

Public Health Units and LHINs
working together for
population health

Strengthening a population health approach for health system planning

Locally Driven Collaborative Project – Special Edition

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A NEW WAY FORWARD

Navigating a Path for Local Epidemiology

Amira Ali, Ottawa Public Health; Marc Lefebvre, Public Health Sudbury & Districts

Disclosures

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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
Local Health Integration Network	Cal Martell - Champlain LHIN
Academic Partners	Ruta Valaitis – McMaster University Anita Kothari – University of Western Ontario
Research Coordinator	Nancy Murray, McMaster University



- **Purpose**

- What are the key elements for a successful PHU-LHIN collaboration as required by **Patients First Act?**

- **Objective**

- To determine key elements required for successful PHU-LHIN collaboration, and the scope of those collaborations (e.g., values, goals, definitions, processes, structures, use of population health indicators/measures/assessment /information).
- **To identify and prioritize the categories of population health and health system indicators which could potentially strengthen the PHU-LHIN collaboration.**



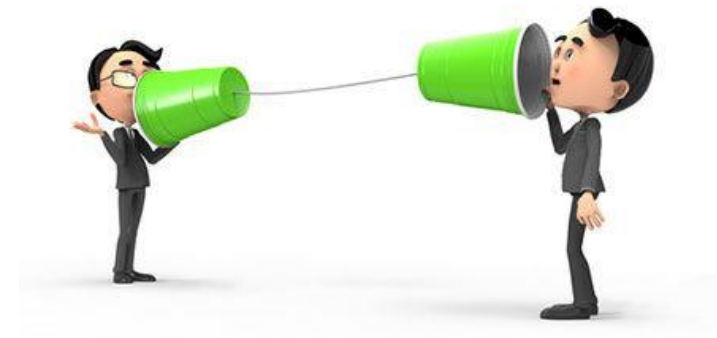
Approach

- Phase 1 Descriptive qualitative Mar-Oct 2017
- Phase 2 Survey (focus of this ppt) – Nov –Dec 2017, final report June 2018



Phase 1

- Descriptive qualitative approach (n=68)
 - **Focus groups**
 - PHU and LHIN staff
 - **Interviews:**
 - MOHLTC staff
 - practice and policy agencies in and outside of Ontario



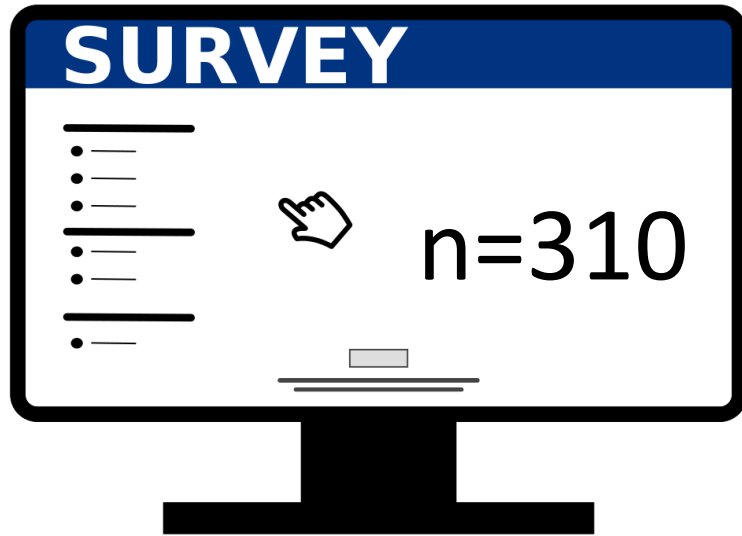
Phase 1 results

Factors Influencing Collaboration between LHINs and PHUs

- Organizational Factors
- Systemic Factors
- Interpersonal Factors
- INFORMED phase 2 cross-sectional SURVEY
 - Extent of collaboration
 - Processes/structures/tools
 - Categories/criteria for population health/health system indicators
 - Data gaps



Phase 2



Employer

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

Position

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

Duration

- 45% worked in health sector for >15 years
- 21% worked ≤ 5 years

Phase 2– Results



Criteria for a Common Set of Population Health Indicators

- Potential to identify inequity (92%)
- Covers a range of indicator categories (e.g., risk factors in addition to health system utilization (92%))
- Meaningful at different geographical levels (e.g., can roll up & down from local/neighbourhood to regional to provincial levels) (87%)
- LHINs & PHUs have a role in improvement of the measured population health outcome (83%)



Respondents were asked to identify:
“the two most important indicators in
each category that will strengthen
collaborative health system planning
by LHIN and Public Health”



Top Indicators to Strengthen Collaborative Health System Planning

- **Health Outcomes**

- Mortality: mortality by cause, preventable
- Life expectancy: by income quartile, disability free life expectancy

- **Health Status**

- Diseases including chronic disease, infectious diseases, & co-morbidity
- General reported health status

