SHARE–NW: Solutions in Health Analytics for Rural Equity across the Northwest

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- 1989 Pediatric Hematology-Oncology – Stem cell research

- 1998- 2005 MPH, MLIS, NLM Medical Informatics Fellowship

- 2006-2009 RWJF/NLM Public Health Informatics Fellowship Associate Director

- Public health practice research and training

Health Disparities

> Rural communities in the Pacific Northwest are home to large low income and minority populations, often marginalized and impacted by health disparities.

> Public health officials in these communities face barriers to:
– identifying and monitoring community health disparities
– accessing and using relevant data for evidence-driven decision making to promote health equity

SHARE-NW Goals

1. Provide training for identifying and monitoring health disparities

2. Improve access to data

3. Increase capacity for data use and data-driven decision-making through collecting data and building a tool for rural LHA's to monitor and track disparities in their communities

Project Overview

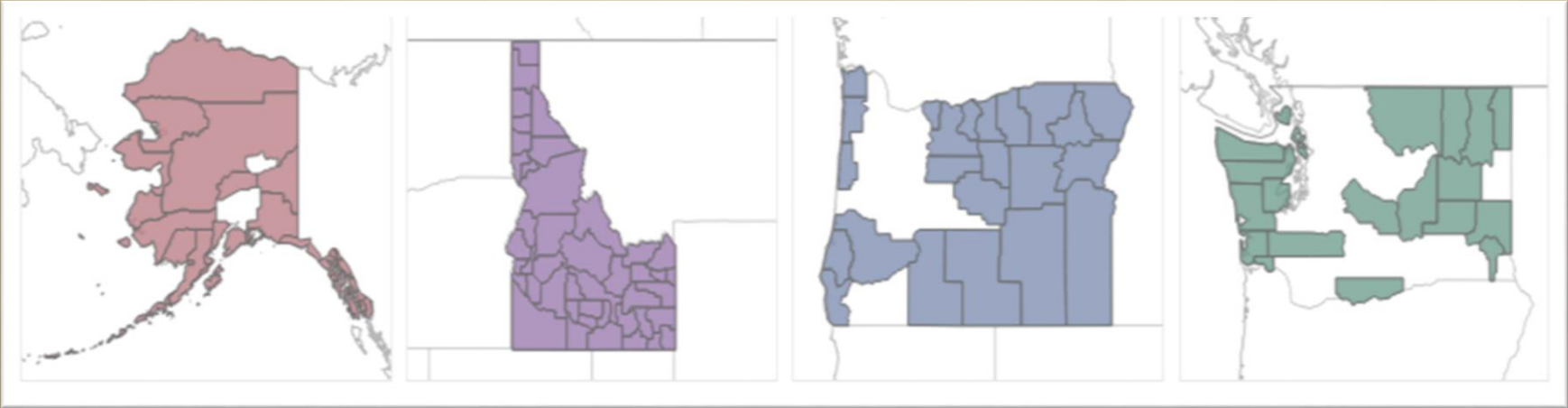**Who**:

UW NWCPHP & 70 rural health jurisdictions
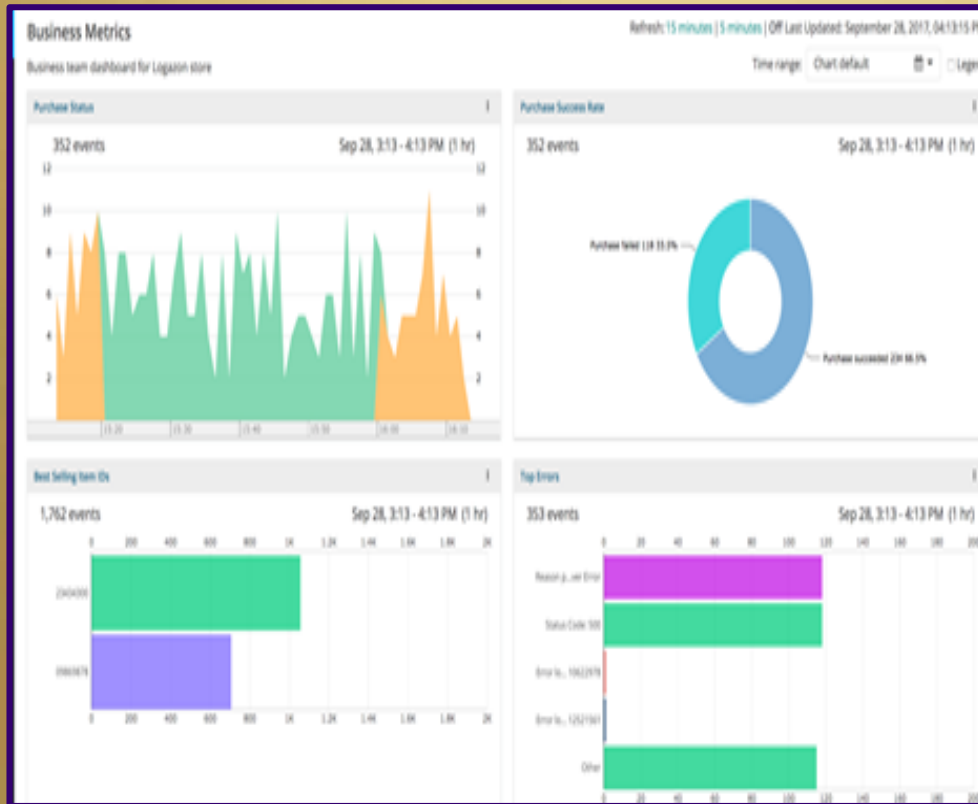
Where:

