

# Getting to know Black communities

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A Toolkit for Population Health Assessments



**BLACK  
HEALTH  
ALLIANCE**

## Who is this for?

This toolkit is intended for organizations working to understand the health status of and create initiatives and strategies for Black communities, and/or Black-led organizations that wish to conduct an equitable population health assessment

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## Credits

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## Why We Developed This Toolkit

Black populations in Canada face disproportionately poorer health and well-being outcomes when compared to the general population. Histories of healthcare neglect and medical experimentation have eroded trust in health institutions among Black people.<sup>1</sup> Presently, systemic barriers are embedded in the institutions that deliver healthcare, health promotion, and health advocacy.<sup>2</sup> As we learn more about the specific health needs of Black communities and include this knowledge in public health efforts, it is also important to gather this knowledge with care.

In Canada, we do not systematically collect race-based data that would help us understand the size and scale of health disparities. There is a gap in the information needed to address these issues effectively. Developing a robust evidence base requires the use of community-based approaches. This toolkit is designed to help healthcare organizations collaborate with Black communities to build knowledge and improve health and well-being outcomes.

This toolkit is a guide for conducting population health assessments (PHAs) with Black communities in Ontario. It presents a comprehensive set of resources and information, which organizations can adapt to better meet the unique assessment needs of Black communities. The toolkit is rooted in equity principles and emphasizes an intersectional approach to the monitoring of health status and the addressing of health needs of Black Ontarians.



### **Please note:**

While this is a comprehensive toolkit, there are many unique cultural specificities across communities that must be considered. This guide is not meant to empower non-Black organizations with the authority to make assumptions about Black communities. Instead, it serves as an introduction to key considerations when engaging in this work.

## We developed this toolkit with the following goals:

- ▶ Develop a more standardized process for engaging with Black people in community-based settings.
- ▶ Share PHA approaches that proactively mitigate harm while actively seeking and valuing the input of Black communities in service delivery.
- ▶ Outline the PHA mechanisms needed to create a system of accountability and transparency to the community.

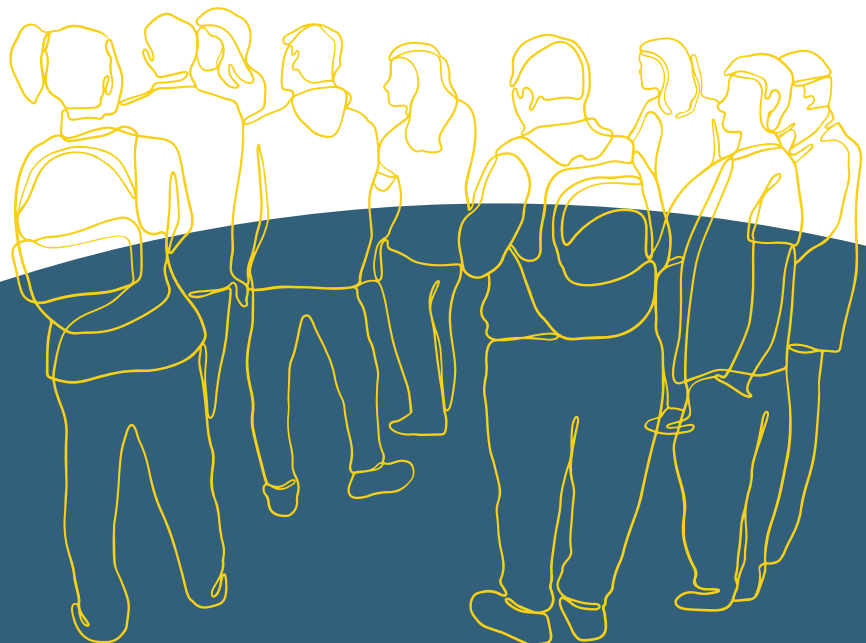
## What is a population health assessment?

PHAs are evaluative processes used to appraise population health data within larger societal contexts, such as social determinants of health (SDoH) or sociopolitical conditions.<sup>3</sup> PHAs create an overall picture of health by fitting different types of information together.

The central tenet of PHAs, also known as community health assessments or needs assessments, is to understand the dynamics and needs of a specific population group. For the purpose of consistency, we will herein refer to these assessments as PHAs.

## Why conduct PHAs within Black communities?

- ▶ Assess the overall health of Black communities by defining their current health status, health outcomes, and population health deficits.
- ▶ Facilitate avenues to learn from the needs and perspectives of Black communities.
- ▶ Establish the foundational knowledge needed to develop initiatives, programs, and care strategies for Black communities.
- ▶ Understand the size, scale, and experiences of anti-Blackness in healthcare given the sparse data currently available.
- ▶ Identify gaps or disparities in outcomes or access, address barriers to access, and recognize the community's priorities.



## Black PHA Toolkit at a Glance

PHAs have procedures that need to be followed. These procedures have been adapted to include culturally appropriate approaches for Black communities. The following table was developed to visually outline the procedure of a PHA centered around Black communities.

**Table 1. Summary of Black Population Health Assessment Approach**

Steps of a PHA	What this toolkit adds	What you will need
1. Anchoring in community	<ul style="list-style-type: none"> <li>▶ How to identify and engage Black stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>▶ Pre-existing relationships with Black community leaders</li> <li>▶ Awareness of supports, services, and programs currently available to Black communities</li> <li>▶ Partnering community groups</li> </ul>
2. Data collection	<ul style="list-style-type: none"> <li>▶ How to address gaps in race-based data</li> <li>▶ Data governance considerations</li> </ul>	<ul style="list-style-type: none"> <li>▶ An understanding of the uses of different sources of data, e.g., qualitative, quantitative, grey literature, press releases</li> <li>▶ Diverse sources of data</li> <li>▶ Clear and comprehensive documentation of your data governance policies and procedures</li> </ul>
3. Data analysis	<ul style="list-style-type: none"> <li>▶ Applying an anti-racist and health equity lens to analysis</li> </ul>	<ul style="list-style-type: none"> <li>▶ Analysts with anti-racist and health equity backgrounds</li> </ul>
4. Action	<ul style="list-style-type: none"> <li>▶ What to do with the data you've analyzed</li> </ul>	<ul style="list-style-type: none"> <li>▶ Buy-in from your organization's leadership</li> </ul>
5. Knowledge transfer and exchange (KTE)	<ul style="list-style-type: none"> <li>▶ Creating a KTE plan</li> <li>▶ Sharing findings with the community</li> </ul>	<ul style="list-style-type: none"> <li>▶ The audience and overall message of the PHA</li> <li>▶ Accessible language and communication methods</li> </ul>

## Before You Get Started

Embarking on evaluative endeavours with Black communities requires a thoughtful, conscientious, community-centred approach to mitigate harm and produce meaningful results. Listed are some considerations that must be addressed before beginning a PHA focused on Black communities.

### THE WHY AND WHY NOW

#### Ask yourself:

- ▶ If this is your first time engaging with Black communities, what is your rationale for conducting a PHA of this group?

#### This looks like:

- ▶ Reflecting on your reasoning for engaging in the space.
- ▶ If you have not previously demonstrated expertise or interest, how will you be perceived?
- ▶ Is there a direct ask from the community?
- ▶ Have there been changes to the organization that have enabled it to provide expertise or support, or are there other Black organizations that are better suited for the task?

#### The purpose of this is to:

- ▶ Ensure you are not taking on a project that exceeds your current level of expertise, and avoid entering a community that has already been extensively researched without a well-defined plan in place.



### Reflecting on your beliefs

It is important to reflect on and be aware of your biases and assumptions, as well as the social structures and power dynamics that influence your PHA. Consider how your social background and personal history influence your research questions, hypotheses, and interpretations of data. This is crucial to thinking critically about the data you collect.

## THE ORGANIZATION

### Ask yourself:

- ▶ What is the organization's experience with Black communities?
- ▶ Does the organization have a history of harm to the Black community or other marginalized communities?
- ▶ How will you address this history going forward?

### This looks like:

- ▶ Exploring the history of the organization you are representing.
- ▶ Re-examining the ways harm may have been perpetrated, even unintentionally, against Black, Indigenous, and other People of Colour (BIPOC).
- ▶ Finding ways to acknowledge and rectify this harm before engaging with BIPOC communities.

### The purpose of this is to:

- ▶ Correct the harm caused by the organization and acknowledge the ways in which it has fostered mistrust within Black communities.

## THE BUDGET

### Ask yourself:

- ▶ What budget has been allocated for this work, and of that budget what percentage will go directly to Black communities?
- ▶ It is important to reflect on this in your organization as a whole—how are you ensuring that resources are allocated to ending disparities in your services?

