



# Making Equity Efforts Work at the County Level

The Civitas Networks for Health Webinar – December 8<sup>th</sup>, 2022

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# Presentation Presenters



**Al Ogata**

Chief Operating, Technology, and  
Compliance Officer

Hawaii Health Information Exchange



**Dr. Karen Pellegrin**

Director of Continuing/Distance  
Education, Strategic Planning, and the  
Center for Rural Health Science

Daniel K. Inouye College of Pharmacy  
University of Hawaii at Hilo



**Renee Towne**

Vice President of  
Strategic Services

KPI Ninja by Health Catalyst

# Center for Rural Health Science

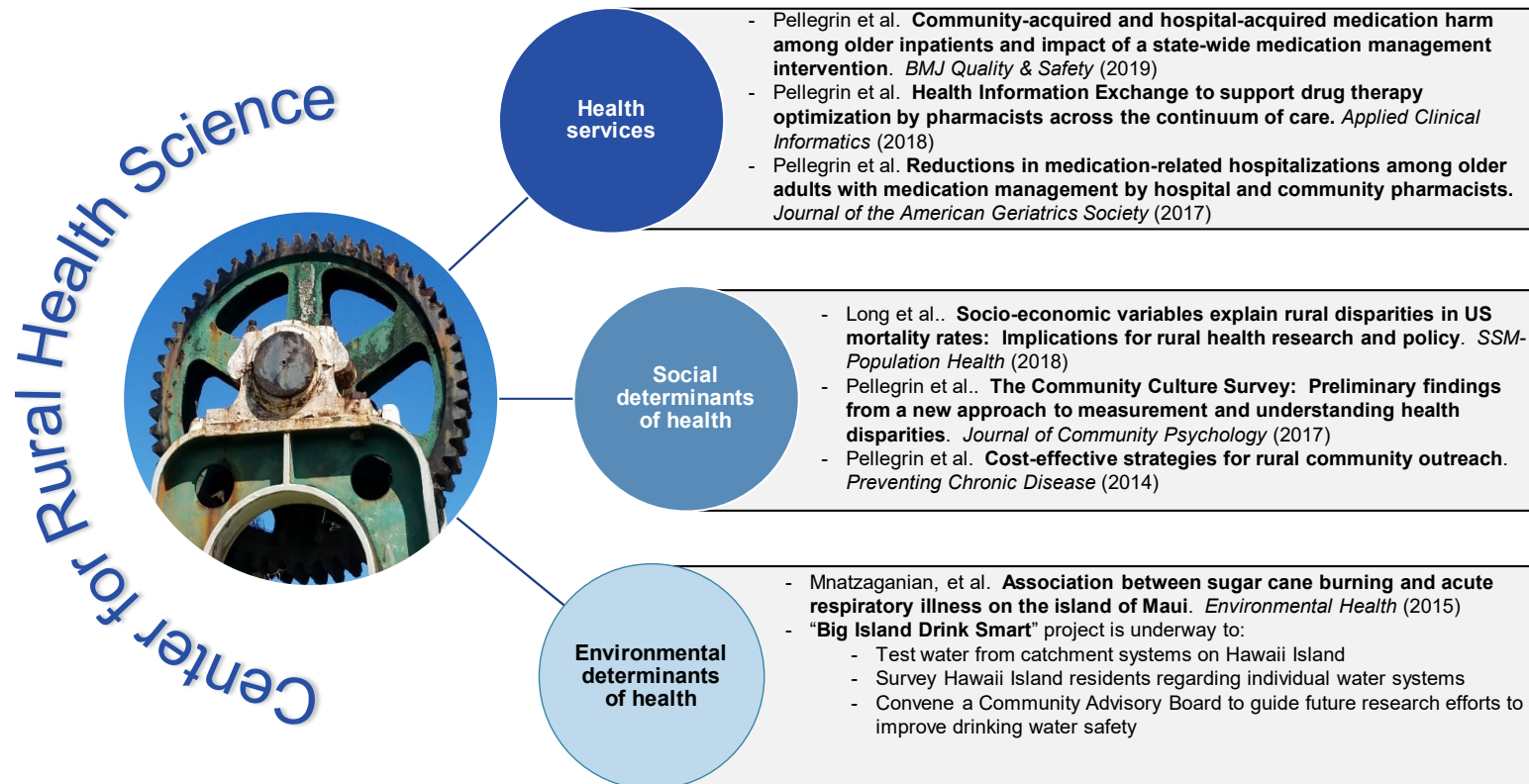


UNIVERSITY  
of HAWAII®  
HILO



**Mission** - “to solve rural health problems throughout the Pacific through research, education, community service, and policy change”

**Vision** - “to improve life in rural communities through transformative models of health and healthcare.”





## The Hawaii Health Information Exchange

### Mission:

Hawai'i Health Information Exchange is the State's designated entity for health data exchange. We provide the technology, technical expertise, and governance that enables health care providers and stakeholders to share and access complete health data, resulting in an improved quality of life for Hawaii's people and lower health care costs for all.