Alaska   Idaho   Oregon   Washington

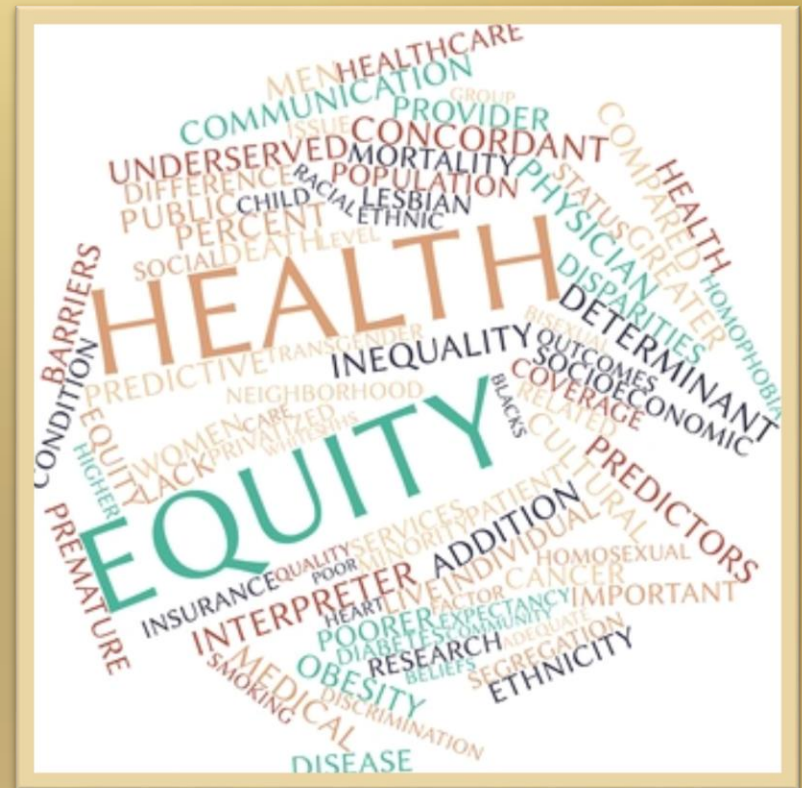# Converting Needs and Practices into Priorities and Requirements

> **Goal**
  – Create User-Centered Customizable Dashboard

> **User input**
  – identified key priorities
  – Identify key data sources
  – Stakeholder input on dashboard function and interface
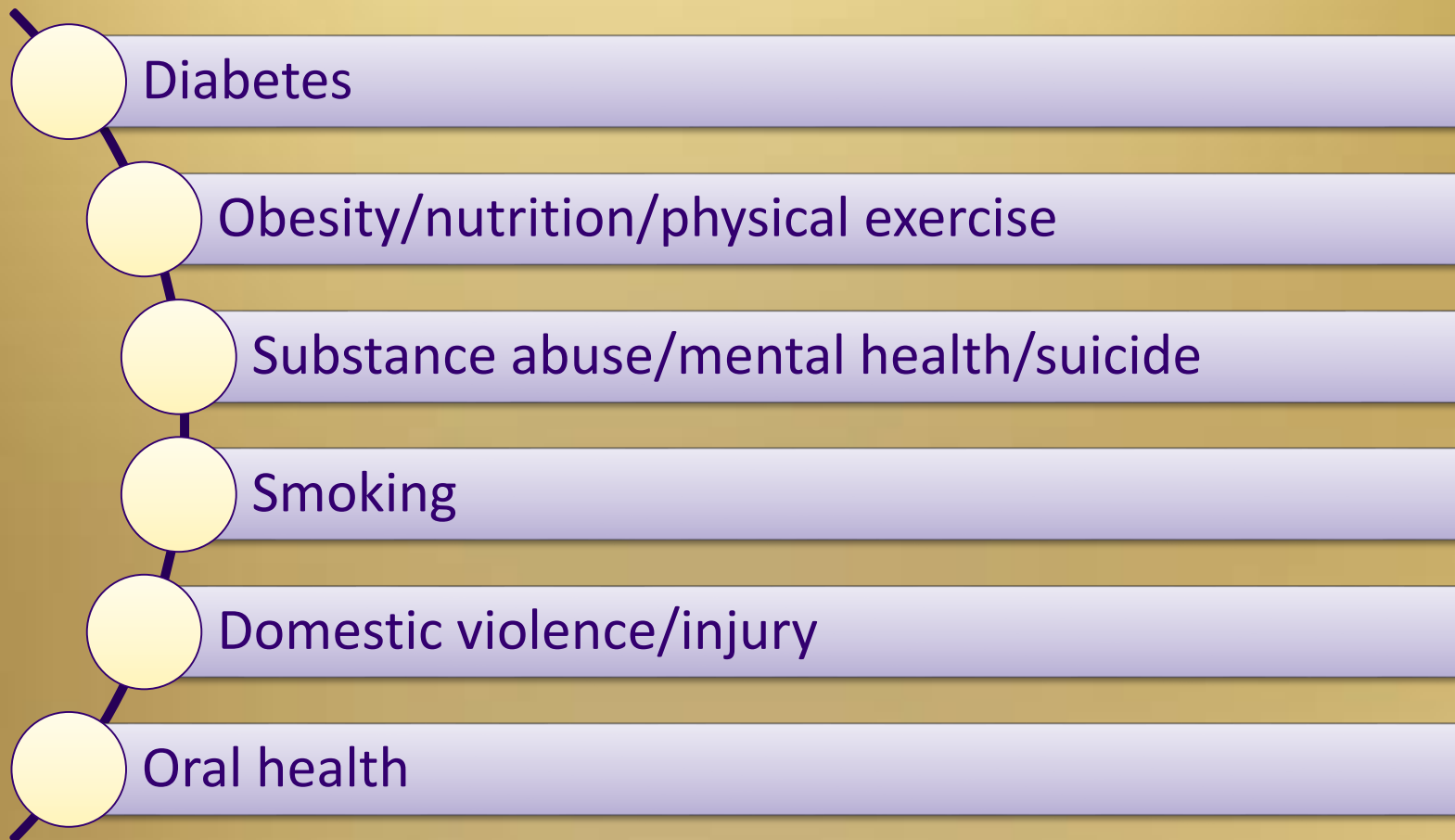
User (Stakeholder) Involvement