### This looks like:

- ▶ Re-evaluating supports, financial or otherwise, to Black-focused organizations.
- ▶ Committing a portion of your organization's funding and support to Black communities.

### The purpose of this is to:

- ▶ Ensure that there is a financial commitment to tackling anti-Black health disparities, not just academic interest.



## THE STAFF

### Ask yourself:

- ▶ What percentage of the organization's staff represents Black communities and understands their cultural context and nuances?

### This looks like:

- ▶ Reviewing staff's understanding of anti-Blackness and anti-racism principles; for example, having staff involved in the PHA reflect on their identities and beliefs about Black communities,<sup>4</sup> thereby developing a strong understanding of how these beliefs impact the planning, analysis, and presentation of the PHA.
- ▶ Being intentional in the hiring process, hiring individuals who have lived experience and a background in addressing anti-Black racism.

### The purpose of this is to:

- ▶ Confirm that those working on the PHA have the skills necessary to conduct a Black-focused PHA.

## THE PARTNERS

### Ask yourself:

- ▶ Are there any partnerships that could be made with organizations or professionals that have more trust within Black communities?

### This looks like:

- ▶ Forging relationships with trusted organizations or professionals and providing adequate compensation for their expertise.
- ▶ When looking for partner organizations, consider those whose work and programs align with the PHA objectives you are pursuing.

### The purpose of this is to:

- ▶ Learn from organizations with established relationships with and trust within Black communities.

## Step 1: Anchoring in Community

First and foremost, the scope of the PHA needs to be clearly defined. A document that details the scope of work anchors all participants of the PHA to a unified sense of understanding. For example, some organizations might prepare a memorandum of understanding (MOU) or a statement of work (SOW). This document should include a rationale for carrying out the PHA and the assessment's objectives. At each step of the PHA, it is important to consider community involvement and benefit.

The MOU or SOW should consider all the steps in a PHA ahead of implementation and should do the following:

- ▶ Engage community
- ▶ Develop guiding principles
- ▶ Define project goals
- ▶ Establish scope
- ▶ Identify limitations

### ✓ Task 1.1 Engage community

Involving communities early and often in the PHA process is key to conducting projects that said communities will support. Community members are often relegated to subordinate research roles; one tangible way to address this is to re-conceptualize community members' role as one with agency and make them an active voice in the PHA process.

The diversity of the communities you wish to engage with must also be considered early and often. It is not enough to simply convene with a few community members, and it is necessary to ensure that no one voice is speaking on behalf of all community members, particularly when engaging with Black communities. Instead, diversity within communities should be intentionally integrated into engagement planning.

Though approaches to community engagement can vary, we recommend a community-based participatory research (CBPR) approach to confronting and eliminating power differentials between participants and the evaluator.<sup>4,5</sup> The following figure, adapted by Flicker and colleagues,<sup>5</sup> illustrates CBPR principles that can be applied when conducting a PHA.



Figure 1. Principles of CBPR\*

**Building trust and reciprocity:** Building trust is a prerequisite for engaging with and researching Black communities during PHAs or in other evaluative contexts; therefore, the motivations and goals of the assessment must be clear. You should be clear and open with the community about what you are going to do with the assessment results. It is also important that you commit to long-term and ongoing engagement with the community during the PHA process.

**Co-developing your engagement plan with community partners:** Community members can often be hesitant to engage in research processes, which is understandable given the history of mistreatment and exploitation of Black communities by health institutions. To mitigate this, you need to ensure that you are engaging meaningfully with community members. This means your engagement plan should do the following:

- ▶ Involve community members in the study on their own terms.
- ▶ Ensure community members are incorporated at various stages of the PHA process, and ensure their feedback and objections are taken seriously.
- ▶ Provide clear definitions of roles once consent has been obtained. This can be achieved with a [Terms of Reference](#), [Statement of Work](#), or a [MOU](#).
- ▶ Explain clearly how the PHA will benefit the community and how the data collected will be utilized.

In some instances, community engagement in projects such as PHAs can be repetitive, causing community burnout.<sup>6</sup> Before engaging in a PHA, it is useful to see if the data you are looking for has already been collected elsewhere.

\* Figure 1. Principles of CBPR. Adapted from “Ethical Dilemmas in Community-Based Participatory Research: Recommendations for Institutional Review Boards” by Flicker et al., 2007, *Journal of Urban Health*, 84, p. 480. Copyright 2007 by The New York Academy of Medicine.

## Creating a Steering Committee

A steering committee cannot be used to simply tick a box. Steering committee members must be considered decision-makers; their feedback and objections must be given due consideration and taken seriously. For your organization, this means ceding full control of the project, rather than prioritizing output, to make meaningful community connections.

**How a steering committee can help:** Establishing a steering committee can anchor the PHA process within the community, increasing the likelihood of the project's success. Steering committees are composed of community members who decide the scope, aim, priorities, and details of the PHA. The steering committee's role is to advise on all aspects of the project and ensure accountability and transparency. The results of the PHA can also be contextualized and further interpreted with the support of a steering committee.

### The steering committee could lead a combination of these tasks:

- ▶ Co-designing the PHA with input at every stage of the evaluation process
- ▶ Strategizing and setting priorities for the PHA
- ▶ Facilitating recruitment of research participants
- ▶ Reviewing findings and ensuring responsible analysis of available data
- ▶ Establishing shared meanings and key definitions for the PHA
- ▶ Endorsing the PHA upon its completion
- ▶ Facilitating capacity-building and knowledge translation activities within the community

### When developing a steering committee, it is important to do the following:

- ▶ Ensure representation of all appropriate groups, recognize and honour the unique needs of distinct populations, and consider whose voices may be left out
- ▶ Understand and respect the history, culture, governance structure, and needs of the communities you will be engaging with
- ▶ Engage early and often; maintain open and honest lines of communication throughout the process and engage at all stages of work
- ▶ Be transparent; communicate your purpose for collecting racial identity data, clarify the benefits and risks this collection may bring to the community, and be clear about who has access to the data collected
- ▶ Work with the community to understand and use the data appropriately, and ensure shared decision-making throughout the data life cycle

**Initiating a steering committee:** Every steering committee has its own process that should be co-developed with communities. Typically, to initiate a steering committee you would do the following:

- ▶ Recruit potential members
- ▶ Send potential members information about the steering committee, e.g., purpose, tasks, proposed meeting times, length of engagement, and compensation
- ▶ Schedule an initial meeting at a date and time that works for committee members

- ▶ Finalize details about meeting time and location at the initial meeting
- ▶ Determine if documentation, such as an MOU, should be developed and shared

**Recruitment can look like the following:**

- ▶ Engaging with community leaders who already work with Black communities to support recruitment of community members
- ▶ Engaging with those chosen by the community, for the community, e.g., activists
- ▶ Engaging with individuals recognized as Elders who have earned the respect of the community
- ▶ Self-identification, e.g., advertising through posters in communal spaces like recreation centres
- ▶ Snowball sampling, e.g., asking recruited individuals for referrals to others who have expertise and lived experience\*\*

**! Please note**

Community engagement can also be dependent on a community leader or gatekeeper so long as they are adequately compensated. The gatekeeper brings the invaluable skill of knowing how to connect with the community, and they understand if contextual considerations need to be made.

**Compensation considerations:** Ultimately, there is a large financial power imbalance when an organization reaches out for support from a communities that are marginalized. If requesting community members’ time to advance your organization’s objectives, those community members need to be appropriately financially compensated, no matter how your organization might support the community. This looks like competitive remuneration for knowledge of lived experience, time, and effort. The rate of pay should be comparable to the rates of pay of professionals and consultants in similar roles. Within each institution, compensation rates for community partners should also remain consistent.

While financial compensation is the priority, additional compensation options include the following:

- ▶ Community-based supports, pre- and post-PHA, in the event that participation was emotionally laborious in terms of transportation, mental health resources, child care, and so on
- ▶ Capacity-building opportunities for community members, if possible, to build the community’s skill set

\*\* The intent of methods such as snowball sampling is to engage hard-to-reach community members. However, there is always a risk that you will only reach community members similar to those you have already engaged. Proactively thinking about who may not be represented can reduce this risk.

## Resources for Community Engagement

Explore the resources below for more information on frameworks, tools, and techniques for engagement.

### The Index of Community Engagement Techniques • Tamarack Institute

- ① A comprehensive list of community engagement techniques that can be selected based on the planned level of engagement, and a tool for working through several main considerations when planning to engage.