3,600+  
Active  
Provider Users

2.2M  
Unique Lives  
Indexed

30M+  
Messages  
per Year





*When organizations like KPI Ninja participate in NCQA's Data Aggregator Validation program, it shows they meet and demonstrate rigorous standards that **drive clinical data integrity**. This builds trust and creates more usable, valuable clinical data for health plans, providers and their partners to improve the quality of care for the people they serve.*



**Brad Ryan, MD**  
CPO of NCQA



# Agenda

1. Explore the background and context surrounding the project
2. Provide a high-level summary of the project approach
3. Share lessons learned and the planned journey ahead together



# Advancing Health Literacy Awards from HHS/OMH

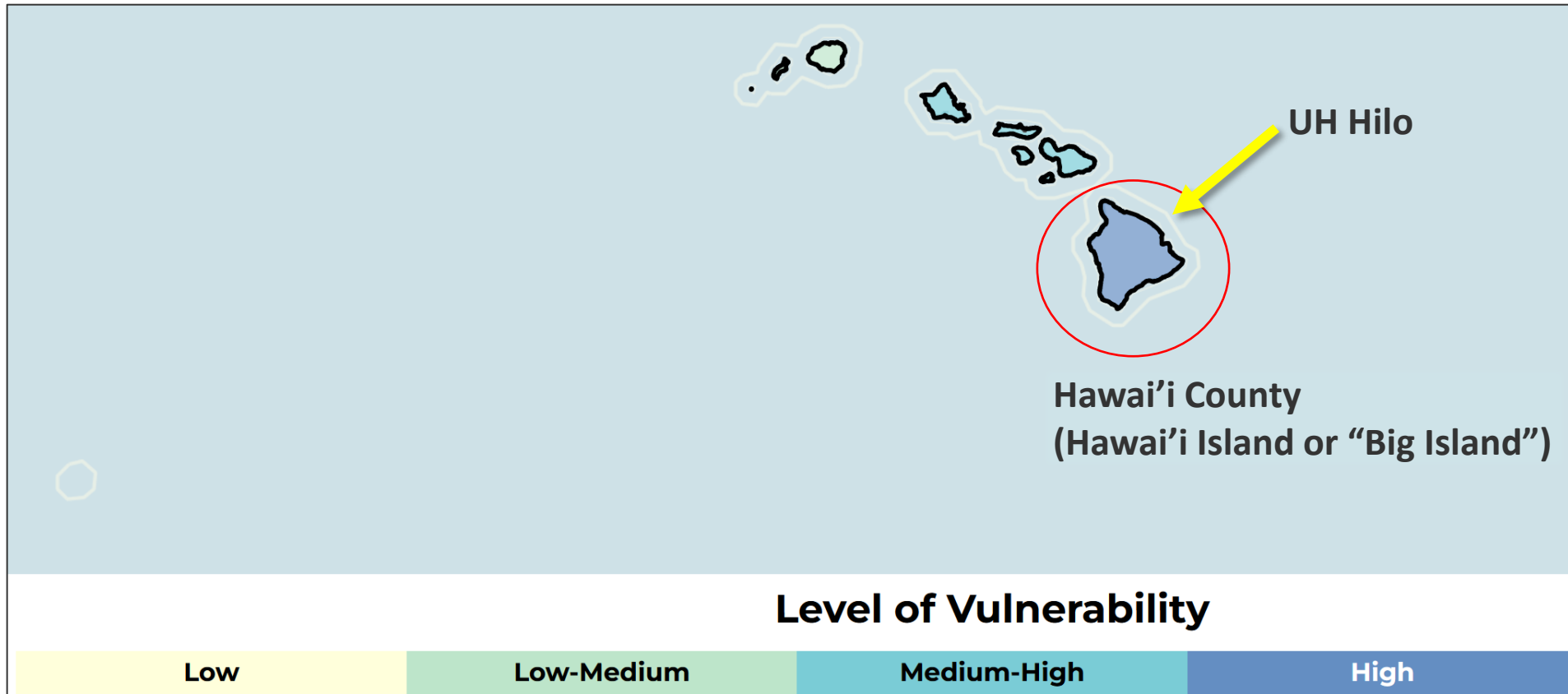
“The Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19 seeks to demonstrate the **effectiveness of local government** implementation of evidence-based health literacy strategies that are culturally appropriate to enhance COVID-19 testing, contact tracing and/or other mitigation measures (e.g., public health prevention practices and vaccination) in racial and ethnic minority populations and other socially vulnerable populations, including racial and ethnic minority rural communities.

OMH expects the awardee projects to demonstrate the effectiveness of working with local community-based organizations to develop health literacy plans to increase the availability, acceptability, and use of COVID-19 public health information and services by racial and ethnic minority populations. Recipients are also expected to **leverage local data to identify racial and ethnic minority populations at the highest risk for health disparities and low health literacy, as well as populations not currently reached through existing public health campaigns.”**

<https://minorityhealth.hhs.gov/omh/Content.aspx?ID=22541&lvl=1&lvlid=5>

# Social Vulnerability Index (SVI)

SVI “uses 16 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters.”

