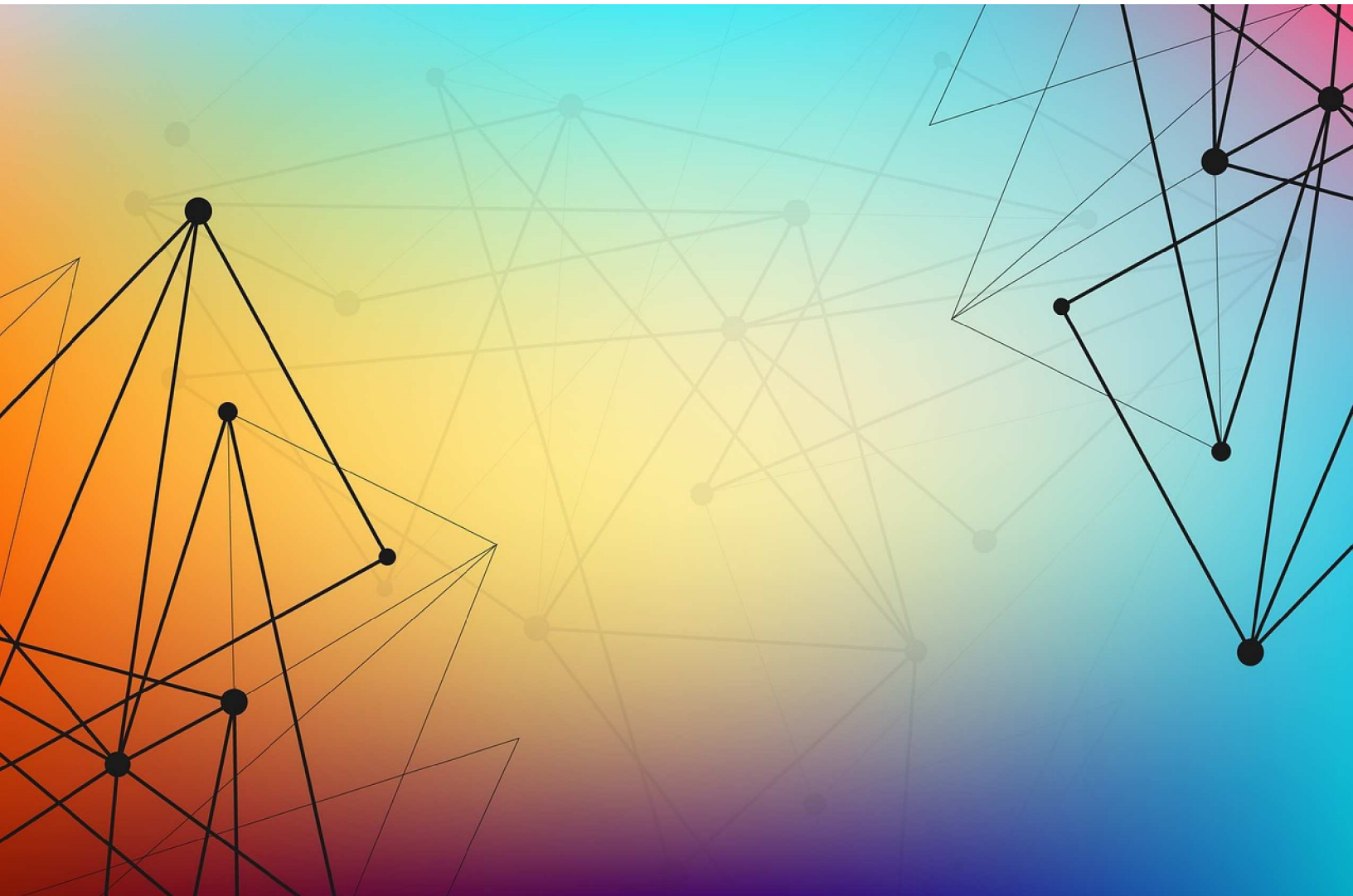# The Role of Partnerships, Data Governance, and Equity Data in CHAs and CHNAs

2023

Table of Contents

Introduction to Networks

WHAT IS A NETWORK?

A network is any interconnected group or system. For the purposes of this report, networks refer to any formal partnerships created between three or more people or organizations to achieve mutually desired objectives. Networks of organizations working across sectors to tackle big social problems are one approach to achieve social impact.

A NETWORK SCIENCE LENS

Network science provides theories and methods that can be used to guide the study and practice of working in networks. Intuitively, we know the kind of connectivity that is good and that which is not. However, very few people know how to manage these processes or leverage them in any kind of strategic way that may actually result in better connectivity. We learn at an early age that more connectivity is better – the more friends we have, the more popular we are; the more people we know, the more likely we are to succeed professionally. However, network science (the science of the interconnectedness among human and organizational entities) is based on a definitive principle that **more is not always better**.

So how can we leverage the power of networks while working within the reality of resource scarce environments? While the appeal to create a larger and more diverse network is strong, we are equally challenged with the reality that we **have limited relationship budgets** – that is, limited resources to build and manage diverse networks. We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. We simply cannot exponentially grow networks without incurring costs attributed to that approach.

Network science can provide the theories and methods that together offer an evidence-based approach to building networks that are **based on data and lead to strategies, actions, and interventions**. Social network analysis (SNA) – which is the study of the structural relationships among interacting network members and of how those relationships produce varying effects – is a tool that provides unique data to inform these practices.

Introduction to Networks

NETWORK TERMS

Network: A formal partnership created between three or more people or organizations to achieve mutual goals.

Network Map: A visualization that shows members of a group as "nodes" and the relationships among them as connecting "edges".

Nodes: Usually represented as circles in a network. A node can be a person, organization, department, etc.

Edges: The lines connecting two nodes, which represents a relationship between those nodes.

Degree: The total number of edges connected to a node (ingoing and outgoing). Average degree measures average number of edges reported for each node in a network.

Trust: A PARTNER scale that measures trust by capturing members' perceptions of other organization's reliability, support for the network's mission, and willingness to engage in frank, open, and civil discussion.

Value: A PARTNER scale that measures value by capturing members' perceptions of other organization's ability to provide resources, the level of power/influence it has in the community, and the level of involvement it contributes to the group.

SURVEY TERMS

CHA = Community Health Assessment

CHNA = Community Health Needs Assessment

Data governance refers to the management of data throughout its lifecycle in order to inform policy, strategy, and operations.

Public health data transformation requires reimagining and developing a common vision to ensure the mindsets, capacity, resources, and workforce necessary to provide equitable Foundational Public Health Services and Essential Public Health Services, to advance health, wellbeing, and equity. It occurs through a fundamental shift in the way a public health system(s) is structured, functions and interacts through continuous quality improvement, innovation, partnerships, community-led efforts, and systems change. (PHNCI)

To serve our communities equitably, governmental health departments need access to modern, real-time, hyperlocal data and tools. These are critical in understanding the needs of our communities, making data-driven decisions that address community priorities, and transforming public health infrastructure. Governmental public health in the United States currently lacks modern data systems and structures to do this, which have had a direct and negative impact on health and equity.

Public health data modernization can be defined as a collective effort executed by federal, state, local, and tribal organizations to strengthen these systems. (PHNCI)

How To Use This Report

HOW TO INTERPRET A NETWORK MAP

Networks refer to a partnership created between three or more people or organizations to achieve mutually desired objectives.

In a network map, partnerships are visualized as "nodes" (circles) and "edges" (lines) which represent the network members and the relationships between them. Nodes may be color-coded by certain organizational characteristics, such as jurisdiction or sector.

HOW TO USE THE RESULTS IN THIS REPORT

Members of the network and other stakeholders in the community may use this report to continuously improve how they work with one another to achieve common goals. Using this report, you can:

- Assess the quality, quantity, and outcomes of partnerships;
- Identify areas of strength and opportunities for improvement in the network;
- Track growth and measure progress in community partnerships; and
- Create a strategic plan to invest in relationships that leverage resources, reduce redundancy, and capitalize on collaborative advantages among network members.
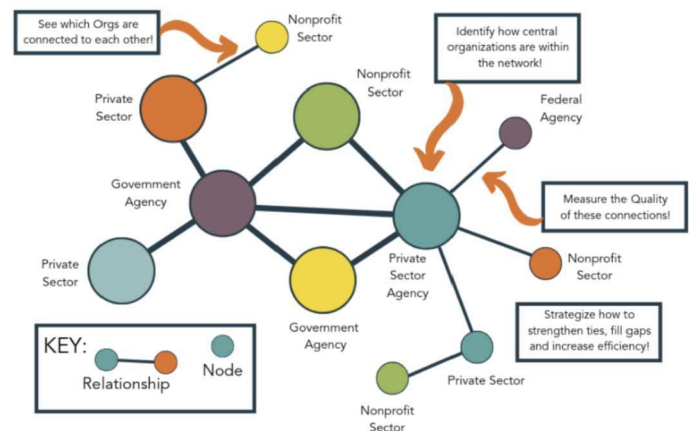
Throughout the report, there are prompts to use for review or discussion. The prompts invite reflection and encourage discussion about the results to potentially inform the application of the data for strategic planning or continuous improvement.

Additionally, there are two types of questions in the report: non-relational and relational.

This symbol represents a non-relational question. A respondent answered this question about themselves or their perspective on a particular topic, not about their relationship with a partner.

This symbol represents a relational question. A respondent answered this question about the relationship they reported in the network map.

Some questions do not have N values listed. These are matrix questions in which there is a different N for each response option; therefore, there is not a single N for these questions.

Lastly, please note that totals in the graphs and charts may not add up to 100%. The percentages are rounded to the nearest tenth and can fall anywhere between 98% and 102%.

Project Background

BACKGROUND

Since 2015, the Public Health National Center for Innovations (PHNCI) at the Public Health Accreditation Board (PHAB) has fostered public health innovation, modernization, and transformation through developing resources, fostering shared learning, and building relationships with stakeholders. In support of data modernization and transformation, PHNCI is home to the 21st Century (21C) Learning Community, a group of states at various stages of adopting the Foundational Public Health Services (FPHS) framework. Through learning with 21C, PHNCI has gained insights and built relationships to support governmental health departments in building equitable public health systems and a robust infrastructure to serve all communities and acquiring sustainable funding to support the system long term.

PROJECT DESCRIPTION

The Association of Ohio Health Commissioners in partnership with the Ohio Department of Health, PHNCI, and the 21C Learning Community embarked on an analysis of the network of organizations dedicated to improving public health data modernization and transformation in Ohio and nationwide. This assessment visualizes their network relationships, provides insights about the strengths and gaps across programs and services in the network, identifies opportunities for continued network development, and demonstrates the impact of their collective efforts to funders and local policymakers, in order to influence policy development, and their diverse set of stakeholders.

METHODS

In March 2023, 183 organizations made up of Local Health Departments and community stakeholders were invited by the Association of Ohio Health Commissioners to answer a social network analysis survey using the PARTNER CPRM tool. Of these 183 organizations, 94 responded for a 51.37% response rate. Those that responded reported that they collectively had 1568 partnerships. This report summarizes the results.
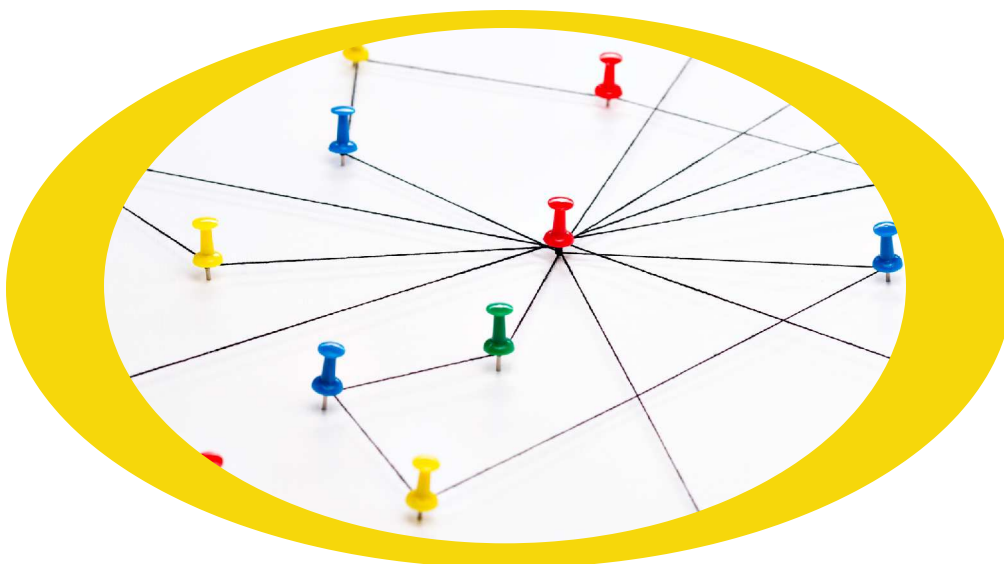
Full Network Map
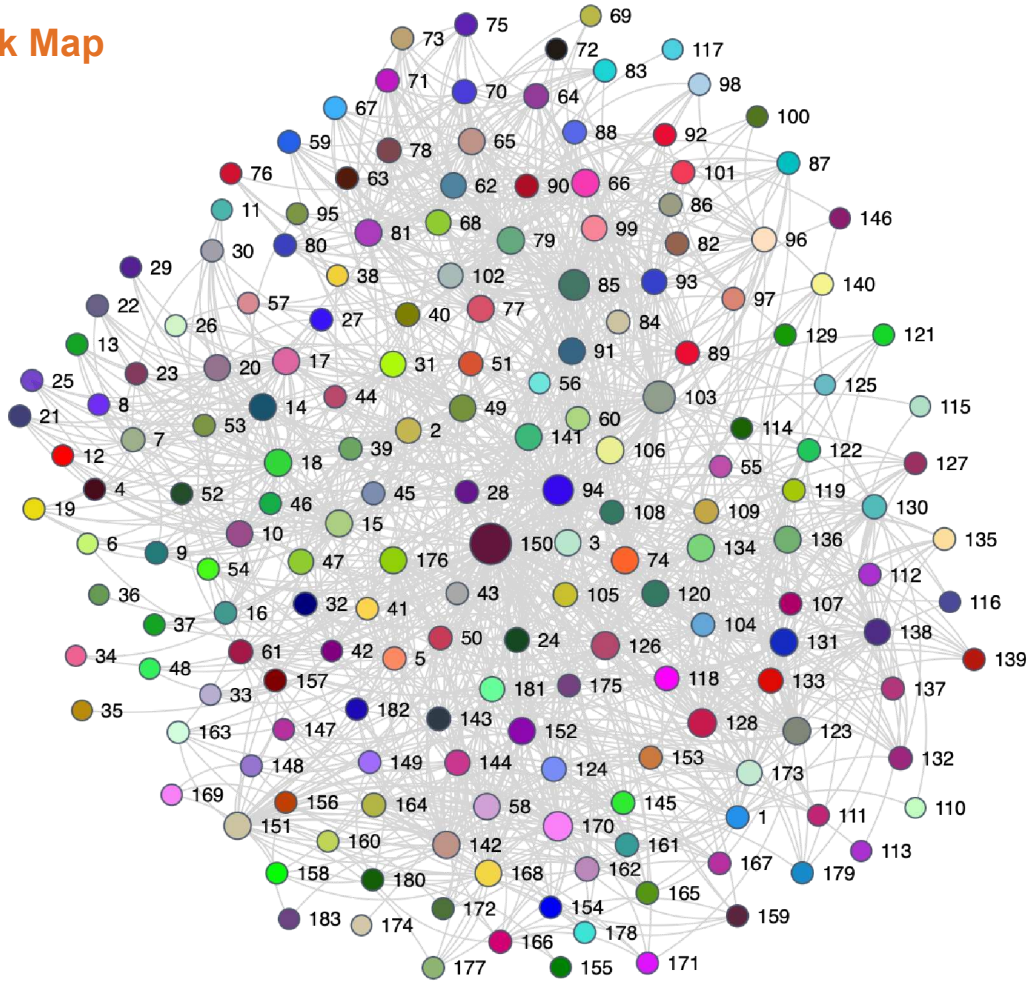
The network is composed of 183 organizations, and these organizations reported having 1568 relationships with one another. The table starting on page 10 lists the names of the organizations and their corresponding map labels. Nodes (organizations) are randomly assigned a number as a map label.

- Above is a social network map of the partnerships within the network. Each organization identified as a member is represented as a circle (node). The lines demonstrate all relationships that were reported by an individual member of that organization.
- Nodes in the map are sized by centrality, which refers to the number of relationships each organization holds with others. Organizations with more connections appear as larger nodes in the map.
- One organization emerged as a key player in the network, indicated by their high number of network connections: Family Promise of Delaware (map label 150).

A **key player** is a member of the system who is connected to most of the network. The network in this community relies heavily on these key players. If these key players no longer participate in the network, there is a risk that the system may not function as effectively.

