Using Dashboards on Health Equity Measures

Massachusetts Health Equity Task Force
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Topics

- Vison/Mission Health Equity
- Background on data collection
- Basis for dashboard creation
- Use of dashboards

Healthy People 2020 Governance Process

- HHS Process Began in 2010
  - One of the overarching goals:
    - Achieve health equity, eliminate disparities, and improve the health of all groups
  - IOM leading health indicators were developed
  - Process shifted to states

Healthy People 2020

- Leading Indicators:
  - Access to Care
  - Healthy Behaviors
  - Chronic Disease
  - Environmental Determinants
  - Social Determinants
  - Injury
  - Mental Health
  - Maternal & Infant Health
  - Responsible Sexual Behavior
  - Substance Abuse
  - Tobacco
  - Quality of Care

Healthy Connecticut 2020

- CT version of Healthy People 2020
- Used State Health Assessment
- Established State Health Improvement Planning Coalition
- Current performance was assessed and targets developed to track outcome over time
- Dashboards developed to track progress on indicators

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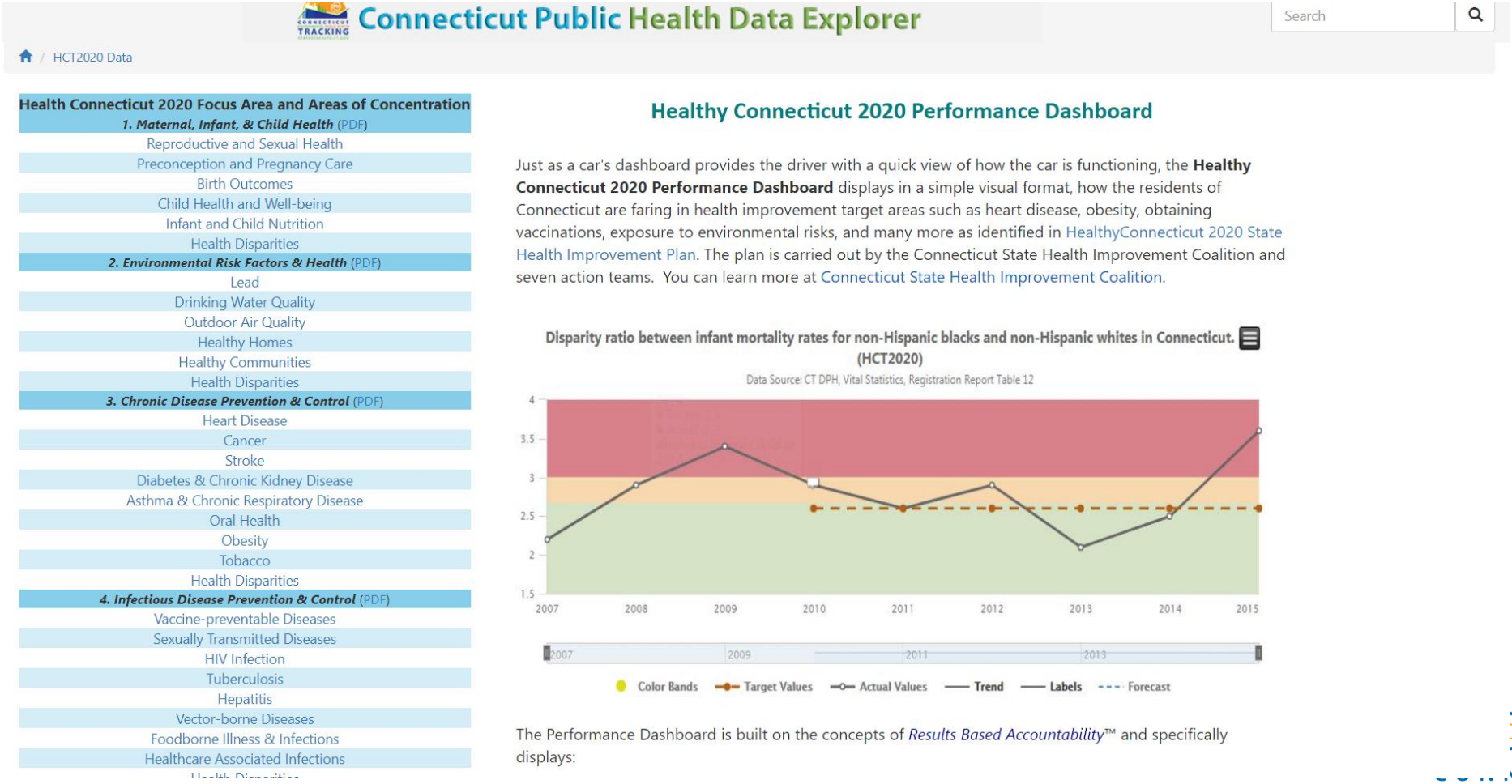
Dual Uses

- Health People 2020 and State Innovation Model
- CMMI Multipayer delivery and payment reform
- Intentional alignment on several indicators to track improvement
- Healthy People dashboards are based on survey data at state population level
- For SIM, had to make other efforts to collect REaL data for clinical reporting and claims for provider entity experience –more in a bit

Use of Dashboards

- High level reporting
  - Targeting interventions
  - Public information
- Value-based payments
  - Improve clinical performance
  - Stratify data for public and clinical performance
  - Target new health equity measures