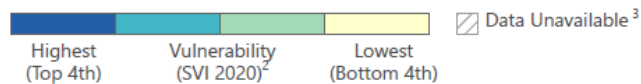
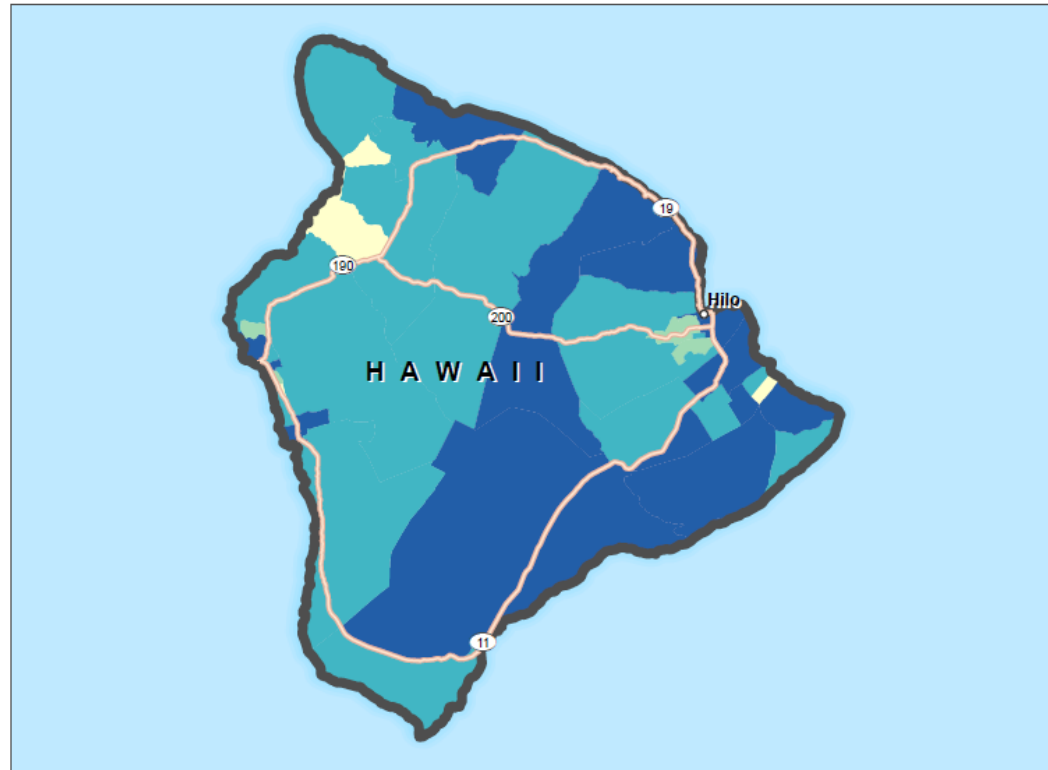


<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>





## Overall Social Vulnerability<sup>1</sup>



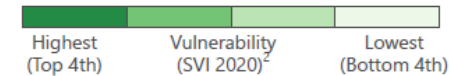
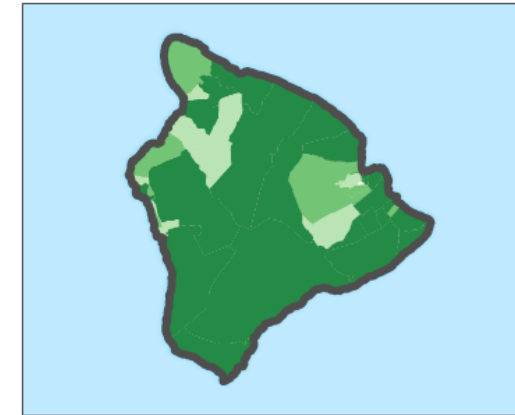
**Social vulnerability** refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2020)<sup>4</sup> County Map** depicts the social vulnerability of communities, at census tract level, within a specified

county. CDC/ATSDR SVI 2020 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

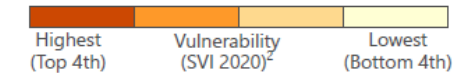
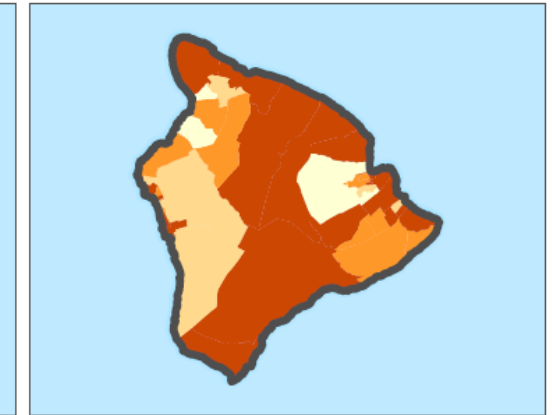
## CDC/ATSDR SVI Themes



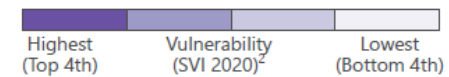
### Socioeconomic Status<sup>5</sup>



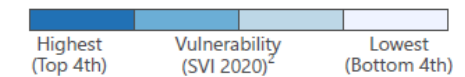
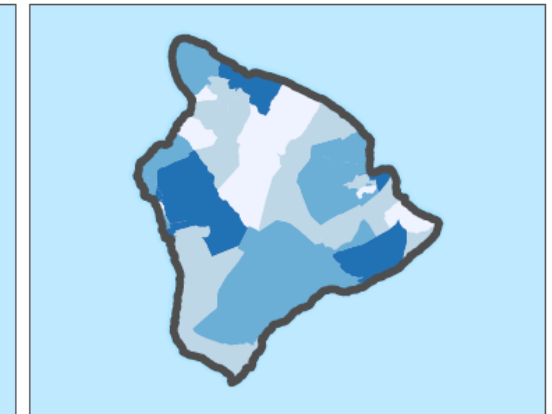
### Household Characteristics<sup>6</sup>