Network Structure by Attribute

Network Map by Primary Organizational Function
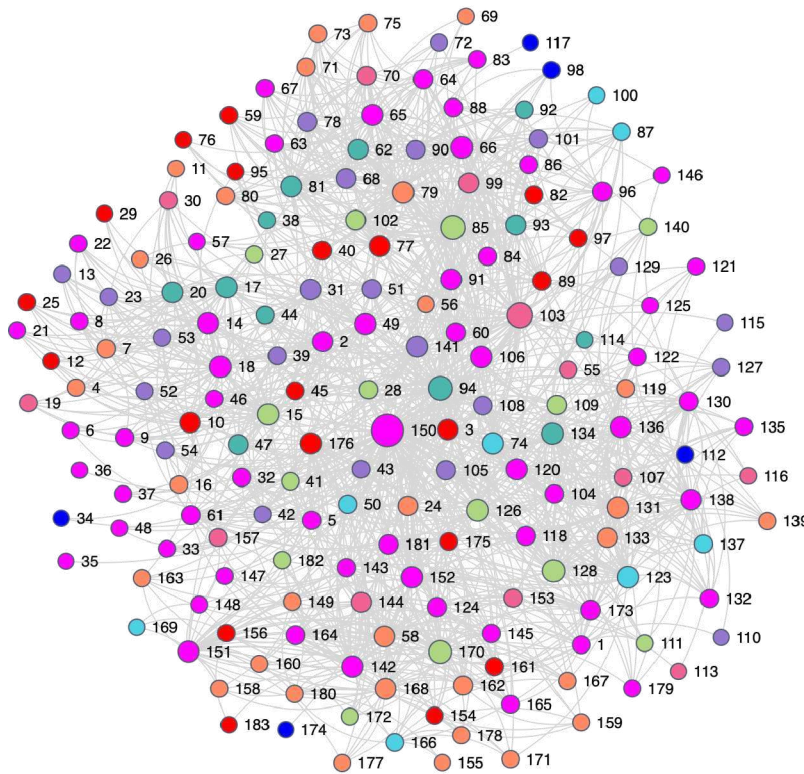
Legend:
- Economic Development/ Business
- Government
- Health Care System
- Mental Health
- Philanthropy
- Public Health (Govt)
- Religious Organization
- School System
- Social Services

Network Map by Sector
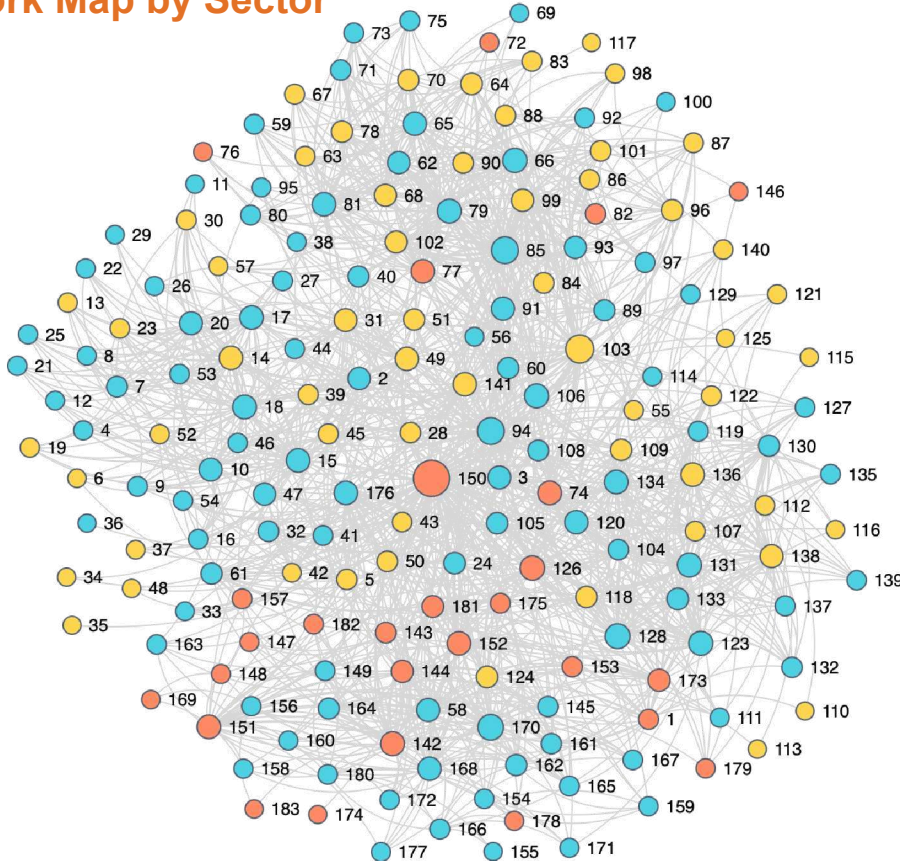
Legend:
- Nonprofit
- Public
- Private

Network Structure by Attribute

Network Map by Region
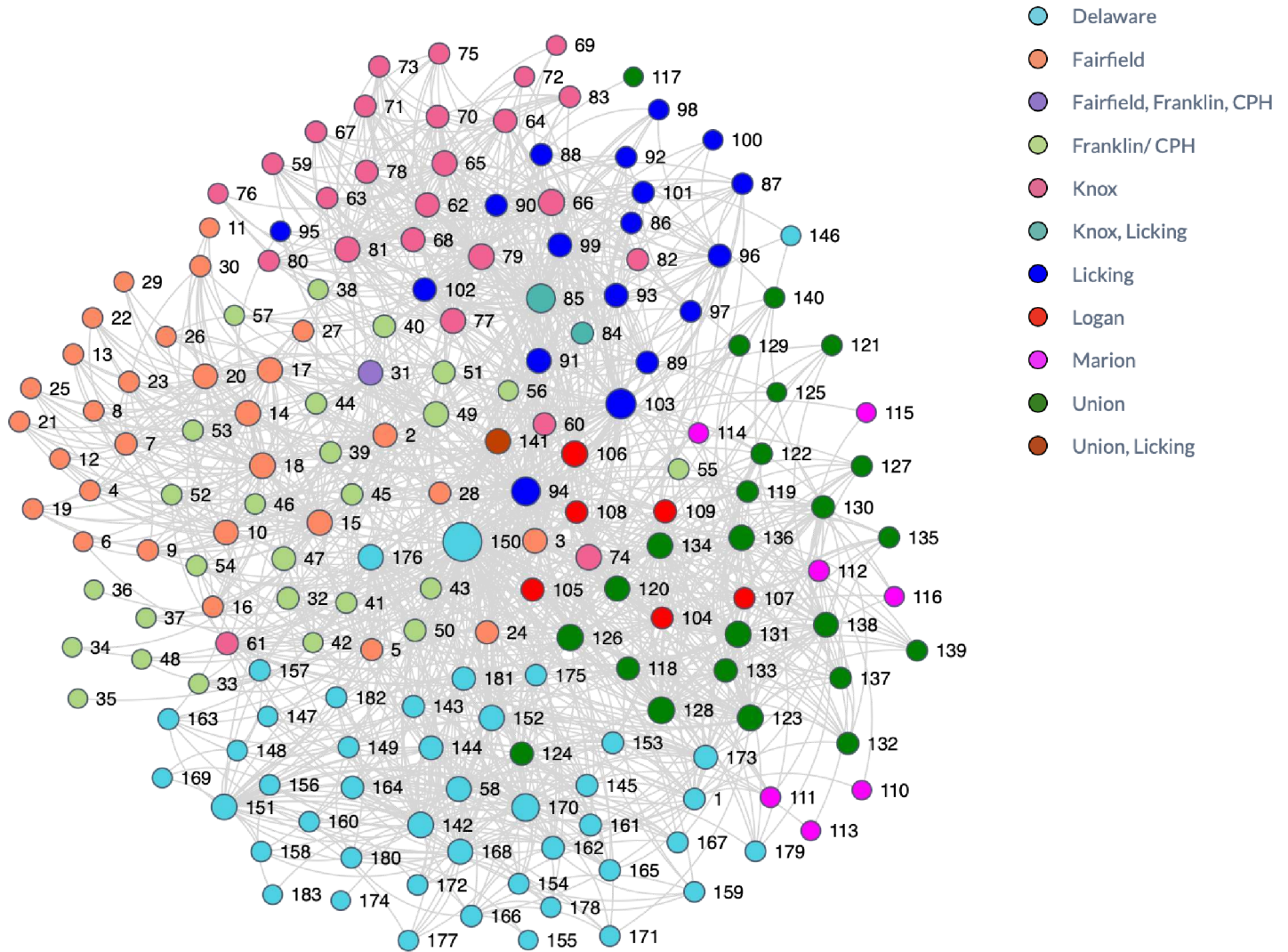
Network Index

Organization Name	Map Label
Turning Point	1
Meals on Wheels	2
OSU Extension Office	3
Fairfield County Emergency Management	4
Alzheimer's Association Central Ohio Chapter	5
Southeastern Ohio Center for Independent Living	6
Violet Township Fire Department	7
Lancaster Fairfield Community Action Head Start	8
Lancaster-Fairfield Community Action Agency	9
Fairfield County Library	10
Baltimore Village	11
Bloom-Carroll Local School District	12
Fairfield Community Health Center	13
Fairfield County 211	14
Fairfield County ADAMH Board	15
Fairfield County Board of Commissioners	16
Fairfield County Board of Health	17
Fairfield County Family, Adult and Children First Council	18
Fairfield County Foundation	19
Fairfield County Health Department	20
Fairfield County Job and Family Services	21
Fairfield County Protective Services	22
Fairfield Medical Center	23
Juvenile Court	24
Lancaster City Schools	25
Major Crimes Unit	26

Network Index

The table below lists the organizations invited to take the survey and their map labels.

Organization Name	Map Label
New Horizons	27
OhioGuidestone	28
Pickerington Local School District	29
United Way (Fairfield)	30
Mount Carmel Health System = Fairfield Co., Franklin Co./ Cols.	31
Central Ohio Area Agency on Aging	32
Franklin County Office on Aging	33
B.R.E.A.D. Organization	34
Ohio Asian American Health Coalition	35
Ohio Latino Affairs Commission	36
Ethiopian Tewahedo Social Services	37
Ohio Department of Health Disability and Health Program	38
Equitas Health	39
Center for Public Health Practice	40
(Franklin) ADAMH Board	41
Central Ohio Hospital Council	42
Central Ohio Trauma System	43
Columbus Public Health	44
Educational Service Center	45
Franklin County Department of Job and Family Services	46
Franklin County Public Health	47
Human Services Chamber	48
Mid-Ohio Food Collective	49
Mid-Ohio Regional Planning Commission	50
Nationwide Children's Hospital - Franklin Co./ Cols.	51
OhioHealth - Frankie Co./Cols.	52

Network Index

The table below lists the organizations invited to take the survey and their map labels.

Organization Name	Map Label
The Ohio State University Wexner Medical Center - Franklin Co./ Cols.	53
The Ohio State University Wexner Medical Center - OSUMC	54
United Way of Central Ohio	55
Veteran's Services Commission	56
Workforce Development Board	57
Juvenile Courts Safe Harbor	58
Knox County Head Start	59
Area Agency on Aging	60
Family & Children First Council	61
Get Health Knox County	62
New Directions	63
Winter Sanctuary	64
SNAP Ed Knox County	65
Knox County Board of DD	66
Interchurch Social Services of Knox County	67
Freedom Center	68
Parent Support Initiative	69
United Way of Knox County	70
Knox Substance Abuse Action Team	71
Riverside Recovery	72
Knox Area Transit	73
Chamber of Commerce	74
City of Mount Vernon	75
Kenyon College Cox Health & Counseling Center	76
Kenyon College Office of Community Partnerships	77
Knox Community Hospital	78

Network Index

The table below lists the organizations invited to take the survey and their map labels.

Organization Name	Map Label
Knox County JFS	79
Knox County Sherriff's Office	80
Knox Public Health	81
Mount Vernon Nazarene University	82
YMCA (Knox)	83
Pathways 211 of Central Ohio	84
Mental Health & Recovery Board of Licking & Knox Counties	85
Licking County Aging Program	86
Canal Market District	87
Food Pantry Network of Licking County	88
Licking County Board of Developmental Disabilities	89
Family Health Services of East Central Ohio	90
Licking County Children and Family First Council	91
Licking County Board of Health	92
Licking County Health Department	93
Ohio Department of Health	94
The Ohio State University -CFAES	95
Buckeye Valley YMCA	96
Heath City School District	97
Licking County Coalition of Care	98
Licking County Foundation	99
Licking County Planning Department	100
Licking Memorial Hospital - Licking Co.	101
Mental Health America of Licking County	102
United Way of Licking County	103
Logan County Health District	104

Network Index

The table below lists the organizations invited to take the survey and their map labels.

Organization Name	Map Label
Mary Rutan Hospital	105
Job and Family Services	106
United Way of Logan County	107
Community Health and Wellness Partners	108
Mental Health and Alcohol Services Board of Logan and Champaign Counties	109
Center Street Clinic	110
Crawford-Marion ADAMH Board	111
Marion Church of the Nazarene	112
Marion Community Foundation	113
Marion Public Health	114
OhioHealth - Marion Co.	115
United Way of North Central Ohio	116
AGAPE	117
Bridges Community Action Partnership	118
City of Marysville Police Department	119
Council for Union County Families	120
Daily Needs Assistance of Plain City	121
Hope Center	122
Logan-Union-Champaign Regional Planning Commission (LUC)	123
Marion Goodwill	124
Marion Salvation Army	125
Maryhaven	126
Memorial Hospital	127
Mental Health and Recovery Board (Union)	128
Nationwide Children's Hospital - Union Co.	129
Union County Board of DD	130

Network Index

The table below lists the organizations invited to take the survey and their map labels.

Organization Name	Map Label
Union County Commissioners	131
Union County Department of Job and Family Services	132
Union County EMA	133
Union County Health Department	134
Union County Senior Services	135
Union County YMCA	136
Union County-Marysville Economic Development Partnership	137
United Way of Union County	138
Village of Richwood	139
Wings Support and Recovery	140
Lower Lights Christian Health Center - Licking Co./ Union Co.	141
SourcePoint	142
Delaware County African American Heritage Council	143
Unity Community Center	144
Delaware County Board of Developmental Disabilities	145
Recreation Unlimited	146
Delaware Ohio Pride	147
Andrews House	148
Delaware County Sheriff's Office	149
Family Promise of Delaware	150
People In Need, Inc.	151
Safe Harbor	152
United Way of Delaware County	153
Big Walnut Local School District	154
Brown Township Trustee	155
Buckeye Valley Local Schools - BV East Elementary	156

Network Index

The table below lists the organizations invited to take the survey and their map labels.

Organization Name	Map Label
Cancer Support Community of Central Ohio	157
City of Delaware Parks and Natural Resources	158
City of Sunbury	159
Delaware City Fire Department	160
Delaware City Schools	161
Delaware County	162
Delaware County District Library	163
Delaware County Family Children First Council	164
Delaware County Job & Family Services	165
Delaware County Regional Planning Commission	166
Delaware County Transit	167
Delaware Police Department	168
Delaware Rising FC	169
Delaware-Morrow Mental Health & Recovery Services Board	170
Delco Water	171
Drug Free Delaware	172
HelpLine	173
Newstart Church	174
Ohio Wesleyan University	175
Olentangy Local School District	176
Powell Police Department	177
Preservation Parks of Delaware County	178
Prevention Awareness Support Services (PASS)	179
Scioto Twp	180
Suicide Prevention Coalition	181
Syntero, Inc.	182
Wornstaff Memorial Public Library	183

Considerations for Action Planning

NETWORK STRUCTURE

Network structure can tell us about key players in the network. Consider the connectivity among members of the network – these data can help to assess whether there are vulnerabilities in the network (places where the connections are weak and/or need to be developed), find partners that are not well connected, and cut down on redundancy in connectivity. If there are numerous organizations, it is not feasible to have a high connectivity score because, organizations do not have time to foster many meaningful connections.

Questions to Consider:
- What is the level of connectivity?
- Are most members connected to one another?
- Are there members who are not as connected as other members?
- How can they be brought more into the network?
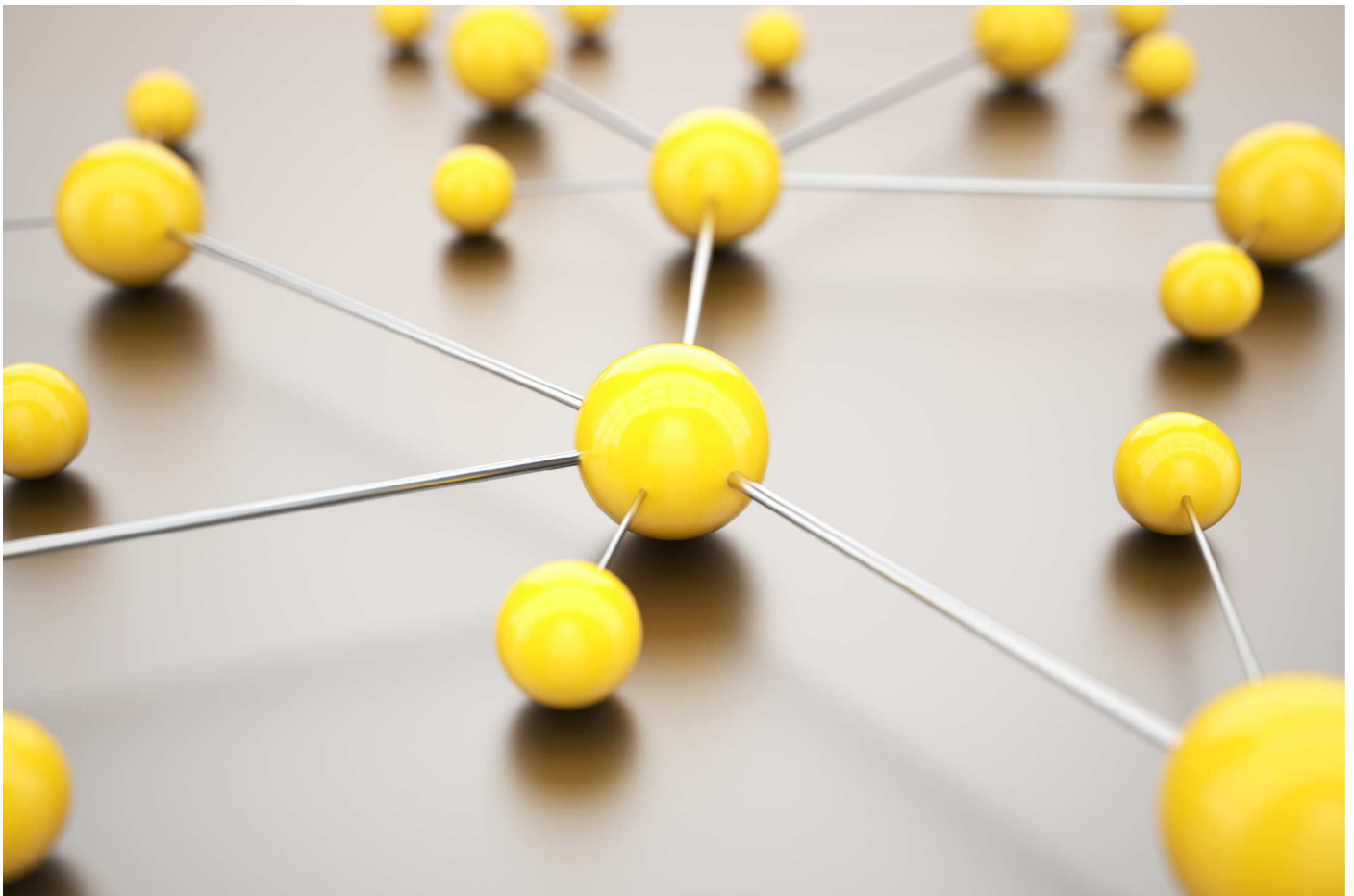
Network Summary

CONNECTIVITY

Network measures show connectivity and activity among network partners. Of all the possible connections in the network, **4.7%** were reported. This means that there is some amount of connectivity already taking place within this network with opportunities to develop additional connections between organizations in this network.

GIS MAP
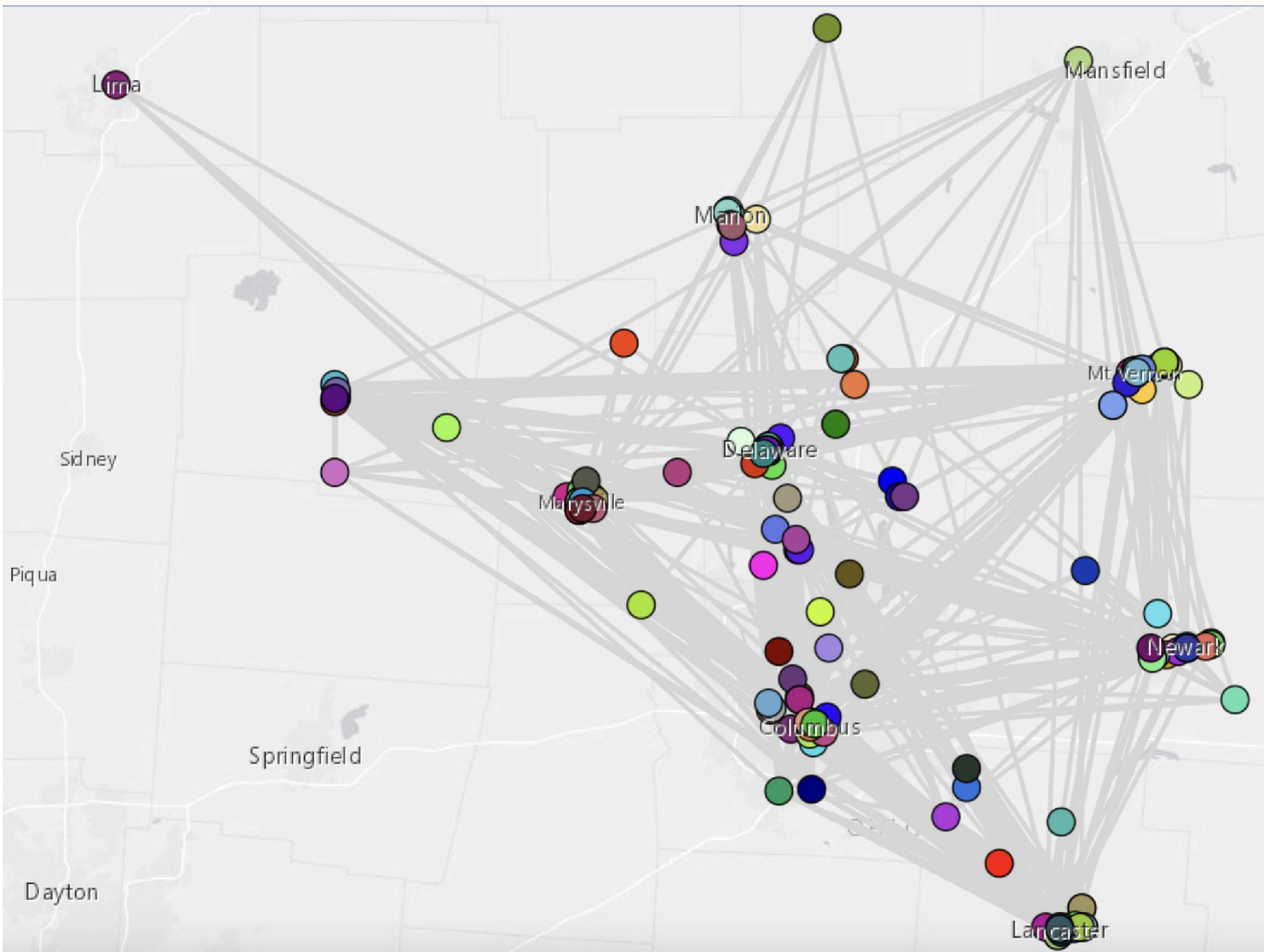
Network Composition

About 37% of respondent organizations are **local government (28%)** or **local government - public health (9%)**. **Grassroots/community-based organizations** make up **17%** of respondent organizations.