🔗 Link: [Index of Community Engagement Techniques](#)

### Engagement, Governance, Access and Protection (EGAP): A Data Governance Framework for Health Data Collected from Black Communities in Ontario • Black Health Equity Working Group

- ① A framework developed by Black health sector leaders and equity experts in Ontario to support the collection, management, analysis, and use of race-based data from Black communities in ways that advance health equity.

🔗 Link: [Engagement, Governance, Access and Protection \(EGAP\): A Data Governance Framework for Health Data Collected from Black Communities in Ontario](#)

### Engaging Communities in Your Data Collection Initiative • Health Commons Solutions Lab

An overview of community engagement in equity initiatives, common challenges, and resources for getting started.

🔗 Link: [Engaging Communities in Your Data Collection Initiative](#)

### Let's Talk: Community Engagement for Health Equity • National Collaborating Centre for Determinants of Health

- ① A resource that explores five key practices of meaningful community engagement for health equity, including strategies and examples.

🔗 Link: [Let's Talk: Community Engagement for Health Equity](#)

### Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada • Canadian Institute for Health Information (CIHI)

- ① The CIHI has developed pan-Canadian minimum standards for collecting race-based and Indigenous identity data in health care, which are set out in this document.

🔗 Link: [Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada](#)

## ✓ Task 1.2 Develop guiding principles

When working with marginalized communities, it is especially important to hold yourself, as the evaluator, accountable to the community you aim to serve. Tenets should be co-created with steering committee members to develop a shared understanding of the aims, values, and intentions of the PHA and the evaluators behind it. Guiding principles should be informed by social justice frameworks such as the Engagement, Governance, Access and Protection (EGAP) framework (discussed above and in [Task 2.5](#)) and the resources noted above.

## ✓ Task 1.3 Define project goals

Your decision to engage Black community stakeholders should be based on clearly defined goals and outcomes rather than a general sense that engagement is a good idea or expected. In addition, each engagement should benefit the community and aim to prevent harm. Defining these goals and outcomes will help you explain to potential stakeholders and collaborators why their support is needed. Co-designing these goals with community stakeholders or a steering committee can create a fruitful, meaningful PHA based on community needs.

The following questions may guide your discussions:

- ▶ What would be the outcomes of a successful stakeholder process?
- ▶ Are there specific products or activities you want or need to generate through engaging stakeholders?
- ▶ What will the responsibilities and roles of stakeholders be at each stage of the project?
- ▶ Are there examples of successful stakeholder engagement that you want to borrow from?
- ▶ In the medium term, how do you expect disparities in access or health outcomes to change?
- ▶ In the short term, what would success in identifying health needs and priorities look like?
- ▶ In the medium term and long term, what do you expect to learn about the scale of anti-Black racism in the health system?
- ▶ What knowledge or data produced can inform future Black health initiatives or practices?
- ▶ Is there a potential risk for harm to the community? If so, how will it be addressed?

## ✓ Task 1.4 Establish scope

Once the goals of the PHA are created, the scope of the PHA can include many different components, such as the target population, target audience, research questions, and duration. There is no single Black community; Black people's experiences can vary depending on a wide range of factors, including but not limited to immigration history, socioeconomic status, and educational background.<sup>2</sup> You need to be clear on which Black voices you would like to illuminate and be honest about the voices that may be unintentionally left out. Therefore, you need to consider the diversity of Black communities and incorporate this understanding as you establish your scope.

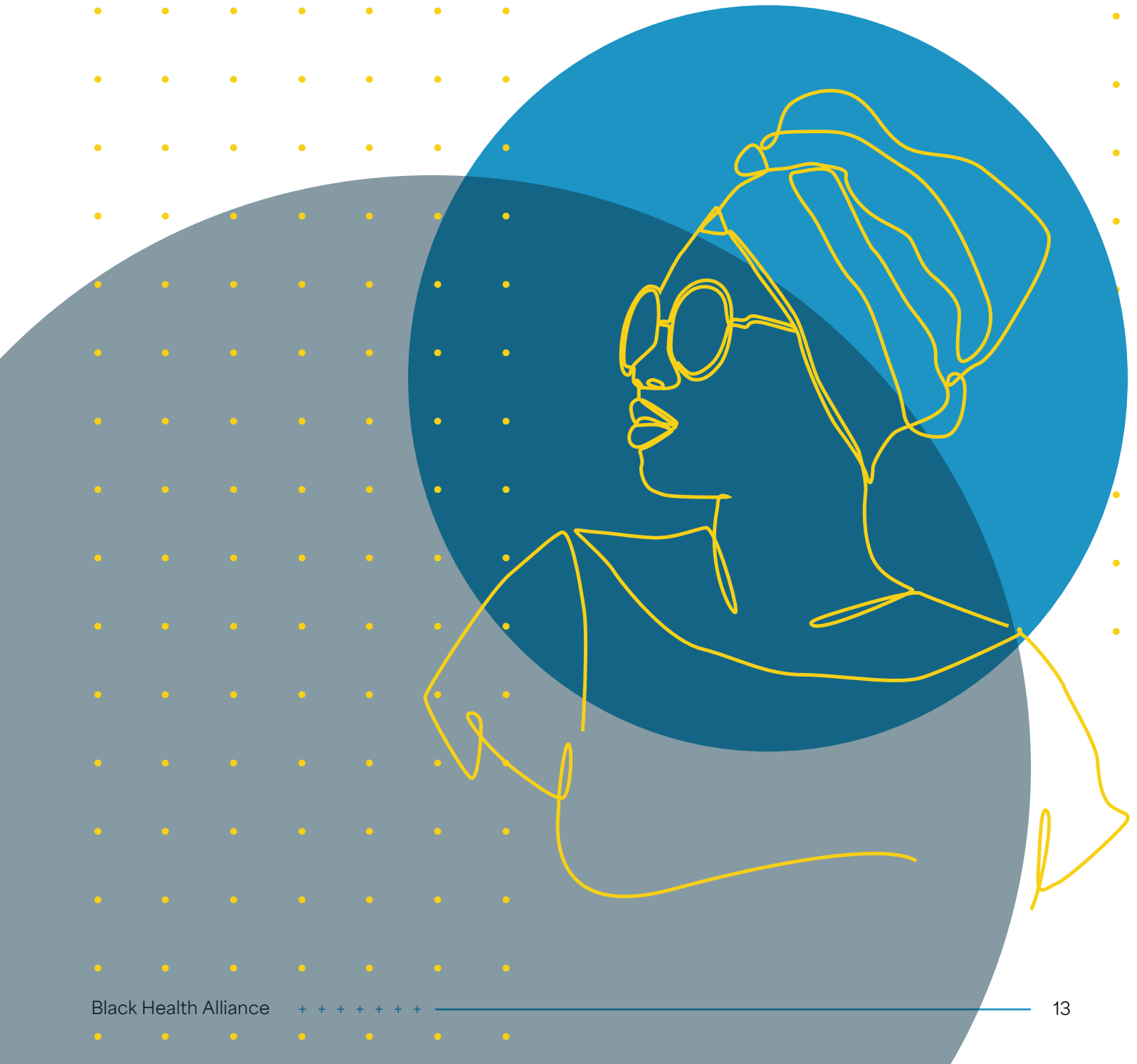
To establish scope, you should ask yourself the following questions:

**Target population:** What segment of society is of interest for the assessment? What are the geographical boundaries of your assessment?

**Research questions:** What are the gaps in the literature on the topic of interest?

**Target audience:** Where will this information land? Who can champion this work?

**Findings:** How will the findings be presented or framed (e.g., within a conceptual framework)?





## CASE STUDY #1

## Health Commons Solutions Lab: Population Health Assessment Muskoka and Area OHT (2017-2018)

### Summary

Muskoka, Ontario is a community 2 hours north of Toronto with a population of about 50,000 that nearly doubles to 80,000 in the summer months due to cottagers and vacationers. The primary healthcare in Muskoka and nearby areas is provided by the Muskoka and Area Ontario Health Team (MAOHT). To better understand the needs of the community they served, the MAOHT set out to identify the problems its patients faced, prioritize community needs, and build effective solutions. To do this, the MAOHT and Health Commons Solutions Lab conducted a PHA.

### Description and Methods

Health Commons Solutions Lab described the PHA as “an evidence-informed process to define and assess the health status and needs of a community for the purpose of health system planning.”