Dashboard examples



HCT2020 Maternal, Infant, and Child Health Health Disparity

Pdf

		Time Period	Current Actual Value	Current Target Value	Current Trend
R	Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.				
I	Birth Outcomes — Disparity ratio between infant mortality rates for non-Hispanic blacks and non-Hispanic whites in Connecticut. (HCT2020)	2019	2.4	2.6	↗ 1
I	FA1 MICH — Percent of children under 3 years of age at greatest risk for oral disease who receive any dental care. (HCT2020)	2018	46.8%	45.8%	↘ 2
I	Family Health — Percent of children up to 19 years of age at greatest risk for poor health outcomes that receive well-child visits (e.g., enrolled in HUSKY A). (HCT2020)	2011	62.9%	69.1%	↘ 1
I	Disparity ratio between rates of unplanned pregnancy for non-Hispanic blacks and non-Hispanic whites in Connecticut.	2018	2.30	2.43	↘ 1
I	Disparity ratio between rates of unplanned pregnancy for Hispanics and non-Hispanic whites in Connecticut.	2018	2.10	2.07	↗ 1
I	Disparity ratio between percent of very low birthweight singleton births for non-Hispanic blacks and non-Hispanic whites in Connecticut.	2019	3.80	3.38	↘ 1
I	Disparity ratio between percent of very low birthweight singleton births for Hispanics and non-Hispanic whites in Connecticut.	2019	2.29	1.41	↘ 1
I	Disparity ratio between percent of low birthweight singleton births for non-Hispanic blacks and non-Hispanic whites in Connecticut.	2019	2.18	2.11	↘ 1
I	Disparity ratio between percent of low birthweight singleton births for Hispanics and non-Hispanic whites in Connecticut.	2019	1.60	1.40	→ 1
I	Disparity ratio between the proportion of live singleton births delivered at less than 37 weeks gestation for non-Hispanic blacks and non-Hispanic whites in Connecticut	2019	1.56	1.62	↘ 1
I	Disparity ratio between the proportion of live singleton births delivered at less than 37 weeks gestation for Hispanics and non-Hispanic whites in Connecticut	2019	1.30	1.33	↘ 1

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HCT2020 Environmental Risk Factors and Health Health Disparity

Pdf

R Enhance Public Health by Decreasing Environmental Risk Factors	Time Period	Current Actual Value	Current Target Value	Current Trend
I Environment — Ratio of Hispanic to non-Hispanic children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2017	1.4	1.6	↘ 2
I Environment — Ratio of black to non-black children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2017	2.3	1.9	↘ 1

HCT2020 Infectious Disease Prevention and Control Health Disparity

Pdf

R	Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.	Time Period	Current Actual Value	Current Target Value	Current Trend
I	Inf Dis Prevent — Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM). (HCT2020)	2019	119	148	↘ 3
I	Inf Dis Prevent — Number of newly diagnosed cases of HIV in Connecticut among black females.	2019	27	39	↘ 2
I	Inf Dis Prevent — Number of incident syphilis cases in Connecticut among HIV-infected men who have sex with men. (HCT2020)	2019	35	—	↗ 1
I	Inf Dis Prevent — Rate of gonorrhea incidence in Connecticut, by black race (# per 100,000 population). (HCT2020)	2019	309	282	↘ 1
I	Inf Dis Prevent — Rate of gonorrhea incidence in Connecticut, by Hispanic ethnicity (# per 100,000 population). (HCT2020)	2019	113	63	↘ 1
I	Inf Dis Prevent — Rate of chlamydia incidence in Connecticut, by black race (# per 100,000 population). (HCT2020)	2019	514	1,080	↘ 3
I	Inf Dis Prevent — Rate of chlamydia incidence in Connecticut, by Hispanic ethnicity (# per 100,000 population). (HCT2020)	2019	389	387	↗ 4

Healthy CT 2020 Injury and Violence Prevention

Pdf

R Create an environment in which exposure to injuries in minimized or eliminated. (HCT2020)	Time Period	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
I Injury Number of deaths from falls among persons of all ages in Connecticut. (HCT2020)	2018	401	301	↗ 1	19% ↗
I Injury Number of deaths caused by unintentional poisonings. (HCT2020)	–	–	–	–	–
I Injury Number of hospitalizations for unintentional poisonings. (HCT2020)	–	–	–	–	–
I Injury Number of deaths from motor vehicle traffic crashes in Connecticut. (HCT2020)	2018	291	295	↗ 1	-6% ↘
I Injury Rate of suicide in Connecticut (Age-specific rate per 100,000). (HCT2020)	2018	5.8	4.0	↘ 1	0% →
I Injury Rate of suicide for persons 20 to 24 years of age in Connecticut (Age-specific rate per 100,000). (HCT2020)	2016	8.1	9.8	↗ 1	-11% ↘
I Injury Rate of suicide for persons 25 to 34 years of age in Connecticut (Age-specific rate per 100,000). (HCT2020)	2016	11.5	9.8	↘ 1	49% ↗
I Injury Rate of suicide for persons 35 to 44 years of age in Connecticut (Age-specific rate per 100,000). (HCT2020)	2016	10.6	11.8	↘ 1	-17% ↘
I Injury Rate of suicide for persons 45 to 54 years of age in Connecticut (Age-specific rate per 100,000). (HCT2020)	2016	17.4	13.6	↘ 1	55% ↗
I Injury Rate of suicide for persons 55 to 64 years of age in Connecticut (Age-specific rate per 100,000). (HCT2020)	2016	18.4	13.5	↗ 2	82% ↗
I Injury Proportion of Connecticut students in grades 9-12 who seriously considered attempting suicide. (HCT2020)	2019	12.7%	11.7%	↘ 1	-16% ↘
I Injury Percent of Connecticut high school students in grades 9-12 who attempted suicide in the past 12 months. (HCT2020)	2019	6.7%	5.4%	↘ 1	-45% ↘
I Injury Incidence rate of sexual violence (SV) arrests 2008 - 2013 per 100,000 Connecticut residents. (HCT2020)	2013	17.6 per 100,000	15.1 per 100,000	↘ 1	-5% ↘

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COVID reporting – CT has an open data portal

COVID-19 data | Connecticut Data

These are daily reports from DPH on testing and vaccination

Reports are broken down by race & ethnicity

COVID-19 Data Resources

Connecticut's open data portal provides centralized access to data on the COVID-19 emergency and response, and supplements information available on the state's COVID-19 portal. Questions or suggestions can be posted via individual datasets or here.

