HEALTHY BEHAVIOUR DATA CHALLENGE

Canada

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

MaRS

HealthDataChallenge.com

Webinar Participants

- MaRS (Timothy Luk, Shahab Shahnazari)
- PHAC (Ashleigh Hoey)
- CIHR (Elizabeth Drake)
- And the Healthy Behaviour Data Challenge participants!

Innovation in tracking public health

Technology advances are opening up new ways to collect health data. There is an opportunity to use these new platforms and sources of data to improve public health surveillance. This raises the question: how can we best leverage these new sources of information and integrate them into existing health monitoring systems?

To answer this question, leading federal Canadian and American health and innovation organizations have come together to create the Healthy Behaviour Data Challenge. It seeks to identify and evaluate new data sources and methods to enhance public health surveillance.

We are looking for innovators to propose creative new types of data and data sources that can be used to measure indicators of **physical activity** (e.g. daily number of steps), **sleep** (e.g. number of times awake per night), **sedentary behaviour** (e.g. average number of hours per day spent sedentary).

Phase 1: Ideation

Challenge participants identify and propose new data sources, platforms and methodologies for measuring any number of indicators for physical activity, sleep, sedentary behaviour or nutrition. Proposals should allow for measurement of indicators at a nation population level. A list of suggested indicators to be measured is on the Health Indicators page. Finalists selected from Phase 1 will receive a financial prize and will advance to Phase 2. Details of the awards are on the application websites for each challenge stream.

Phase 2: Testing

Selected submissions will be invited to implement their Phase 1 concept. The results will be compared to existing research, analysis, and/or surveillance outputs from the Public Health Agency of Canada (for the Canadian stream) or the Centers for Disease Control and Prevention (for the American stream). The most promising solutions will each receive a financial award and an opportunity to explore how the concept could be integrated into public health surveillance systems.

Frequently Asked Questions

Questions

1. What type of prize is awarded?

   The prize is a financial award: $10,000 per Phase 1 finalist (up to 9 in total) for prototyping work in Phase 2. The financial award for Phase 2 is $25,000 for up to 3 different winners to support feasibility studies and testing.

2. What is the policy regarding including institutional overhead / indirect in the proposal?

   Those can be included as long as they are directly associated with the work involved in Phase 2.

3. What is the limit on the number of pages for the "Summary of proposed data source(s)"?

   There is no limit for "Summary of proposed data source(s)".

Questions

4. How long does it typically take to fill out the submission form?

   This depends on the maturity of your idea. Best case scenario is at least a week to put forth a comprehensive submission.

5. Who will be the ones reviewing the submissions?

   Phase 1 judging panel representation from MaRS, PHAC, CIHR and technical and other experts on an ad hoc basis.

6. When will I know if my submission makes it to Phase 2?

   Phase 1 results will be announced the first week of October. All participants will be notified of the decision on their submission.

Questions

7. Why is the Phase 1 deadline right before a long weekend (e.g. in Ontario)? Will there be an opportunity for an extension?

   Dates are based on the timelines for the partner organizations. Submissions are not due on that date. Participants are invited to submit any time before or on August 4. No extensions to the application deadline will be considered.

8. What format will the Phase 2 submission take?

   Format of Phase 2 submissions will be developed through collaborative engagement with innovators and partners within MaRS, PHAC and CIHR.

9. What are the opportunities that I may explore if I win Phase 2?

   The objective of the challenge is to identify new ways to accelerate and enhance public health surveillance. A big component of this will be to explore the feasibility of the solution, testing it, and exploring how the solution can be integrated into practice.

Questions

10. Are there opportunities to strengthen the proposal between the phases? (e.g. new indicators implemented during Phase 2?

    Phase 1 submissions should be as complete as possible. We can within reason, explore the addition of new indicators but Phase 2 submissions should be based on what is indicated in Phase 1.

11. Will the judges prefer a particular functional area over another? (e.g. preference for the measure of sleep vs. physical activity)

    There is no preference for a particular functional area.

12. Will an application be scored higher if it focused on one functional area or multiple functional areas? (e.g. measuring 5 different sleep indicators vs. 1 sleep, 2 physical activity and 2 sedentary behaviour indicators)

    Applications that can measure multiple indicators for multiple functional areas will be considered as a stronger application.

Questions

13. Will the grant offer any support for applicants during the implementation phase? (e.g. contacts at PHAC, etc.)

    Yes, there will be support. Phase 2 prototype finalists will be awarded $25,000 for use in exploring implementation feasibility. There will be significant interaction with challenge sponsors at MaRS, PHAC and CIHR.

14. Could an application focus only on a subset of the Canadian population? (e.g. older adults vs. children)

    Preference will be given in the following two ways. The first is for the ability of submissions to cover a wide/diverse range of Canada's population (geographically and demographically). The second is for submissions that focus on populations where less data exists (e.g. Indigenous Canadians, recent immigrants, rural Canadians) because the population makes up a smaller percentage of existing surveys.

Questions

15. What would success look like in terms of data capture (in terms of numbers)? What are we hoping for?

    We do not have an optimal target in mind. Diversity and range of population is important. In terms of numbers reached, it depends on the source used to identify the (sub)population.

16. Regarding the image uploaded for the submission form, are you expecting a photograph or schematic? What is a feasible image?

    The innovator is open to any image. Any model or image to help understand the concept can be included. A small logo or image with the team names is also sufficient.

Questions

17. Is there a preference towards collecting data via a technology solution (a device) vs. something like GP check-ins?

    Speed and accuracy of how the data is collected is an important characteristic and should be considered when proposing and selecting data collection methodologies.

18. One of the resources on HeroX page talks about the indicators data blog. It includes a bunch of measures at the bottom that says "In Development" What do these entail?

    We receive a significant amount of data from Canadian surveys but there are indicators and data that we are not currently able to report on. We are keen on submissions that will address these gaps that are "In Development" as we currently don't have data for these indicators. Note that you are not limited in any way to these "In Development" areas. Demonstrable improvements to methods of collecting data for indicators which have current data sources are also welcomed.

Questions

19. How important is it to avoid duplicate data for the same person from different sources?

    If the indicators for the same person are different, then it is a strength. If it is a similar measure using different sources and it strengthens the ability to measure that indicator, then that is also a strength. The privacy and confidentiality of the data subject when linking data from different sources must be assured.

20. When identifying data and data sources, should we identify where all of the data comes from and what hardware is under consideration?

    The first attachment in the submission ("Summary of proposed data source(s)") should indicate the actual data source, whether it is hardware, software or API.

Questions

21. In the file that summarizes proposed data sources, can we list all the data sources we can think of, even those that we may not be able to use in our proposed solution?

    Please limit the list of data sources to those that you can accurately and feasibly test in the prototyping phase. The data sources indicated in Phase 1 should be accessible and testable in Phase 2.

22. How do I become a follower?

    On the HeroX page, please click the "Follow" button on the top right corner of the screen and provide the required information.

23. For the Phase 1 submission, is the process of sending health data to health partners part of the proposal? Or is Phase 1 just the collection of the data itself?

    There should be no data shared – just the source and type of information that you are planning on using for Phase 2. The sending of the health data to health partners should not be part of the proposal.

Other questions?

- Post any questions you have on the HeroX forum.
- You can also email questions to healthdatachallenge@marsdd.com.