The PHA looked to gather information about the following:

- ▶ Population health
  - ▶ Social determinants
  - ▶ Health outcomes
  - ▶ Health behaviours
- ▶ Assets
- ▶ Costs
- ▶ Health system
- ▶ Primary care
  - ▶ Community support services
  - ▶ Home care
  - ▶ Hospital
  - ▶ Rehabilitative services
  - ▶ Mental health
  - ▶ Palliative care
  - ▶ Long-term care

## Goal and Research Questions

The goal of the PHA was to collect information that could drive future planning for the healthcare system. Research questions such as the following drove many of the findings:

- ▶ Do patients have access? Are patients receiving high-quality and appropriate care? (Health system)
- ▶ What programs and services can we leverage? What is the current volume? What is the true capacity? (Assets)
- ▶ How does cost vary by subpopulation and risk group? (Costs)

## Data Collection and Analysis

Health Commons collected information from multiple sources, including the following:

- ▶ Internal data from the Ministry of Health
- ▶ Internal data from regional health teams
- ▶ Data from the Canadian Institutes of Health Research
- ▶ Data from journal articles and reports
- ▶ Lists of community organizations in the region

The Health Commons report collected different kinds of data to make a complete picture. The report used quantitative data, maps, and qualitative quotes to detail its findings.

## Findings

The PHA gathered data about the characteristics of the population served, including race and ethnicity, age, and health behaviours, and compared them to the provincial average. Health Commons noted that permanent residents of the Muskoka area had lower incomes and less education, and that they took part in more seasonal work. Alcohol use was also higher in this population. However, residents had fewer chronic illnesses, and rates were similar to provincial averages in terms of high blood pressure, asthma, diabetes, and other chronic conditions. The PHA also collected information about key populations, including seniors with complex conditions, low-income patients, and children; information about healthcare use related to mental health and addiction; and information about health concerns related to seasonal residents, the MAOHT's hidden population.

Health Commons noted the following:

- ▶ Key areas for opportunity within the healthcare system, including system partners
- ▶ Health conditions that drive healthcare use

The MAOHT committed to the following future directions:

- ▶ Seniors

- ▶ Addressing chronic conditions and healthcare costs
- ▶ Anticipating the needs of an aging population
- ▶ Planning for the most complex senior patients
- ▶ Accounting for caregivers as healthcare partners
- ▶ Children
  - ▶ Addressing pockets of poverty, opportunities in primary care, and early vulnerability
  - ▶ Focusing on young children, who have unique needs and disparities
- ▶ Mental health
  - ▶ Focusing on hospital visits, emergency department use, opioid overdose, and youth mental health
- ▶ Low-income population
  - ▶ Attending to housing costs and food insecurity
  - ▶ Increasing accessible transportation
- ▶ Seasonal population
  - ▶ Anticipating the health needs of seasonal residents
  - ▶ Addressing injuries as the primary cause for emergency department visits

### Lessons Learned

Health Commons collected data from a variety of sources to put together a full picture of the population they were serving. Importantly, the MAOHT's report looked at populations that were not typically included, such as seasonal residents.

In some cases, due to the availability of data, the PHA used geographic data to estimate population characteristics. Maps and graphs were used to tell a story about the population served and simplified the complex information shared. By putting this information together, the MAOHT used the PHA to increase their understanding of their target audience and identify key areas of focus for future healthcare planning.

 Link: [Population Health Assessment: Muskoka and Area OHT](#)

### ! Pitfalls when determining target population

Often, providers are incentivized based on the clients they serve rather than the clients they ought to serve. This implies that the individuals seen by providers may not accurately represent the demographics of the residents in the providers' service areas. Therefore, exclusively relying on the number and demographics of current clients overlooks critical information for improving service delivery and reach.

### ✓ Task 1.5 Identify limitations

No organization is without its limits in terms of staff, capacity, time, expertise, and so on. Understanding the limitations of an organization conducting a PHA can help establish scope and help the organization not over-commit to community members. Understanding limitations looks like the following:

- ▶ Confronting any assumptions held that may negatively influence the PHA process and PHA findings
- ▶ Reviewing staff capacity, particularly with respect to staff's prior experience with Black or marginalized communities
- ▶ Reviewing the depth of the partnerships your organization has with Black communities; with respect to building trust, it is important that these community partnerships are sincere, mutually beneficial, and long-lasting



## Step 2: Data Collection

### ✓ Task 2.1 Planning your data collection approach

The questions you develop in the first step, “Anchoring in Community,” will determine the data needed. Too much data can become overwhelming to both the evaluator and the consumer; however, your data set should also be comprehensive. Therefore, it is prudent to develop a data gathering plan to organize data sources, tasks, and persons responsible. Ensure your data gathering plan includes diverse types of data, e.g., community health status indicators, environmental scans, and best practices; different methods of data collection, e.g., surveys, document review, and literature review; and varied sources of data, e.g., partner organizations, community, and government.

***The knowledge stored within a community is often an overlooked and understated form of knowledge.***

+ + + + +

Community knowledge holds valuable information that can fill gaps left by secondary data.

### ✓ Task 2.2 Selecting data collection methods

Choosing the right method to achieve your PHA objectives is a crucial step. It is essential to prioritize the well-being of the community and opt for a method that minimizes potential harm, or a method that can be adapted to alleviate any adverse effects.

PHAs typically use both quantitative data, such as surveys, and qualitative data, such as focus groups and interviews, from many sources to capture the breadth of population health conditions and outcomes. Though both quantitative and qualitative data are important to analyze, one type of data may be more impactful than another depending on the audience of the PHA and the questions being explored. For example, qualitative data provides in-depth information on experiences and narratives—this is particularly beneficial when thinking about programming. Quantitative data, on the other hand, provides measurable outcomes that may be preferred by policymakers.

### Resources for Data Collection

- [Methodological Aspects of Focus Groups in Health Research](#)
- [Sharpening the Focus: Differentiating Between Focus Groups for Patient Engagement vs. Qualitative Research](#)
- [Participatory Approaches for Conducting Community Needs and Resources Assessments](#)
- [Public and Patient Involvement in Quantitative Health Research: A Statistical Perspective](#)
- [Methods for Survey Studies](#)
- [Conducting Surveys](#)

## ✓ Task 2.3 Race-based data considerations

Race-based data collection can play a valuable role in diagnosing inequities, holding public institutions accountable, and validating the lived experiences of racialized people—if done correctly. Careless race-based data collection can be harmful to participants and further damaging to already tenuous relationships with racialized communities. Serious discussions about intention, use, and methodology must be had before beginning any data collection effort. It is also crucial that race-based data collection efforts are centered within anti-racist frameworks actively looking to address racial inequity.

### Race-based data can be found via the following sources:

- ▶ African, Caribbean, or Black community health hubs such as Black Health Alliance
- ▶ Researchers whose work specifically focuses on Black health inequities
- ▶ Research institutes such as the Ontario HIV Treatment Network, Wellesley Institute, Health Commons Solutions Lab, and Access Alliance
- ▶ Conference papers and proceedings
- ▶ Dissertations and theses
- ▶ Local municipalities
- ▶ Government documents and reports by government entities such as Statistics Canada and ICES
- ▶ Interactive dashboards by government entities such as Statistics Canada and the City of Toronto
- ▶ Press releases
- ▶ Journals with a particular focus on racial disparities or race-based data

### What do you do when there isn't enough race-based data available?

Acquiring race-based data when not much is available requires some creativity. Data can be pulled from grey literature and scholarly articles, as demonstrated above. If you still are not able to pull relevant data, consider the following approaches:

- ▶ **Build relationships with experts:** Reach out to experts in the field to build relationships and ask them about data sources.
- ▶ **Use geographic neighbourhoods:** Explore patterns in health outcomes and demography data at the neighbourhood level. For more information, review [Case Study 2](#).
- ▶ **Draw from other jurisdictions:** If the area of interest does not have relevant data, look into data from similar jurisdictions elsewhere.
- ▶ **Initiate primary data collection:** Communal knowledge is a largely underutilized resource. Interviews, focus groups, and surveys can pull information not found in other sources.

Race-based data is limited, particularly in a Canadian context. In quantitative research, generalizations can be made about larger populations based on samples that are representative of those populations; however, generalizability requires random sampling to ensure the sample is representative. Given the limited race-based data available, be realistic with the data you have and be careful not to draw generalizable conclusions without sufficient data. The purpose of qualitative research is not to be generalizable in the same way that quantitative research does, meaning that one isn't necessarily

trying to apply findings to a whole population. Instead qualitative research focuses on gaining a rich understanding of an experience that may be useful in other contexts.

