

Aletheia

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LOUISIANA
HEALTH EQUITY

Road Map for Change

Data & Action Platform Development

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1.0 Executive Summary

WHO

Louisiana Center for Health Equity leveraged their expertise in program facilitation to organize a consortia of experts that could scope a process and application capable of improving health outcomes in Louisiana.

WHAT

The platform described in this report is designed to provide government officials, healthcare industry professionals, and the general public with viable channels to get involved in the improvement of public health outcomes in Louisiana. The application also compiles data to track progress of key health and health equity metrics as actions are completed.

WHEN

The plan was initiated to develop a consortia in Jun-2021 and research was completed between Jan-2022 and Jun-2022. Uninterrupted continuation of this work would produce a working application by Jun-2023.

HOW

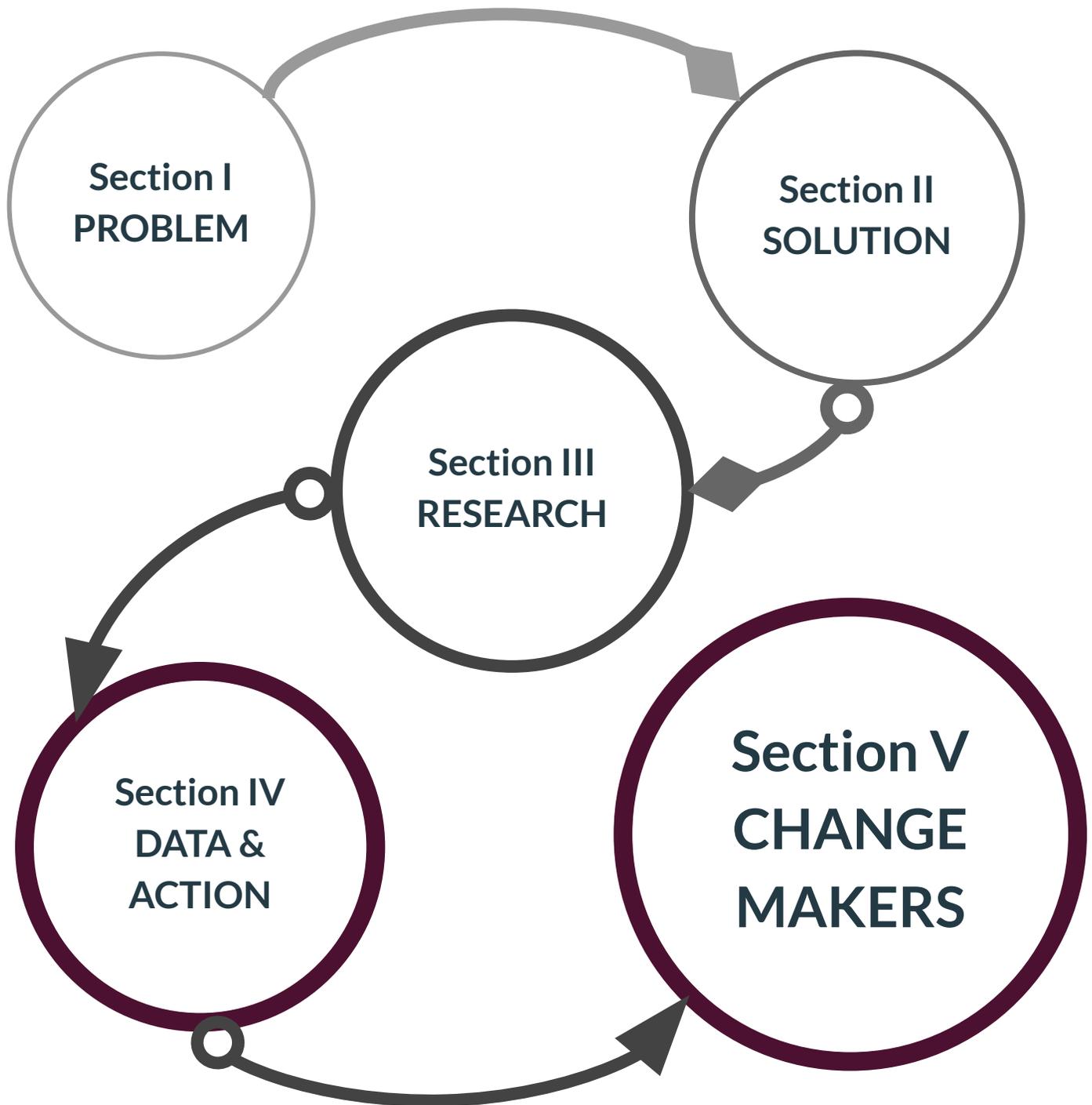
Aletheia Research Institution and EQS combined their expertise with Louisiana Center for Health Equity to construct a framework for institutional change and map out a strategy for practical implementation. The consortia performed a stakeholder analysis, a statewide audit of data sources, a literature review and a network analysis of public health information sources to develop a process that transforms data into action.