### Racial and Ethnic Minority Status<sup>7</sup>



### Housing Type/Transportation<sup>8</sup>



# Mauna Loa

Erupting for the first time in 38 years, heading toward “saddle road”

One of two volcanoes currently erupting in Hawaii County



<https://www.hawaiitribune-herald.com/2022/11/30/hawaii-news/video-dlnr-shares-stunning-aerial-footage-of-mauna-loa-eruption/>

From the “Video courtesy of the state Department of Land and Natural Resources”

## PROCESS

Resources	Activities	Output Measures
County project team	create quality collaborative	% of HC CHCs participating in collaborative by signed agreement
Community health center convener	design, implement intervention	% of HC CHCs represented at meetings on average
UH Hilo QI/evaluation team	train CHC clinicians (CE-accredited)	# of clinicians by type who complete the training
	implement measurement system	% of CH CHC clinicians by type who complete the training
		Mean clinician rating of training

## Hawaii County Health Literacy to Health Equity Logic Model & Measures

Format adapted from the CDC ([https://www.cdc.gov/dhds/evaluation\\_resources/guides/logic\\_model.htm](https://www.cdc.gov/dhds/evaluation_resources/guides/logic_model.htm))

## OUTCOMES

Short-term	Intermediate	Long-term
Clinician knowledge of evidence-based health literacy practices (CE post-test)	Patient survey of clinician communication practices ( <a href="https://www.ahrq.gov/sites/default/files/publications/files/healthlitoolkit2_3.pdf">https://www.ahrq.gov/sites/default/files/publications/files/healthlitoolkit2_3.pdf</a> )	ED utilization rate by <u>social vulnerability</u> census track by county
Clinician knowledge of impact of health literacy on health equity (CE post-test)	# minutes of use of professional translation service per month per HC CHC	hospitalization rate by <u>social vulnerability</u> census track by county
	# COVID lab tests per HC CHC	
	% patients vaccinated per HC CHC by patient demographic	
	mean PEMAT score of patient education materials on COVID across HC CHCs ( <a href="https://www.ahrq.gov/health-literacy/patient-education/pemat.html">https://www.ahrq.gov/health-literacy/patient-education/pemat.html</a> )	
	# languages translated for patient education materials on COVID	

## IMPACT

Enhanced health equity among vulnerable populations in Hawaii County





## The Hawaii Health Information Perspective

### Problem:

How do you provide clinicians with access to information on social inequities in a manner that allows them to improve their care planning?

Difficult to map street address to U.S. Census Bureau Census Tracts

Unable to identify common health conditions by Census Tracts

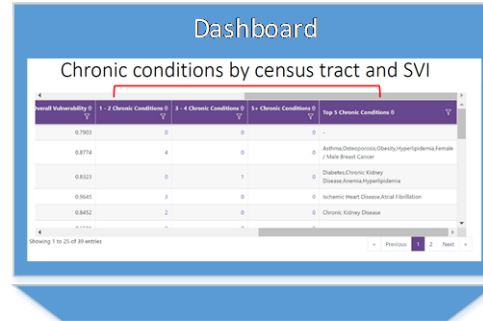
Unable to identify health care resource use by Census Tracts

Challenging to understand SVI subdomains and drivers of risk to health conditions