(Q1) Which one best describes that of your organization? (Please select one)
n = 94 respondents reported for this question

Organization Type	Percentage
Local government	28%
Grassroots/Community-based organization	17%
Local Government - Public Health	9%
Healthcare system	7%
State/National Nonprofit	7%
Philanthropic organization/partner	5%
Academia/Research institution	4%
School	2%
State Government- Public Health	1%
Federal Government- Public Health	1%
Business/Private sector	1%
Other, please specify	17%
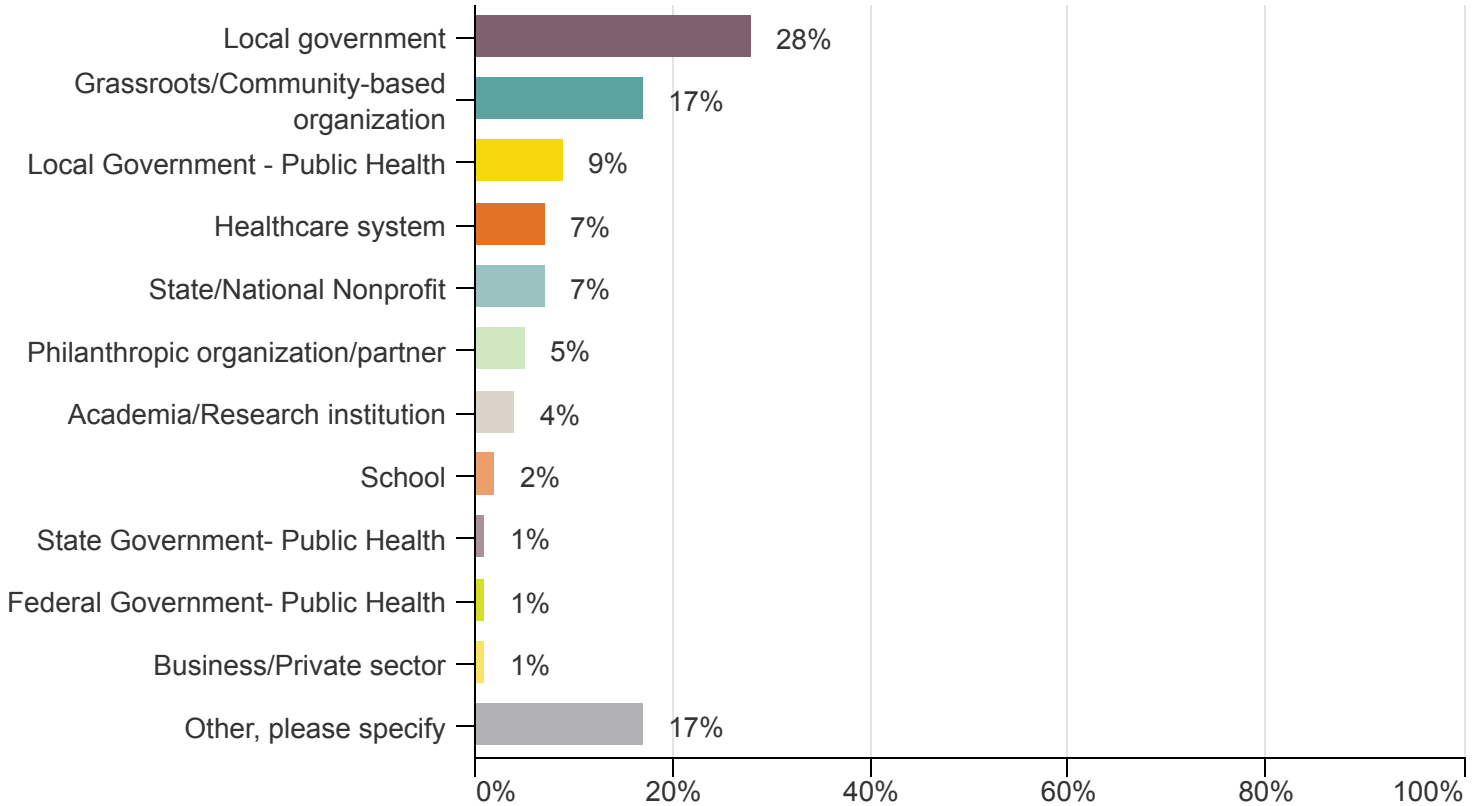
Other, please specify:

- Church
- Community-based Nonprofit Organization
- County Park District
- Fire Department
- Local Church that is part of a worldwide denomination
- Local non profit social service
- Local, non-profit
- Mental Health Non-Profit
- Nonprofit
- ODH Title X clinic with United Way funding
- Private Non-Profit Organization
- Public Library
- Public Library
- Regional Planning Commission
- United Way of Central Ohio
- University

Network Composition

About half of respondent organizations **have established collaborative relationships and have extensive experience working meaningfully with their partners across relevant sectors in the region to improve population health (55%).**

(Q2) Which statement best describes your organization's level of experience participating in multi-sector collaborations seeking to solve community issues toward a goal of improving community health and well-being?

n = 93 respondents reported for this question

We have established collaborative relationships and have extensive experience working meaningfully with our partners across relevant sectors in our region to improve population health	55%
We have formed partnerships across different sectors in our region (or service area) and have some experience working meaningfully with them to improve population health	34%
We have had partnerships but mainly on isolated, ad hoc efforts to collaborate with other sectors in our region to improve population health	11%
We usually work alone and have not formed meaningful partnerships with other sectors to improve population health	0%
Don't know/Not applicable	0%

Network Composition

> Most respondent organizations collect data at the **county** level **(77%)**, and about half of respondent organizations collect data at the **city/town** level **(52%)**.

(Q3) At what level does your organization collect data? (Please select all that apply)

n = 93 respondents reported for this question

Bar chart values:
- County: 77%
- City/Town: 52%
- Village: 29%
- Neighborhood: 23%
- State: 19%
- Region: 17%
- Not applicable: 6%
- Don't know: 0%
- Other, please specify: 15%
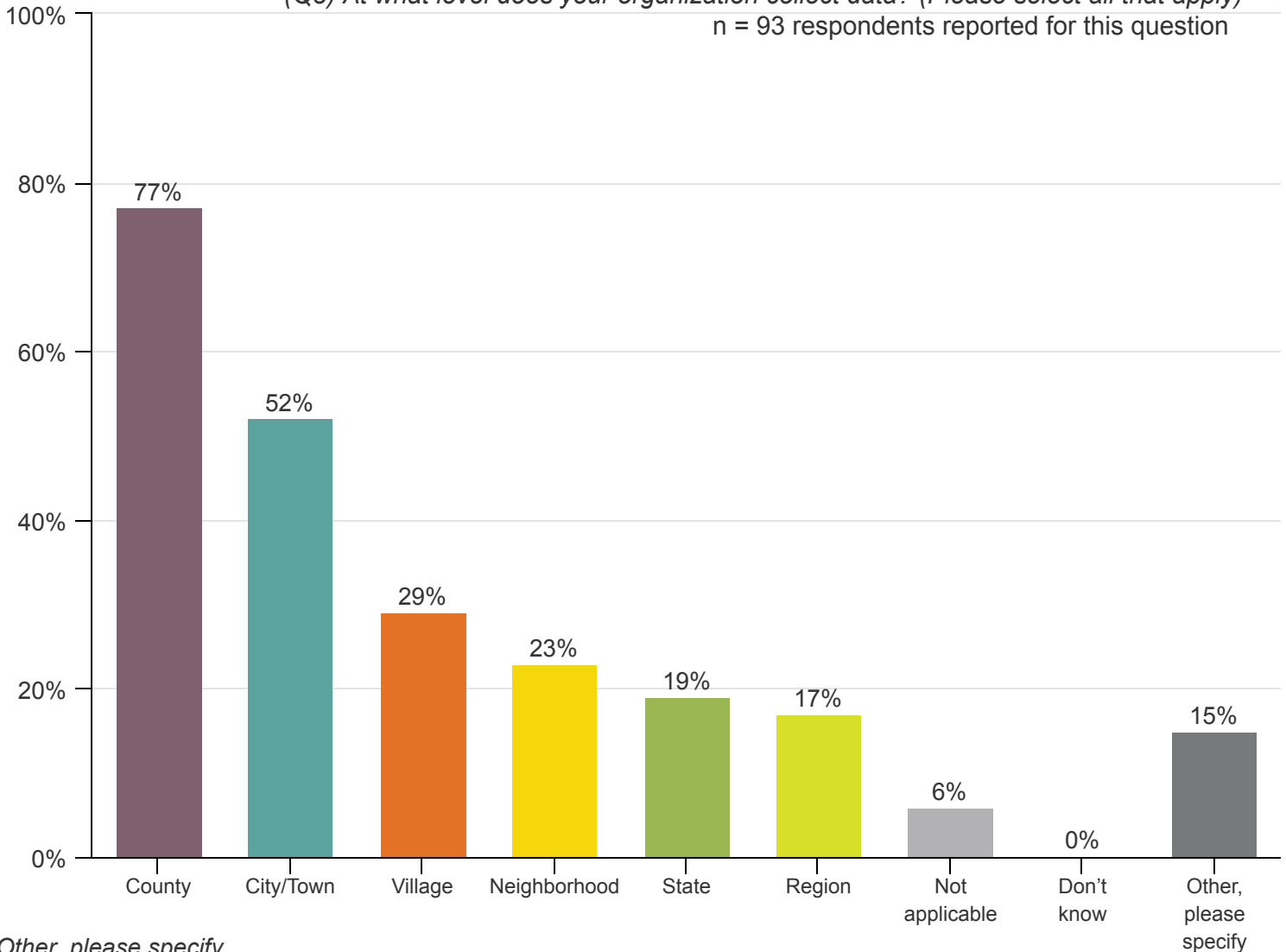
Other, please specify,
- And individual level
- Building and district level
- Census Tract
- Census tract
- Client Based
- Depends on type of data you are asking about. We are a 4 year college attracting students from all over the country and world. Most of our data is on our students and employees.
- Individual
- Individual
- Individual client data
- Students
- Township
- Township
- Within our school district
- Zip code

Considerations for Action Planning

Diverse partners are thought to bring new ideas and resources to a network. At the same time, the more diverse organizations are, the more difficult it can be to manage them.

- ✓ Focus on member recruitment, based on identified gaps or redundancies.
- ✓ Think about the roles different members play; are all required roles filled?
- ✓ Focus on stability, turnover, and consistency within member organizations.

Questions to Consider:

- Does the network have all the essential members in the system?
- If not, which members are missing and what can be done to recruit them to the network?
- Are there any areas where additional/fewer members would help to strengthen the network?
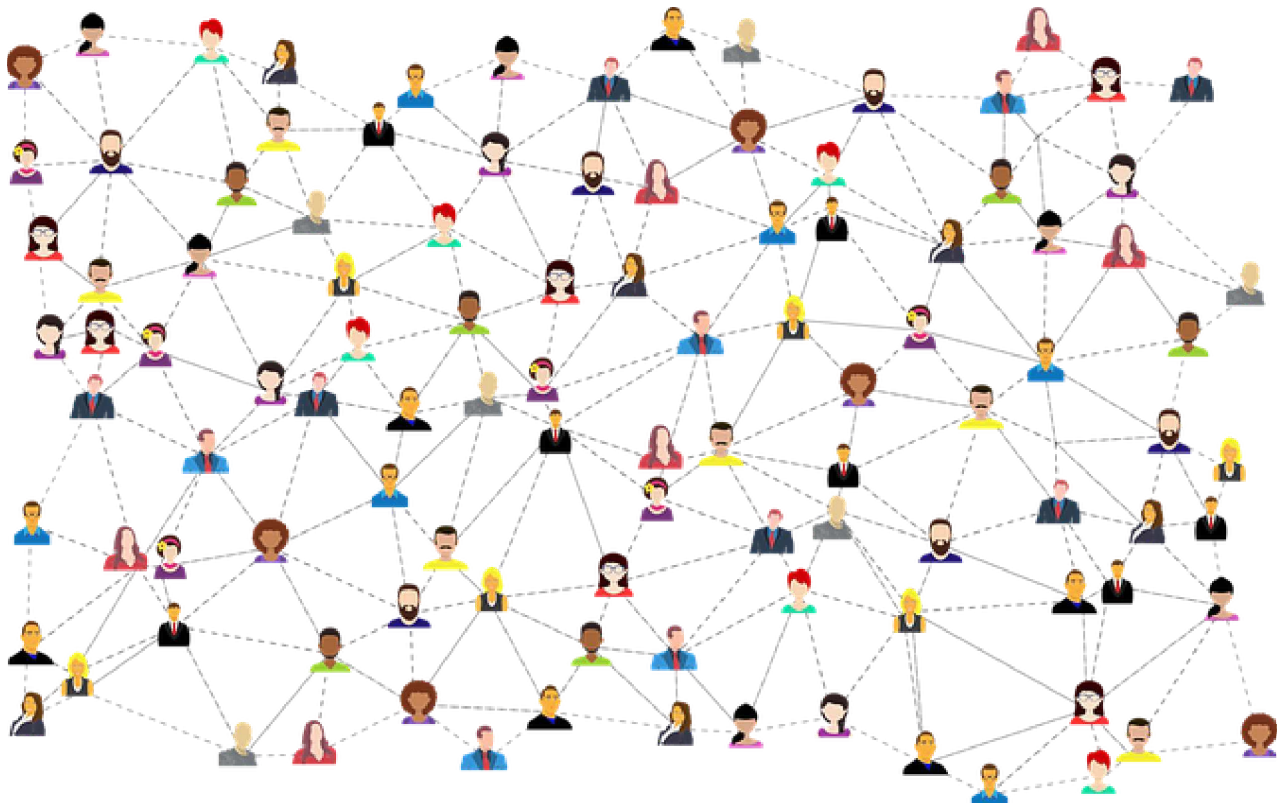
Organizational Data Tracking

More than half of respondent organizations currently track **age (62%)**, and about half currently track **geography (55%), race (49%), and ethnicity (48%)**. About half of respondent organizations report that **religion (58%), food security/access to food (57%)**, and **housing status (57%)** are the most challenging areas of personal information to measure.

(Q4) In general, when considering all programs that collect personal information, of the measures that your organization does not currently track, how feasible (given your organization's current capacity/resources) would it be to measure the following? (Please note those measures that you do currently track in the last column)
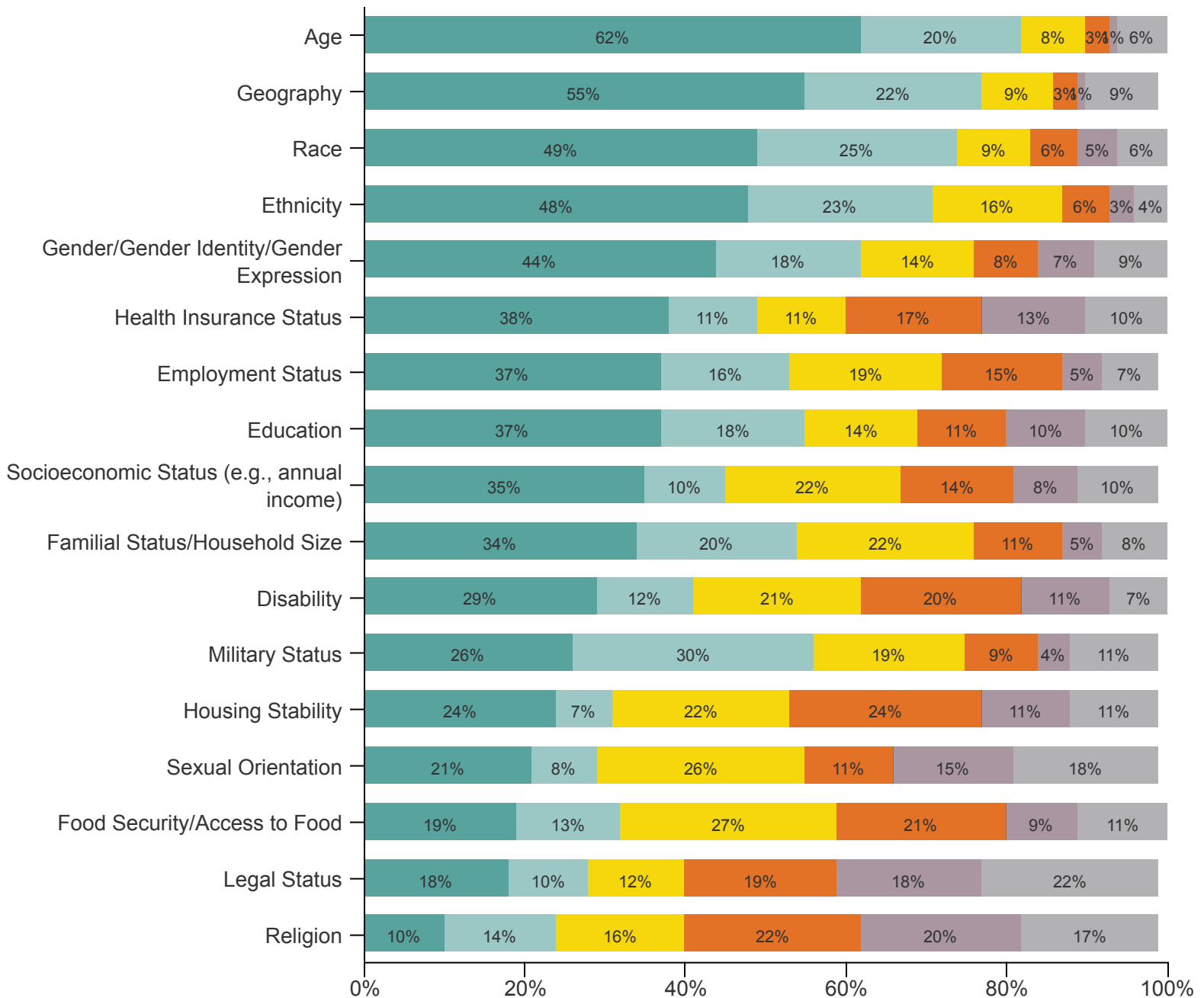
● We currently track this   ● Not challenging   ● Somewhat challenging   ● Challenging   ● Very Challenging   ● Unsure/Not Applicable