> LHA personnel input through survey after pop-up trainings

> Phone interviews with health department personnel involved in data collection and health programs

> CHA/CHIPs

> Equity Advisory Board

User Input on Problem Priorities

KII		Pop-up Institute Survey		CHA-CHIP	
Focusing on rural		**Includes both rural & urban**		**Focus on rural**	
Diabetes	8	Substance use/opiod	7	Obesity/Physical activity/nutrition	37
Obesity/physical activity/ nutrition	8	Mental health	6	Substance use/abuse	24
Substance use/Rx drugs/Opiod	8	STD	6	Mental health	21
Smoking	8	Early life	5	Tobacco	16
Suicide	5	Know of none	3	Chronic disease	12
Mental health	4	All health issues	2	Diabetes	11
Violence/child abuse/trauma	4	Behavioral health	2	Oral health	11
Alcohol use	3	Immunizations	2	Immunizations	7
Cancer	3	IPV/violence and child abuse	2	Early life health	6
Communicable disease/vaccination	3	Chronic disease	1	Cancer	5
STD	3	Diabetes	1	Accidents & injuries	5
Heart disease	2	Life expectancy	1	Behavioral health	5
Teen pregnancy	2	Obesity	1	Sexual behavior & STIs	4
Injury	1	Oral health	1	Emergency	3
Life expectancy	1	TB	1	MCH	3
Liver disease	1			IPV	3
				Cardiovascular	2
				Asthma	2

Topic Priorities

- Diabetes
- Obesity/nutrition/physical exercise
- Substance abuse/mental health/suicide
- Smoking
- Domestic violence/injury
- Oral health

Key Gaps

- Limited access
- Data unavailable
- Data not of sufficient quality
- Limited resources and experience
- Data needs are local and variable

Gaps	Potential Solutions to Inform Requirements
Limited Access	• Create dashboard that incorporates multiple data sources
Data Unavailable	• Training to collect data • Training to use available data creatively
Data Quality	• Motivate better data collection through data use • Training to evaluate data and its utility • Training to evaluate when data are "good enough" • Training about alternative sources of data
Limited Capacity for Data Use	• Training on how to lead community conversation about data • Training on how to navigate and use a data dashboard • Partner with County Health Ranking & Roadmaps coaches
Heterogeneity of Rural Jurisdictions	• Training to compare data with peers • Training about alternative sources of data
Address & Identify Health Inequities	• Training to include equity lens in decision-making

Closing the Gaps

Identify data sources, data needs and key gaps

Create a visualization tool informed by needs and gaps

Nest steps: Usabilty testing of prototype data dashboard

Lessons Learned

> Importance of training in terms and concepts

> Different roles and expertise of users means greater variability in results

>
Trade off between common themes and meeting diverse user needs.

Summary

> Sought input from a variety of stakeholders using a diverse methods

> Looked for common themes to set priorities and identify gaps

> Given different needs and local issues functional requirements will have to take into account different roles, tasks and resources i.e. customization.

QUESTIONS?