

***ENHANCING DATA
SURVEILLANCE OF HEALTH
DISPARITIES IN A STATE
PUBLIC HEALTH AGENCY
USING QUALITY
IMPROVEMENT PROCESSES***

Presented by Susan B. Logan, MS MPH
Connecticut Department of Public Health
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Presenter Disclosures

Susan B. Logan

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Authors

- Susan Logan, MS, MPH, Public Health Systems Improvement , CT DPH
- Margaret M. Hynes, PhD, MPH , Director of Health Equity Research, Evaluation, and Policy, CT DPH
- Ava N. Nepaul , MA, MPH, CPH , Asthma Program, CT DPH
- Kristin Sullivan, MA , Manager of Public Health Systems Improvement Unit, CT DPH

QI Initiative on PHQIX Website

[https://www.phqix.org/content/improving-connecticut-department-public-health-databases-ensure-race-ethnicity-gender-and.](https://www.phqix.org/content/improving-connecticut-department-public-health-databases-ensure-race-ethnicity-gender-and)

Agenda

- DPH databases and the sociodemographic data collection policy
- QI initiative identified reasons for database noncompliance
- **Sustaining QI data quality improvement**
- Challenges and successes of CQI

Current Data Infrastructure

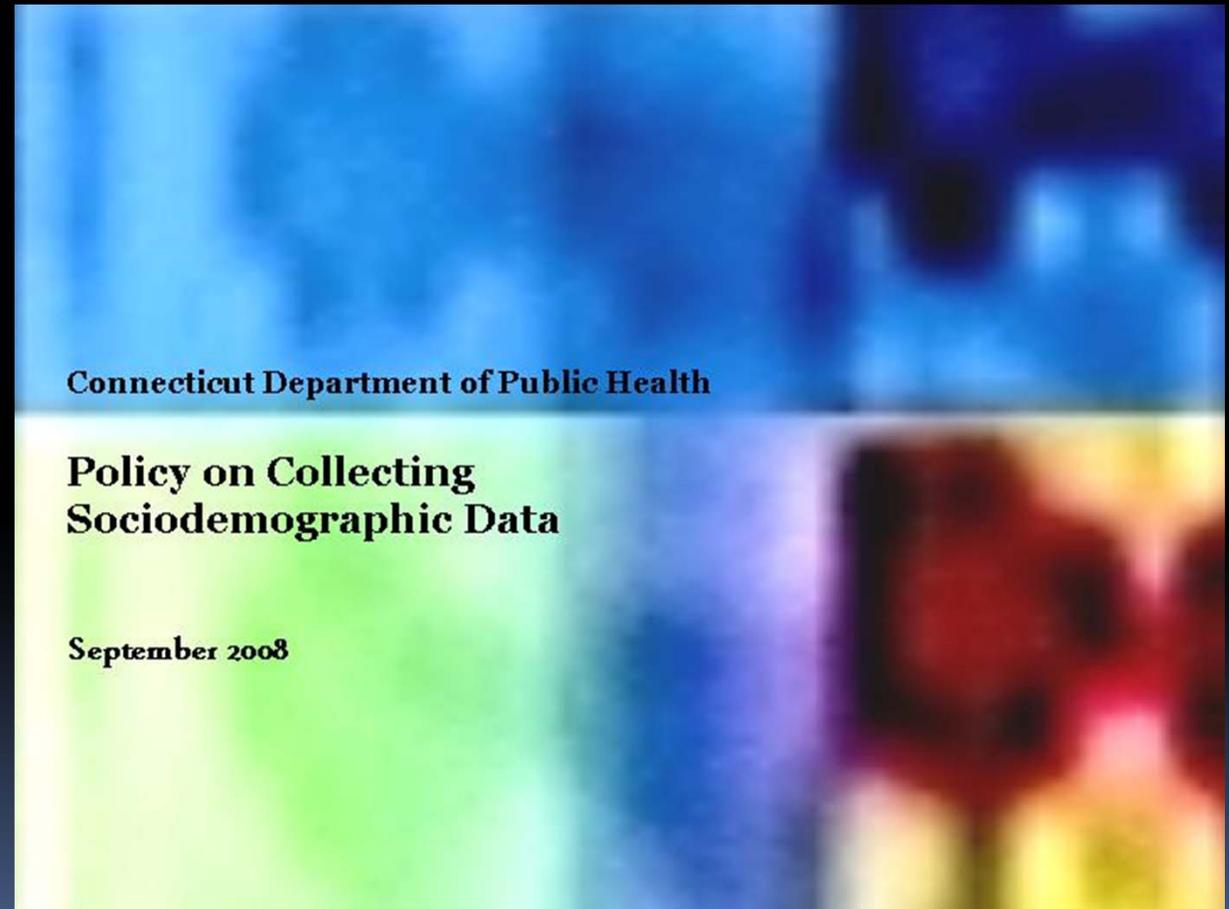


- Data infrastructure has impact on understanding health disparities
- Need for enhanced CT DPH data infrastructure
- Data should be standardized and complete
- Document, report on, and address health disparities with consistency

DPH Databases and the Sociodemographic Data Collection Policy