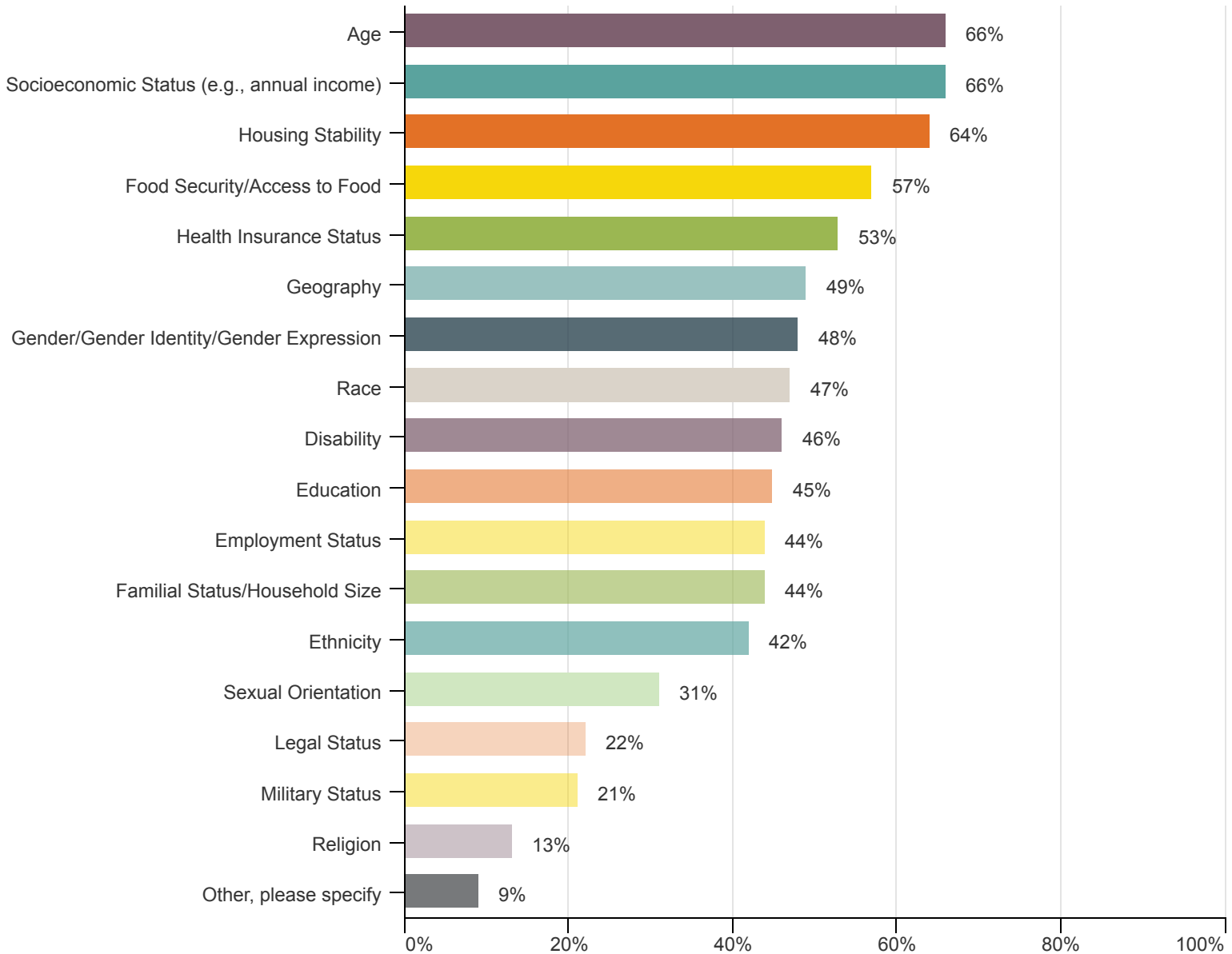| Measure	We currently track this	Not challenging	Somewhat challenging	Challenging	Very Challenging	Unsure/Not Applicable
Age	62%	20%	8%	3%	1%	6%
Geography	55%	22%	9%	3%	1%	9%
Race	49%	25%	9%	6%	5%	6%
Ethnicity	48%	23%	16%	6%	3%	4%
Gender/Gender Identity/Gender Expression	44%	18%	14%	8%	7%	9%
Health Insurance Status	38%	11%	11%	17%	13%	10%
Employment Status	37%	16%	19%	15%	5%	7%
Education	37%	18%	14%	11%	10%	10%
Socioeconomic Status (e.g., annual income)	35%	10%	22%	14%	8%	10%
Familial Status/Household Size	34%	20%	22%	11%	5%	8%
Disability	29%	12%	21%	20%	11%	7%
Military Status	26%	30%	19%	9%	4%	11%
Housing Stability	24%	7%	22%	24%	11%	11%
Sexual Orientation	21%	8%	26%	11%	15%	18%
Food Security/Access to Food	19%	13%	27%	21%	9%	11%
Legal Status	18%	10%	12%	19%	18%	22%
Religion	10%	14%	16%	22%	20%	17%

Organizational Data Tracking

About two-thirds of respondents reported the most valuable pieces of data for their programs/organizations are **age (66%)** and **socioeconomic status (66%).**

(Q5) Which pieces of data would be the most valuable for your program/organization to have access to across internal and/or external partners? (Please select all that apply)

n = 89 respondents reported for this question

Category	Percentage
Age	66%
Socioeconomic Status (e.g., annual income)	66%
Housing Stability	64%
Food Security/Access to Food	57%
Health Insurance Status	53%
Geography	49%
Gender/Gender Identity/Gender Expression	48%
Race	47%
Disability	46%
Education	45%
Employment Status	44%
Familial Status/Household Size	44%
Ethnicity	42%
Sexual Orientation	31%
Legal Status	22%
Military Status	21%
Religion	13%
Other, please specify	9%

Other, please specify:
- Access to care (i.e., transportation, support)
- Current systems engagement (DD, Juvilnile Justice, providers, community resources like Community Actions, etc.
- Medicaid data to determine the number of people who engage in behavioral health care services
- Primary care provider
- Some type of common identifier across people that is not social security number
- Transportation status, frequency of care, access to providers
- We do not track anything other than voter registration
- Would depend on the purpose/project

Organizational Data Tracking

About half of respondent organizations reported that the biggest limitation for collecting data is **people resources/human capital (53%).** Respondent organizations also face **technology challenges (40%)** when collecting data.

(Q6) For those pieces of data you are unable to collect, what limitations (whether in process or application of data) does your organization have? (Please select all that apply)

n = 86 respondents reported for this question
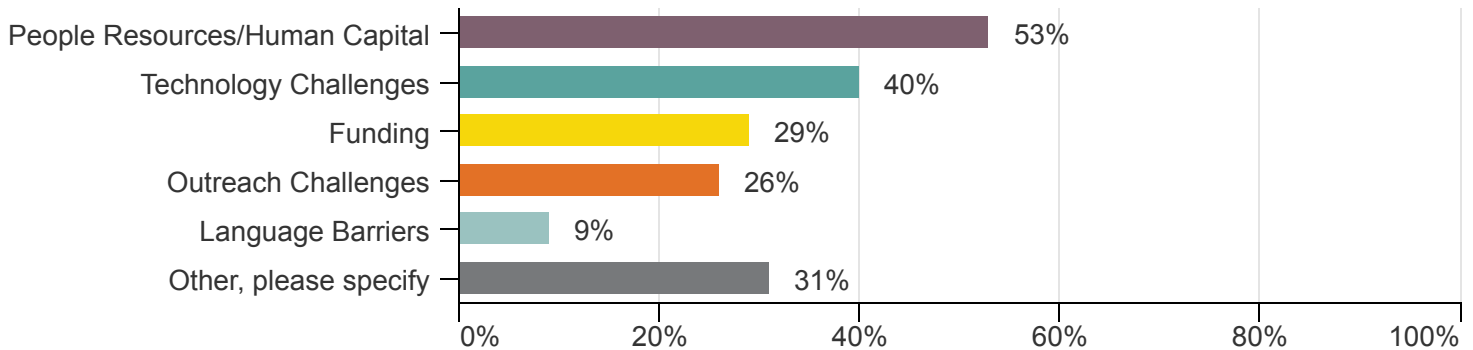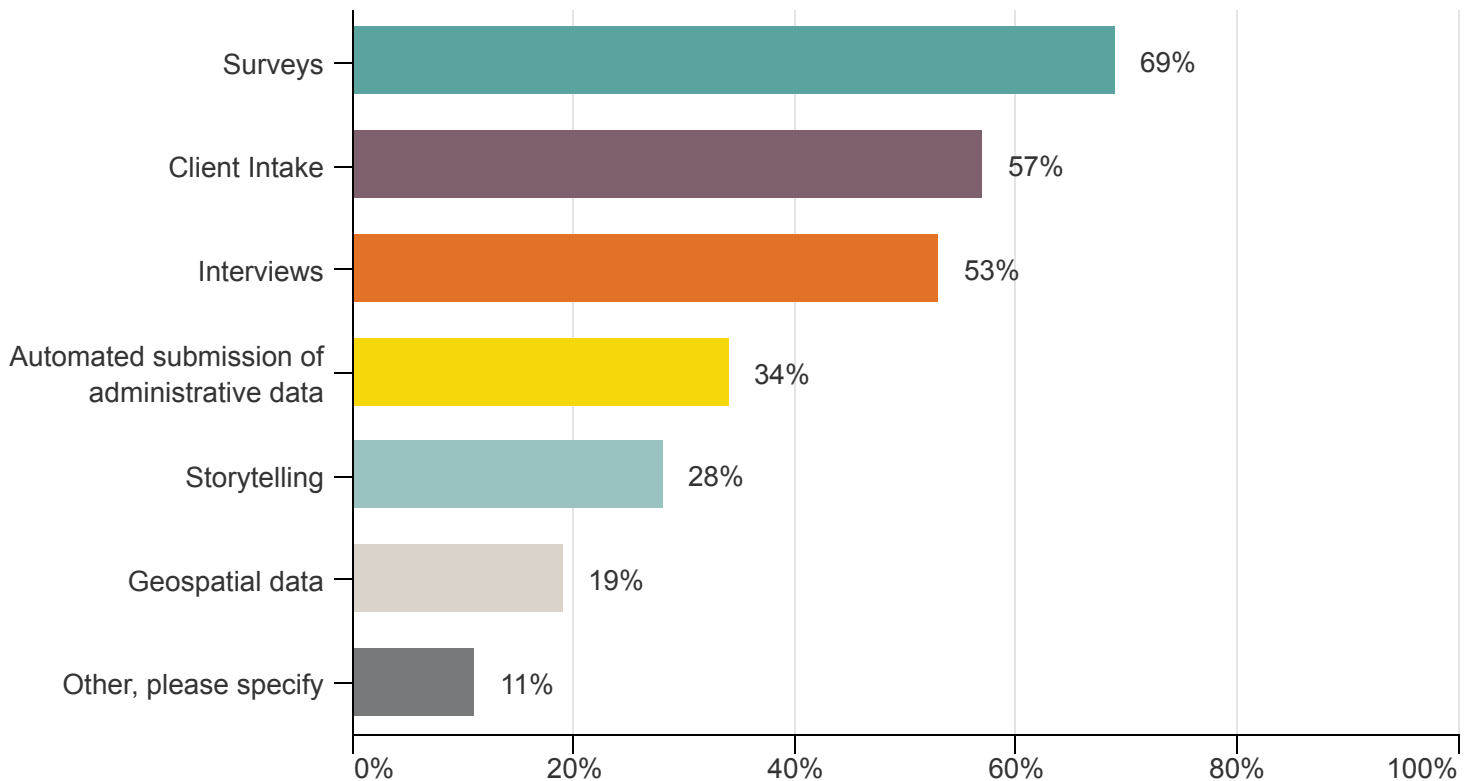

Other, please specify:
- Certain data we would simply not be able to capture
- Client refusal to answer
- Depend on agencies we fund to provide data, when you do not collect first hand difficult to manage or control.
- Establishing the need for collecting the data/asking these specific questions. Should not ask if don't know this first. Also want to be sure we can protect people's personal data.
- HIPAA rights
- I don't believe those pieces would be difficult to track, but to have a system to track in would be the most beneficial.
- Lack of Response
- Legal challenges
- Most aren't needed
- Need and ethics - is there some reason we would need the data. Funding, people resources would likely be biggest barriers
- No need to collect the data up to this point. Some of the data doesn't apply to kids.
- Not all data is necessary for us to complete our work.
- Ohio does not allow
- Privacy issues. Generally, libraries do not collect the kinds of information that health care providers do, and I think most people would be hesitant to provide us with the kind of information listed.
- Pupil Privacy Rights Amendment
- Response fatigue/refusal to answer
- Safe, affordable, attainable, accessible housing
- There are always political considerations (in this climate) with collecting data
- Time Constraints
- We are a farmers market, so it's not necessarily welcoming to shoppers to try to survey them
- We are not a research organization - that's not part of our mission but we do benefit from knowledge of community assessments which help us tailor our efforts to address community needs
- We are the Union County 211 and take phone calls so asking extensive questions that don't relate to immediate problem can come across as intrusive. Most callers are more concerned with the immediate need/crisis and are seeking referrals.
- We have these programmed into our data collection system, but they are not required for state compliance. Getting partners to collect the data that is not required is our challenge.
- We rely on third party organizations for data collection. Items that are most difficult to collect are not currently part of their existing data collection.
- Willingness for the public to provide that information

Organizational Data Tracking

Most respondent organizations engage in **surveys (69%)** for data collection. About half of respondent organizations engage in **client intake (57%)** and **interviews (53%).**

(Q7) What methods/types of data collection does your organization engage in? (Please select all that apply)
n = 88 respondents reported for this question

Method	Percentage
Surveys	69%
Client Intake	57%
Interviews	53%
Automated submission of administrative data	34%
Storytelling	28%
Geospatial data	19%
Other, please specify	11%

Other, please specify:
- Billing claims, focus groups, client satisfaction surveys
- Census
- Electronic report writing
- Focus Groups
- Our provider network collects Client intake and other data that we have access to in some circumstances
- Phone diversion and prevention
- Police reports
- Registration of patron for library accounts. Only collect general information, name, address, phone, email
- Voter registration
- We use our local health departments data, police department, at the Ohio Department of Health data for our county

Organizational Data Tracking

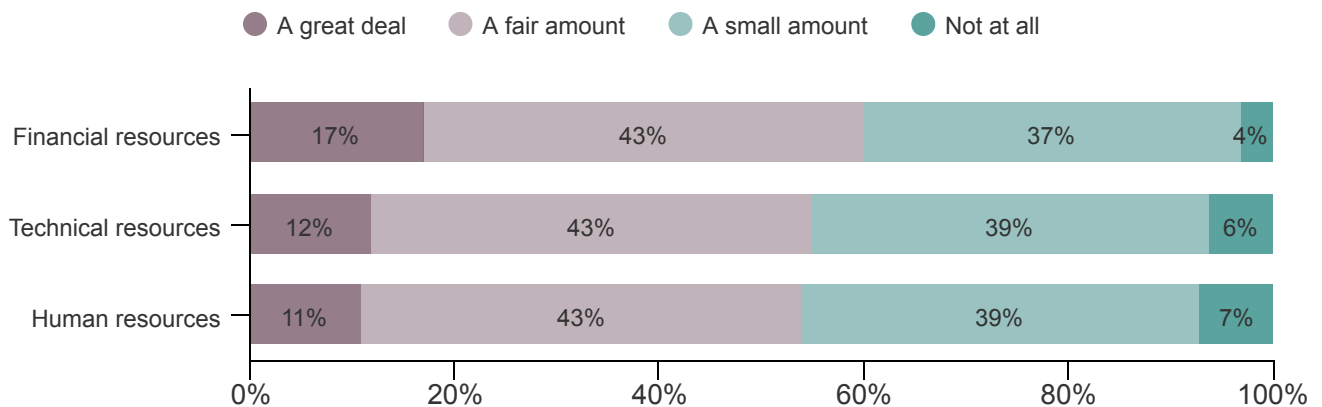Over half of respondent organizations have **a great deal or fair amount of financial resources** to collect the data they need **(60%),** as well as the data they want **(60%).** About half of respondent organizations have **a small amount or no technical resources** to collect the data they need **(49%),** or the **human resources** to collect the data they want **(46%)**.

(Q18) To what extent does your organization's current resource capacity allow you to collect the data you NEED to collect given the current challenges facing many organizations (e.g., workforce shortages, decreased funding, continued impacts of the COVID-19 pandemic)?

● A great deal   ● A fair amount   ● A small amount   ● Not at all

	A great deal	A fair amount	A small amount	Not at all
Financial resources	17%	43%	36%	5%
Technical resources	13%	38%	40%	9%
Human resources	11%	48%	33%	8%
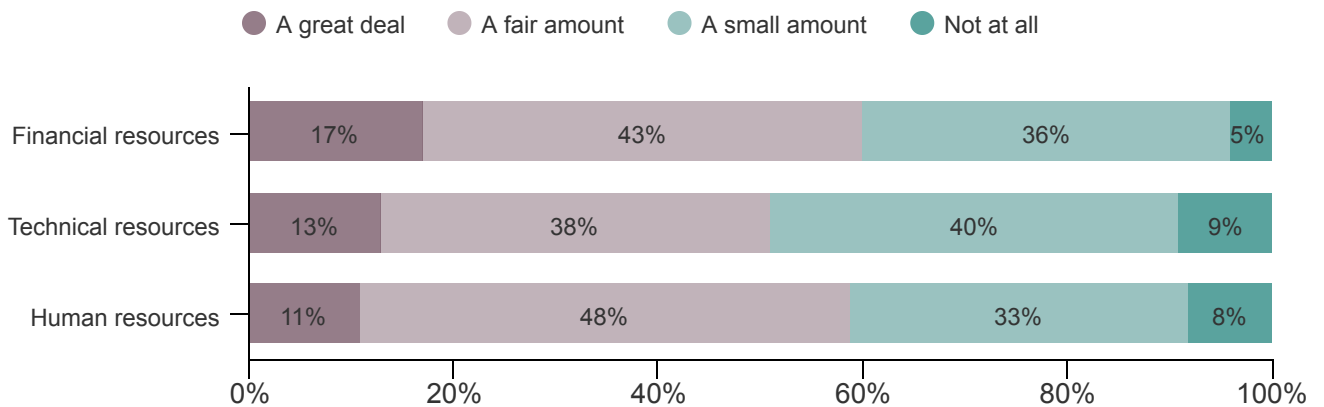
(19) To what extent does your organization's current resource capacity allow you to collect the data you WANT to collect given the current challenges facing many organizations (e.g., workforce shortages, decreased funding, continued impacts of the COVID-19 pandemic)?

● A great deal   ● A fair amount   ● A small amount   ● Not at all

	A great deal	A fair amount	A small amount	Not at all
Financial resources	17%	43%	37%	4%
Technical resources	12%	43%	39%	6%
Human resources	11%	43%	39%	7%

Organizational Data Tracking

(Q20) If your organization were to receive the necessary resources (human, financial, technical), what would your short-term priority and long-term priority for organizational data collection and data governance be?