Consider the limits to your generalizability, whether they be one or more of the following:

- ▶ **Temporal**, e.g., reviewing at data from 2010 to 2020
- ▶ **Geographical**, e.g., exclusively reviewing data on Black Torontonians
- ▶ **Population-based**, e.g., exclusively reviewing data from newcomer Black communities



## CASE STUDY #2

## Black Health Alliance Mapping Inequities Snapshot Report

### Summary

To assess the state of SDoH on Black communities in Toronto, Black Health Alliance developed the Mapping Inequities Snapshot Report, for which social determinants of health—food security, income, early childhood development, and housing indicators—were mapped across census tracts in Toronto. Due to the scarcity of race-based data, custom-run Canadian Census and National Household Survey data for Toronto census tracts from 2011, 2016, and 2021 were used. Statistics Canada’s demography data on the proportion of Black residents per census tract was overlaid with neighbourhood-level SDoH data. Other sources of SDoH data incorporated into this analysis included the City of Toronto’s Housing Secretariat, the City of Toronto’s Children’s Services division, the Toronto Child & Family Network (TC&FN), and Toronto Urban Growers.

The Mapping Inequities Snapshot Report was the first report of its kind to provide an evolutionary picture of SDoH for Black Torontonians over the last decade. In addition, the dataset used to explore the demography of census tracts, the Canadian Census and National Household Survey, remains one of the most reliable sources of ethno-racial population statistics at the census tract level.

The objectives of the report were to provide an evidence-based rationale for improving community health outcomes for Black Torontonians, and to do so by utilizing available data to identify SDoH indicators, mapping geographic differences, and offering insights into pre- and post-COVID-19 challenges. Additionally, the report aimed to analyze the interconnections between SDoH, evaluate how multiple disparities compounded community members’ experiences, and identify strategic opportunities for Black Health Alliance to assess the policy and planning landscape impacting various social determinant areas.

### Lessons Learned

There is a demand for this kind of mapping information, particularly from decision-makers, yet the available data sources are currently limited. Ultimately, there is a delicate balance between upholding strict scientific standards and disseminating accessible data to the right people. Transparency on data sources and methods can go a long way in upholding this balance.

Furthermore, there needs to be clear messaging that correlation does not equal causation when engaging in this type of spatial analysis. This means that although two variables are correlated, i.e., they tend to change together in a predictable way, one variable does not necessarily cause the other to change. There are several reasons why a correlation between two variables may not imply causation, such as the following:

- ▶ **Confounders:** Correlation between two variables may be coincidental or influenced by a third variable that is causing changes in both variables. This third variable is known as a



confounding variable.

- ▶ **Reverse causality:** Sometimes, the direction of causality can be the reverse of what is initially assumed. In other words, it could be that B causes A instead of A causing B.
- ▶ **Random chance:** In some cases, a correlation may arise simply due to random chance, especially when dealing with small sample sizes or noisy data.

The Mapping Inequities Snapshot Report did not suggest causality; instead, it was transparent about the limitations of the data and its conclusions. Black Health Alliance recommended that organizations supplement the report with extensive community engagement and robust multi-sectoral partnerships to inform further action and solutions. The report's comprehensive analysis found consistent patterns of inequity in Toronto neighbourhoods with greater Black populations. These patterns remained consistent across various data sources and were further corroborated by existing literature.

 Link: [More information on correlation versus causation](#)

 Link: [More information on the Mapping Inequities project](#)

## Task 2.4 Primary data collection

If engaging in primary data collection with members of the Black community, it is important for your organization to create a space that is as safe as possible, where people feel comfortable disclosing their experiences and thoughts. This requires relationship building between the interviewers and the interviewees that precedes data collection. It also requires interviewers to apply an anti-racist, anti-oppressive, and intersectional lens to their work.

It is crucial to implement approaches to mitigate trauma and create a safer environment for marginalized participants. These approaches, which include but are not limited to the following checklists, can also be used to create a safer space for Black communities.

### Physical Environment Checklist<sup>7</sup>

- Parking lots, common areas, bathrooms, entrances, and exits are well-lit
- There is welcoming language on all signage
- Participants have clear access to the door and can easily exit if desired
- Physical and visual accessibility needs have been considered and addressed

### Social-Emotional Environment Checklist

- Participants are welcomed, and they feel respected and supported
- Staff are clear about the project's purpose and what the data will be used for
- Staff maintain healthy interpersonal boundaries and manage conflict appropriately, and schedules and procedures are kept consistent

- When changes are necessary, sufficient notice is offered and preparations are made
- Communication is consistent, open, respectful, and compassionate
- There is an awareness of how an individual’s culture affects how they perceive trauma, safety, and privacy
- Focus group sessions are led by a facilitator with a similar background to the participants
- Staff have identified how participants’ trauma may show up during data collection and have developed a process to address this
- Data collection questions have been reviewed and pilot-tested for their potential effect on participants’ trauma
- There is an on-site social worker or therapist for the focus group
- Participant supports beyond monetary compensation have been identified



### Building trust during data collection

Black communities have historically been harmed by research. Harm has occurred during the data collection process (see the Tuskegee Syphilis Study<sup>8</sup>) and when research findings are shared, which has led many Black community members to distrust race-based data collection. In addition, Black community members have concerns about receiving poor or different treatment if they self-identify as Black during data collection. Failing to consider this history may lead to a lack of responses or inaccurate data during data collection. The following considerations can be made to address this issue:

- ▶ Ensuring a strong connection with community members prior to data collection, which can be achieved through strong connections to community partners
- ▶ Communicating clearly to participants the purpose of the project and the questions they will be asked
- ▶ Reassuring participants that self-identifying as Black or another marginalized identity will have no effect on their ability to access services
- ▶ Reiterating to participants their choice to decline to answer any questions they are uncomfortable with

## ? When is secondary data enough?

Data collection can be a challenging process. Primary data collection is certainly useful; however, it can be taxing and time-consuming. To determine whether primary data collection needs to be conducted, two considerations need to be made:

- ▶ Is the data sufficient on its own? Do other data sources compensate for the lack of primary data? To determine this, your research questions should be able to be comprehensively answered with the data you have available.
- ▶ Can the data speak to the specific community context you are exploring? For example, if you are examining barriers to breast cancer screening among Black Torontonians, a general analysis of the social determinants of health is insufficient. In this context, speaking with the community may be the best course of action, as data on the social determinants of health is not enough to develop well-informed findings. Social determinants of health as barriers to care are well-documented; therefore, any data gathered regarding social determinants should be supplementary.

## ✓ Task 2.5 Data ownership and protection

When collecting primary data, it is particularly important to create a data governance plan to ensure that the data remains protected and accessible to the community and to prevent misuse.

The [Engagement, Governance, Access and Protection \(EGAP\)](#) framework was developed by Black health experts and community leaders as a governance framework for health care data collected from Black communities. The framework outlines guiding principles in four areas of focus:

- ▶ **Engagement:** genuine, cyclical, accessible consultation with communities regarding data collection, management, analysis, and use
- ▶ **Governance:** community decision-making about engagement processes and data collection, management, analysis, and use, achieved through the establishment of community governance tables
- ▶ **Access:** the right of communities to access their collective data and to determine who else can access it, along with the capacity-building required to enable this right
- ▶ **Protection:** the safeguarding of all individual rights and types of data, including identifiable, de-identified, and anonymized data

Incorporating EGAP principles into your PHA is highly beneficial, as it facilitates the building of community trust by providing Black communities with greater control over their collective data.

To build a data governance plan, considerations need to be made at each step of the data collection process. The following table outlines these steps and considerations.

**Table 2. Data Governance Considerations**

Steps of a PHA	What to do
Before data collection starts	<ul style="list-style-type: none"> <li>▶ Build relationships and trust with the community of interest (see <a href="#">Task 1.1 Engage community</a>)</li> <li>▶ Explore what variables and outcomes the community wants to measure, and seek suggestions on how to measure them</li> <li>▶ Explore what meaningful data collection looks like to the community</li> <li>▶ Collaborate with Black health experts</li> <li>▶ Create safeguards to ensure that privacy will be protected and data will not be used for harm or commercial purposes</li> </ul>
During data collection	<ul style="list-style-type: none"> <li>▶ Ensure the safe and secure collection of data</li> <li>▶ Ensure informed consent and ongoing consultation throughout the research process</li> <li>▶ Share research outcomes and benefits with the community in a transparent and accessible manner</li> <li>▶ Create capacity-building opportunities for community members</li> </ul>
After data collection	<ul style="list-style-type: none"> <li>▶ Share findings with the community</li> <li>▶ Consult findings with community members (see Step 3: Data Analysis)</li> <li>▶ Ensure the community knows where the data is housed and has access to it</li> </ul>

## Step 3: Data Analysis

The data analysis process should use an investigative lens that prioritizes health equity for Black communities. Analysts should consider the societal context in which health disparities arise and their own biases with respect to the data (see “[Before You Get Started](#)”).

### ✓ Task 3.1 Member-checking

The steering committee plays a key role in the data analysis process. The committee can contextualize findings and fill in gaps in the data, which are crucial steps to ensure that the data does not misrepresent the community.