WHY

Louisiana Health Equity aims to advance public health, key health outcomes, and health equity in Louisiana. Louisiana can make significant progress in public health delivery by targeting the 40th position in key public health rankings by the year 2030. By collectively aiming at the same target, LA40by2030 is a framework that can inspire stakeholders to take action in their own spheres of influence.



2.0 A Roadmap for Change



2.0 A Roadmap for Change



PROBLEM

The success of efforts to generate awareness around health equity issues comes with new challenges. At the moment there are a lot of uncoordinated efforts competing against one another for various strategic positions in the space rather than identifying how they can work together on the greater purpose. Although the emergence of commercial interests and homegrown programs are a good thing, institutional change of this magnitude comes from a community of collaboration.

SOLUTION

A system to coordinate information and resources is required to make sure that every capable individual and organization who believes in that change can be a part of it. The DATA & ACTION platform has been conceived to provide this system to individuals and organizations dedicated to improving health equity outcomes in Louisiana.

RESEARCH

The research identified political and social determinants of public health and scoped a process broad enough to make incremental improvements at the state level. A literature review and field research were completed to understand the evolving terrain and develop the necessary use cases.

DATA & ACTION

A health equity framework for institutional change was developed to guide the processes of transforming data into action. The DATA & ACTION platform facilitates this framework by centralizing data, compiling actions, aligning stakeholders, enabling communication and reporting progress.

CHANGE MAKERS

Awareness is just the first step in many of the accepted models for institutional change. The DATA & ACTION platform can inspire support for change, provide knowledge on how to help be a part of that change and provide the necessary resources to implement actions that sustain change.



2.1 Problem



FRAGMENTED DATA

The discovery process identified a significant number of dashboards and data sources available to the public with varying features and benefits. Although the novelty of each dashboard is interesting the average person does not have the capacity to find them and sort through their differences.

The novelty of the dashboards reveals the challenges that come with organizing accessible information. To compile a complete picture with the available data one has to reconcile a number of sources that are otherwise unrelated. Also there is no way to tie specific actions to specific metrics.

UNCOORDINATED EFFORTS

The success of the health equity movement has led to the emergence of non-commercial interests at universities and colleges, regional nonprofits and state level administration. By working independently or in small silos these organizations limit their capacity to achieve the greater purpose.

Too much progress is lost to organizations working on the same problem at the same time and then competing with each other to sell their solutions, when they could have worked together on the same problem, or tackled adjacent problems with their unique core competencies.

COMPETITIVE INTERESTS

A surge in new boutique consulting firms and the introduction new product lines at the large consulting firms means there is value to be created in prioritizing health equity. In addition to the money being made, the healthcare industry itself is filled with organizations looking to gain a strategic position in the emerging landscape.

Although competitive interests are a part of the solution, there is always a risk that core business functions will be prioritized over collaborative solutions. An initiative to improve health equity outcomes requires unbiased collaborative oversight and safeguards against external influence.



2.2 Solution



CENTRALIZED DATA

The DATA & ACTION platform is planned to evolve over time as members begin to participate in its ongoing development and improvement. The first step in the process is organizing all the tools and sources of information available on the topic into a central hub. Doing so immediately reduces the investment a user requires to develop a complete picture of their resources.

