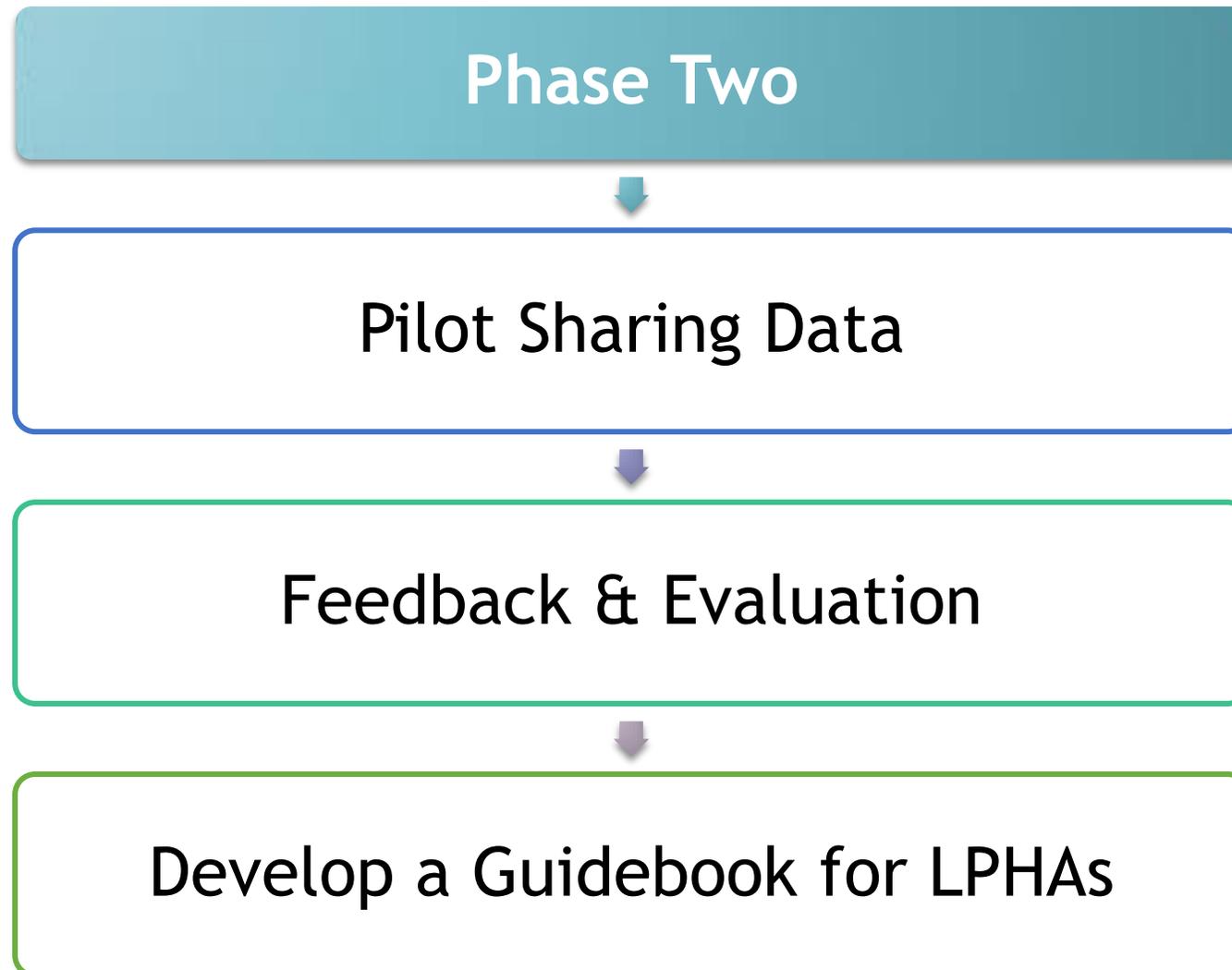
- Capacity limitations across organizations
- Lack of a universal data sharing strategy
- Lack of a supportive work structure for data sharing
- Lack of familiarity with ethical processes to share data

Potential Solutions

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



Project Timeline



Methods

- **Pilot:**

- 3 local community organizations in Niagara Region
 - Participated in the survey
 - Interest in child-related data
- Initial consultation
- Briefing document with summarized data & interpretation
- Survey
 - Satisfaction
 - Usefulness
 - Capacity to use