In qualitative research, member-checking can involve presenting data transcripts to participants for feedback, which enhances data credibility<sup>9</sup>. While widely accepted, member-checking has limitations. For example, some participants may not respond because they find transcripts unexciting or triggering. The technique also requires a significant time commitment from both researchers and participants: Researchers must ensure accurate transcription, either done in-house or by an external party, by reviewing audiovisual materials. Though member-checking honors qualitative research integrity, allowing participants to modify information can be misleading, as they see only the transcript and not how their narrative will be presented. Balancing participant involvement and the preservation of data integrity is crucial.

Member-checking for both quantitative and qualitative research can also involve sharing, discussing, and getting feedback on preliminary analysis, findings, and results.

#### The Member-Checking Process

Once researchers have a strong draft of their findings, including direct quotations, participants should be asked to provide input.<sup>9</sup> This process empowers participants to clarify quotes or summaries, ensuring accurate representation of their experiences. Given the sensitivity of qualitative research, sharing findings enables participants to request anonymization before broader dissemination—a crucial safeguard for quoted transcripts.

Participants are more likely to engage with member-checking if they are able to see the integration of their story or experience with other participants’ stories or experiences. Presenting your findings, including direct quotations, to participants allows them to visualize how readers will perceive their narratives.

***Transparency is essential to ensure that the information shared with participants aligns with what will be disclosed to readers.***

While seeking feedback in general is valuable, a structured approach involving brief interviews or focus groups will enhance the efficacy of member-checking. Proposed questions can be sent to participants beforehand, which will facilitate reflective input during the subsequent 10-15-minute interview or focus group.

Below are some interview questions to ask when member-checking:

- ▶ After reading the findings, what are your general thoughts?

- ▶ How accurately do you feel the findings captured your thoughts and experiences?
- ▶ What could be added to the findings to capture your experiences better?
- ▶ If there is anything you would like removed from the findings, what would you like removed and why?

**Table 3. Member-checking Methods**

Program or project	Member-checking method
Pathways to Care: a mental health systems change project to improve access to care for Black children, youth, and their families <sup>10</sup>	Sharing summary results with Black youth via focus group presentations
Member checking with adolescent students <sup>11</sup>	Word trees and “I-poems” with youth based on interview transcripts
Enhanced member checks: reflections and insights from a participant-researcher collaboration <sup>12</sup>	Iteratively co-creating narrative with marginalized participants

### ✔ Task 3.2 Verifying your data

Once you have collected data, it is important to ensure thoroughness and accuracy in your data analysis process, thereby mitigating the risk of overlooking gaps in the information. One way this can be done is through data triangulation, which refers to the use of a variety of data sources to corroborate findings and identify weaknesses.<sup>13</sup> The intention of data triangulation is to decrease the deficiencies and biases that come from any single method, as the strengths of one method may compensate for the weaknesses of another. Given that diverse perspectives in the Black community and in literature exist, it is important to use a combination of qualitative, quantitative, and grey literature data sources to strengthen your Black-focused PHA.

## CASE STUDY #3

## Access Alliance Community Health Assessment Report: Identifying assets, needs, and service priorities for AccessPoint on Jane

### Summary

Access Alliance conducted a community health assessment for AccessPoint on Jane (APOJ) to determine whether the organization's healthcare and social programs and services were meeting the needs of the communities in West Toronto. To ensure findings were representative of the racially and culturally diverse communities APOJ served, a community advisory committee (CAC) was assembled. The CAC's input informed program planning and facilitated service collaboration and integration.

Access Alliance collected quantitative and qualitative data using convenience sampling and targeted recruitment strategies for priority groups, including Somali- and Spanish-speaking individuals.

### Existing Data

- ▶ An environmental scan of published reports and secondary data about the community; secondary data sources included Census Canada, APOJ client data, Access Alliance community engagement data, and other organizations' community reports. The environmental scan included quantitative and qualitative data that were used to create a socioeconomic health profile of APOJ's catchment area.

### Primary Research

- ▶ Quantitative data were collected using the following method:
  - ▶ A community survey with residents about concerns and service needs (n=90)
- ▶ Qualitative data were collected using the following methods:
  - ▶ 5 focus groups with residents (n= 44)
  - ▶ 1 focus group with service providers (n=5)

### Results

Communities highlighted the following unmet service needs:

- ▶ More recreation and sports programs
- ▶ Affordable dental care services
- ▶ Meeting space for community meetings

- ▶ Affordable and accessible daycare services
- ▶ Legal services, particularly for Spanish speakers and non-status individuals

The CAC contributed to data analysis, and they validated key findings and themes that emerged from the research. After the assessment, they expressed interest in continuing to support Access Alliance to build long-term and strengths-focused solutions to the communities' issues.

### Lessons Learned

Using multiple data sources to corroborate findings improved the validity of this community health assessment's findings. By using diverse data sources, the inherent weaknesses of quantitative and qualitative data were offset. The environmental scan helped Access Alliance build a clear baseline for an in-depth socioeconomic health profile of the communities served by APOJ; findings were compared to secondary data to see how communities fared across various social determinants of health. The community survey provided a snapshot description of community concerns, service needs, and demographics. Finally, the focus group data contextualized the community survey data, allowing participants to go into detail about what aspects of service delivery were most effective for them. Participants also described future initiatives that could improve service delivery and population health in their communities in the long term.

 Link: [Access Alliance Community Health Assessment Report](#)

### ✔ Task 3.3 Prevent misinterpretation of data

Due to the nature of racial disparities in health data, an analyst may inadvertently make racist interpretations of the data that further marginalize an already marginalized community. For example, when public health officials analyzed data on the disproportionate COVID-19 infection rates in Black communities without these communities' input, some decision-makers concluded that the disparity resulted from the behaviours and attitudes of Black communities rather than systemic flaws.<sup>14</sup>

Another pitfall that occurs when reviewing health disparity data is attributing disparities to genetic differences. Race is a social construct; therefore, the consequences of racism are social in nature. Failure to acknowledge the social construction of race can cause race-based differences to be seen as biological, thus reinforcing deficit narratives.<sup>15</sup>

Data should be analyzed based on the guiding principles previously discussed (see [Task 1.2](#)) or your conceptual framework.

The following table provides recommendations on how to mitigate misinterpretation of Black-focused data with respect to data sources, analysis, and analysts.