- **Population/Demographics**

- Age, sex distribution
- Birth & death rates

- **Health Risk Factors**

- Substance use including: tobacco, alcohol & drugs,
- Energy imbalance: food intake, weight, & physical activity



Top Indicators to Strengthen Collaborative Health System Planning

- **SDoH/Inequities**

- Income indicators: LIM, poverty, deprivation index, & living wage
- Housing indicators: affordability, safety, security, access, & transient housing

- **Health Service Capacity/Health System Characteristic**

- Numbers & ratios of health and community care providers per capita
- Access to health and community services & provider wait times, same day & consistency across geography



Top Indicators to Strengthen Collaborative Health System Planning

- **Health System Performance**

- Appropriate & inappropriate use of service: visits & ambulatory care sensitive conditions best managed elsewhere, readmissions & discharges
- Prenatal, well baby including breastfeeding support and HBHC visits

- **Health System Utilization**

- ER utilization: rates by cause and return visits
- Hospitalization rates: admissions & readmissions, use of ALC beds, length of stay



Phase two survey responses to qualitative questions [[Excel workbook](#)] @PHO - LDCP

Services & Tools ▸ ... LDCP ▸ PatientsFirstLDCP_Survey_Workbook_28May2018FINAL.xlsx

File Data Find

	A	B	C
1	Question #14: To the best of your knowledge, what are five indicators, topics, or populations for which data are not currently available that you need to facilitate collaboration between LHINs and PHUs for an improved health system in Ontario, informed by a population health approach? This might include data that are not available at all, data that are not available/usable at the LHIN, PHU or neighbourhood level, or data that exist but are not made available to LHINs and/or PHUs.	Frequency of Selection	Level of Aggregation Data aggregation is a process in which information is gathered and expressed in a summary form (from the numbers below them). With nodes in a hierarchy, aggregation gathers all the material in lower level nodes and into the higher level node.
2	Name	References	Level of Aggregation
3	TOPICS OF INTEREST	223	1
4	Health Issues	151	2
171	Health Systems Issues	52	2
237	Socio-environmental Issues	20	2
266	POPULATIONS of INTEREST	83	1
267	Indigenous Populations and First Nations Issues	24	2
278	Children And Youth	23	2
306	Ethno-Cultural Groups	10	2
317	Seniors	10	2
329	Priority Populations - Poor, Marginalized, Etc.	6	2
339	Homeless Population	4	2
344	Newcomer Refugees	4	2
347	Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)	2	2

Instructions Q12 Data Used Currently (ALL) Q12 Data Types (LHINs & PH) Q12 Data Sources (LHINs & PH) Q13 Most Important Indicators Q14 Data Not Available

Respondents were asked to identify:
“five indicators, topics, or populations
for which data are not currently
available” but would facilitate collaboration
between LHINs and PHUs for an improved health system
in Ontario, informed by a population health approach



Data gaps (N=384)



Topics of Interest (223)

- Health Issues
- Health System Issues

Populations of Interest (83)

- Indigenous/First Nations
- Children and Youth

Socio-demographics and Data Access (78)

- Data available but not accessible to all
- Socio-demographics

Data Gaps: Topics of interest (N=223)

- **Health Issues (N=151)**
 - Behaviours (n=57; 38%)
 - Mental Health (n=35; 23%)
- **Health System Issues (N=52)**
 - Access to Health and Community Care [including Wait Times] (n=19; 37%)
 - Utilization of Health Services (n=14; 27%)
 - Health System Performance (n=11; 21%)
- **Socio-Environmental Issues (N=20)**
 - Built Environment (7; 35%)



Data Gaps: Populations of Interest (N=83)

- Indigenous Population and First Nation Issues (n=24; 29%)
- Children and Youth (n=23; 28%)
- Ethno Cultural Groups (n=10; 12%)
- Seniors (n=10; 12%)



Data Gaps: Socio-demographics, Data Quality and Access

- **Data Available but not Accessible to All (n=64; 82%)**
 - Small area - sub-region data availability (n=32; 41%)
 - Data available but not easily accessible (n=17; 22%)
 - Linked data and data sharing (n=11; 14 %)
- **Socio-demographics (n=14; 18%)**



Next Steps: Impact Study “Does Early Engagement of Knowledge Users Support Uptake of Strategies for PHU-LHIN collaboration?”

- Objectives

- Describe relationships with engaged stakeholders and how they developed
- Examine how project influenced engaged (planned) and others (unplanned)

- Contribution Mapping Framework (currently in EARLY stages)

- to determine depth and spread of our original project
- maps the path to anticipated outcomes (short, medium, long term)
- considering four groups:
 - Ministry of Health and Long Term Care (MOHLTC) staff
 - Medical Officers of Health, epidemiologists and other public health unit staff, and Board of Health members
 - LHIN CEOs, LHIN staff and LHIN Board members
 - Others seeking to engage in a population health approach



Questions...for you

- Had you seen the results of this LDCCP?
- What have you done with this information?
- How has it impacted your work?



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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.