New to the Open Data Portal? Learn how to navigate the portal and find data here.

Connecticut COVID-19 Summary

Summary for the most recent day of reporting. Includes confirmed plus probable cases; probable cases include persons with positive antigen results

Measure	Total	ChangeDirection	Change
COVID-19 Cases (confirmed and probable)	248,765	+	1,426
COVID-19 Tests Reported (molecular and antigen)	5,658,506	+	40,185
Daily Test Positivity*			3.55%
Patients Currently Hospitalized with COVID-19	995	-	21
COVID-19-Associated Deaths	7,020	+	44

Daily test positivity is the number of new positive molecular and antigen cases divided by the number of new molecular and antigen tests reported in the past 24 hours.

Table: Ver 12.1.2020 • Source: CT Department of Public Health • Get the data • Created with Datawrapper

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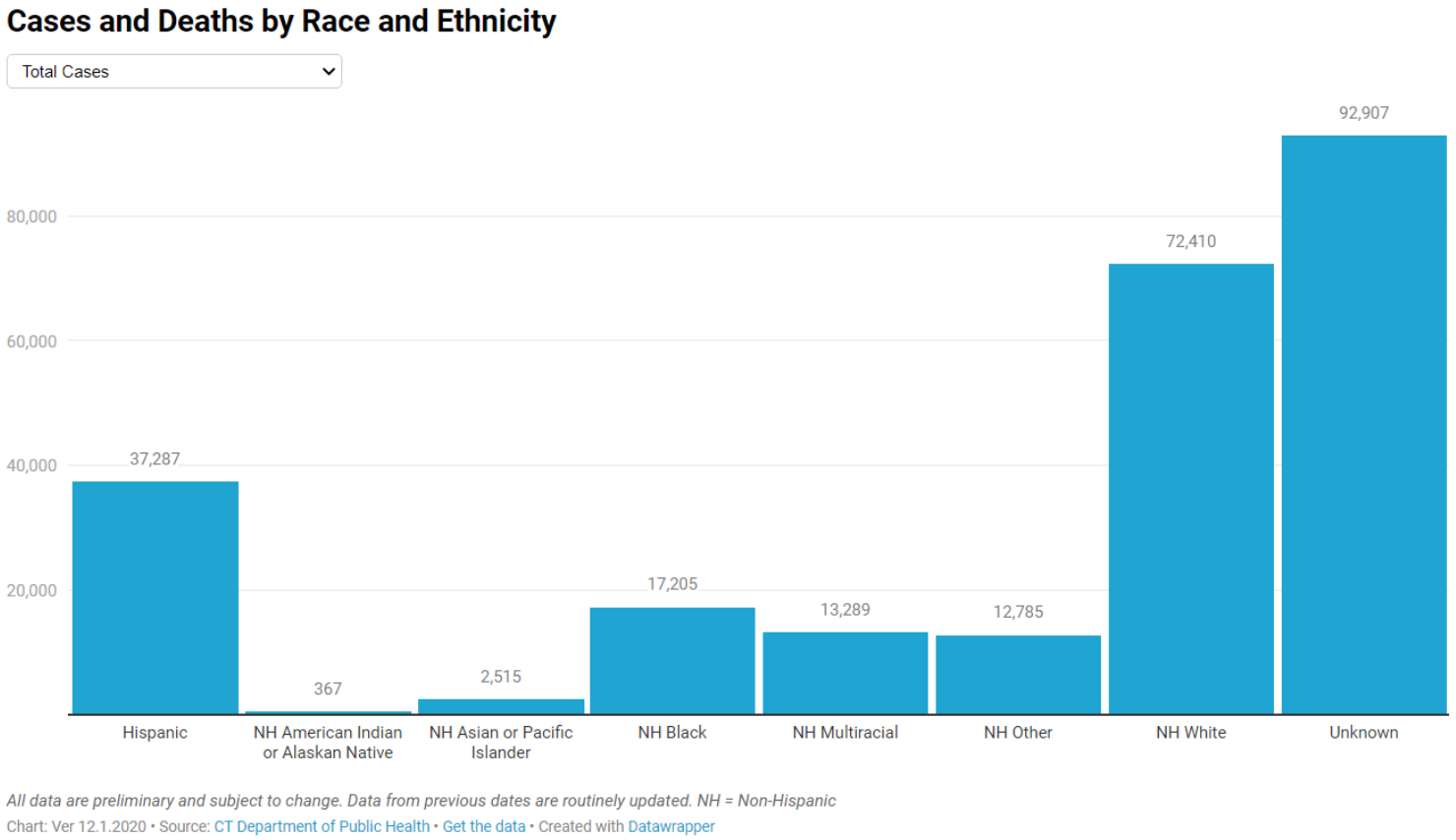
Preamble to following dashboards

- The following graphs show the number and rate of cases and deaths by race and ethnicity. Categories are mutually exclusive. The category “multiracial” includes people who answered ‘yes’ to more than one race category. Approximately 30% of COVID-19 reports are missing information on the patient's race and ethnicity.