Is there alignment?

How does this affect our aim to eliminate health disparities?



Identifying the Problem

- In 2010, identified 49 databases not compliant with the DPH sociodemographic data collection policy (2008)
- By January 2012, 2 of 49 (4%) were compliant

QI initiative started in April 2012 to achieve compliance with DPH data collection policy



QI Initiative Identified Reasons for Database Noncompliance

Why was there noncompliance with the sociodemographic data collection policy?

What solutions were extracted?



Reasons for Noncompliance to the Data Collection Policy

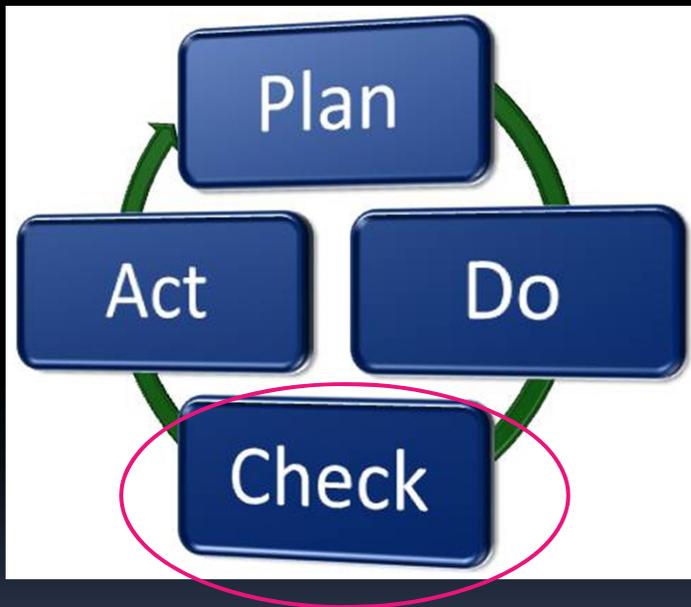


- Cost
- Limited staff time and resources
- Complexity of compliance
- Lack of buy-in
- Did not know about policy (30% of survey respondents)
- No state regulations

QI Initiative Team Members

- Jenn Filippone: Section chief for practitioner licensing and investigations
- Margaret Hynes: Project sponsor and expertise in health equity
- Vanessa Kapral: Information technology section chief
- Susan Logan: Team leader, Public Health Systems Improvement
- Lloyd Mueller: Data analyst in vital statistics
- Ava Nepaul: Asthma program in chronic disease section
- Jane Purtill: Vital records registrar
- Kristin Sullivan: Manager, Public Health Systems Improvement

Solution for Barriers to Noncompliance



- QI Initiative to Modify Databases
- Results from QI Project:
 - 2 major DPH databases were modified
 - 4 other DPH databases
 - Modified paper reporting forms and/or electronic databases

