

Letter of Intent -- PI. Betty Bekemeier, PhD, MPH, RN, FAAN
Partnerships to Achieve Health Equity—MP-CPI-17-001

Local health department (LHD) leaders are expected to improve population health and reduce health disparities as they “use and contribute to” the evidence-base for public health practice.(1) Their agencies are valuable assets to communities as they provide evidence-based guidance, lead local prevention planning, and make decisions that affect and protect the health of marginalized populations and that promote health equity. Effectively providing and utilizing data and evidence for public health decision-making, however, has proven difficult. This is due to disparate data sets, inadequate access to and understanding of data, and insufficient tools (and the adoption of tools) for making use of data.(2) These difficulties can have severe consequences for whole populations when complex, programmatic decisions are made without the benefit of data to support strategic policy and planning that can address the social determinants of health (SDOH).(3) The best approaches to making data accessible to public health practice leaders and for use in decision-making have been under-examined, even as these leaders increasingly recognize the need for data- and evidence-informed planning and programs to effectively address complex community health inequities.

Project Goal: Our goal is to increase the availability and utilization of data to advance public health practice efforts in facilitating the development, implementation, and assessment of health equity activities at the local level. **AIM 1.** Create **linked data sets of local-level health indicator and prevention service activity data** that can support local decision-making with regard to health equity and addressing the SDOH. **AIM 2.** Develop **strategies for effective data accessibility to and utility** for public health practice leaders for prevention planning and performance improvement in addressing of the SDOH. **AIM 3.** Develop and provide **effective training and technical support** to facilitate use of local health indicator and public health prevention service-related data to better engage practice partners in evidence-based decision-making to address the needs of SDOH and assure health equity.

Approach: Our multi-partner collaboration will involve public health practice leaders from the Northwest (NW) region (Alaska, Idaho, Oregon, and Washington), with whom we are already deeply engaged in workforce development and practice-based research. Our project will address identified tribal, state, and local practice interests in increasing data understanding and utilization through increased data accessibility, related training, and facilitating data utilization efforts. Our project will link public health practice data with related outcomes and community health indicators for local jurisdictions throughout the NW region. We will produce a data dashboard for use in local prevention planning and equity-focused allocation of resources. We will then test strategies for assuring utilization of data for decision-making that will include user feedback, dashboard usability testing and specific training activities.

In 2016 the UW’s Northwest Center for Public Health Practice (NWCPHP) conducted a Training Needs Assessment with public health practitioners from the NW region. This assessment identified competency- and capacity-building needs for using data in local planning and policy development as among their highest priorities for training. For over two decades these practice leaders have looked to the NWCPHP as their regional partner and lead in responding to their workforce development needs. The NWCPHP’s findings also echo public health practice-based research led by B. Bekemeier and her Public Health Activities and Services Tracking (PHAST) study team. Since 2010, PHAST has led the nation in working through and with public health practice leaders to standardize, obtain, compile, and link large amounts of detailed LHD administrative data. These data are being used for generating practical evidence to guide public health activity reach and performance and in identifying areas of high need and highest impact. PHAST is also piloting a user-informed, dashboard of LHD administrative data for making data more accessible to people in practice. However, assuring the *utilization* of data for use in prevention planning and effectively improving health equity has been elusive to date—a goal that would be dramatically advanced through the proposed project.