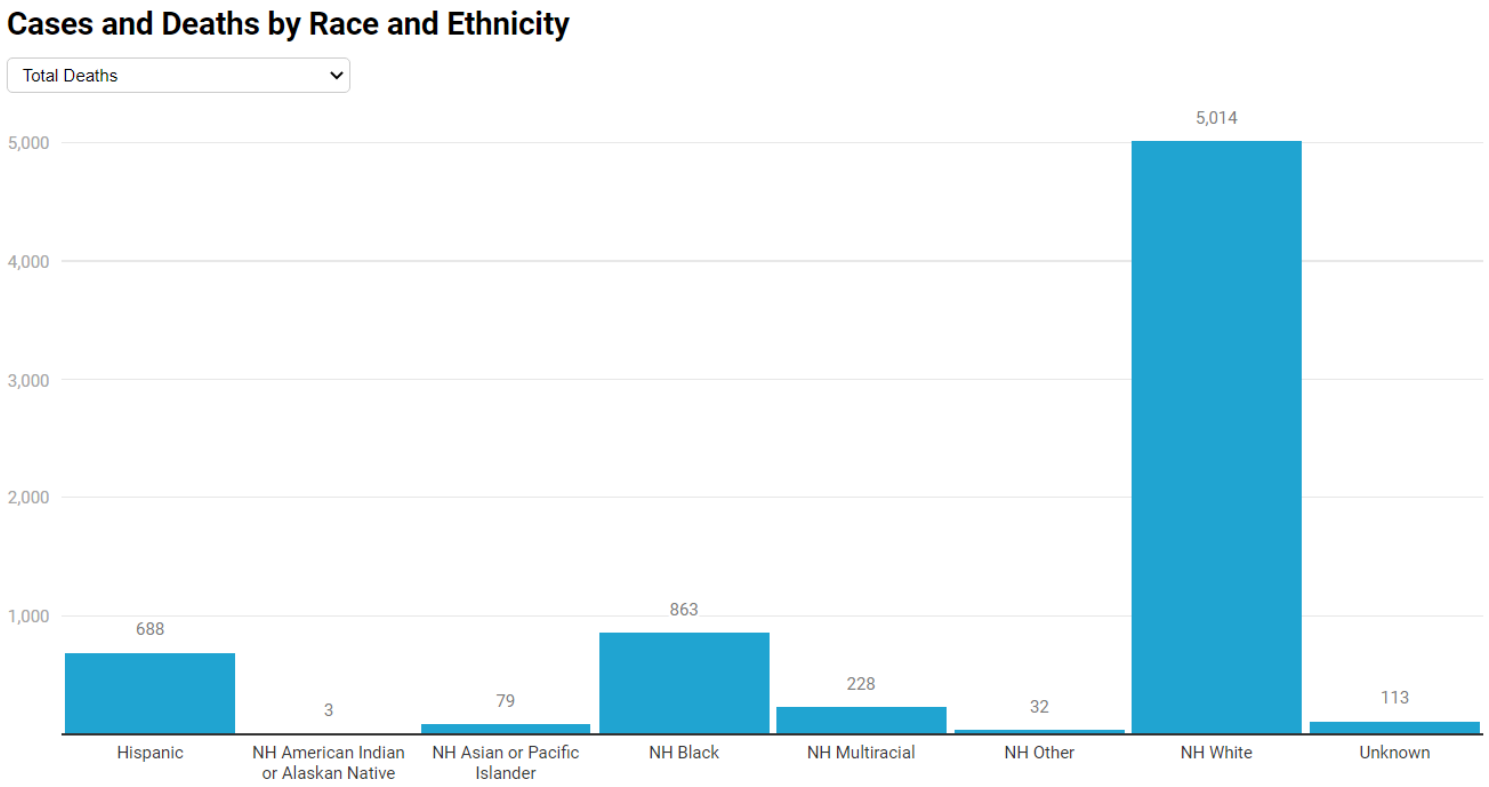
- Additionally, the graphs show the rate of COVID-19 cases and COVID-19-associated deaths per 100,000 population by race and ethnicity. Crude rates represent the total cases or deaths per 100,000 people. Age-adjusted rates consider the age of the person at diagnosis or death when estimating the rate and use a standardized population to provide a fair comparison between population groups with different age distributions. Age-adjustment is important in Connecticut because the median age of among the non-Hispanic white population is 47 years, whereas it is 34 years among non-Hispanic blacks, and 29 years among Hispanics. Because most non-Hispanic white residents who died were over 75 years of age, the age-adjusted rates are lower than the unadjusted rates. In contrast, Hispanic residents who died tend to be younger than 75 years of age which results in higher age-adjusted rates.