# Data Flow Diagram & Potential Use Cases

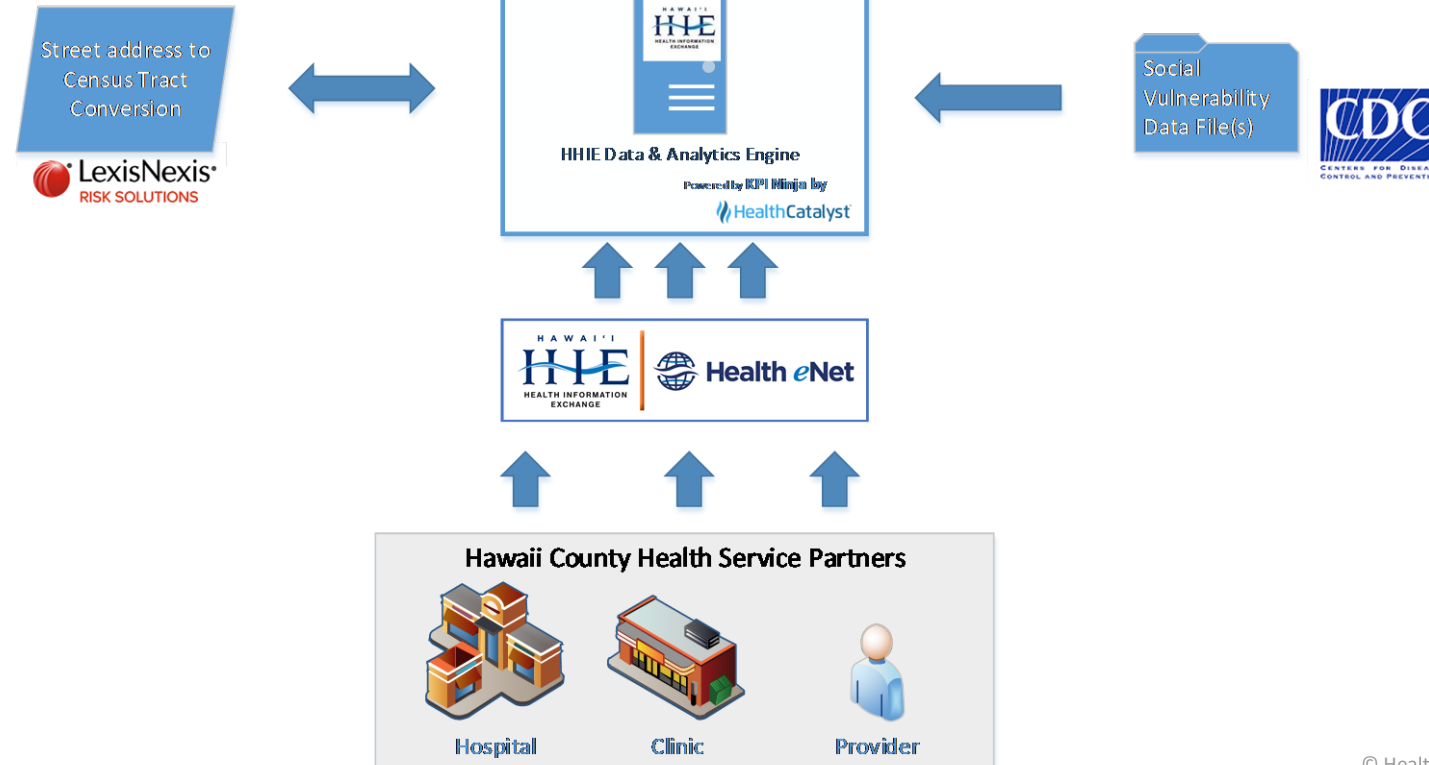
## Examples of Use Cases for PHI/PII

- Cardiac patient has no car and lives in an area with lack of public transportation
- Elderly patient prone to falls lives in area with low english speaking population



## Examples of Use Cases for Aggregated Data

- Emergency vehicle staging in areas with low instances of cars and high # of ER visits
- Hospital outreach program to manage diabetes planned for areas with low education and low income
- Admissions for influenza geo-correlated to determine if patterns of social inequities exist; public health outreach campaign started



# Data Approach

Business Requirements

Inbound Data

Data Processing

Data Display

End User Experience





## 1. Define the business requirements

- Display Social Vulnerability Index (SVI) data that is associated with the Census Tract
- Correlate available health conditions and utilization data against SVI locations

## 2. Identify the data sources

- Inbound data feeds
- CDC's Census Tract data





# Data Approach – *CDC Social Vulnerability Index Data*

## Overall Vulnerability

### Socioeconomic

- Below Poverty
- Unemployed
- Per Capita Income
- No High School Diploma

### Household Composition & Disability

- Age 65 or Older
- Aged 17 or Younger
- Civilian with a Disability
- Single-Parent Households

### Minority Status & Language

- Minority
- Speaks English "Less than Well"

### Housing Type & Transportation

- Multi-Unit Structures
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters





# Data Approach – *Data Display*

## 3. Data flow

- Inbound messages and data parsing
- Data management and processing

## 4. Data Display

### SVI by Census Tract

- Dashboard
- Report

### Health Insights by Census Tract

- Demographics
- Utilization
- Chronic Conditions

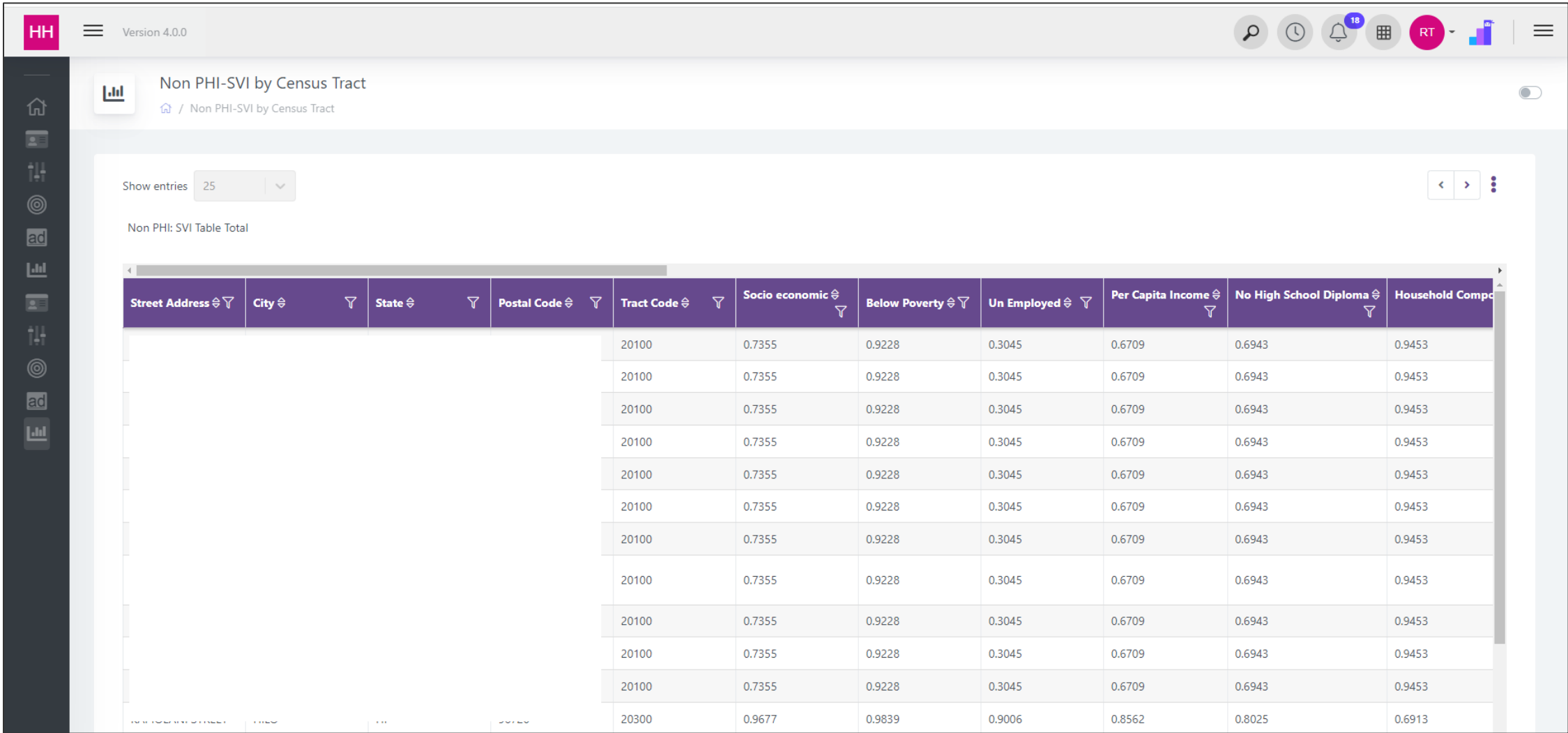
### Data Perspective

- User Access
- Patient/Population/Cohort





# Analytics Platform



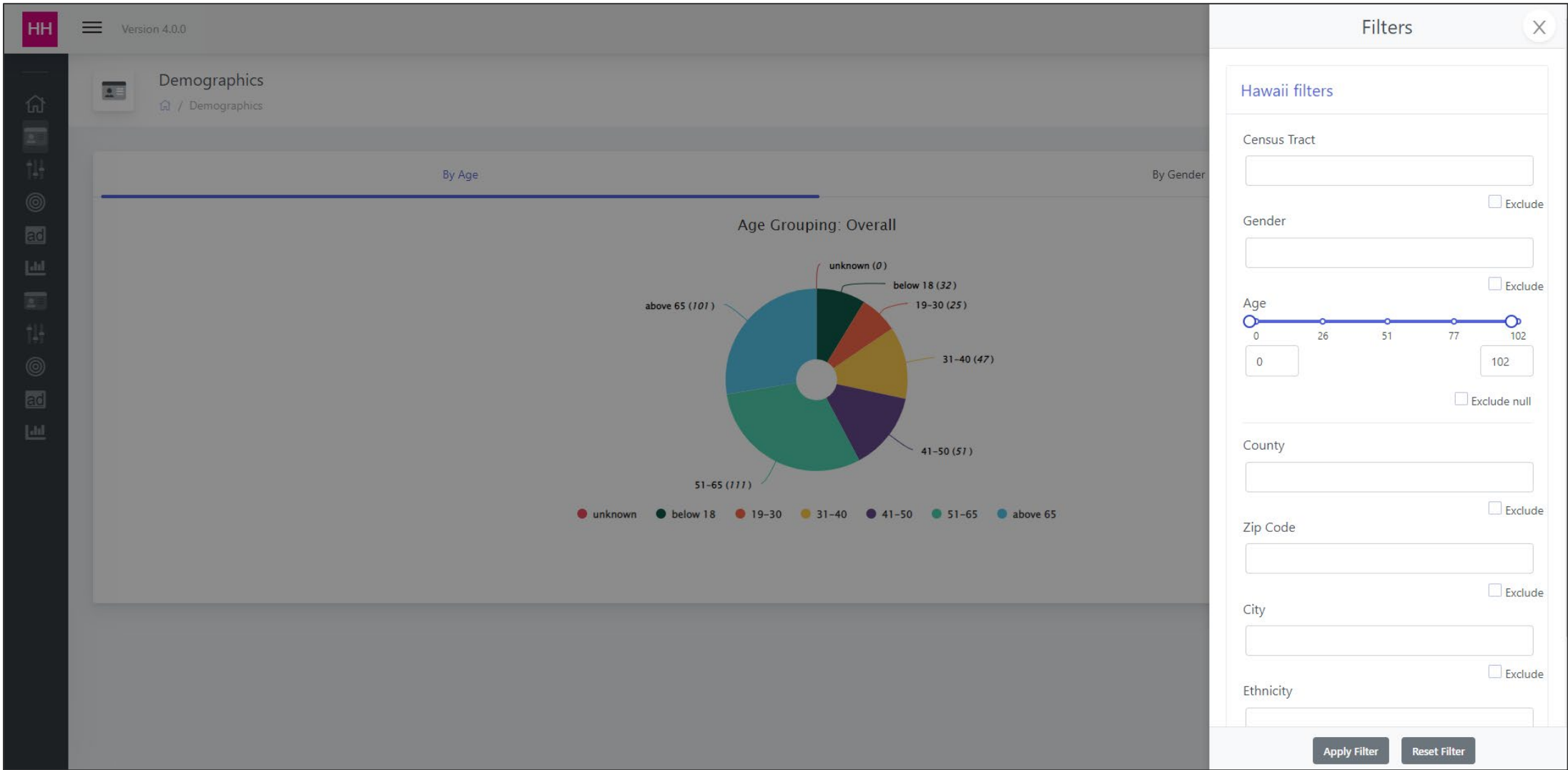
The screenshot displays the HH Version 4.0.0 application interface. A dark sidebar on the left contains navigation icons. The main header shows "HH" and "Version 4.0.0". The page title is "Non PHI-SVI by Census Tract", with a breadcrumb trail "/ Non PHI-SVI by Census Tract". Below the title, there's a "Show entries" dropdown set to "25" and a section labeled "Non PHI: SVI Table Total".