- Added staff to track outcomes and performance measures as well as expanded gis capabilities.
- Because our client level data is entered into 2 different systems, we need the time to collect combined data. We would spend more time collecting the data that benefits us in an ongoing manner.
- Better online platforms for data analysis and sharing
- Building a program internally to support the workforce and their families (first and foremost), establishing more strategic partnerships with other stakeholders.
- Collect meaningful outcomes on the people our provider agencies serve. Do our funds we provide for services make a positive impact? Being able to collect consistent outcome status on persons served across agencies and programs without it being a burden to the agency, then being able to analyze and use the data for policy and funding decisions in the future.
- Collect more info about demographics, many of the partner agencies we work with don't have the resources to do that.
- Collect more specific data relative to the impact of service outcomes for the people we serve. Data that strongly supports policy requests on a state level.
- Data regarding the salary and fiscal management.
- Educating staff on data that should/must be collected. Monitoring of that data collection.
- Expand GIS capability. Better tracking of outcomes. data visualization.
- Financial impact on our community. Health care savings within the community. Our impact on the overall health of our community
- Gather data to make informed decisions and follow it along the planning period
- Greater consistency in collecting data from our internal programs and applying results to programming decisions.
- I do not have these priorities laid out.
- I would like to develop SOPs that are specific to how we handle data. We are also in need of guidance about how to collect and link data sets using identifiable data (thinking logistical and legal support).
- I would use this information when we create our long-term goals for 2025-2030
- Identify an individual responsible for coordination of data collection.
- Implementation of a system wide data collection and analysis platform with dashboards customized to each entity that inputs data. The platform would have the capacity to interface with multiple EHRs in a secure manner, and export the data needed without manual entry.
- Improved data collection on the front line from patients at visits.
- In the short term, we would purchase a data governance platform to house data collection, as we currently use archaic approaches (e.g. Excel) to capture information. In the long term, we would be able to create qualitative and quantitative narratives that could be leveraged by external stakeholders at any level. Ideally, we want to serve as a resource hub in all areas that address Black life and vitality in Delaware County. This includes the study of housing (historic redlining and impacts over time on property values and neighborhood underdevelopment); economic stability/empowerment/reparations (e.g. pay equity and reducing wealth gap); health (e.g. health disparities, reducing chronic illness; addressing /reducing barriers to access); education (culturally responsive learning and anti-racist curricula); political inclusion and exclusion; and cultural currency (ways in which Black life contributes to society). The goal would be to influence policy and structural change at the city and county levels.
- Maintain consistent longti
- Maintaining absolute confidentiality of PII, receiving data in a uniform manner to analyze individual-level variables, and the ability to generate meaningful multivariate analysis on priority areas.
- More community input from those with lived experience leading and guiding our programming efforts
- More data on fundraising
- Most of our data is restricted by federal mandates....ie ;VAWA. Therefore our data collection is specifically geared towards
- Not sure...as a 4 year liberal arts college our "clients" are college students who all live on campus. As an Office for Community Partnerships we partner with out local health department on projects that are community-based but don't necessarily impact our campus.

Organizational Data Tracking

(Q20) If your organization were to receive the necessary resources (human, financial, technical), what would your short-term priority and long-term priority for organizational data collection and data governance be?

(Continued)

- Priority would be engagement to collect data; and long-term priority, data verification to paint a vision of where the community as a whole lacks resources.
- Resources needed for the lgbtqai+ community and the unsheltered community
- Short term - comprehensive, secure. Long term - secure, organized and continuity/consistency
- "Short term - education of personnel, collection of meaningful data from our consumers, collaboration with local partners on data collection efforts, assess, identify problem, plan, implement and evaluate
- identify data base for our specific services - we are in the infancy stage of data collection and utilizing said data to inform decisions. "
- Short term - immediate need, resource for crisis, access to services and resources, barriers to access. Long term - development of a family sustainable plan, regional area similarities to determine commonality in needs, focus funding on areas with the most needs, build up current programs in areas to meet the needs of those residents.
- Short term - more staff. Long term - building a system that allows for data sharing across agencies within our county to create a shared data hub, this would also help united everyone behind similar goal by working with together to maintain accurate data for our county
- Short term priority to ensure that staff are knowledgeable and have the ability to collect the data. Long term, sustainability of this. It tends to go by the way side. Keeping a good momentum is important.
- Short term priority would be to fill vacant positions. Long-term priority would be to upgrade EHR and develop reports
- Short term would be to align data collection questions across programs and services. Long-term would be to bring all programs and services under one data collection system
- short term- survey what our customers want to see at the farmers market, what will keep them coming back. Long term- have enough data to be able to create annual reports
- Short term-collect routine data for financial, food, and housing security. Long term-what the township can do to help residents with their needs
- Short Term: Access to comprehensive Medicaid claims data. Long Term: Analyze multi-system data sets to identify unmet and projected community needs.
- Short term: Changing internal data collection strategies/programming; implement new forms of data collection; study local areas in more depth to learn how to reach our goal population. Long term: Use better tracking of data to see how our services effect consumers and the surrounding community; use long-term collected data to learn about room to grow as an organization or within our services as a service provider
- Short-term = add additional staff to work on a complete database update to ensure our resource info is correct to be compliant with our accreditation agency (AIRS). Long-term = use additional staff to increase the capacity of our database to include collecting more client-side data that is relevant to offering more appropriate referrals.
- Short-term and long-term: human and financial plus we would only get better with more technical support we'd gratefully accept.
- Short-term priorities would be to train current staff in data collection and governance. Long-term would be to develop a data governance committee.
- Short-Term Priority: Maintaining a full staff and educating staff on the importance of data collection/governance. Long-Term Priority: More readily sharing data with the public (i.e.- public-facing dashboard).
- Short-term: stronger case management, Long-term: access to end results of those served
- Short-term: collect more data about local heath outcomes and how we can better make positive impacts, Long-term: have more detailed and prolonged data gathered and be able to directly impact health outcomes for more people
- Short-term: Organization/Preparation, Long-term: Improve technical expertise

Organizational Data Tracking

(Q20) If your organization were to receive the necessary resources (human, financial, technical), what would your short-term priority and long-term priority for organizational data collection and data governance be?

(Continued)

- Software to streamline
- The ability to obtain more current state and national data.   Many times these data sources are two years behind.
- This is a larger question than I can answer at this time. Priorities would likely focus around longitudinal data/better understanding of outcomes for people who receive services from programs funded by our organization, and additional training for staff and committee members on how to interpret data.
- To better understand the needs of the business community.
- To collect data on program/service participants and their outcomes. Also to have a standard method of data collection and governance.
- To get the Community Information Exchange up and running to better serve the needs of the community
- To use the data to form a strategic plan that includes the future of our agency services and align them with client needs.
- Use the data to aid us in understanding the gaps and needs of the communities so that we in turn can focus on programing to address those needs. The data and information collected would also allow us to paint a clear picture to our partners at a local and state level to inform policy, strategy and operations which all in turn would affect funding for implementation of those needed programs at a local level.
- We could make our programs more data driven, rather than an experimental approach.
- We would hire someone to specifically focus on data management, collection, and analysis and who could drive creative ideas, best practices in the 211 field and initiatives on how to collect demographic data.
- We would increase the amount of data we collect at the city/village and census tract level.
- We would like to begin tracking health outcomes from our membership (we are a YMCA)
- We would like to facilitate the collection, analysis and dissemination of the data for decision making and state and local levels. Short-term, we would like to establish relationships with the principle entities to determine the data sets of interest and partnerships required. Long term, we would like to establish a functional repository for state and local use, with additional analysis opportunities available to partners.
- We would like to know if our work is affecting the incidence of people living with obesity. We need to track this as a short and long term goal.
- We would love to do yearly surveys to gather the information. This would impact our planning, community outreach, etc.
- We would partner with the Delaware County Health Department to come up with different local data collection to look at suicides across the board and who they are impacting the most so that we could create an environmental community-based strategy to help address
- We would use the data for decision making, policy, and operations planning via an updated strategic plan for the next 5 years. We are currently due to update our strategic plan in the fall of 2023.
- Workforce

Organizational Outcomes

(Q16) From your perspective, how effective has your organization been at measuring its impact in the following outcomes?

Legend: ● Very Effective ● Effective ● Somewhat effective ● Not effective ● Unsure/Not Applicable

Outcome	Very Effective	Effective	Somewhat effective	Not effective	Unsure/Not Applicable
Client/Population Outcomes	26%	40%	29%	4%	
Cross-Collaboration between organizations	20%	32%	35%	6%	8%
Process Outcomes	10%	45%	27%	7%	11%
Policy Change	6%	32%	34%	13%	15%
Environmental/Structural Change	5%	25%	40%	15%	15%
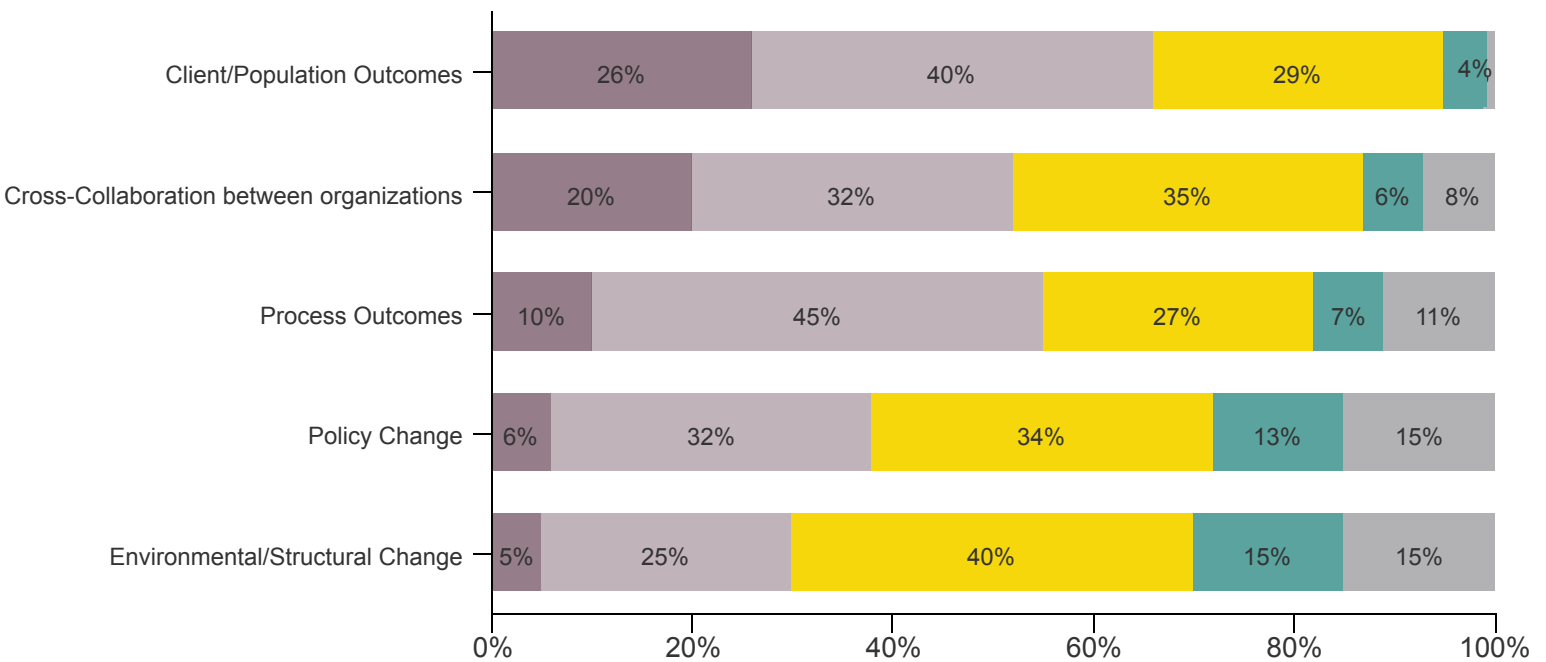
Organizational Data Sharing

About half of respondent organizations currently or previously work with other health departments on **data sharing (52%)** and **data collection (51%).**

(Q8) Do you currently or have you previously worked with other health departments (i.e. State Health Department, Local Health Department, Public Health Institute) on any of the following? (Please select all that apply)

n = 86 respondents reported for this question

Category	Percentage
Data sharing	52%
Data collection	51%
Data analysis/interpretation	43%
Unsure/Not Applicable	36%
Implementation of data analysis	35%
Data visualization	33%
Other, please specify	3%
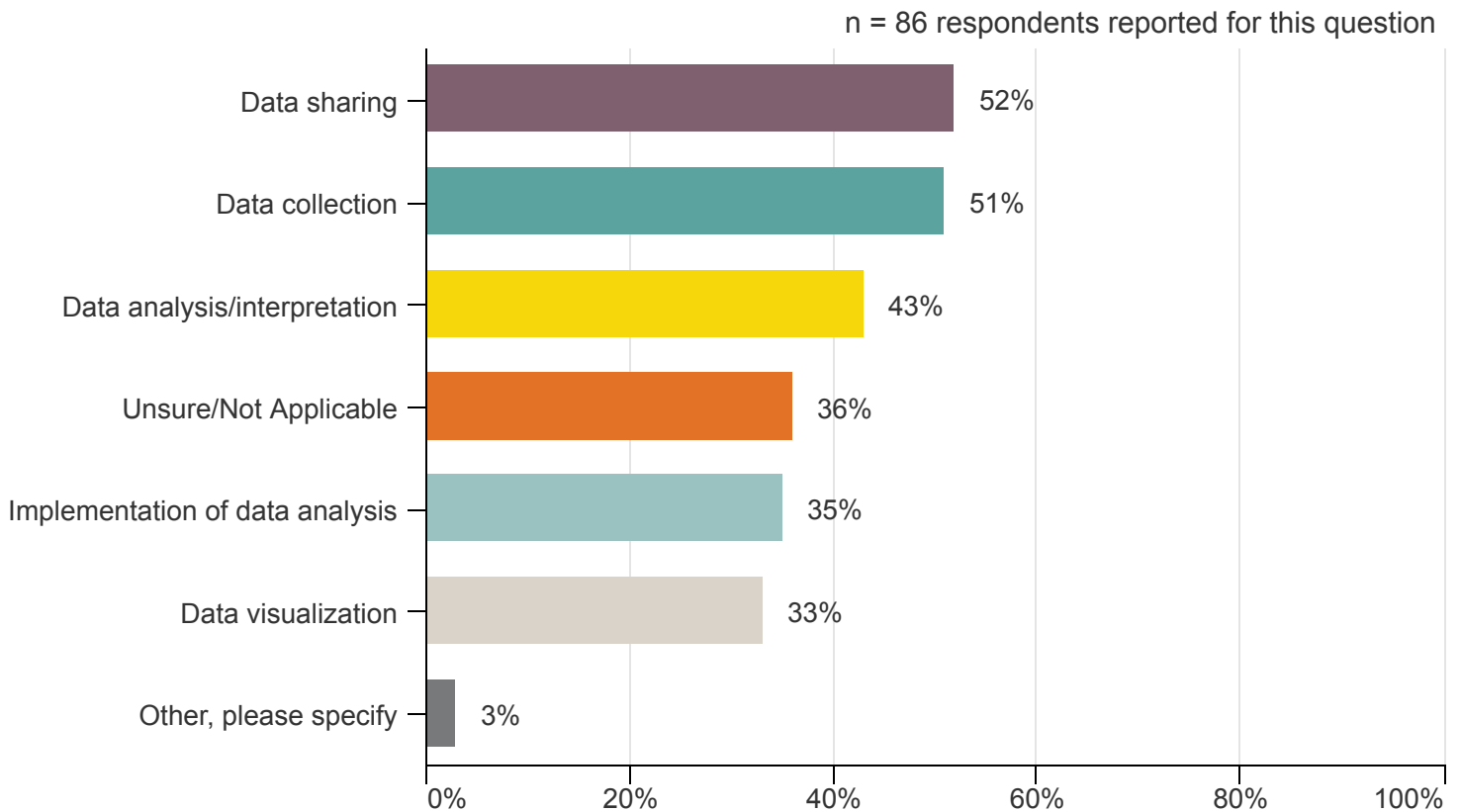
Other, please specify:
- Mutual Board involvement in data analysis
- Not currently
- Was uncertain of which category to select; I utilize the LCHD-generated reports for data about our county that I might not otherwise know, or have quantitative data (vs. anecdotal).
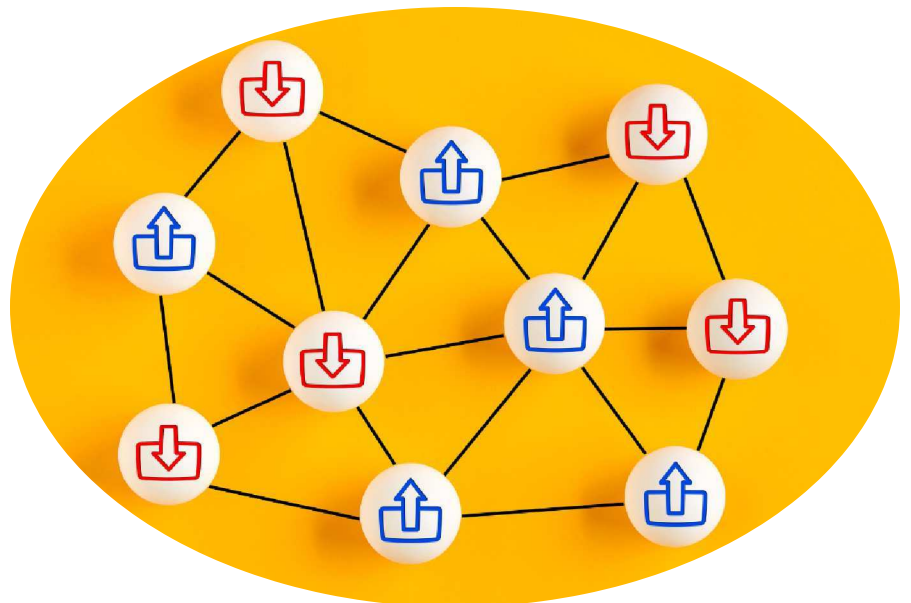
Organizational Data Sharing

(Q9) Would shared public health data be valuable to your organization? Why or why not?
Note: This was given to those who selected Unsure/Not Applicable on the previous question.