- The 2018 Connecticut DPH Population Statistics and 2000 US Standard Million populations were used for age adjustment. Categories are mutually exclusive. Cases missing data on race/ethnicity are excluded from calculation of rates. NH=Non-Hispanic

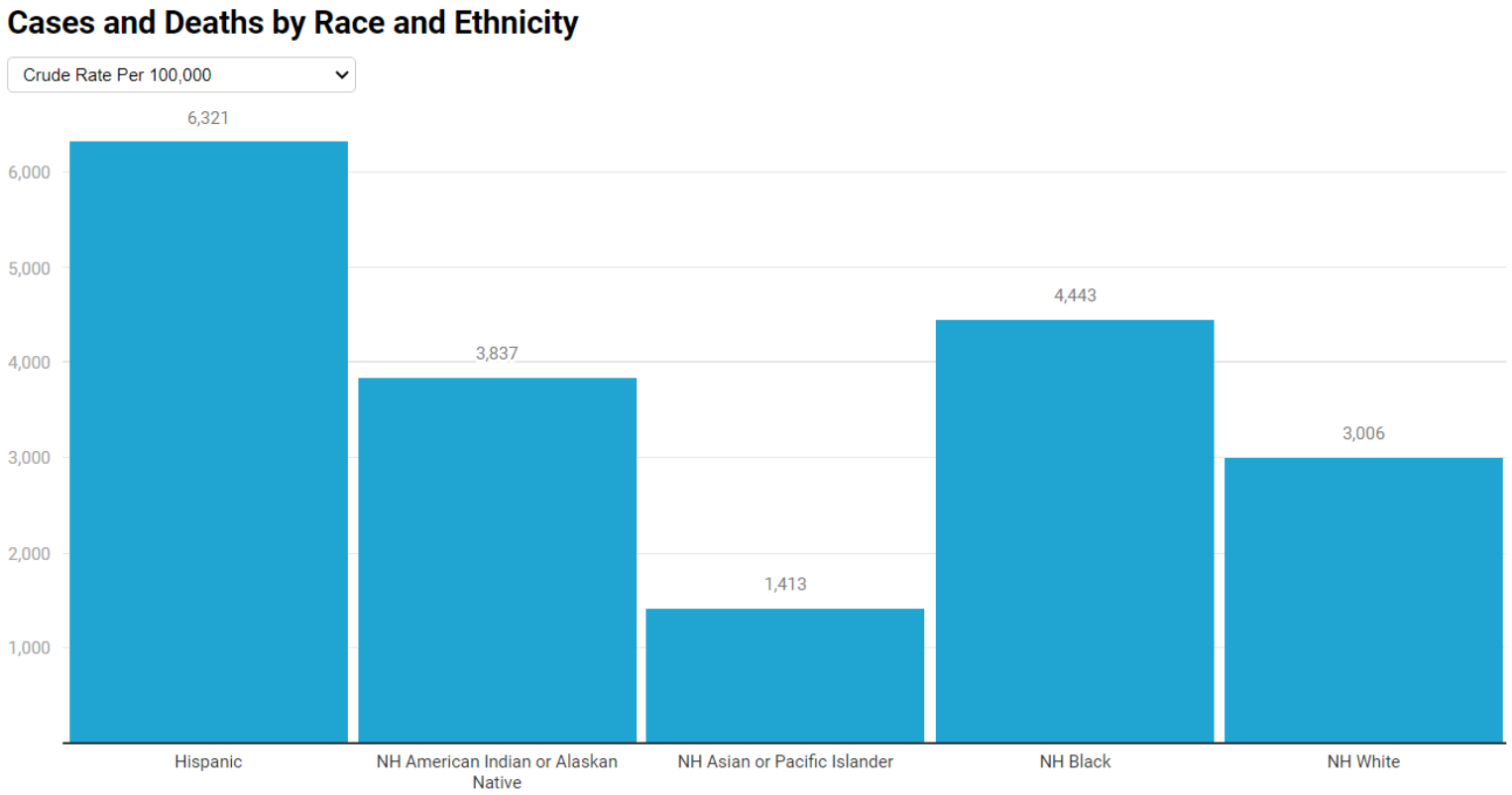
Total Cases by R/E



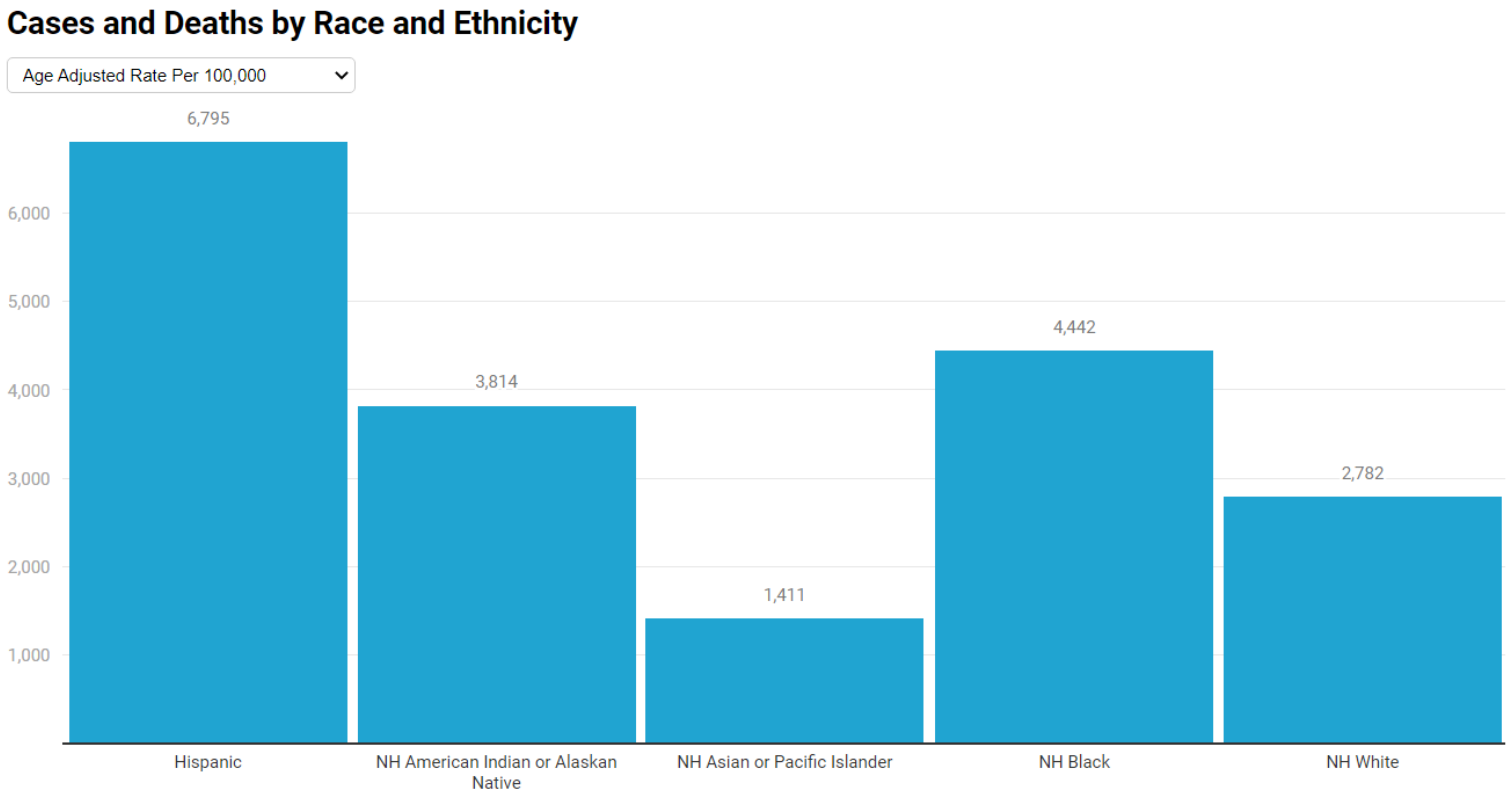