Pilot Results & Evaluation

- **Feedback on Data Received**
 - Data shared was “comprehensive”
 - Appreciated local data compared to regional/provincial data
 - All partners interested in future data sharing initiatives
- **Data Use for Impact on Health Equity**
 - To identify potential new clients
 - To evaluate their services
 - Provides “leverage” to apply for funding



Guide for Data Sharing

Purpose

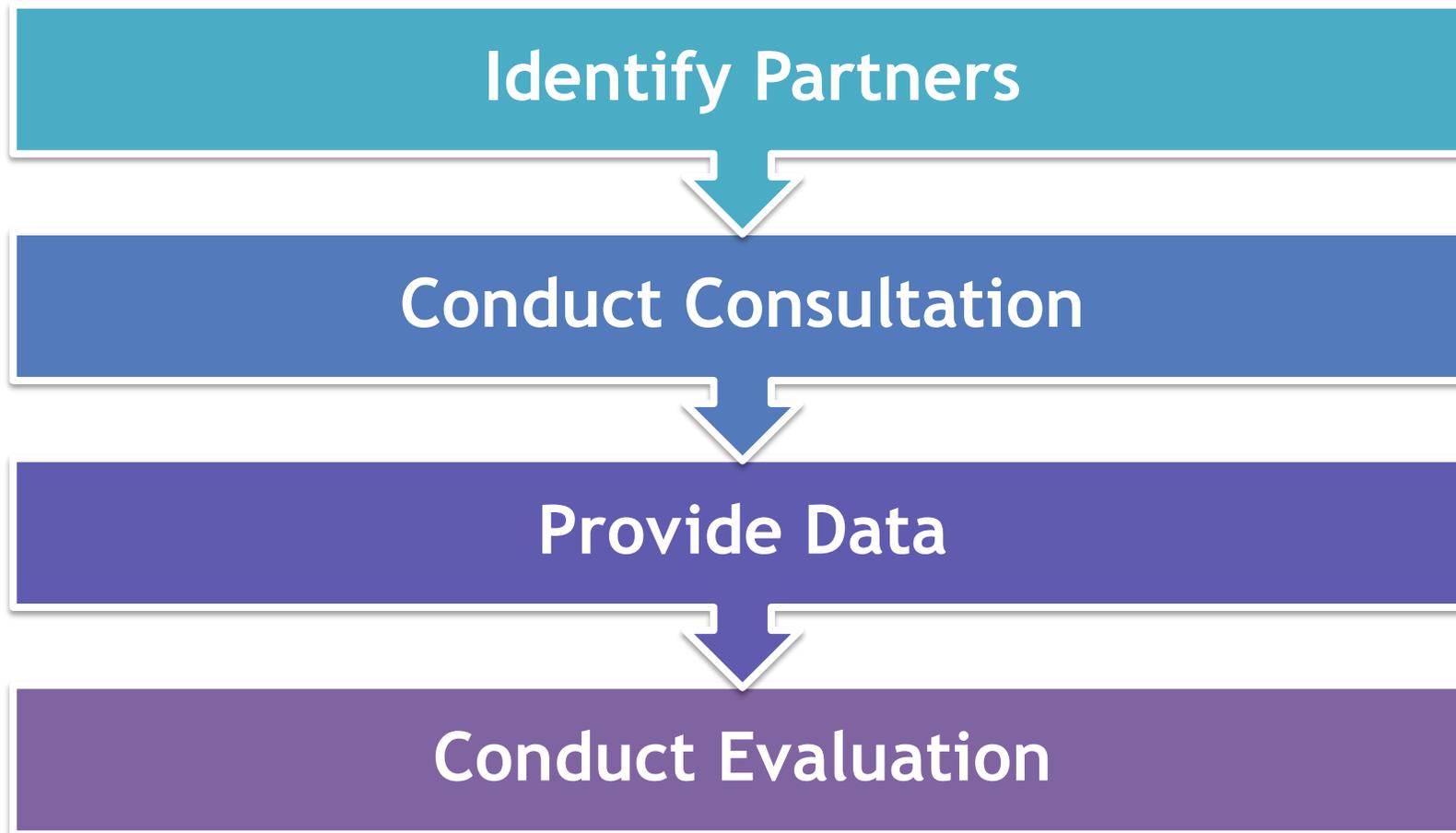
- Outlines the processes of engaging in data sharing to improve health equity at the local level

Who is This Guide For?

