EXECUTIVE SUMMARY

A core marker of equity in a public health system is the degree to which prevention service allocation corresponds to the real needs of target populations. The purpose of our Partnership Project, *SHARE-NW: Solutions in Health Analytics for Rural Equity across the Northwest*, is to support and advance public health practice efforts in Washington (WA), Oregon (OR), and Alaska (AK) to distribute resources, respond to complex cross-cultural local needs, and more effectively address health inequities across these three states—particularly in rural communities. Rural communities in these states face high poverty and are home to large populations of Alaska Native, Native American, and Latino residents, as well as other marginalized groups impacted by health disparities. Their community leaders also face significant barriers to making data-driven decisions that promote health equity, including insufficient data and inadequate capacity. Creating a complete picture of rural disparities within and across prevention systems requires identifying and pulling disparate data types together into meaningful resources that maximize our understanding of where disparities exist, what we are doing, and what we can improve to achieve health equity.

Through a multi-partner collaboration guided by a region-wide Equity Advisory Committee, SHARE-NW's approach is to work with local and state public health leaders to increase the availability of, access to, and use of data that reflect the complex underlying social conditions that impact health in the region's rural areas. Through identifying and responding to urgent rural practice needs for data, making data more easily accessible to practice partners, and providing training and capacity-building, SHARE-NW will help practice leaders to examine public health resources, services, and local rural needs in new ways—allowing for system-wide innovations for supporting efforts to reduce disparities and promote health equity.

The 70 rural health jurisdictions served by public health personnel and their stakeholders in WA, OR, and AK (counties in WA and OR and boroughs or census areas in AK) are disproportionately burdened by high rates of interpersonal violence, teenage pregnancy, drug abuse, and other issues. The **target population** for this project will be the 1,601,161 individuals living in these 70 rural underserved jurisdictions across AK (29), OR (23), and WA (18)—areas with particularly high concentrations of people in poverty and residents representing Alaska Native, Native American, Latino, and other marginalized groups. SHARE-NW will help rural leaders, along with their state-level and urban counterparts, become more effective in public health planning and improving system performance in reducing such disparities and promoting health equity. Lessons learned and evidence generated from this project will help guide similar efforts around the U.S. to assure data availability, access, and capacity to support critical public health planning and decision making that impacts rural communities.

The **overall goals and related objectives** of our proposed project are described in Table 1 below, along with a brief indication of our anticipated outcomes. We will assess these goals and objectives through an Evaluation Plan with a non-experimental design that uses the Office of Minority Health framework[1] and addresses output, process, and outcome measures.

Table 1. SHARE-NW overall goals with related long-term and annual objectives and abbreviated outcomes

Goal 1: Provide data to support local and state decision-making about resource allocation for prevention activities to reduce specifically identified health disparities affecting rural communities.	
Long-term objective 1: Identify and create **linked datasets of local-level social determinants of health (SDOH) indicators and prevention services** to support local and state public health decision-making regarding development, implementation, and assessment of activities that support rural health equity.	
Selected outcome measures: new datasets; increase in sharing of SDOH data; new findings about rural services	
Year	Annual Objective
1	Identify 6 of the highest priority gaps in capacity for data-driven decision-making to address SDOH among at least 72 public health personnel (representing a total of 18

	rural jurisdictions in WA, OR, and AK). [NOTE: 72+ total will be included in this identification process, but only half (36+) will be included during the latter half of Year 1. The same process will occur early in Year 2 with the remaining participants.]
2	Secure public health administrative data, SDOH data (from at least 2 data sources identified or described as desired by training participants), and health outcome data for at least 50% (35/70) of rural public health jurisdictions in WA, OR, and AK.
3	Create at least 6 linked datasets depicting the relationship between public health administrative data, SDOH measures, and health outcomes data. Each dataset will describe a different prevention focal area (e.g. service, outcomes, and SDOH measures related to high rural rates of 1. interpersonal violence or 2. drug overdose deaths).
4	Prioritize data gaps and barriers to data access and utilization, using a modified Delphi technique with previous training participants and the Equity Advisory Committee that identifies the 3-5 highest priority, commonly-experienced modifiable barriers to obtaining and using comparable data across state and local public health systems.
5	Obtain public health administrative data and SDOH data from expanded datasets for analysis by the SHARE-NW team and practice partners from at least 75% (53/70) of the rural local public health jurisdictions and 50% (19/37) of urban jurisdictions in WA, OR, and WA.
Goal 2: Improve public health practitioners' access to data to support prevention service planning to promote health equity for rural populations.	
Long-term objective 2: Develop **an interactive dashboard that incorporates visualization with linked datasets** to inform and improve programs that address local-level SDOH in rural jurisdictions across WA, OR, and AK.	
Selected outcome measures: increase in National Association of County and City Health Officials (NACCHO) measure of "engagement around disparities," new findings about using data visualization to improve health equity	
Year	Annual Objective
1	Assess current use of data visualizations in practice and dissemination among all participants in the Year 1 (and early Year 2) trainings who use data in their roles. [NOTE: 72+ will participate in the trainings, but only half (36+) will be trained during the latter half of Year 1. The same assessment will occur early in Year 2 with the remaining training participants.]
2	Develop at least 1 initial interactive data dashboard mockup with data compiled for training of 72+ participants in the 18 jurisdictions represented.
3	Develop and test a functional dashboard with 6-20 potential end-users (individuals within the participating WA, OR, and AK rural jurisdictions who indicate needing to use data and/or analysis findings in their public health roles) to further refine the dashboard through an iterative process.
4	Support longevity and usability of the dashboard by (1) developing a strategy to maximize the long-term sustainability of the dashboard beyond the life of this project and (2) expanding usability testing to individuals working within urban jurisdictions and state public health agencies to inform additional refinement of the dashboard and utility for equitable resource allocation across the whole state.
5	Implement and evaluate the dashboard's utility among at least 25% (18/70) rural jurisdictions, at least 25% (10/37) of urban jurisdictions, and at least 1 state agency in WA, OR, or AK.

Goal 3: Build capacity among rural practice partners for data use and data-driven decision-making to improve health and address disparities in their communities.	
Long-term objective 3: Develop and provide **effective training and technical support** to facilitate evidence-based use of local SDOH indicators and prevention service data by practice partners.	
Selected outcome measures: increased competency in data use among public health practice partners; increased use of data to describe disparities in rural jurisdictions; new findings about using training and technical support to build data use capacity	
Year	Annual Objective
1	Train at least 72 public health personnel (representing a total of 18 rural jurisdictions in WA, OR, and AK) in health equity and data-driven decision-making and assess their data needs. [NOTE: 72+ will participate in the trainings, but only half (36+) will be trained during the latter half of Year 1. The same assessment will occur early in Year 2 with the remaining training participants.]
2	Identify and curate existing training and technical assistance resources regarding at least 6 modifiable barriers to using data for addressing rural disparities and allocating related resources.
3	Bundle and promote groups of existing high quality training and technical assistance resources regarding the 6 Year 1 capacity gaps identified to using data for addressing rural disparities and allocating related resources.
4	Develop 1 in-person training for practice leaders and deliver this to at least 25% (18/70) of the rural jurisdictions in our 3 states on using data and the SHARE-NW dashboard to support data use in decision-making to promote health equity and respond to barriers identified.
5	Provide ongoing training and technical assistance to at least 50% (36/70) of the rural jurisdictions in our 3 states by distributing an online prioritization matrix for data-driven decision-making and establishing and supporting 1 or more online learning communities to provide peer-to-peer support.