The next step is to develop a membership for organizations working with public health data to fortify the existing index of resources and provide a space to collaborate on accessibility and convergence. The final step would be to maintain a process that indexed available resources and operationalized data from fragmented sources on a centralized platform.

COORDINATED EFFORTS

The DATA & ACTION platform provides a framework for collaboration among nonprofit organizations and academic projects with similar missions. A directory of projects in various stages of development and execution allows users to explore one another's projects and project needs.

Members form or join coalitions based on their competencies or interests and participate in the ongoing improvement of information flow and action coordination on the platform. These coalitions populate an ACTION BANK with recommended projects and programs for interested stakeholders.

COLLABORATIVE PARTNERSHIPS

There are commercial opportunities in each stage of the health equity framework for institutional change. The DATA & ACTION platform is designed to include approved vendor profiles and an RFP directory to limit the transaction costs of team building.

Organizations can also find collaborative partners for projects and business opportunities by having them approved by a coalition and added to the ACTION BANK. These features enable dynamic competition within a system of collaboration.



2.3 Research



SCENARIO ANALYSIS

A list of organizations and stakeholders operating in the health equity space were profiled to identify challenges and opportunities. The scenario analysis revealed three important findings.

- 1) There is enough data and technology in and among existing platforms to construct a more complete picture of health equity challenges but lack of coordination impedes progress and creates information silos.
- 2) Valuable academic projects and databases also exist in and among silos that make them difficult to access or operationalize on a larger scale.
- 3) A large gap exists in the individual level survey data that would be required to control for external forces when interpreting data.

POLITICAL AND SOCIAL DETERMINANTS OF PUBLIC HEALTH

A literature review and audit of data identified a list of the most informative public health indicators and five political and social determinants of public health that address first order issues (environmental health) and second order issues (public health).

The first order determinants are community safety, socio-economic factors and the physical environment. The second determinants are access to health care and health outcomes. These categories were used to identify information group public health indicators and identify information gaps.

HEALTHY EQUITY FRAMEWORK FOR INSTITUTIONAL CHANGE

The process flow for the DATA & ACTION platform was developed using the ADKAR model (awareness of need, desire to support, knowledge on how to get involved, ability to support and reinforcement for supporting).

The health equity framework for institutional change outlines a process to transform data into action that can make systematic and incremental improvements to the political and social determinants of public health.



2.4 Data & Action



CURATION OF DATA

The DATA & ACTION platform is designed to curate data from a variety of sources and manage joins that operationalize varying sources into single collections of data. This process would also expand demography data and improve the overall understanding of regional populations through surveys.

Once the initial lift of streamlining various sources is in place organizations dedicated to data collection, storage, distribution and reporting can work together to establish policies and best practices for the ongoing refinement of validated data and the improvement distribution practices.

FORMATION OF COALITIONS

The DATA & ACTION platform requires members to join at least one of three operational coalitions (data , oversight or engagement). In addition to these three operational coalitions, members are encouraged to join or form regional and topical coalitions that address specific community needs.

Coalitions work together to develop best practices and improve information flow between stages of the framework. Coalitions also add projects and programs to the ACTION BANK that are then tagged for appropriate stakeholder groups and promoted to general audiences.

DIRECTORY OF ACTIONS

The directory of recommended actions is curated by member coalitions and promoted to general audiences through communication initiatives. Actions can also be added from projects in progress or existing initiatives as long as they are approved by a coalition.

Actions can then be claimed by interested parties and incubated until there are enough resources to complete them. As actions are fulfilled the outcomes can be calibrated to the assess the impact on the political and social determinants of public health.



2.5 Change Makers



MEMBER ACTIONS

The first generation of the DATA & ACTION platform will provide a organizations and individuals in the health equity space to become members and begin sharing information about their specific needs.

Once the application is populated with members and coalitions have organized information in their respective fields they can begin to populate the ACTION BANK with projects and programs. The actions are then promoted to broader audiences and claimed by interested parties.

