

Rural local health departments' data, capacity-building, and training needs to address health inequities:

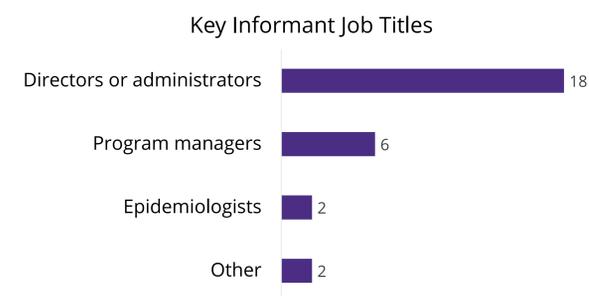
Findings from key informant interviews

INTRODUCTION

- Rural communities face a “double disparity”: fewer resources to deal with greater health risks and outcomes.
- Many rural local public health departments don't have resources or capacity to use data for addressing health disparities.
- What are the needs regarding data access, capacity, and training?

METHODS

- Key informant interviews with public health practitioners in AK, ID, OR, and WA
- Top health priorities Identified through KIs; training evaluations; and community health assessments and community health improvement plans.



Rural local health departments in the Pacific Northwest face challenges in accessing and using data to address health disparities. SHARE-NW provides data, dashboards, and training to help.

CHALLENGES AND BARRIERS TO ACCESSING AND USING DATA

- Limited access to data
- Data are unavailable
- Poor data quality
- Limited capacity and resources for data use
- Heterogeneity of rural jurisdictions
- Data use to address and identify health inequities

TOP HEALTH PRIORITIES

- Obesity, physical activity, and nutrition/food access
- Diabetes
- Tobacco
- Mental health, substance abuse, and suicide
- Violence and injury
- Oral health and dental care access



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RECOMMENDATIONS

- Improved informatics infrastructure
- Training opportunities on data use and equity to support data-driven decision-making

NEXT STEPS

- SHARE-NW will support greater access to data on health outcomes and social determinants of health.
- Provide data visualizations to help understand and address inequities.

SHARE-NW: Solutions for Health and Rural Equity in the Northwest

	GOAL 1 MAKE DATA AVAILABLE	GOAL 2 MAKE DATA ACCESSIBLE	GOAL 3 BUILD CAPACITY
2017–2018 YEAR 1	IDENTIFY Capacity gaps for data-driven decision-making	ASSESS Use of data visualizations	TRAIN At least 72 public health personnel in data-driven decision-making
2018–2019 YEAR 2	OBTAIN Data for 6 priority public health areas	DEVELOP Interactive dashboard mock-up	IDENTIFY Existing training & TA for addressing rural health disparities
2019–2020 YEAR 3	CREATE 6 linked datasets	DEVELOP & test functional dashboard	PROMOTE & bundle existing training & TA for addressing rural health disparities
2020–2021 YEAR 4	IDENTIFY 3–5 modifiable barriers to data use	DEVELOP Strategy for dashboard sustainability & expand usability testing	TRAIN In-person on using dashboard for data use in decision-making
2021–2022 YEAR 5	OBTAIN Additional data on social determinants of health and administration	IMPLEMENT Dashboard & evaluate dashboard utility	TRAIN And offer TA through learning communities and prioritization matrix

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