A "Filter" dialog box is open in the center, listing various demographic and socioeconomic factors for filtering:

- Street Address
- City
- State
- Postal Code
- Tract Code
- Socio economic
- Below Poverty
- Un Employed
- Per Capita Income
- No High School Diploma
- Household Composition and Disability
- Age 65 or Older
- Aged 17 or Younger
- Civilian with a Disability
- Single Parent Households
- Minority Status and Language

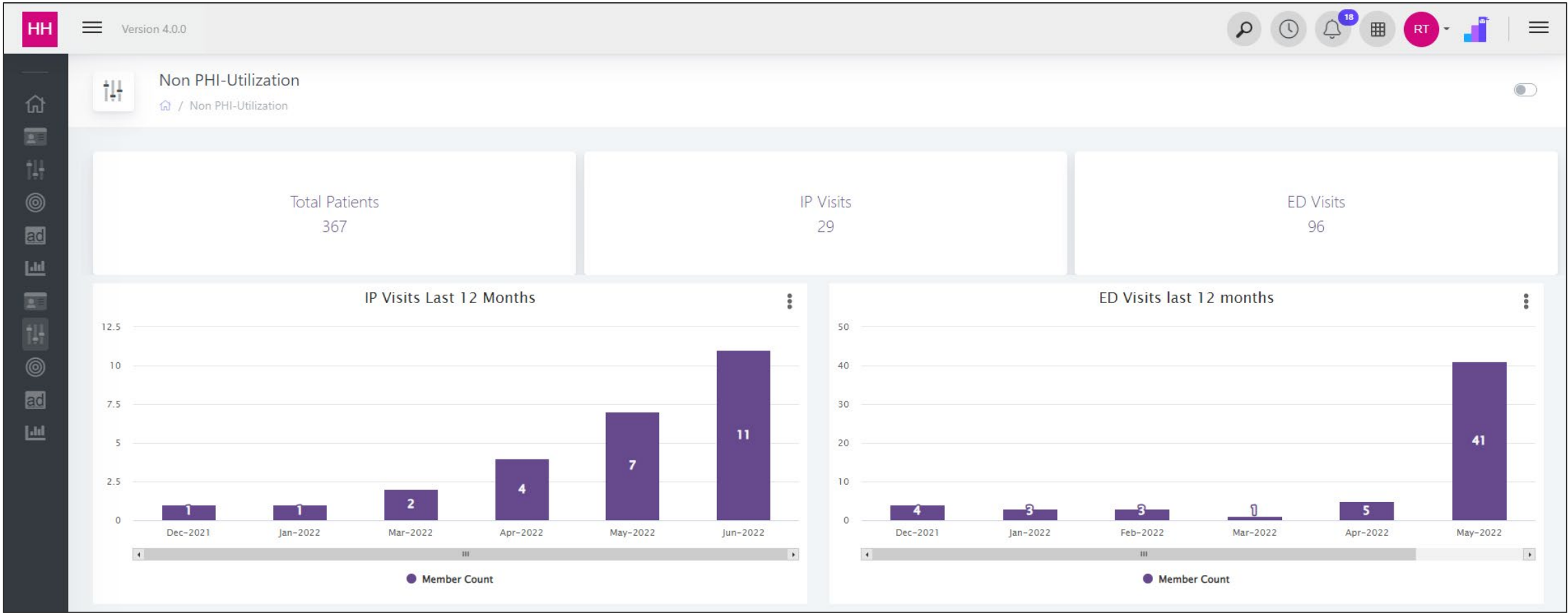
In the background, a data table is visible with columns: "Per Capita Income", "No High School Diploma", and "Household Comp...". The table contains multiple rows of numerical data.

# Analytics Platform





# Analytics Platform



# Analytics Platform

HH

Version 4.0.0

18

RT

Tract Code	# of Patients	Socioeconomic	Household Composition and Disability	Minority status and Language	Housing type And Transport	Overall Vulnerability	# of IP Visits	# of ED Visits
20100		0.7355	0.9453	0.4777	0.6495	0.7903		
20300		0.9677	0.6913	0.4777	0.8521	0.8774		
20400		0.8677	0.9132	0.5573	0.6592	0.8323		
20500		0.9871	0.9421	0.6783	0.8296	0.9645		
20600		0.8516	0.9196	0.3662	0.8553	0.8452		
20701		0.7774	0.8457	0.6146	0.2894	0.6581		
20702		0.4161	0.7846	0.6433	0.4437	0.5742		
20801		0.3226	0.717	0.3726	0.164	0.2903		
20802		0.3903	0.8006	0.1242	0.1318	0.2387		
20900		0.5484	0.7621	0.3153	0.0997	0.3258		
21003		0.9452	0.9518	0.3567	0.1222	0.6935		
21011		0.4452	0.9357	0.1783	0.6077	0.6129		
21013		0.8129	0.7331	0.5223	0.2219	0.5968		
21014		0	0	0	0	0		
21015		0	0	0	0	0		
21016		0	0	0	0	0		
21017		0	0	0	0	0		