> **Yes, it would aid us in understanding needs and gaps of our community and how we may be able to assist in addressing those issues.**

> **Yes, we use health department data to assist in community needs assessments to determine program strategic direction.**
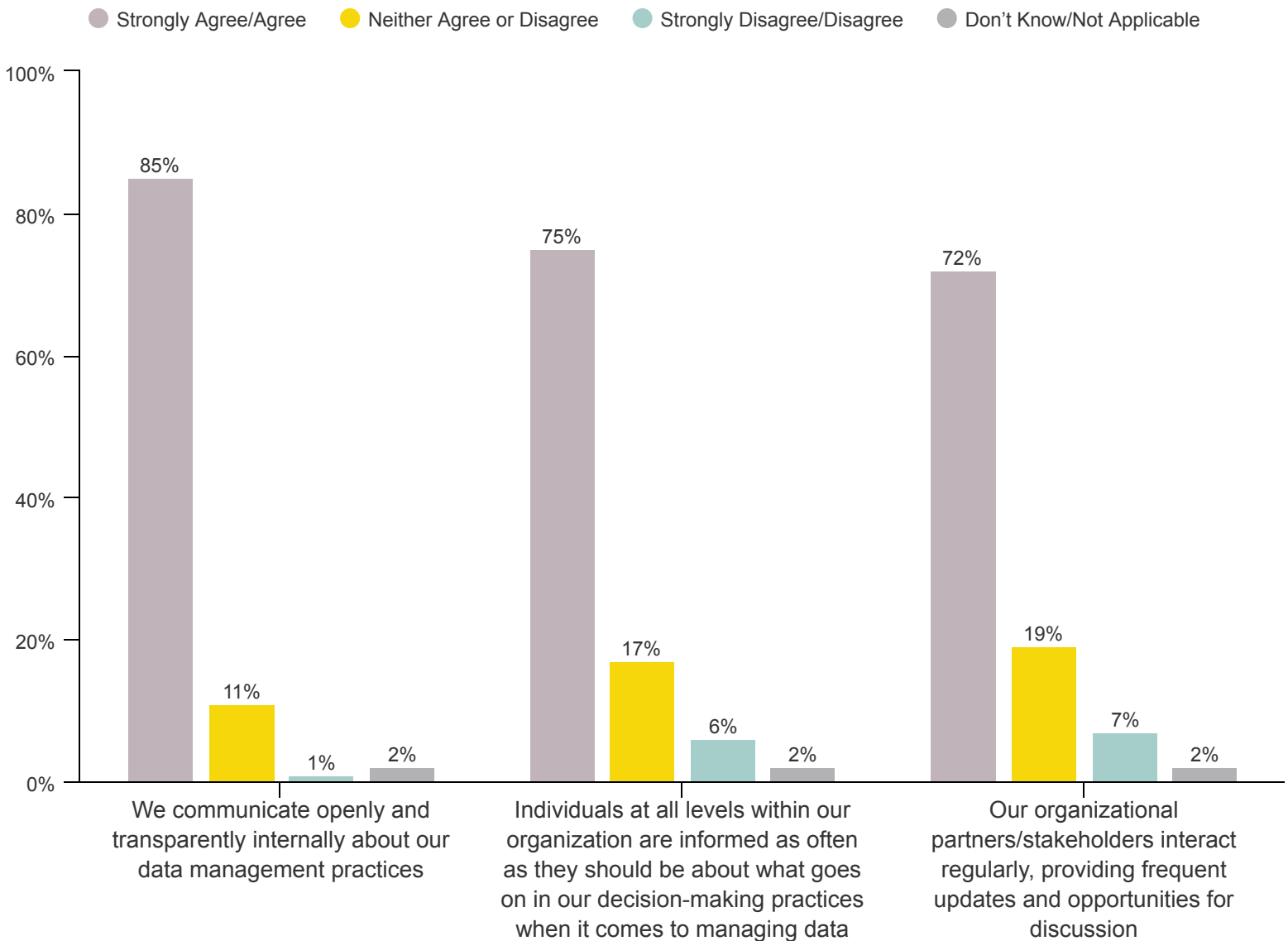
- A general knowledge of the public health data would be helpful to ensure we are offering appropriate programming and resources to our community members.
- As a information and referral agency having access to public health data could be valuable. If we know that someone is over 60, a veteran, or lived in a specific area in the county, we could possibly have additional referrals available for the client.
- Consistency is my biggest obstacle. I collect overdose data, which comes from police/ems data. This data never matched health department data or hospital data.
- Getting our residents in touch with programs that would be helpful to them in their everyday lives. For example, transportation from our rural setting to get to Dr appointments or rides to SourcePoint.
- It could be helpful to see a wider picture of trends in the community.
- No. Most of our park programs are based on nature programs.
- Shared data is always valuable. The information is helpful with grant applications. It will also help us project growth in our DD systems.
- To some degree, it would. We could tailor collection purchases and programming to certain public health related issues in our community.
- Yes - for new grant funding
- Yes - we know social determinants of health directly impact quality of life and overall contribution to the community.
- Yes, accessing information from communities similar in size would be helpful to review and compare to data sets in our community.
- Yes, as it relates to food insecurity
- Yes, because it allows us to improve programming and services
- Yes, for early detection/risk reduction of dementia
- Yes, it would be valuable. It would help us to accurately reason out to those in need of the services we offer.
- Yes, it would. We determine our programming and emphasis in outreach on local need and if a gap in service exists. If there is a need and nothing is currently in place to address that need, we will examine what we can do. Having data to work off of would be huge.
- Yes, to understand the vitality of our residents as a whole
- Yes, understanding our community, helps us to hone our programs to better meet needs.
- Yes. I would help us to understand better how to serve peoples needs beyond food.
- Yes. This data would help us better understand the population in the county
- Yes. It would be beneficial by county, not necessarily as a whole.

Organizational Data Governance

More than three-quarters of respondent organizations agree or strongly agree that they **communicate openly and transparently internally about their data management practices (85%).** Whereas, **7%** of respondent organizations disagree or strongly disagree that their **organizational partners/stakeholders interact regularly, providing frequent updates and opportunities for discussion.**

(Q10) To what extent do you agree with the following statements about your organization as it relates to data governance? Data governance refers to the management of data throughout its lifecycle in order to inform policy, strategy, and operations.

Legend:
- Strongly Agree/Agree
- Neither Agree or Disagree
- Strongly Disagree/Disagree
- Don't Know/Not Applicable

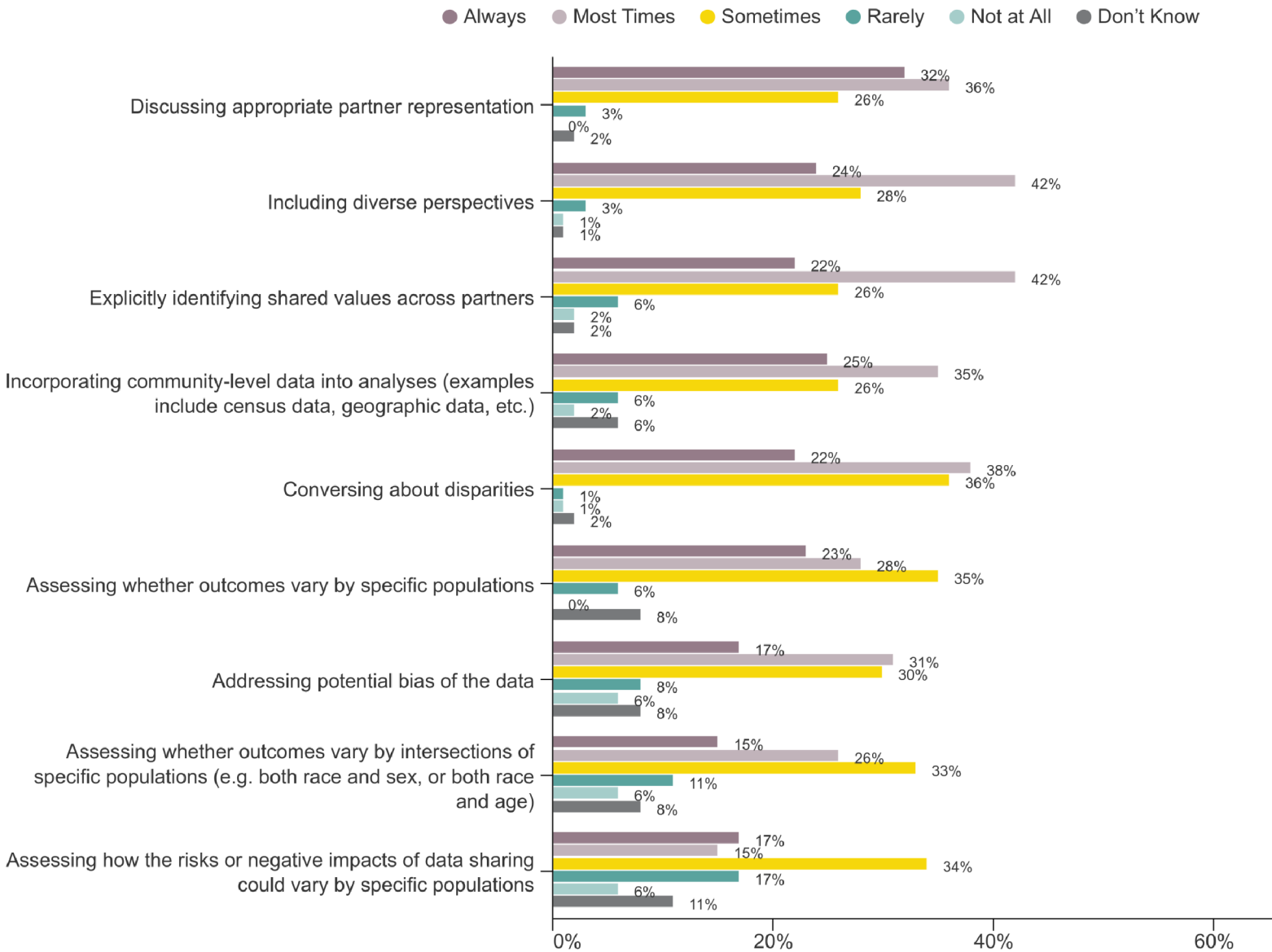|	Strongly Agree/Agree	Neither Agree or Disagree	Strongly Disagree/Disagree	Don't Know/Not Applicable
We communicate openly and transparently internally about our data management practices	85%	11%	1%	2%
Individuals at all levels within our organization are informed as often as they should be about what goes on in our decision-making practices when it comes to managing data	75%	17%	6%	2%
Our organizational partners/stakeholders interact regularly, providing frequent updates and opportunities for discussion	72%	19%	7%	2%

Organizational Data Governance

More than half of respondent organizations always or most times **discuss appropriate partner representation (68%).** And about a quarter of respondent organizations rarely or do not at all **assess how the risks or negative impacts of data sharing could vary by specific populations (23%).**

(Q11) To what extent does your organization engage in the following practices?

Legend: ● Always ● Most Times ● Sometimes ● Rarely ● Not at All ● Don't Know

Discussing appropriate partner representation
- Always: 32%
- Most Times: 36%
- Sometimes: 26%
- Rarely: 3%
- Not at All: 0%
- Don't Know: 2%

Including diverse perspectives
- Always: 24%
- Most Times: 42%
- Sometimes: 28%
- Rarely: 3%
- Not at All: 1%
- Don't Know: 1%

Explicitly identifying shared values across partners
- Always: 22%
- Most Times: 42%
- Sometimes: 26%
- Rarely: 6%
- Not at All: 2%
- Don't Know: 2%

Incorporating community-level data into analyses (examples include census data, geographic data, etc.)
- Always: 25%
- Most Times: 35%
- Sometimes: 26%
- Rarely: 6%
- Not at All: 2%
- Don't Know: 6%

Conversing about disparities
- Always: 22%
- Most Times: 38%
- Sometimes: 36%
- Rarely: 1%
- Not at All: 1%
- Don't Know: 2%

Assessing whether outcomes vary by specific populations
- Always: 23%
- Most Times: 28%
- Sometimes: 35%
- Rarely: 6%
- Not at All: 0%
- Don't Know: 8%

Addressing potential bias of the data
- Always: 17%
- Most Times: 31%
- Sometimes: 30%
- Rarely: 8%
- Not at All: 6%
- Don't Know: 8%

Assessing whether outcomes vary by intersections of specific populations (e.g. both race and sex, or both race and age)
- Always: 15%
- Most Times: 26%
- Sometimes: 33%
- Rarely: 11%
- Not at All: 6%
- Don't Know: 8%

Assessing how the risks or negative impacts of data sharing could vary by specific populations
- Always: 17%
- Most Times: 15%
- Sometimes: 34%
- Rarely: 17%
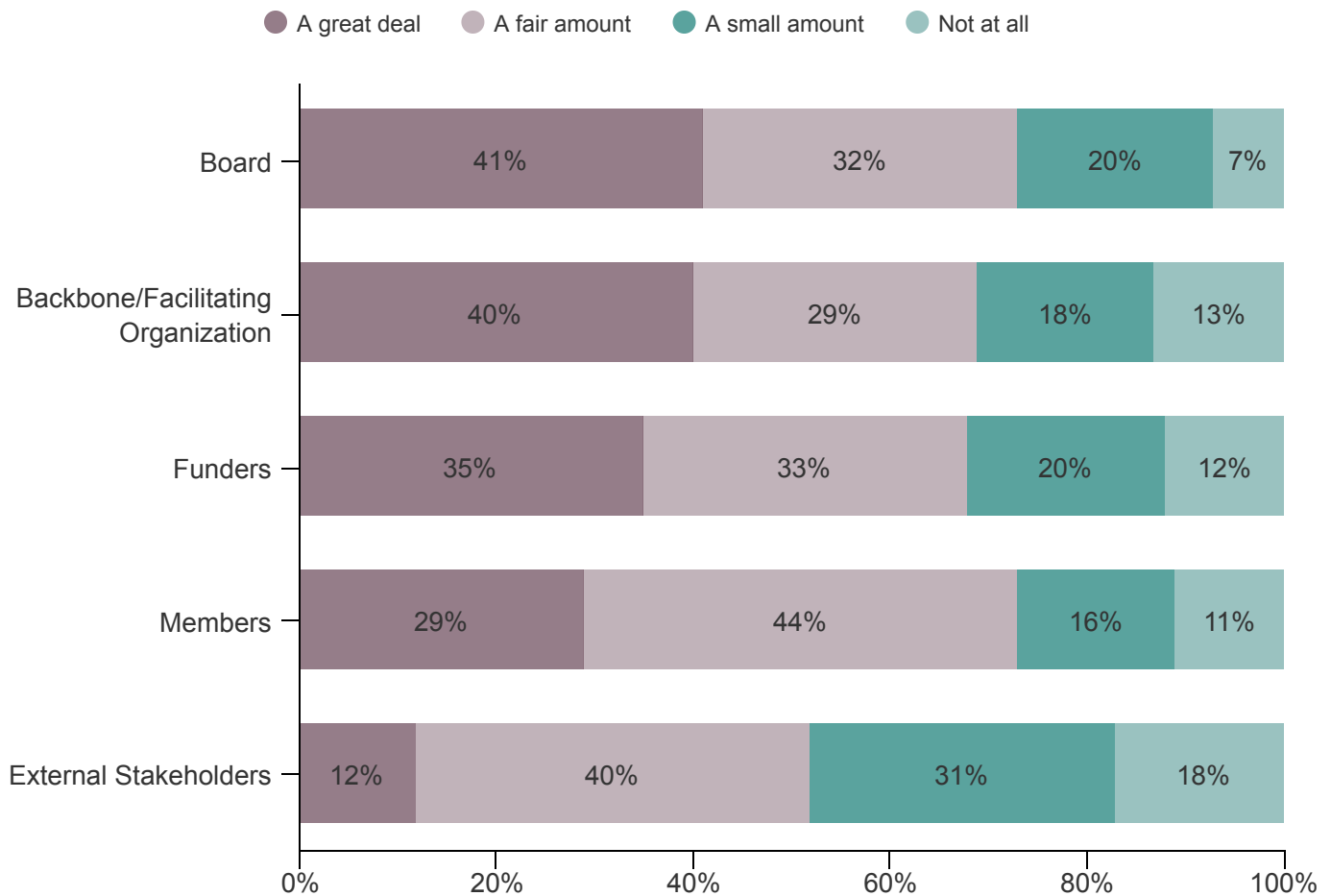- Not at All: 6%
- Don't Know: 11%

Organizational Data Governance

About three-quarters of respondent organizations report that the **board (73%)** have a great deal or a fair amount of influence over respondent organizations' data governance and data decisions. **External stakeholders** have the least amount of influence over respondent organizations' data governance and data decisions **(31% reported a small amount and 18% reported not at all).**

(Q15) To what degree do each of these types of stakeholders have influence over your organization's data governance and data decisions?

● A great deal   ● A fair amount   ● A small amount   ● Not at all

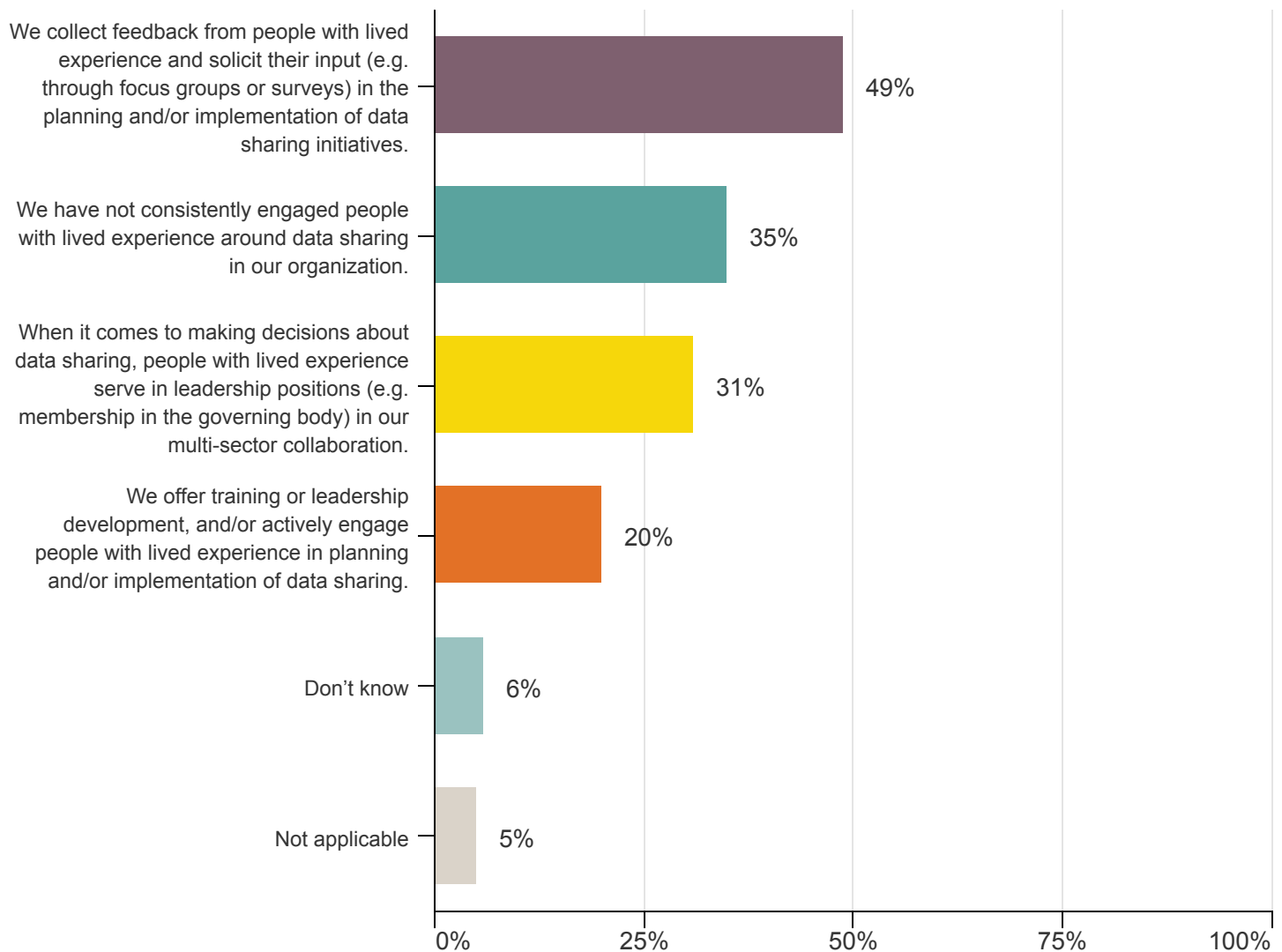| Stakeholder	A great deal	A fair amount	A small amount	Not at all
Board	41%	32%	20%	7%
Backbone/Facilitating Organization	40%	29%	18%	13%
Funders	35%	33%	20%	12%
Members	29%	44%	16%	11%
External Stakeholders	12%	40%	31%	18%