Total Deaths by R/E



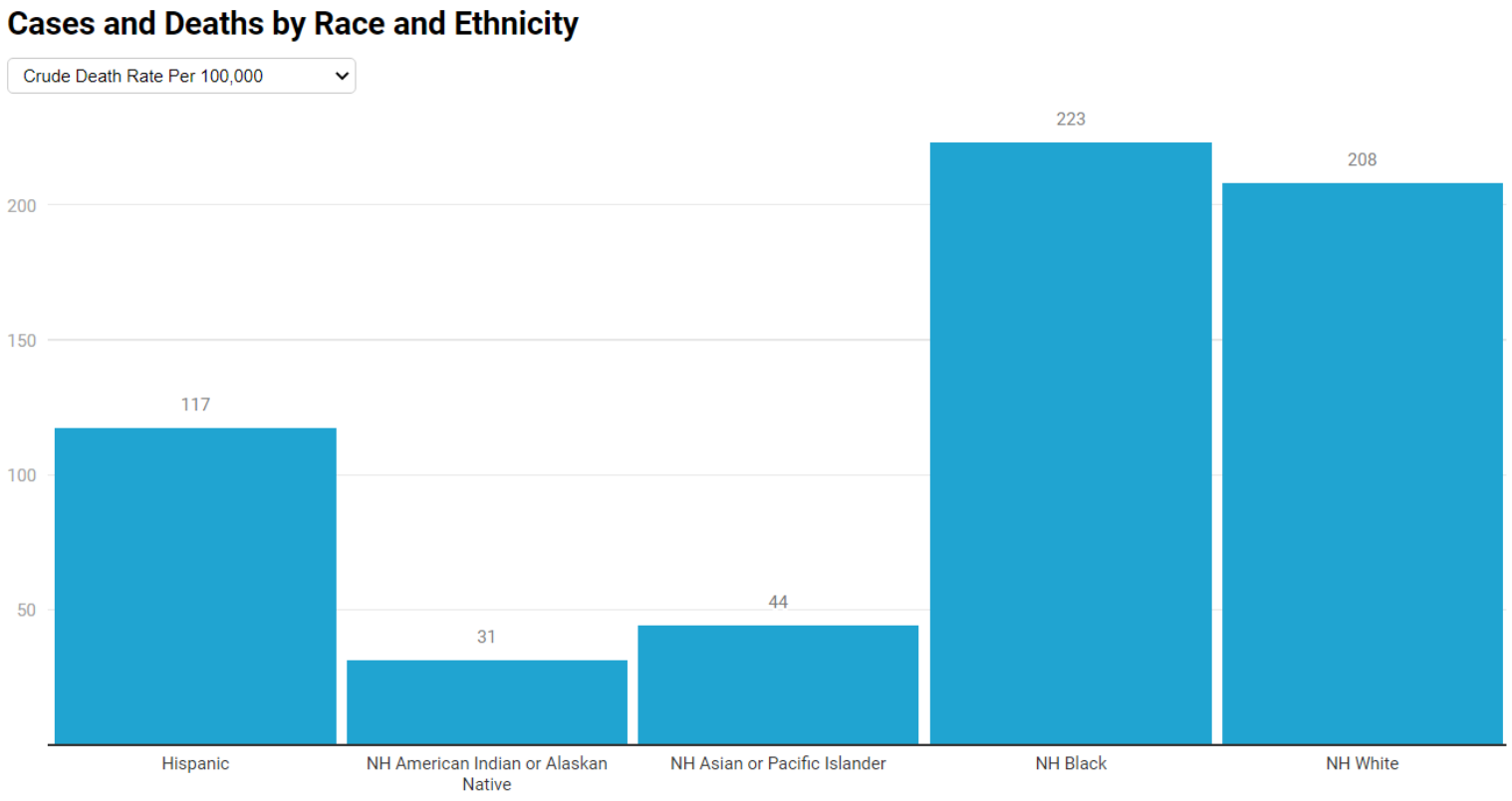
Cases – Crude Rates per 100,000



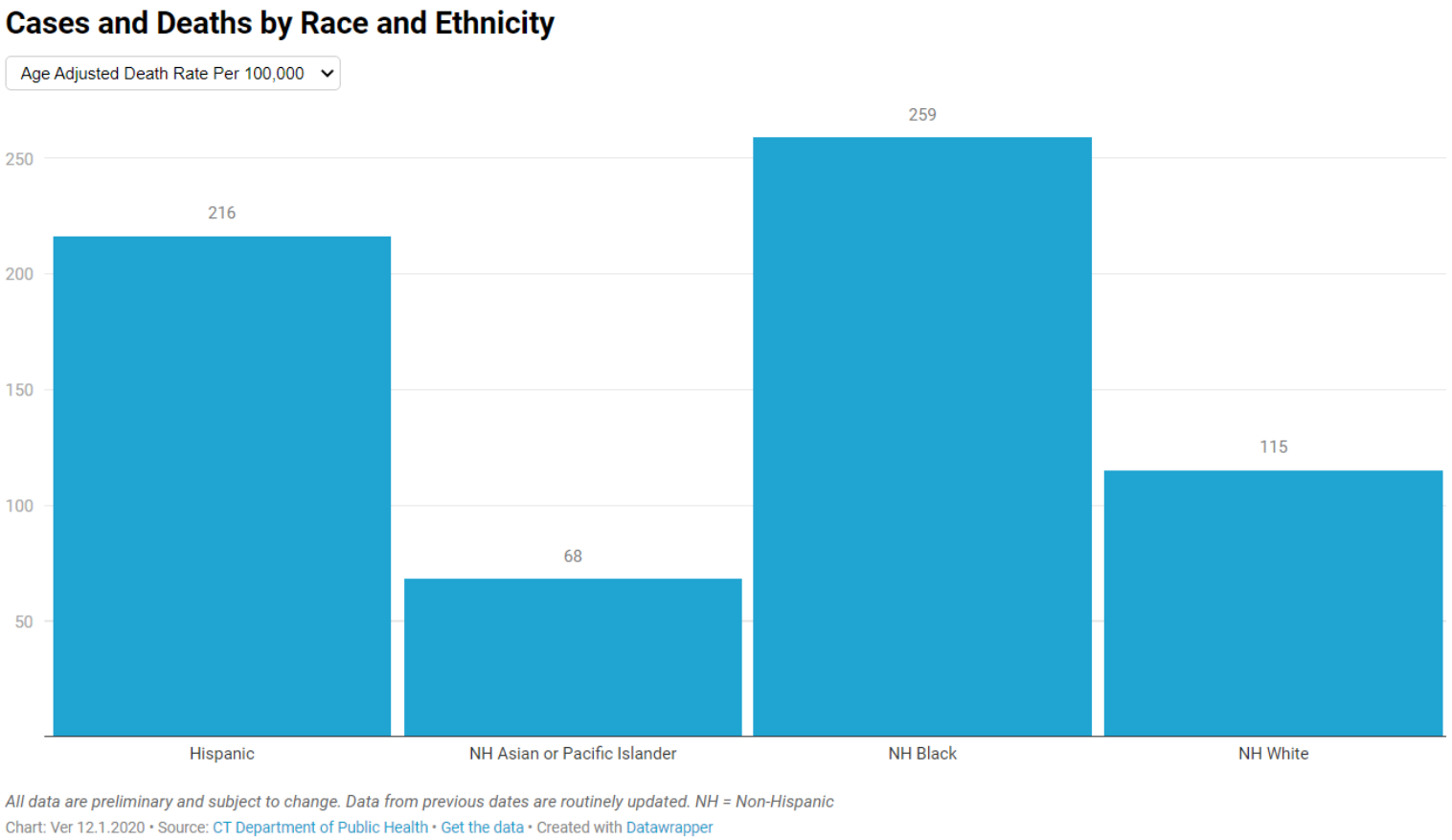
Cases – Age Adjusted Per 100,000



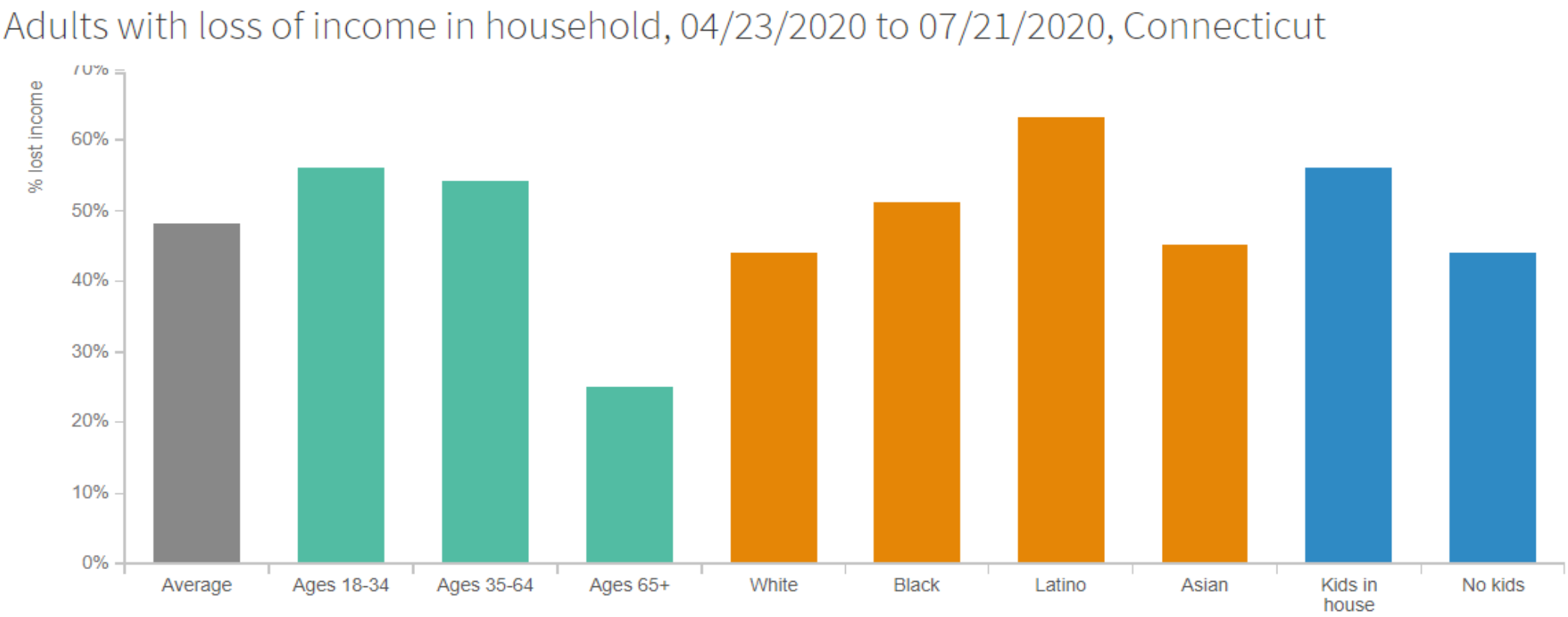
Crude Death Rates per 100,000



Age Adjusted Deaths per 100,000

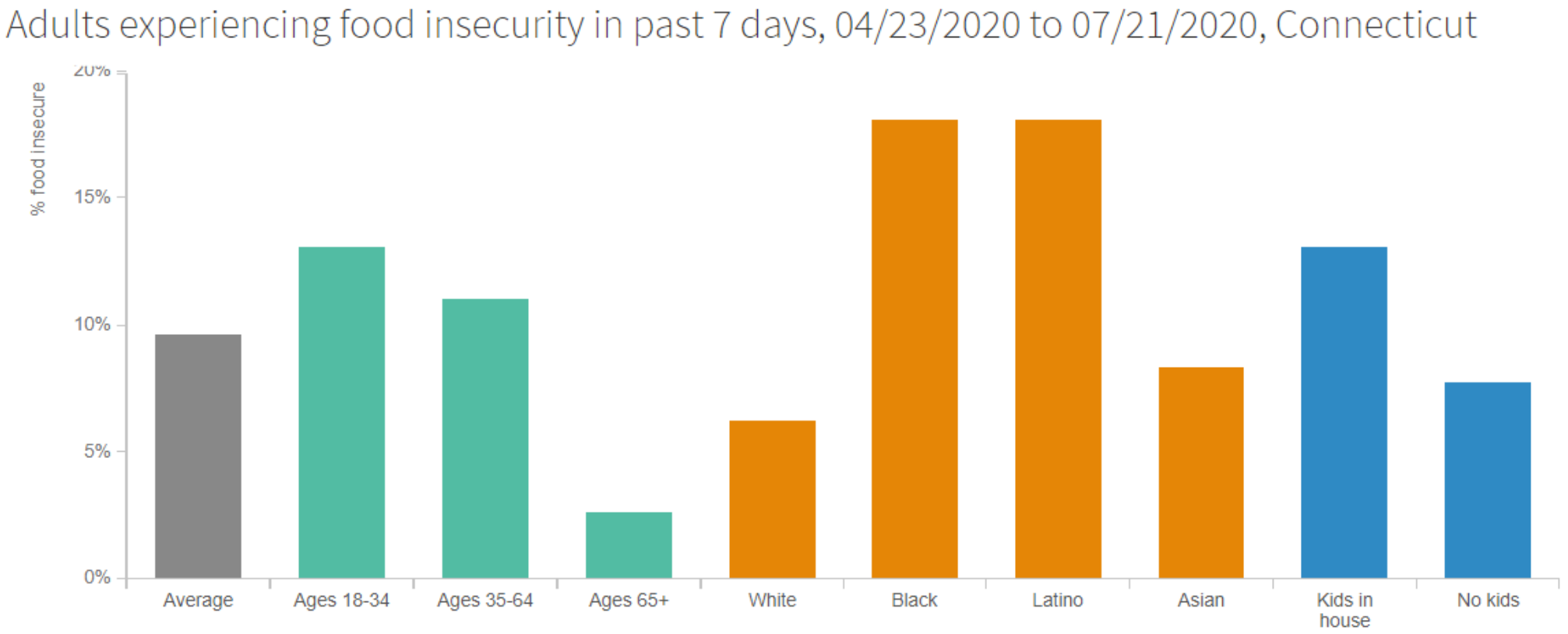


Tracking with other data to develop strategies



Source: DataHaven 2020 Community Wellbeing Survey

Tracking for Food Security and Q & I Strategies



Source: DataHaven [2020 Community Wellbeing Survey]

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More to Do

- We need to keep improving here
  - Need master person index use across agencies and entities to ensure proper tracking
  - Need standardized collection of REaL data that includes standardized disaggregated data
  - OHS proposing such in legislation this session
- Takes will and support
- Need to use the data and combine with other sources to target interventions (e.g., vaccine strategy)