DIRECT ACTIONS

Actions tagged for the Healthcare Industry, Policy Makers and Advocacy Groups are for individuals and organizations capable of taking the lead on large scale projects or programs that have a direct effect on the political and social determinants of public health.

Small actions can change a reporting standard to make information more consistent, or a large action could be to implement a traveling midwife program in rural areas. Direct actions require insiders to access the necessary channels for fulfillment and often require large scale planning and permissions.

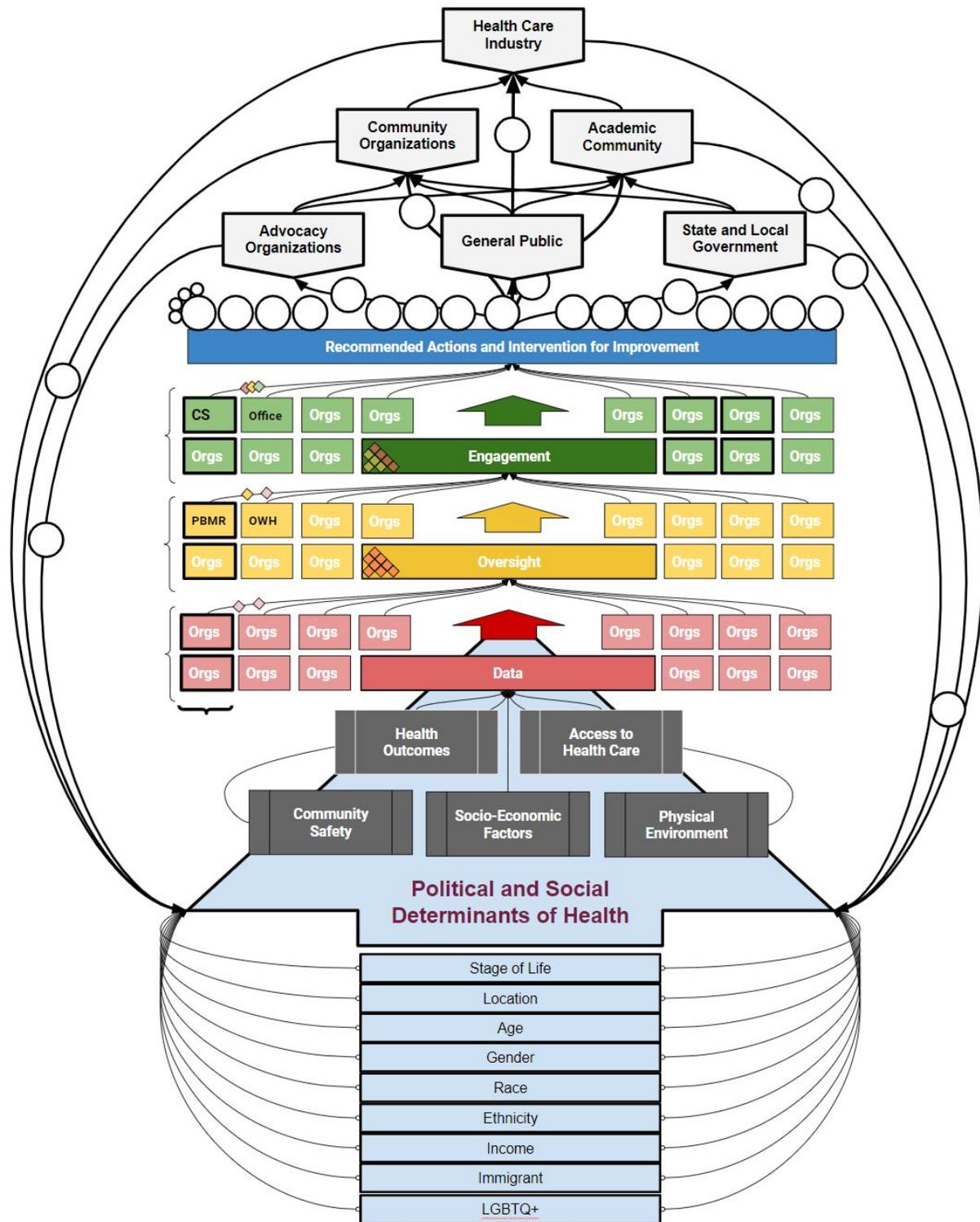
INDIRECT ACTIONS

Actions tagged for Community Groups, Research Community and the General Public are for organizations and individuals who wish to be a part of the improvement to public health outcomes but do not have direct access to the government or healthcare industry organizations.