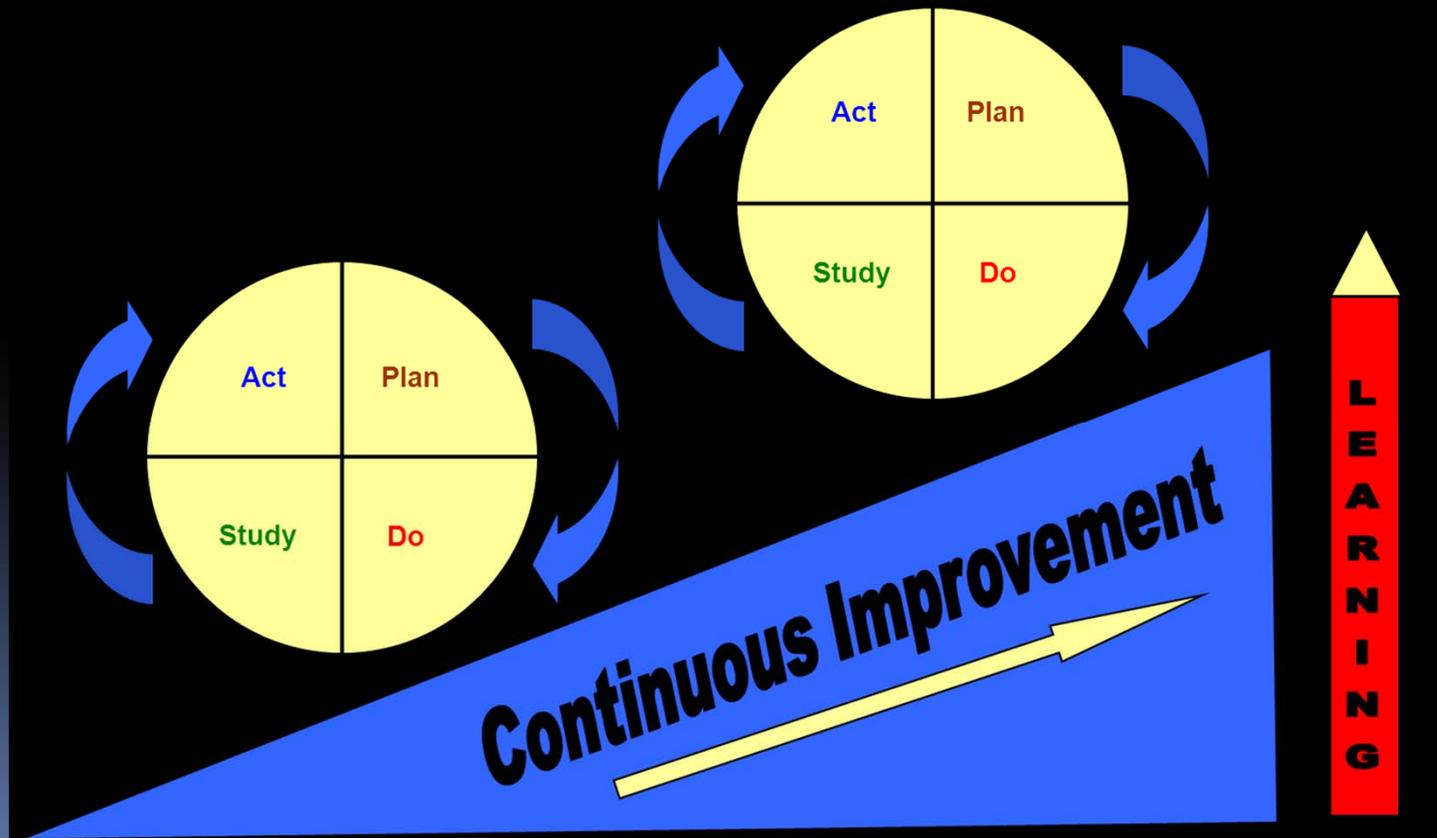
Recommendations for Continuous Quality Improvement



- Data Quality Committee
- Legislative and administrative regulations changes
- Educate and train DPH staff on policy standards
- Allocate grant funds for general upgrading of DPH databases

Sustaining QI Data Quality Improvement Processes

How do we establish a system for continuous quality improvement?



Data Quality Committee

Purpose is to:

- Establish a committee to review the remaining 41 databases
- Review new databases coming online
- Be involved in the development of new databases
- Follow a continuous QI methodology to accomplish the committee's work

Challenges to Establishing Data Quality Committee

- It's a **process**
- Keeping the scope narrow
- Educating committee and getting them up to speed

Successes of Data Quality Committee

- Recruited members were honored to be asked to join
- Enthusiastic start on October 2, 2013
- Discussed the need to update the data collection policy soon
- Started a team charter (QI tool)
- Set up quarterly meetings

Policy Changes are Challenging

What are the challenges in making internal and external data policy changes?