- Developed to assist Local Public Health Agency (LPHA) staff to share data with their local community partners



Guide for Data Sharing



Step 1: Identify Partners

- Findings indicate importance of trust
- Collaborate based on common areas of focus
- Community partners may also self-identify by requesting data from LPHAs



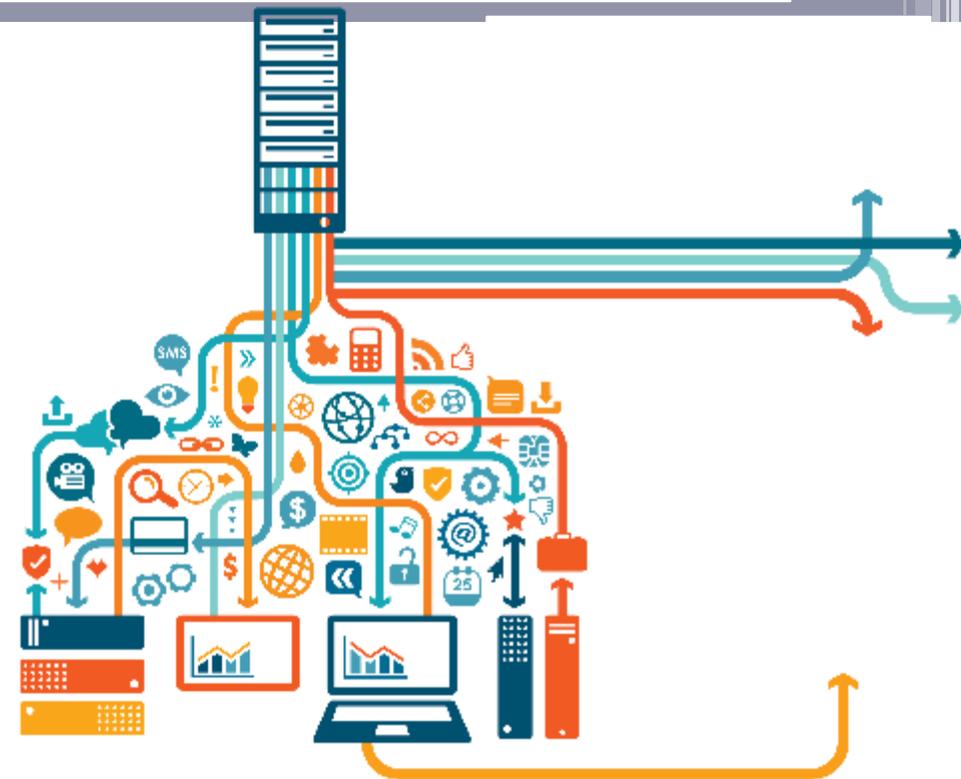
Step 2: Conduct Consultation

- Types of data requested in pilot:
 - Community profiles
 - Health outcomes
- Recommended to have no more than two staff present at the consultation
- Recommended to have an epidemiologist or statistician familiar with data present



Step 3: Provide Data

- Data considerations:
 - Ownership
 - Privacy
 - Cleaning
 - Analysis
- Partners appreciated having comparisons between local and regional and/or provincial data



Step 4: Conduct Evaluation

- Review the data package provided to partners the onset of the evaluation
- Recommended to conduct multiple evaluations with community partners over time
- Pilot partners had ideas for potential additional data they would like to receive



Impact Assessment

Purpose

- Determine how the guide can assist LPHAs to share data with their local community partners
- Make amendments to the guide based on feedback
- Revised guide to be completed by end of March 2019



Impact Assessment Methods

- Sending survey to LPHA staff to assess the guide's content and usability
- Conducting in-person and over the phone interviews with LPHA staff on their use of the guidebook approximately 6 months after the survey
- Conducting evaluation interviews with the pilot organizations at 6 and 12 months post pilot to assess their use of the data



Getting Involved

May 2018

- Distribute guide



June 2018

- Conduct online survey



January 2019

- Conduct interviews



Getting Involved

- Provide your contact information on our sign up sheet to get an emailed copy of the guide
- Or contact: health.equity@niagararegion.ca



Thank you!



Questions?