**Table 4. Best Practices for Ethical Data Management and Analysis**

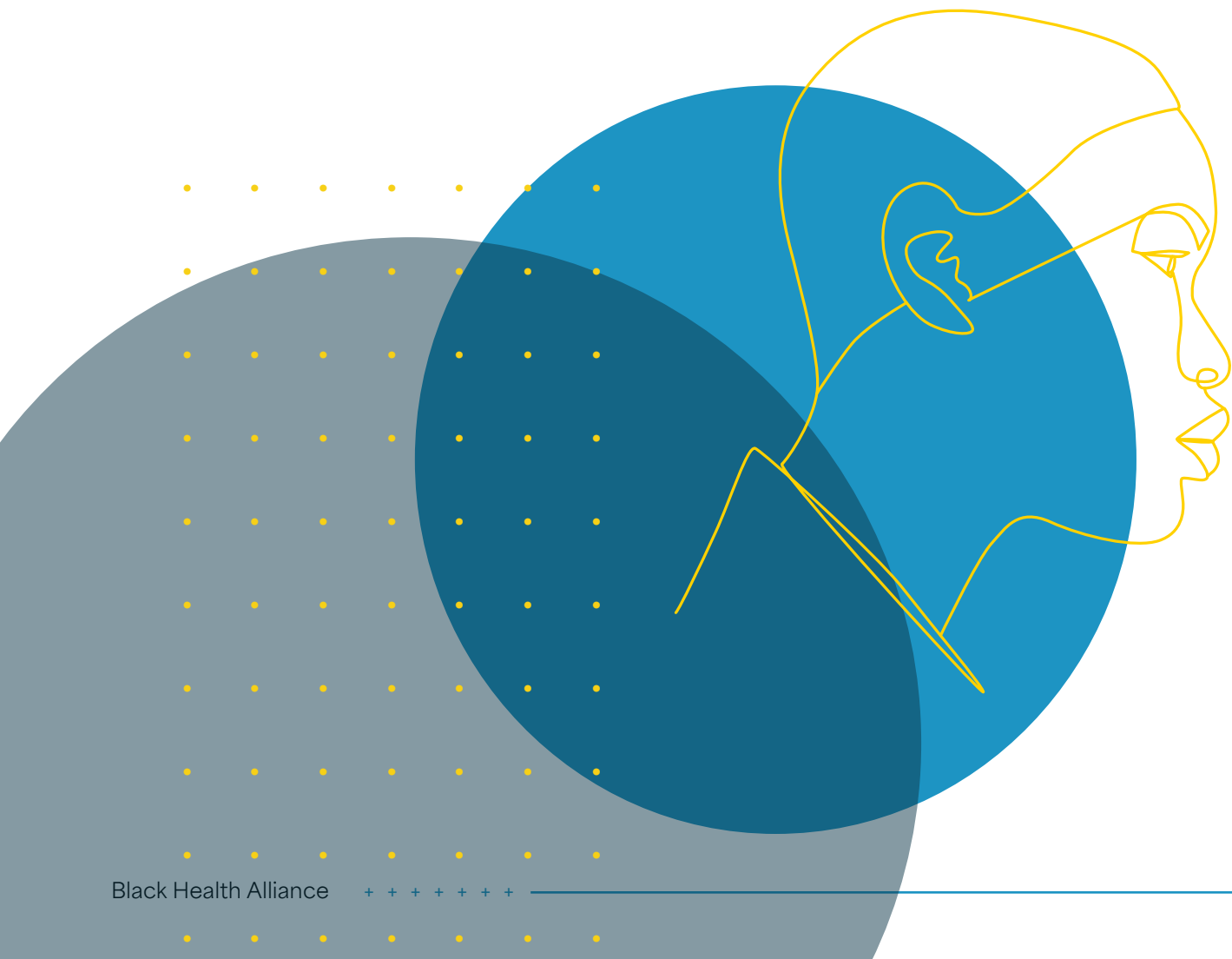
Components of PHA	Recommendations	What you will need
Data sources	Intentionally search for data created by members of the community	Relevant community organizations to reach out to and acquire data from
	Look for data sourced from projects with CBPR principles	Academic journals and grey literature from community-based organizations
Analysis	Ensure community members are able to provide feedback on the data analysis to confirm if there are any contextual gaps	Community-based steering committee
	Data that could be warped to further oppress the community should be situated in a social context, perhaps using the social determinants of health, when data is disseminated	Avoid focusing on individual behaviours; instead, research the various ways social context can influence the findings. Focusing on individual behaviours will not satisfy community needs or offer an accurate picture of the issue.
Analysts	Data analysts should have a strong understanding of the social determinants of health and structural health inequities	Intentional hiring of analysts and staff with expertise in assessing health inequities and an understanding of the histories of these inequities
	Evaluators should follow anti-racism directorate data standards (Government of Ontario, 2018) with respect to data collection, analysis, and reporting	<a href="#">Anti-racism directorate data standards</a>

**✔ Task 3.4 Synthesizing recommendations and action**

Once data analysis is underway, you should create a list of recommended actions based on your findings. This information can be used to create materials in Step 5 that will allow you to communicate your findings.

The following steps should be taken to create actionable recommendations:

- ▶ **Set up the issue clearly:** Define the issue with detailed information supported by research. Provide a clear outline of the existing situation and windows of opportunity. Limit recommendations to the issue and the supporting evidence from your PHA.
- ▶ **Give options:** If possible, provide several different approaches for decision-makers to take to solve the issue, including the advantages and disadvantages of each approach.
- ▶ **Consider the economic climate:** Non-profit and government budgets face tight constraints on spending. Thus, while research may identify suitable actions that could solve the issue, these actions are unlikely to be taken if they incur significant costs. Recommendations should strive to be cost-neutral whenever feasible, or they should demonstrate economic feasibility (in other words, they should demonstrate that they will save a large amount of public expenditure in the future).
- ▶ **Fit the recommendation into the existing landscape:** Adapting new legislation or strategy is a lengthy and time-consuming process, and it requires the gradual accumulation of evidence and political will over an extended period. Research plays a crucial role in this process by steadily building knowledge on specific issues, which influences public opinions and key policymakers and decision-makers. However, a recommendation may have a more substantial impact if it aligns with an existing strategy, program, or legislation.



## Step 4: Action

Action should be considered throughout the entire PHA process. Conducting a PHA within a community is purposeless without a clearly defined objective and goal. This purpose should be collaboratively formulated during the steering committee stage and continually referenced during the data collection and analysis stage. Without action, a PHA does a disservice to the populations it aims to assist.

### ✓ Task 4.1 Critical reflection

It is a common misconception that sharing results is action; it is not. Ask yourself the following questions when implementing your findings:

- ▶ How are you improving the lives of Black communities with the information you have gathered from the PHA?
- ▶ What are the limitations of this information, and how might those limitations affect subsequent action?
- ▶ Have you thought through the unintended consequences of the action you intend to pursue?
- ▶ Have you committed sustainable funding to your action and to the community?
- ▶ How will long-term community engagement continue after the PHA?

Action should be based on the following factors:

- ▶ Community engagement and feedback
- ▶ Conclusions drawn from data analysis
- ▶ Insight shared during the knowledge exchange process

### ✓ Task 4.2 Organizational buy-in

The buy-in of organizational leadership is a crucial part of taking action. It is important to have frank, open discussions with your senior leadership prior to conducting a PHA to determine what actions are feasible.

A common setback to organizational buy-in progress occurs when senior leadership pledges action, only to have their pledges forgotten when they vacate their positions. Therefore, post-PHA action needs to be included in succession planning.

### ✓ Task 4.3 Determine what is next

Next steps are important to addressing the themes made evident throughout the PHA. The action you take can be dependent on the aim of your PHA and the findings you gather. The following table provides suggestions on next steps depending on the objective of your PHA.

**Table 5. Action Items Based on PHA Aims**

Aim of PHA	Action items
Inform current or new initiatives, programs, or care strategies for Black communities	<ul style="list-style-type: none"> <li>▶ Identify what, if any, additional information is needed to build a program</li> <li>▶ Plan how you will allocate financial, material, and human resources</li> <li>▶ Create a program plan or review an existing plan</li> <li>▶ Develop indicator variables that can be tracked to assess whether outcome and process objectives have been met</li> </ul>
Understand the size and scale of anti-Blackness in healthcare given the sparse data available and the existing narratives about Black communities	<ul style="list-style-type: none"> <li>▶ Identify decision-makers to share information and create a system of accountability with</li> </ul>
Identify disparities in outcomes or access	<ul style="list-style-type: none"> <li>▶ Understand the root causes of these disparities</li> <li>▶ Mobilize the community around solutions</li> <li>▶ Share information with decision-makers</li> </ul>

**✔ Task 4.4 Gather community feedback**

At this point of the PHA process, your organization must work closely with the steering committee and other community members to do the following:

- ▶ Determine community needs and wishes
- ▶ Identify the resources available to help you take action
- ▶ Reassess the long-term and short-term priorities of the PHA and your organization
- ▶ Strategize advocacy for improved health outcomes and supportive health infrastructure

PHA participants and the broader community should have access to your findings and action items. This keeps your organization accountable to the groups your PHA aims to serve.

## Step 5: Knowledge Transfer and Exchange

### What is knowledge transfer and exchange?

Knowledge transfer and exchange (KTE) is a process that involves sharing and disseminating information, findings, and expertise between individuals, groups, or organizations. The goal of KTE is to ensure that knowledge is effectively utilized and applied in practical settings, such as in policymaking, program development, or real-world problem-solving.

The impact of KTE is twofold: to communicate findings to decision-makers and to share findings with the community at large. All too often, analysts extract information from communities without sharing their findings with said communities. Communities involved in the PHA process need to be aware of the conclusions drawn from the data and where this data will land.

### ✔ Task 5.1 Determine type of knowledge transfer method

There are 3 models of KTE as described by Reardon, Lavis, and Gibson by the Institute for Work & Health:<sup>16</sup>

- ▶ **Producer push:** The producers of research knowledge plan and implement strategies to push knowledge towards audiences they identify as relevant.
- ▶ **User pull:** The users of research knowledge plan and implement strategies to pull knowledge from sources they identify as useful.
- ▶ **Exchange:** Producers and users build a relationship and exchange information, ideas, and experiences. Researchers help users build their capacity to use research knowledge, and users help researchers improve the relevance of their work. *This is the ideal model for KTE.*

### ✔ Task 5.2 Create a KTE plan

A KTE plan requires the following questions to be answered:

- ▶ What (is the message)?
- ▶ To whom (audience)?
- ▶ By whom (messenger)?
- ▶ How (transfer method)?
- ▶ With what expected impact (evaluation)?<sup>16</sup>

#### WHAT (IS THE MESSAGE)?

The message is typically similar across audiences of the same PHA; however, the accessibility of the language used to convey the message should be considered. Lay language should be used, and a readability assessment or the advice of a health education specialist can help assess language accessibility.