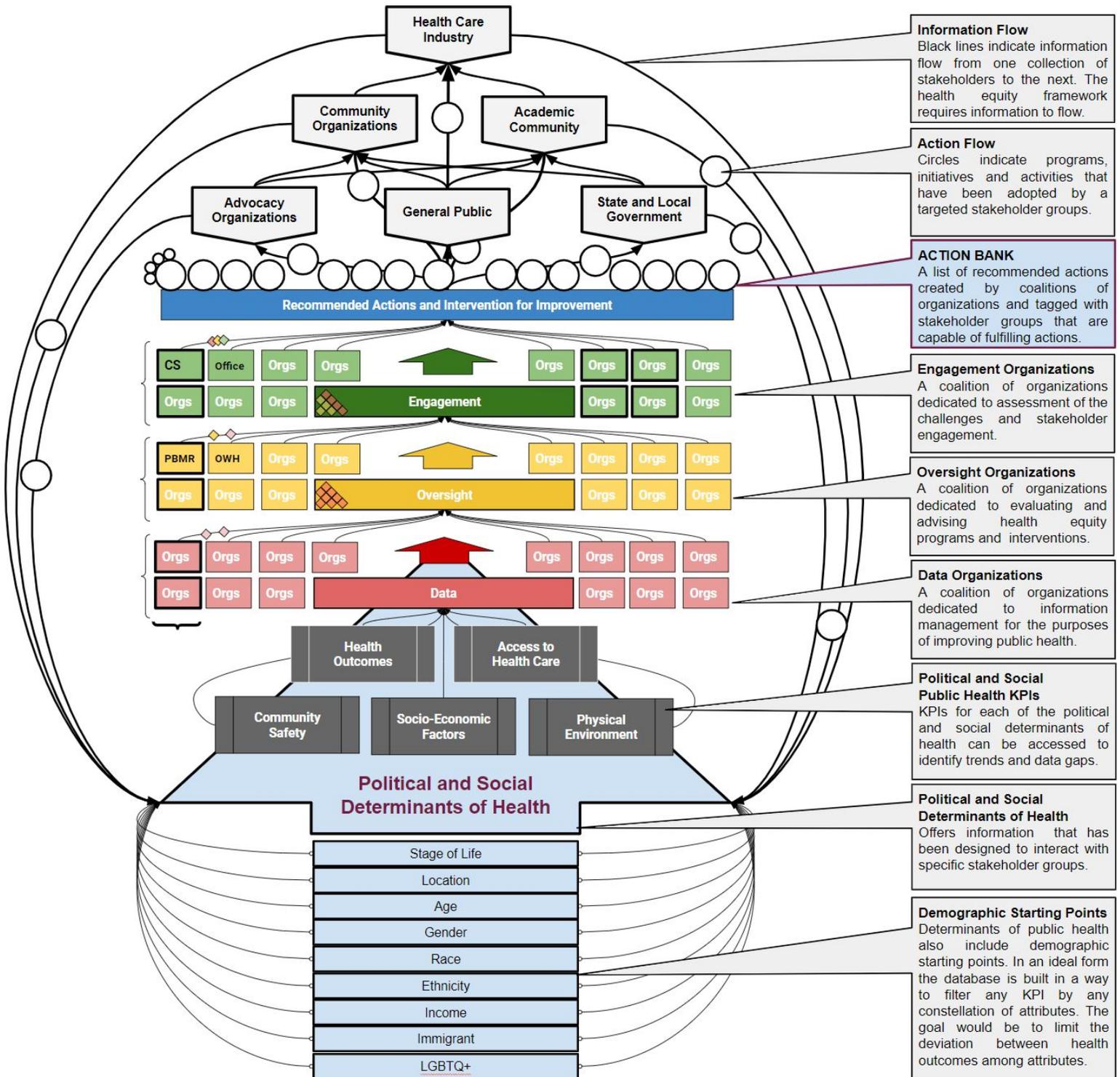
By populating the ACTION BANK with opportunities for capable individuals and organizations who believe in the mission it closes the gap between information and access so that anyone who wants to be a part of the change can find a way. Indirect actions include research, program participation and volunteer and often support larger scale direct actions.