Organizational Data Governance

About half of respondent organizations report that they **collect feedback from people with lived experience and solicit their input (e.g. through focus groups or surveys) in the planning and/or implementation of data sharing initiatives (49%).** About a third of respondent organizations report that they **have not consistently engaged people with lived experience around data sharing in the organization (35%).**

(Q17) Which statement describes how your organization engages people with lived experience in data sharing? (Please select all that apply)

People with lived experience include: residents, program participants, patients - the persons who directly experience the conditions being addressed by your organization.

n = 85 respondents reported for this question

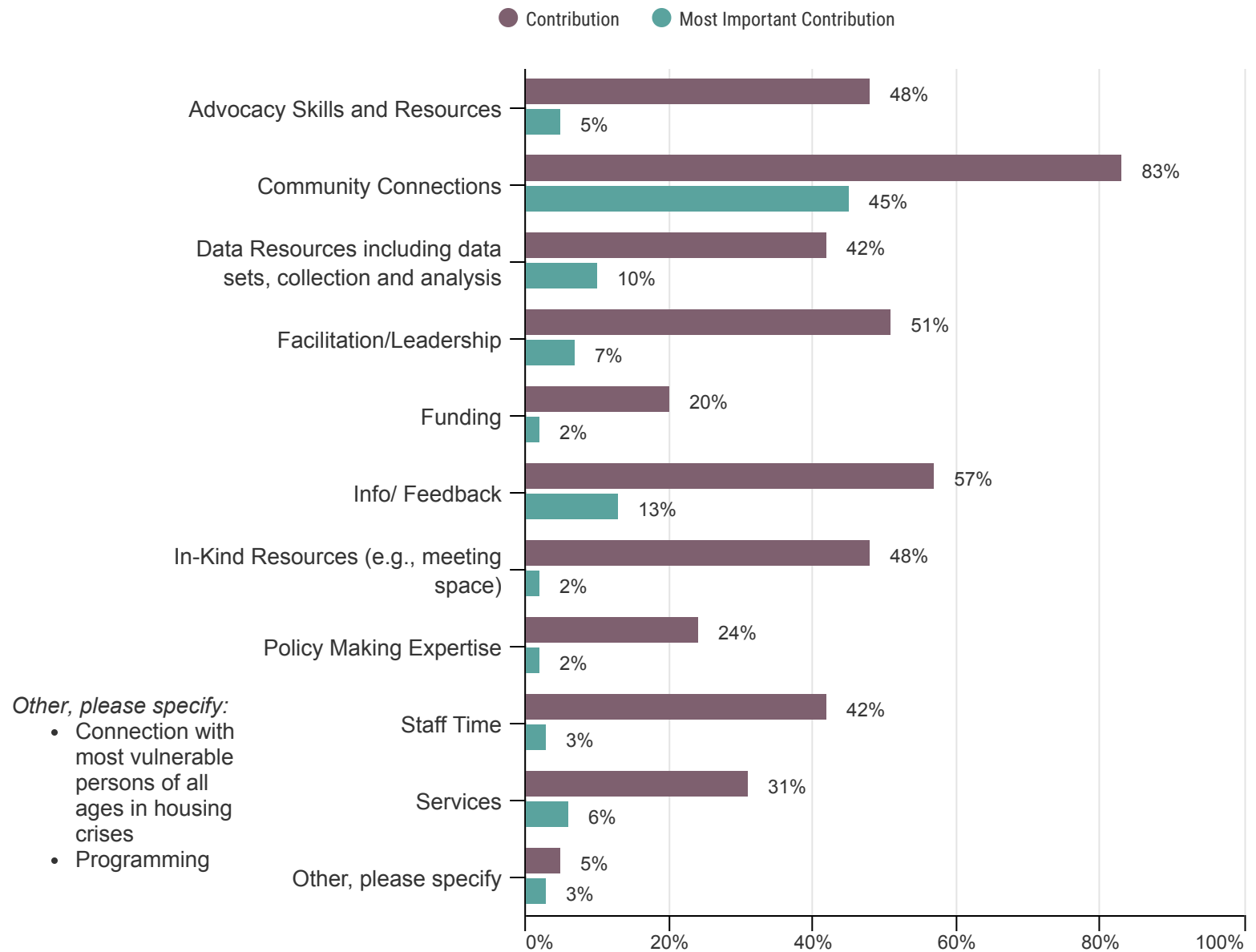| Category	Percentage
We collect feedback from people with lived experience and solicit their input (e.g. through focus groups or surveys) in the planning and/or implementation of data sharing initiatives.	49%
We have not consistently engaged people with lived experience around data sharing in our organization.	35%
When it comes to making decisions about data sharing, people with lived experience serve in leadership positions (e.g. membership in the governing body) in our multi-sector collaboration.	31%
We offer training or leadership development, and/or actively engage people with lived experience in planning and/or implementation of data sharing.	20%
Don't know	6%
Not applicable	5%

Network Relationships

Respondent organizations indicated they contribute or can potentially contribute **community connections (83%)** and **info/feedback (57%).** Respondent organizations also view both of these as their most important contributions to statewide public health data governance.

(Q12) Leveraging resources is a key function of a successful network. Please indicate what your organization contributes, or can potentially contribute, to statewide public health data governance. (Please select all that apply).

n = 86 respondents reported for this question

(Q13) What is your organization's most important contribution to statewide public health data governance?

n = 86 respondents reported for this question

● Contribution   ● Most Important Contribution

Category	Contribution	Most Important Contribution
Advocacy Skills and Resources	48%	5%
Community Connections	83%	45%
Data Resources including data sets, collection and analysis	42%	10%
Facilitation/Leadership	51%	7%
Funding	20%	2%
Info/ Feedback	57%	13%
In-Kind Resources (e.g., meeting space)	48%	2%
Policy Making Expertise	24%	2%
Staff Time	42%	3%
Services	31%	6%
Other, please specify	5%	3%

Other, please specify:
- Connection with most vulnerable persons of all ages in housing crises
- Programming

Network Relationships

Most respondent organizations selected **bringing together diverse stakeholders (91%)**, and **exchanging info/knowledge (87%)** as aspects of collaboration that contribute to successful public health data modernization and transformation.

(Q14) What aspects of collaboration contribute to successful public health data modernization and transformation? (Please select all that apply; please see definitions below)
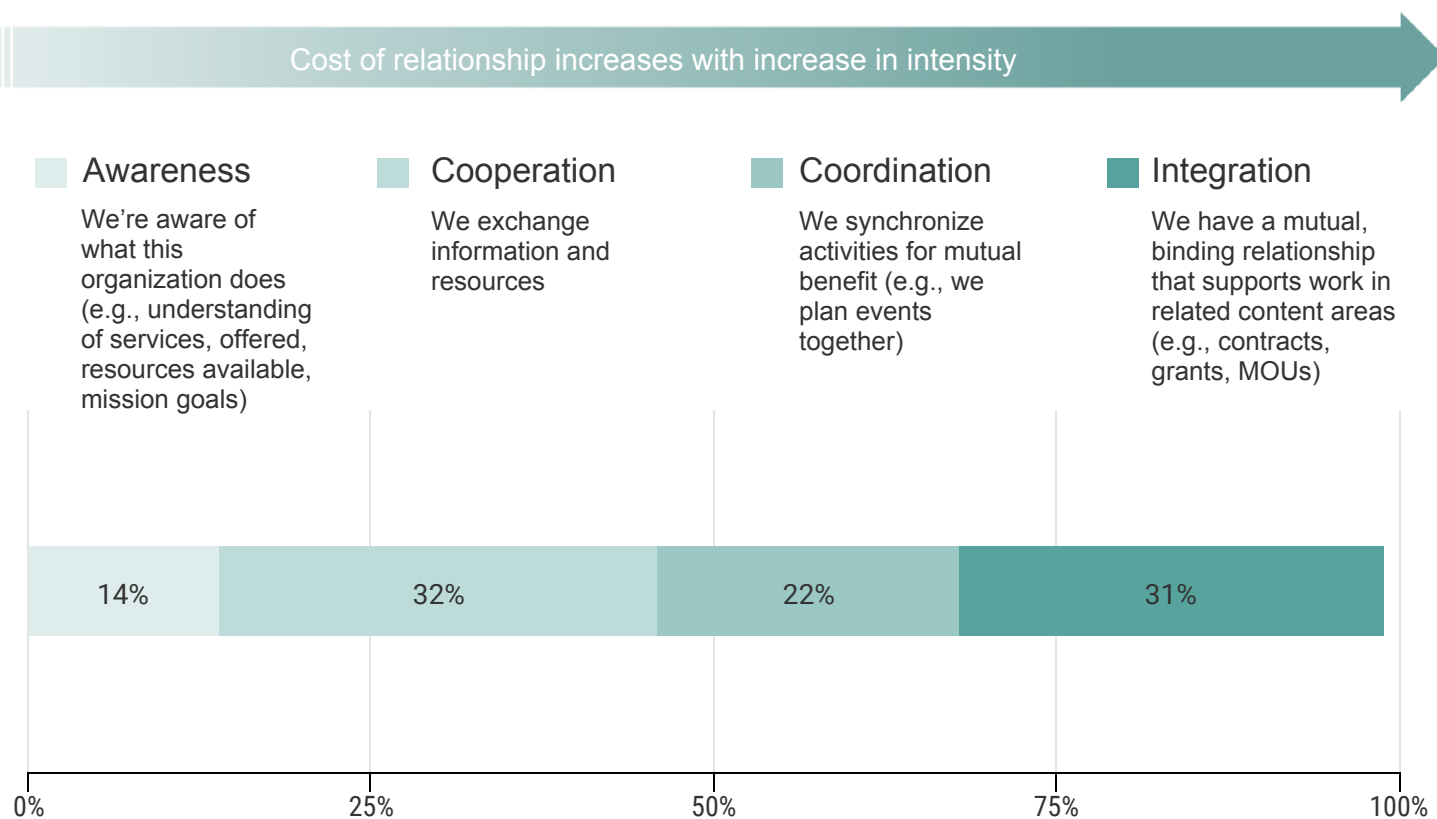
n = 87 respondents reported for this question

Aspect	Percentage
Bringing together diverse stakeholders	91%
Exchanging info/knowledge	87%
Sharing resources	74%
Having a shared mission, goals	72%
Collective decision-making and action	71%
Informal relationships created	56%
Meeting regularly	54%
Working groups	49%
Other, please specify	7%
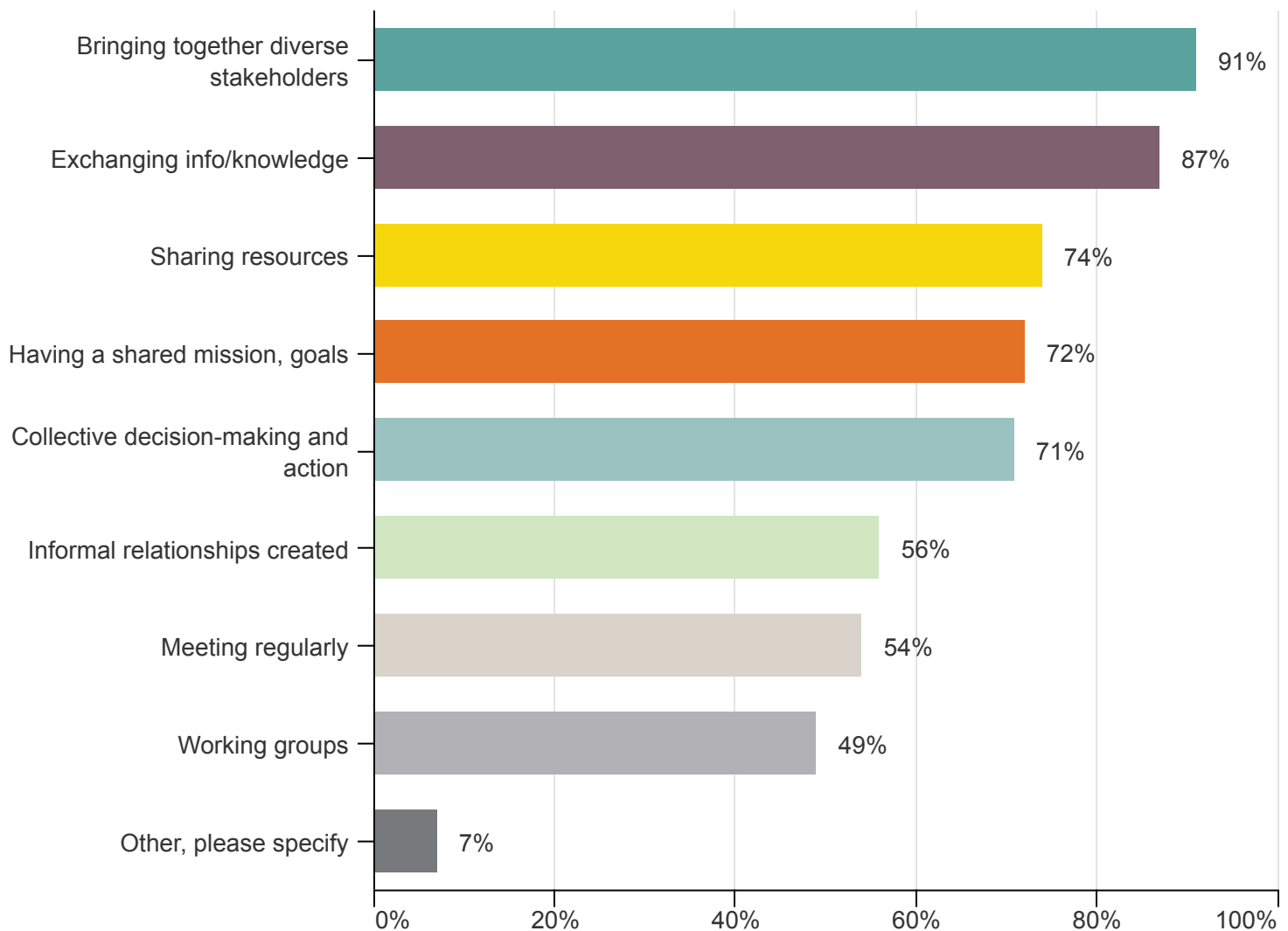
Other, please specify:
- A common strategy/purpose; role clarification of partners; role expectations of those communicating and relaying information to/from Public Health
- Being clear about data ownership
- Connection with most vulnerable persons of all ages with housing crises
- Equity budgeting; valuing the expertise and time invested by community partners
- Formal agreements
- Shared technology and data warehouses that interface to share information

Network Relationships

Network relationships were assessed according to their level of intensity. This is important, because more connections and greater intensity of connections do not necessarily result in a thriving and sustainable network. While the appeal to create a more diverse network is strong, organizations are equally challenged with the reality that they have limited relationship budgets – that is, limited resources to build and manage diverse networks. We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. And while it is our intuition that more network connections should indicate a better functioning network, this approach can be endlessly resource intensive.

(Q22) What is your organization's most common way of interacting with this organization? (select one)

n = 1465 relationships reported

Cost of relationship increases with increase in intensity

Awareness	Cooperation	Coordination	Integration
We're aware of what this organization does (e.g., understanding of services, offered, resources available, mission goals)	We exchange information and resources	We synchronize activities for mutual benefit (e.g., we plan events together)	We have a mutual, binding relationship that supports work in related content areas (e.g., contracts, grants, MOUs)

14%	32%	22%	31%

0%   25%   50%   75%   100%

> **It is a positive result that connections are somewhat distributed across the levels, with most relationships categorized as cooperative or coordinated.** If a majority of relationships involved awareness only, that would indicate that the network is not fully leveraging its collaborative advantage. If a majority of relationships were integrated, the network might not be sustainable over time because relationships require a greater number of resources to maintain.

Network Relationships

Most respondent organizations engage in **advocacy/awareness (79%)** activities with other organizations. Additionally, about half of respondent organizations **attend events (49%).**

(Q23) What kinds of activities does your relationship with this organization entail? (Please scroll to select all that apply)

n = 1207 relationships reported for this question

Activity	Percentage
Advocacy/Awareness	79%
Attend Events	49%
Client Referrals	46%
Intellectual Exchange	43%
Service Delivery	20%
Share Data	19%
Develop Guidelines/Standards	16%
Provide Training	15%
Provide Educational programs	13%
Technical Assistance	11%
Conduct Research	10%
Develop New Technologies/Tool	8%
Legal/Regulation Change	6%
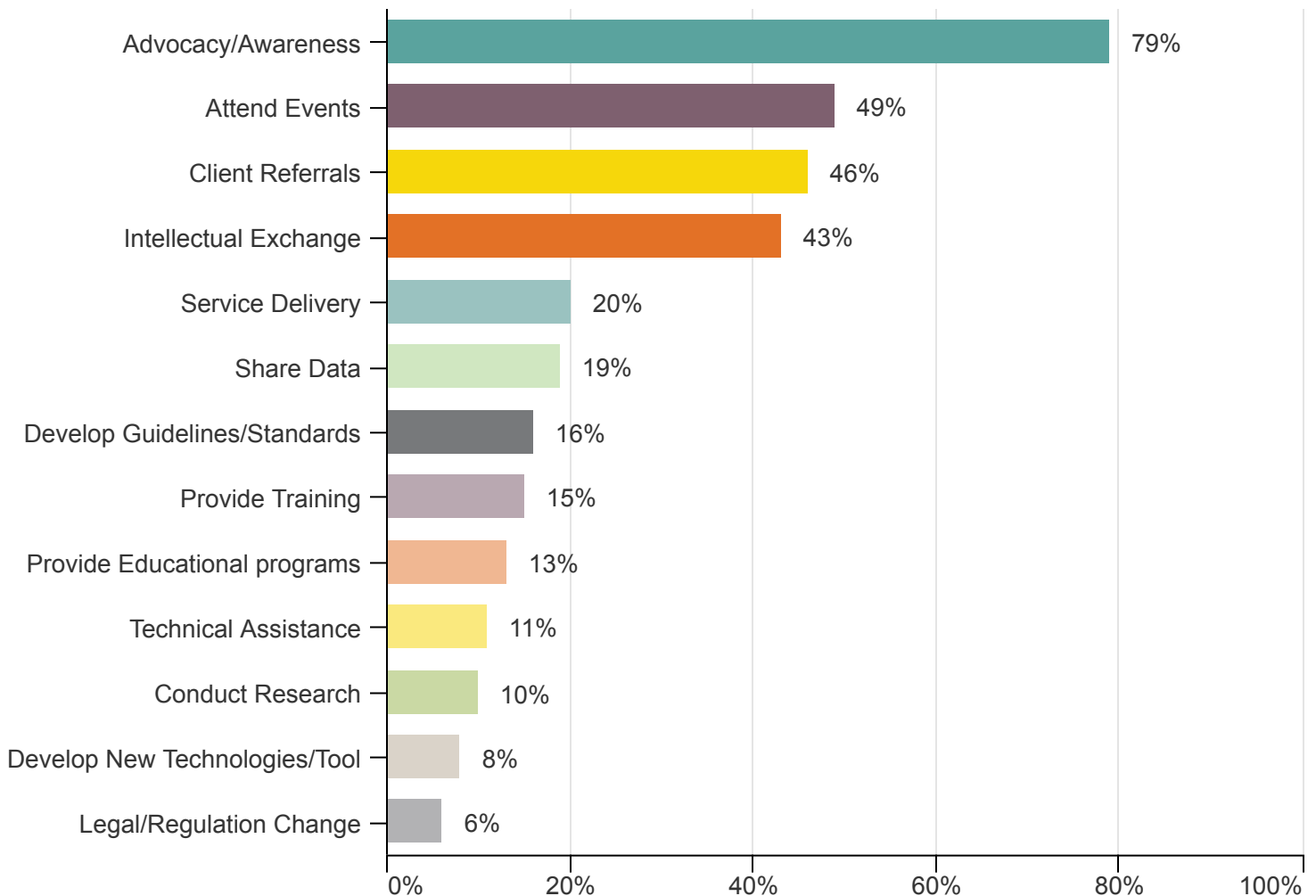
Relational Value and Trust

Value

Organizational partners bring different forms of value to a network. The survey assessed three validated dimensions by which partners may be valued: power and influence, level of involvement, and resource contributions (see definitions below).