Showing 1 to 25 of 38 entries

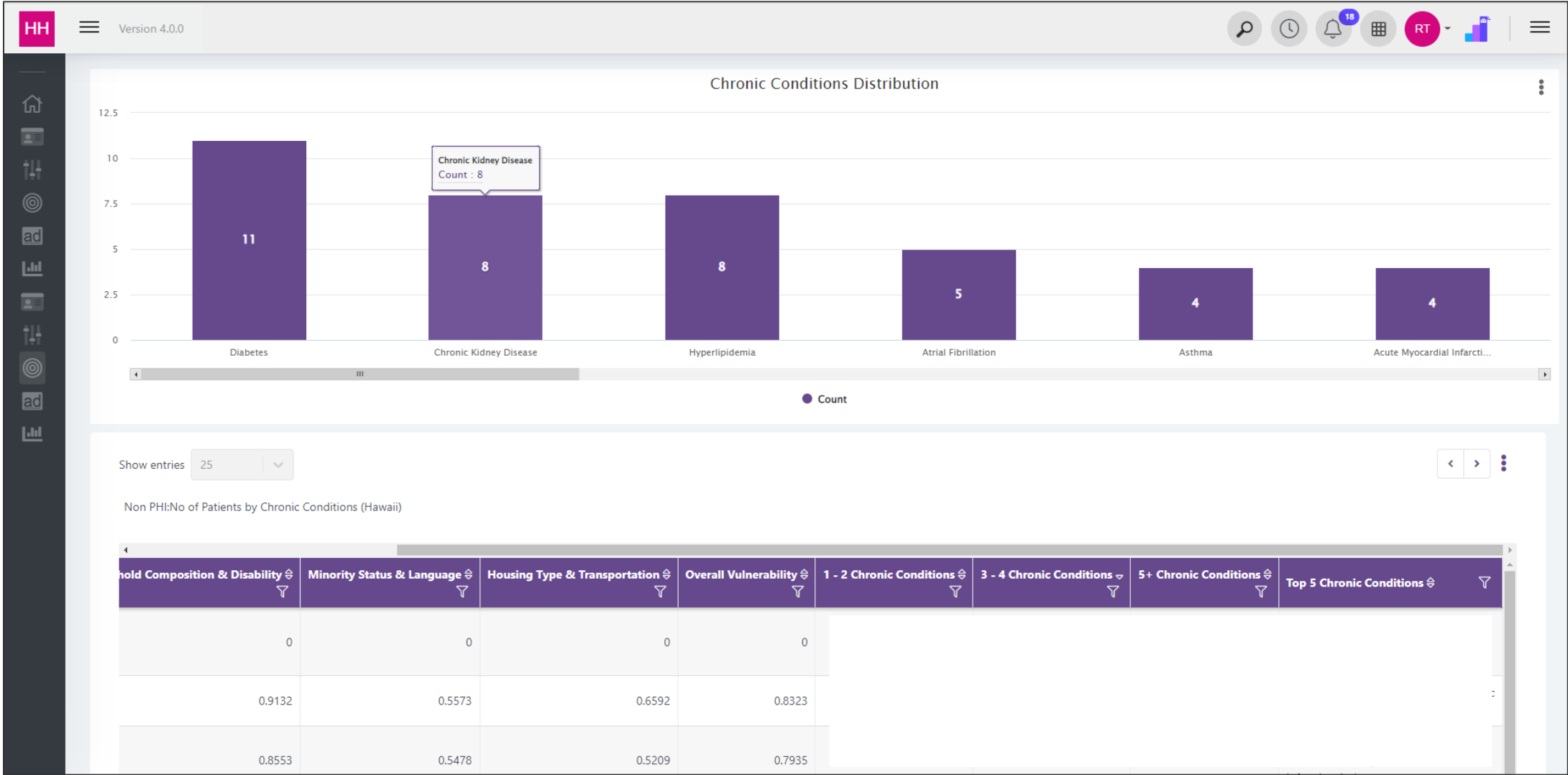
Previous

1

2

Next

# Analytics Platform



# Lessons Learned



SVI information is geography-specific, while clinical care information is patient-specific



Clinicians are not yet motivated to incorporate social determinant information in treatment plans (will need the “why” and “how”)



Non-traditional HIE users, such as county departments, see potential for query against social vulnerability information for service enhancement and planning



Confirm existing stakeholder needs

Identify additional stakeholders

Enhance SVI/Health dashboard

Identify additional data sources

Enhance risk model

## Next Steps



# The Importance and Momentum of Equity Alignment

## Health Information Exchanges . . .

- Are **redefining their role** within the industry
- Can deliver **comprehensive services** to meet the diverse and evolving data needs
- To provide **quantifiable value** to participants



# Questions?

**Thank You!**

**Al Ogata**

aogata@hawaiihi.com

**Dr. Karen Pellegrin**

karen3@hawaii.edu

**Renee Towne**

renee.towne@healthcatalyst.com