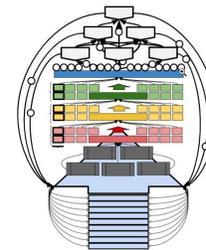
3.0 A Framework for Change



3.0 A Framework for Change



3.1 A Theory of Change



EARLY ACCOMPLISHMENTS

The DATA & ACTION platform will be successful as an information hub that centralizes a fragmented landscape of competing resources. In this stage members are recruited into one of three operational coalitions to begin the processes of refining best practices for information management.

The target is at least ten organizations per coalition prior to public launch. These organizations will also add their upcoming and ongoing health equity projects and initiatives to populate the ACTION BANK. The project will be considered a success when data from the platform is used to create actions that are then facilitated using the functionality of the application.

INTERMEDIATE ACCOMPLISHMENTS

Once there are thirty member organizations and at least five completed actions a process can begin to track actions and measure their collective impact on the political and social determinants of public health. At this point communication will shift away from promoting the DATA & ACTION platform and begin promoting actions.

The next goal would be to triple membership to ninety member organizations to reach a minimum of ten members on nine planned regional coalitions. At this point the organization begins managing information and resources to facilitate the flow of actions and measure their impact.

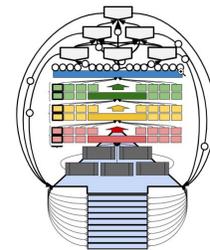
LONG-RUN ACCOMPLISHMENTS

The DATA & ACTION platform addresses pressing issues in the healthcare system and facilitates collaboration among competing interest groups. The framework is designed to adapt to evolving technological capabilities and provide measurable advances in public health.

In the long-run data from a wide variety of sources will be centralized and operationalized to make the transformation of data into action an easier process. Actions will be listed in a directory that will be fulfilled by interest parties and tracked as they make measurable impact on health outcomes.



3.2 Logic Model



INPUTS

1) The internal team consisting of Louisiana Health Equity, Aletheia Research Institution, and EQS provide the primary staff and expertise. Internal funding will cover the costs of the discovery of the project, as well as the development of the platform beta. External funding will cover the optimization of the platform, its launch, ongoing maintenance, and outreach activities necessary to achieve the outcomes of the project.

2) The primary proprietary knowledge of the platform will be the Health Equity Framework, which will serve as the core blueprint for the DATA & ACTION Platform. Other important information required will include the Health KPI's, Organizational Data of Stakeholders, as well as Interventions Data.

3) The developed inputs of the project include technology and brand artifacts. Technology includes all facets of the DATA & ACTION Platform including, the database architecture, the customizable dashboard, action bank, communications, and reporting features. Key important brand artifacts include any collateral representing "LA40by2030" and "DATA & ACTION Platform" such as digital graphics and printed materials.

ACTIVITIES

The platform will: 1) Monitor data to track progress. 2) Align stakeholders to establish contributable value. 3) Develop actions by using data to assess areas of need and align with stakeholders who could provide value in those area. 4) Facilitate engagement among stakeholders to coordinate communications necessary for productive collaboration. 5) Train users to activate stakeholders use the system to achieve the overall outcomes.

PARTICIPATION

The platform will engage stakeholders from 1) Government including policymakers, local parish/municipal officials, Dept. of Health and other depts., 2) Healthcare Industry including hospital administrators/workers and insurance providers, 3) General public, 4) Advocacy organizations, 5) Community organizations, and 6) Academic community and researchers.