**TO WHOM (AUDIENCE)?**

It is important to identify and understand the decision-makers and influencers that can move your recommendations forward. You should also consider what audiences within the community could benefit from the information you gathered during the PHA. Knowledge translation allows evaluators to demonstrate their appreciation to participants and the broader community for engaging with the assessment. Therefore, it is important to share the information you have gathered with the community's organizations and networks.

**BY WHOM (MESSENGER)?**

Consider how best to convey the message to your audience or audiences. This includes selecting a messenger to share the information you have gathered more accessibly in terms of both delivery and content. The messenger does not need to be a single person; it could also be a collective of people, for example, a group of community partners. If online recruitment was used, online dissemination methods are recommended, as data collection methods should be reflected in transfer methods and your choice of messenger.

**HOW (TRANSFER METHOD)?**

Transfer method refers to the way the message is presented to the audience, e.g., in a town hall meeting or an op-ed. There are many considerations that must be made when selecting a knowledge transfer method, e.g., the nature and size of the audience, budget, and resources. You can use the same transfer method for different audiences as long as your communication objectives for each audience are aligned. Findings should be presented to the community in a simple and concise way as opposed to in a scholarly publication, the latter of which will primarily

Additional transfer methods include the following:

- ▶ Documentaries
- ▶ Community forums and town halls
- ▶ Art exhibits
- ▶ Community-based or community-owned publications, media organizations, and radio benefit academics.

CASE STUDY #4

# The Cheque Day Study

## Summary

The Cheque Day Study, formally known as a randomized controlled trial entitled “The impact of alternative social assistance disbursement on drug-related harm,” embedded an Integrated Knowledge Translation (IKT) project within the trial that tested disbursement patterns of income assistance among people who used drugs in Vancouver, British Columbia.

KT products included the following: (1) plain language summaries; (2) infographics and community-tailored research postcards summarizing pre-existing research about the harms of synchronized income assistance disbursement; (3) briefing notes; (4) technical reports; (5) research summary reports as results became available; and (6) a community impact statement.

Additionally, engagement with study stakeholders included presentations and forums with clinical and community service providers; regular communication and meetings with policymakers; community events with people living in the Downtown Eastside, including a community forum hosting 36 individuals; and 8 other community engagement events.

## Lessons Learned

### Development of IKT Model

The project created a study-specific IKT model to highlight opportunities for IKT activities across the research cycle.

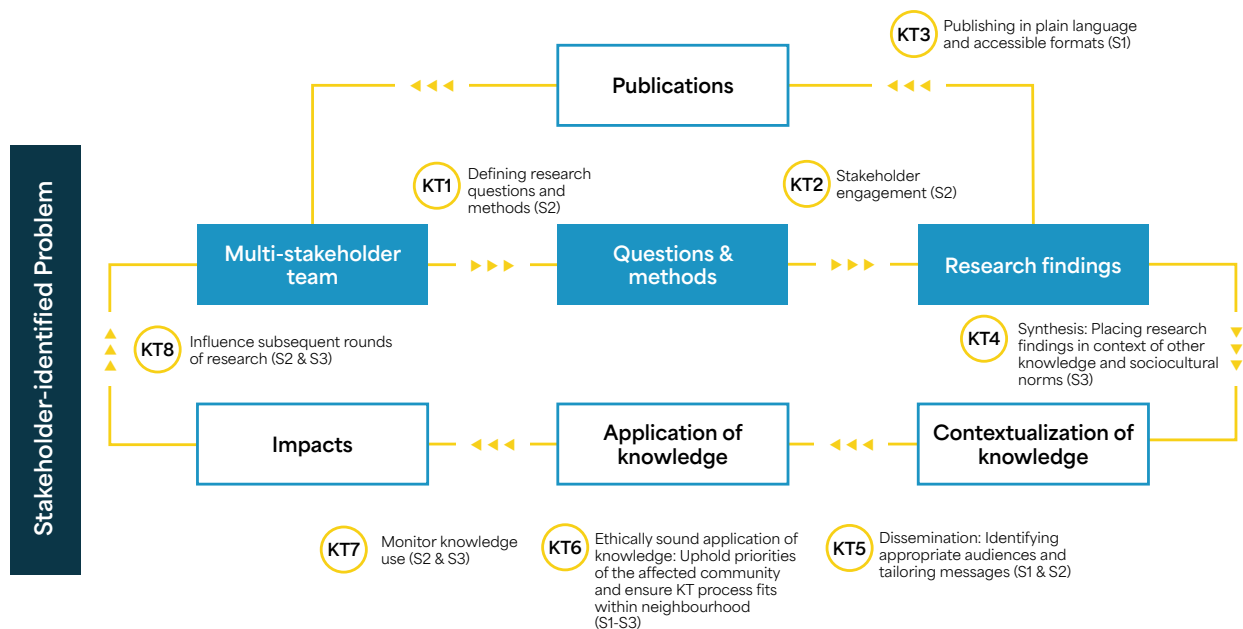


Figure 2. Cheque Day Study Integrated Knowledge Translation Model

### **Onboarding a Knowledge Broker**

The Cheque Day Study research team had been collecting data for 5 months when a full-time knowledge broker joined the team to plan and implement an IKT strategy alongside the study. The IKT project, which took place over 3 years, sought to amplify the impact the Cheque Day Study would have on mitigating harm around income assistance payments. The knowledge broker reviewed IKT literature and models, strategically developed an IKT plan, and worked with the research team to develop KT products; recruit participants; arrange meetings, presentations, and exchange events with study stakeholders; and lead consultation for the development of a community impact statement. Having a dedicated knowledge broker as part of the research team helped operationalize and formalize IKT within the project.

### **Creation of a Community Impact Statement**

Given the range and heterogeneity of viewpoints, a community impact statement was created to summarize perspectives from stakeholders, including social assistance recipients, people who use substances, support service providers, first responders, and policymakers. This statement, along with scientific results, increased understanding and awareness among those engaging with the findings; for example, the media and policymakers referred to the statement alongside the study results. Overall, the community impact statement served as an indicator of reciprocal learning and a centring of diverse viewpoints.

### **Public Acknowledgement**

In the lead up to the release of research findings in the spring of 2019, policymakers from 3 provincial ministries requested study results. The research team met with senior policymakers to present initial findings to those who showed interest in study results. There were multiple key indicators that income assistance disbursement schedule reform was being considered in the public domain: at the Legislative Assembly of British Columbia, a private Member's bill was submitted by the opposition government calling for changes to the income assistance schedule, and Vancouver City Council passed a motion to support changes at the provincial level.

### **Information Access**

Summarizing the work and synthesizing it into stakeholder-friendly materials facilitated meaningful conversations and served as a pretext for engagement. This engagement significantly contributed to enhancing understanding, awareness, and relationship-building. Stakeholders had the ability to access various KT products on the study website, which offered different levels of detail to cater to their diverse information needs. Visual media, like research summary postcards featuring original photographs, were well-received in the community and fostered positive feedback on design and engagement.

### **Networking and Accessing Diverse Perspectives**

Access to diverse perspectives ensured that these perspectives could be included and centered on an ongoing basis, which reduced community stakeholder perceptions of bias. This was made salient at the community forum, which was held by a university-affiliated organization with a



central storefront location in the Downtown Eastside. The forum was attended by 36 people who lived and worked in the neighbourhood, and 25 organizations were represented. The convening of organizations and residents provided a forum for both groups to hear each other's concerns, exchange ideas, and ask the research team questions. Several people indicated that having the chance to speak with other organizations helped them better understand contexts and perspectives outside their own. In other community meetings, community members voiced how it felt good that their opinions seemed to matter.

Link: [Integrated knowledge translation to strengthen public policy research: a case study from experimental research on income assistance receipt among people who use drugs](#)

## Conclusion

Several indicators, including health disparities and inequitable access to care, are well-established in the literature and demonstrative of the anti-Black marginalization prevalent in Canadian healthcare.<sup>17</sup> In tandem with anti-Blackness, Black people in Canada experience unique health-related challenges and barriers that need to be considered and reflected on in PHAs.

This toolkit is not meant to be a definitive, rigid set of rules. PHA projects are, understandably, context-dependent; thus, a level of flexibility is required and encouraged to produce meaningful results. Feedback on this living document is also encouraged and can be shared at the following email address: [info@blackhealthalliance.ca](mailto:info@blackhealthalliance.ca)

Nonetheless, the recommendations included in this toolkit should be seriously considered, among other best practices, to help improve the well-being and health outcomes of Black communities.

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