Survey participants assessed each of their reported relationships on these three dimensions according to a 4-point scale, with 1 = Not at all, 2 = A small amount, 3 = A fair amount, and 4 = A great deal. **Understanding the perceived value of network relationships is important in leveraging the different ways in which members contribute to the network.**

👥	**Power & Influence:** The organization holds a prominent position in the community by having influence and showing leadership.
➕👥	**Level of Involvement:** The organization is strongly committed and active across the organizations working with the network, and gets things done.
🔄	**Resource Contribution:** The organization brings resources such funding, staff time, and information to the organizations working with the Ohio Department of Health.

The bar chart below depicts the average value scores within the network. Of the three dimensions of value, **survey respondents rated their network partners' power and influence the highest and resource contributions the lowest.**

Q24, Q25 & Q26 Value Scores

Bar chart showing value scores: Overall Value 2.83, Power/Influence 3.03, Level of Involvement 2.88, Resource Contribution 2.59. Scores over 3 are considered the most positive.
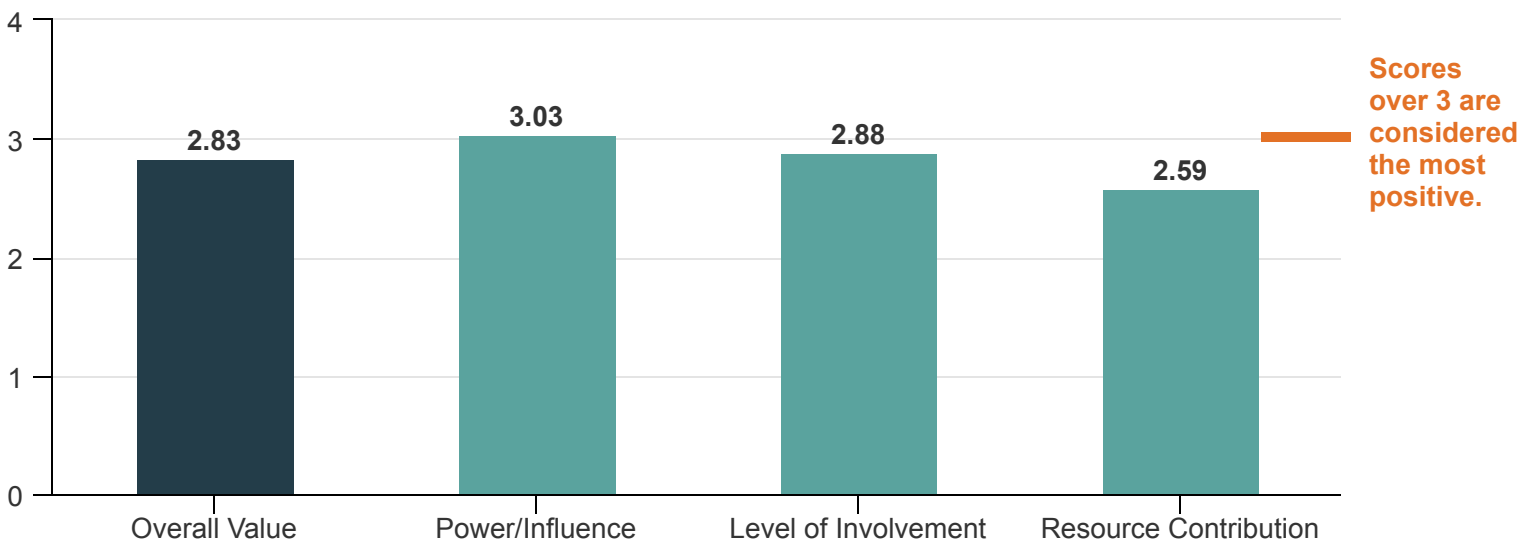
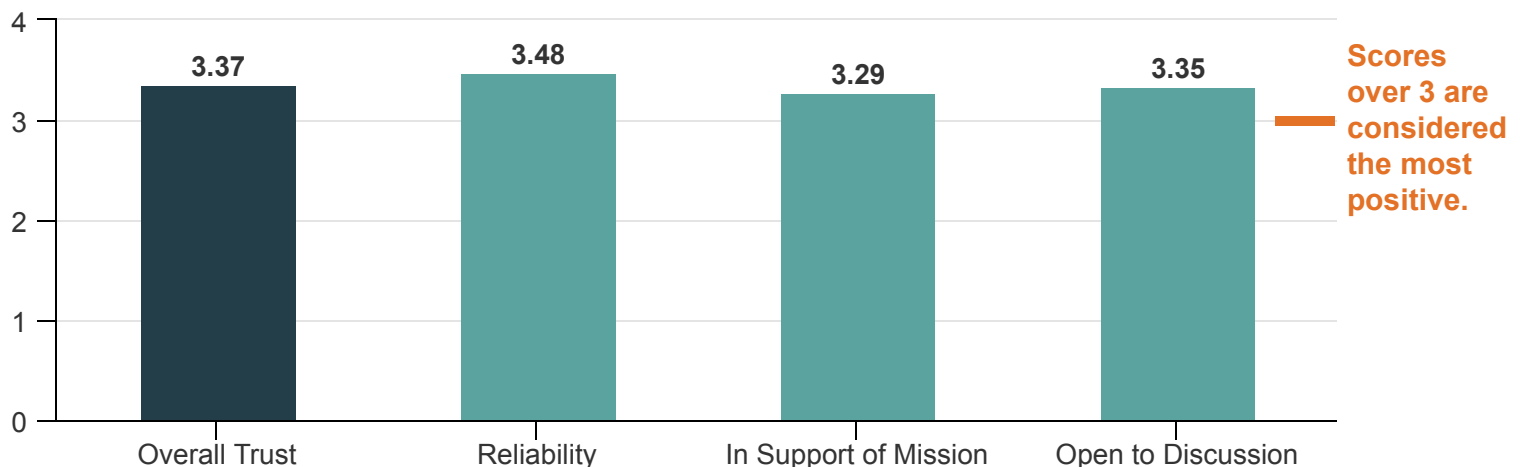# Relational Value and Trust

Trust

Trust in inter-organizational network relationships facilitates effective information exchange and decision-making, and reduces duplication of effort among groups that may have previously competed.

The survey assessed trust between network partners on three validated dimensions: reliability, mission congruence, and openness to discussion (see definitions below). Survey participants assessed each of their reported relationships on these three dimensions according to a 4-point scale, with 1 = Not at all, 2 = A small amount, 3 = A fair amount, and 4 = A great deal. **When partners feel they share the same core mission, they're more likely to trust one another implicitly. Second, partners trust those who are reliable and follow through on their commitments.**

	Reliability: This organization is reliable in terms of following through on commitments.
	In Support of Mission: This organization shares a common vision of the end goal of what working together should accomplish.
	Open to Discussion: This organization is willing to engage in frank, open and civil discussion (especially when disagreement exists) and consider a variety of viewpoints.

The bar chart below depicts the average trust scores within the network. Members placed a very high level of trust in their network relationships. In particular, **network partners were perceived as extremely reliable.**

Q27, Q28, & Q29 Trust Scores

Bar chart values:
- Overall Trust: 3.37
- Reliability: 3.48
- In Support of Mission: 3.29
- Open to Discussion: 3.35

Scores over 3 are considered the most positive.

Open-Ended Responses

(Q30) Are there organizations that were not listed above that are important stakeholders to include in this work? If yes, please list the organization name (and contact person, if possible) below. If not, please skip to the next question.

- Behavioral Health Care partners of Central Ohio- Kate StJames <KateStJames@bhcpartners.org>
- The Main Place - Cary Loughman <CLoughman@themainplace.org>
- TouchPointe - Jessica Reynolds <jessica@touchpointe.org>
- Central Ohio Hospital Council, Jeff Klingler
- Champaign County Health District
- Mercy Hospital
- TCN Behavioral Health
- Coleman Health Services
- Logan County Jail
- Tri County Jail
- Logan County Commissioners
- Champaign County Commissioners
- Common Pleas Courts (including specialty dockets)
- Law Enforcement Agencies
- Faith Communities
- City of Marysville - Terry Emery (City Manager)
- Delaware County Farm Bureau Melinda Lee
- Delaware public health district
- Delaware Public Health District
- Fairfield County Board of DD and Franklin County Board of DD
- Health Policy Institute of Ohio; other colleges at OSU; Kent St. University; Health Impact Ohio;
- Joe King Black Wing shooting center, Sourcepoint, Syentero, Emily Lipp from Delaware Public Health District, Christa Page from Veterans Affairs, Delaware County Jail
- Licking County Commissioners
- Newark City Schools
- Boys and Girls Club
- I Am Boundless
- LEADS Community Action Agency
- CareSource
- NYAP
- TVN
- Big Brothers Big Sisters
- Behavioral Healthcare Partners
- The Woodlands
- LAPP
- ISBH
- Every Licking County school district
- Logan County Sheriff's Department - Sheriff Randal Dodds
- Bellefontaine Police Department - Chief Brandon Stanley
- Logan County Coalition Advisory Board - Chairperson Rick Gildow, Co-Chair Tammy Nicholl"
- Lutheran Social Services Jennifer Fralic and Nataile Wilson

- Marion Naz (1st Church of the Nazarene) Pastor Steve Estep
- Mental Health and Recovery Board of Licking and Knox County
- New Directions Domestic Violence Shelter"
- Ohio Department of Education
- Ohio Department of Medicaid
- Ohio Department of Mental Health & Addiction Services"
- OhioGuidestone IHBT and CARE
- Fairfield County Regional Planning Commission
- WIC
- Albany Counseling Services
- Fairfield County Board of Developmental Disabilities
- Fairfield County Education Service Center
- City of Lancaster
- Fairfield County Juvenile Court
- Harcum House
- Department of Public Safety
- State Farm
- CareSource
- OhioHealth Grady Memorial Hospital
- Parent Diversity Network - Ceylon and Ashley Wise, parentdiversitynetwork@gmail.com
- school boards and teh department of education
- Southeast (Delaware), Stockhands Horses for Healing, ARCH, Jacob's Way, NAMI Delaware and Morrow, United Way of Morrow County,
- The Fairfield County Board of Developmental Disabilities, Harcum House (the child advocacy center)
- The Recovery Center
- Lancaster Police Dept
- Fairfield County Sheriff
- Lancaster Recovery Services
- The Winter Sanctuary Homeless Shelter
- "Union County Probate and Juvenile Court--Judge Rick Roger
- Union County Sheriff's office-Sheriff Jamie Patton"
- Union County Sheriff's Office
- Union County Sheriff's Office, Other jurisdictions, MORPC, Emergency Management Agencies, State Agencies
- We have offices in Licking, Fairfield, Muskingum and Perry Counties and all the health departments have been important partners for our agency
- Would be very happy to talk about this!
- Yes, Faith based groups

Open-Ended Responses

(Q31) Do you have any additional comments or feedback?

- A focus on disproportionality and disparities needs to be a primary focus, right now there is a observation that it is happening, but the efforts to address this needs to become to the forefront
- Could not complete Question 23 due to formatting issues on the computer. Vernacular on some questions was difficult in understanding what exactly was being asked.
- Grateful to participate
- I am really unable to respond knowledgeably to many of these questions. My office's relationship to many of these organizations is often around volunteering, internships, community-engaged learning experiences or research. This is not really the focus of this survey. Some questions were also pretty vague and my answers would depend on what project we are working on together since there are many. This was also longer than 30 minutes....too long! But I am looking forward to the results since I assume most other responses will be more useful than mine
- I think that we are all headed in the right direction. The last several years has shown us that we must all work together and share resources. thank you!
- Thanks for the opportunity to provide feedback!
- We would really love help with how to gather and link data sets (using identifiable info).

Conclusions and Next Steps

Network Composition

The network is primarily made up of local government organizations and grassroots organizations that collect data at the county level. About half of network organizations have formed partnerships across different sectors in their region.

- About 37% of respondent organizations are local government (28%) or local government - public health (9%). Grassroots/community-based organizations make up 17% of respondent organizations.
- About half of organizations have established collaborative relationships and have extensive experience working meaningfully with their partners across relevant sectors in the region to improve population health (55%).
- Most organizations collect data at the county level (77%), and about half of organizations collect data at the city/town level (52%).

Organizational Data Tracking

Most organizations report that age and socioeconomic status are the most valuable pieces of information; however, only about a third of respondent organizations currently track socioeconomic status. This could be an area to increase organizational capacity for tracking valued data points. Additionally, organizations most often encounter people resources/human capital limitations for collecting data.

- More than half of respondent organizations currently track age (62%), and about half currently track geography (55%), race (49%), and ethnicity (48%). About half of respondent organizations report that religion (58%), food security/access to food (57%), and housing status (57%) are the most challenging areas of personal information to measure.
- About two-thirds of respondents reported the most valuable pieces of data for their programs/organizations are age (66%) and socioeconomic status (66%).
- About half of respondent organizations reported that the biggest limitation for collecting data is people resources/human capital (53%). Respondent organizations also face technology challenges (40%) when collecting data.
- Most respondent organizations engage in surveys (69%) for data collection. About half of respondent organizations engage in client intake (57%) and interviews (53%).
- Over half of respondent organizations have a great deal or fair amount of financial resources to collect the data they need (60%), as well as the data they want (60%). About half of respondent organizations have a small amount or no technical resources to collect the data they need (49%), or the human resources to collect the data they want (46%).

Conclusions and Next Steps

Organizational Data Governance

Most organizations communicate openly and interact regularly. However, only about half of organizations collect feedback from people with lived experience, and a third of organizations do not consistently engage with people with lived experience around data sharing. Capacity building around engaging people with lived experience in leadership and decision-making roles could be an area to focus on for training.

- More than three-quarters of respondents agree or strongly agree that they communicateopenly and transparently internally about their data management practices (85%). Whereas,7% of respondents disagree or strongly disagree that their organizational partners/stakeholders interact regularly, providing frequent updates and opportunities for discussion.
- More than half of respondent organizations always or most times discuss appropriate partnerrepresentation (68%). And about a quarter of respondent organizations rarely or do not at all assess how the risks or negative impacts of data sharing could vary by specific populations(23%).
- About three-quarters of respondent organizations report that the board (73%) have a greatdeal or a fair amount of influence over respondent organizations' data governance and data decisions. External stakeholders have the least amount of influence over respondent organizations' data governance and data decisions (31% reported a small amount and 18% reported not at all).
- About half of respondent organizations report that they collect feedback from people with lived experience and solicit their input (e.g. through focus groups or surveys) in the planning and/or implementation of data sharing initiatives (49%). About a third of respondent organizations report that they have not consistently engaged people with lived experience around data sharing in the organization (35%).

# Conclusions and Next Steps

Network Relationships

Respondent organizations most often contribute or can potentially contribute to the two most valued contributions (community connections and info/feedback), which means resources are being utilized for the most important needs. The network has connections that are distributed across all levels of interaction, which means the network is leveraging its collaborative advantage. There is a high level of trust in the network, but there is room for improvement with value scores.

- Respondent organizations indicated they contribute or can potentially contribute community connections (83%) and info/feedback (57%). Respondent organizations also view both of these as their most important contribution to statewide public health data governance.
- Most respondent organizations selected bringing together diverse stakeholders (91%), and exchanging info/knowledge (87%) as aspects of collaboration that contribute to successful public health data modernization and transformation.
- It is a positive result that connections are somewhat distributed across the interaction levels, with most relationships categorized as cooperative or coordinated.
- Most respondent organizations engage in advocacy/awareness (79%) activities with other organizations. Additionally, about half of respondent organizations attend events (49%).

Conducting Your Next Network Evaluation Survey
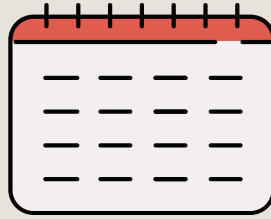
When Should You Conduct Your Next Network Evaluation Survey?

When is the right time to conduct a network evaluation survey?

There is no one correct answer to prescribed frequency for collecting network data for evaluation and continuous improvement. Instead, it is essential to consider the context of your network and identify indicators that suggest it is an appropriate time to collect network data. Here are several tools and ideas to think through.

What tools can help identify opportunities for network analysis?

Many organizations across the nonprofit, public, and philanthropic sectors use a theory of change criteria or methodology to plan, implement, and evaluate social change that aligns with their organizational mission and vision. A theory of change is one tool that can be leveraged to identify key distinctions between desired and actual outcomes.

Establishing a baseline network analysis in alignment with your organization's theory of change can further help identify distinctions between outcomes in the short-, intermediate-, and long-term. Additionally, data collection may be useful when assessing activities and outcomes focused on collaboration or collective work established through the theory of change.

Another tool organizations may consider in identifying when to conduct a survey is a network sustainability plan. A sustainability plan serves as a roadmap toward achieving long-term collective goals, particularly in documenting strategies to maintain and support existing programs, activities, and partnerships across the network.

Similar to the theory of change, establishing a baseline survey in alignment with your network sustainability plan can help in identifying key moments or connections across your network to identify how it can support sustainability. Further, when notable shifts occur in your sustainability plan, it may indicate an effective time to re-engage in data collection.

Conducting Your Next Network Evaluation Survey

What suggests that it may be a good time to collect network data?

- **Change in the network**: When shifts occur that are likely to highlight noticeable changes in the relationship structure, attitudes, or content of the network's efforts, it may be time to conduct a survey. Several shifts that may indicate such a change include: growth or change in membership across the network; change in organizational or network-wide capacity or resources; and change in the mission or goals of an organization within the network or network-wide (e.g., organizational strategic planning).

- **Change in the context**: In addition to substantive changes across the network over time, the surrounding environment and context in which the work of the network is done will shift. Such changes in the community, whether environmental changes in the long-term or significant shocks to the system (e.g., COVID-19 pandemic), can create drastic shifts in the network. Additional systemic changes such as a policy change or political shift may influence organizations within the network or the network-at-large to consider an opportunity for data collection.

- **Change in reporting or evaluation requirements**: Reporting and evaluation requirements often create an opportunity for network data collection. Funders or fiscal sponsors often set requirements for the type and frequency of data collection. When reporting or evaluation requirements focus on collaborative activities, relationship-building, or how groups leverage their partnerships, it can be useful to collect network data. Networks may consider reporting or evaluation requirements in tandem with other indicators on this list to optimize their data collection efforts.

- **Baseline measurement of a new network**: When a new network is forming, network members often have pre-existing relationships (Kegler, Rigler, & Honeycutt, 2010). Conducting a survey of new network members can illuminate the existing topography of collaboration, highlighting key members who can disseminate information, areas of strong collaboration, and opportunities for deepening or creating relationships to achieve shared goals. This data can inform strategy for network development and can be used as a baseline to identify progress with future network survey collections.

This social network analysis was conducted using PARTNER CPRM by Visible Network Labs. For more information about Visible Network Labs and the tools and resources available, please visit www.visiblenetworklabs.com.