Challenges of Internal Policy Changes

- Limited internal staff support for the sociodemographic data collection policy
- No dedicated funding
- Competing priorities
- Communication challenges
- Educational challenges

DPH Focus on Health Equity

OUR MISSION

To protect and improve the health and safety of the people of Connecticut by:

Assuring the conditions in which people can be healthy;

Preventing disease, injury, and disability; and

Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and priority of the state.

OUR VALUES

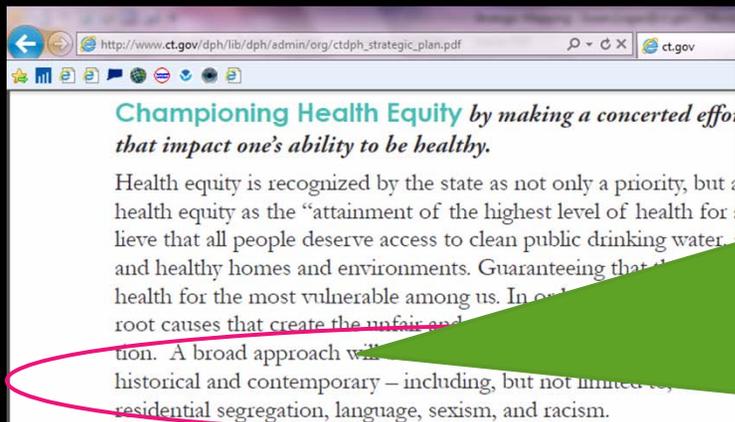
Performance-Based: We learn for our past efforts and use measures and data to focus our future efforts.

Equitable: We foster policies and programs that promote fairness, social justice, equity, and cultural competence.

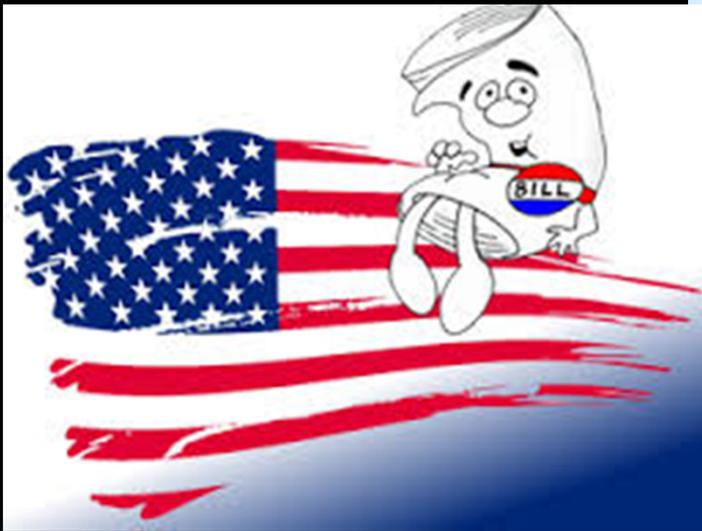
Professional: We respect and uphold the high standards, skills, competence, and integrity of our professions.

DPH Strategic Goal: Championing Health Equity

“A broad approach will be needed to address the many societal factors contributing to health disparities... including... income, employment status, disability, housing, residential segregation, language, sexism, and racism.”



External Policy Changes



Legislative proposal for new bill on mandating uniform data standards

- 2012: Bill language changed and DPH could not support changes
- 2013: Started the process to submit a new bill, but lost momentum

Administrative Regulations = Public Health Code

Challenges of External Policy Changes

Legislative Proposals and Public Health Code

- Competing work priorities
- Lack of support for the bill
- Resistance of other state agencies – lack of buy-in
- Questionable accountability for compliance
- Task of monitoring performance; Will fines be imposed?
- Resources and funding needed for compliance with state mandates

Data Policy Training Project

- Staff training module for the DPH Data Collection Policy
- Web-based, self-directed educational course
- Post on the TRAIN Connecticut website

TRAIN Connecticut

Challenges and Successes to Developing Educational Tool

Challenges

- What is the best approach to roll out?
- New and/or existing employees
- Determining level of employees to train
- Putting new contract in place with vendor

Successes

- Funding awarded to develop training module
- Use of existing, trusted vendor
- Started developing tutorial in Oct., 2013

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- US Preventive Health & Health Services Block Grant



Questions?

