

Creating a Process and Tools for Centering Health Disparity Data in Public Health Work

Luke Gifford & Emily Scarcello

Chronic Disease Prevention & Control Program (CDPCP)
Health Promotion Unit, Division of Public Health
Nebraska Department of Health and Human Services



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Luke Gifford, B.S.

Diabetes Management & Education Coordinator

- 3 yrs with the NE DHHS Chronic Disease Program
- Certified Diabetes Self-Management Education and Support (DSMES) State Quality Specialist
- 6 yrs previous work experience in worksite wellness



Emily Scarcello, MPH, CHES

Epidemiologist & Evaluator

- 3 yrs with the NE DHHS Chronic Disease Program
- Cardiovascular Health Council Area Network Liaison, National Association of Chronic Disease Directors (NACDD)
- Leader and master trainer for several chronic disease self-management programs

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Session Overview

Agenda:

- I. Background
 - Need for a process and tool
 - Development process
- II. Overview of the process and tool
- III. Demo of the tool
- IV. Outcomes
- V. Looking to the Future
- VI. Questions/Discussion (~ 10 minutes)

Objectives:

- 1) Identify when and why processes and tools that prioritize identification of health disparities are needed
- 2) Develop ideas for prioritizing health equity when collecting and utilizing data

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Chronic Disease Prevention & Control Program (CDPCP) Overview

Mission: Support Nebraska communities in reducing the burden of cancer, type 2 diabetes, and heart disease and stroke.

- Heart Disease & Stroke Program
- Diabetes Program
- Comprehensive Cancer Program
- Chronic Disease Self-Management Programs

In Nebraska, in 2021:
8 of the top 10 leading causes of death were chronic diseases:

- 1) Heart Disease
- 2) Cancer
- 4) Chronic Lower Respiratory Diseases
- 6) Stroke
- 7) Alzheimer's Disease
- 8) Diabetes
- 9) Hypertension
- 10) Chronic Liver Disease/Cirrhosis

National Vital Statistics System, 2021, Centers for Disease Control and Prevention.

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Why develop a process and tool?

<p>I. Evidence-based Approaches to Diabetes Management: 1) Increase access, appropriateness, and feasibility of diabetes</p>	<p>Increase in the number of organizations implementing evidence-based</p>	<p>Increase in participation in evidence-based community behavioral</p>	<p>Decrease in the proportion of people with diabetes with an A1C > 9% (I, III)</p>
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Nebraska Diabetes Health Partners

Diabetes Self-Management Education and Support (DSMES)

- Alegent Creighton Clinic & CHI Community Health Workers
- Prairie Center Internal Medicine and Nephrology- Grand Island
- Valley County Health
- Boone County Health Center
- Gothenburg Health
- CHI Health St. Mary's
- Elkhorn Logan Valley Public Health Department
- Nebraska Enhanced Services Pharmacy Network (NESP)

Diabetes Prevention Program

- Panhandle Public Health District
- Douglas County Health Department
- South Heartland District Health Department
- UNMC Engage Wellness

Out of State Partnerships

- DTTAC Advance Lifestyle Coaching -Emory University
- ADGES-DSMES Technical Assistance and Webinars
- Prevention (HALT)-NDPP platform
- Zeta Global

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Development Process

Process Inspiration

Commit To Participating
Assess Your Practice or System
Training
Activate Your Community Resources
Prepare Your Action Plan
Utimize Your Plan
Leverage Your Data
Test and Implement Your Approach

Georgia Department of Public Health

Tool Inspiration

SCHOOL HEALTH INDEX - ELEMENTARY SCHOOL

Sample Completed Score Card

Module 1: School Health and Safety Policies and Environment

Instructions

- Carefully read and discuss the Module 1 Discussion Questions (pages 5-34), which contain questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module (pages 26-37).

	Full in Place	Partially in Place	Under Development	Not in Place
CC.1. Representative school health committee or team	3	2	1	0
CC.2. Written school health and safety policies	3	2	1	0
CC.3. Communicable health and safety policies for students, parents, staff, teachers, and visitors	3	2	1	0
CC.4. Clearing barriers to learning	3	2	1	0
CC.5. Emergency preparedness	3	2	1	0
CC.6. Local school nutrition policy	3	2	1	0
CC.7. Standard recreation policy	3	2	1	0
CC.8. Written crisis preparedness and response plan	3	2	1	0
CA.1. Student safety assessment	3	2	1	0
CA.2. Safety	3	2	1	0
CA.3. Emergency evacuation standards	3	2	1	0
CA.4. Security or physical safety, facilities complete school tours	3	2	1	0
CA.5. Facility safety official, active fire drill	3	2	1	0
CA.6. Facility safety official, active fire drill	3	2	1	0
CA.7. Facility safety official, active fire drill	3	2	1	0
CA.8. Facility safety official, active fire drill	3	2	1	0
CA.9. Facility safety official, active fire drill	3	2	1	0
CA.10. Facility safety official, active fire drill	3	2	1	0
CA.11. Facility safety official, active fire drill	3	2	1	0
CA.12. Facility safety official, active fire drill	3	2	1	0
CA.13. Facility safety official, active fire drill	3	2	1	0
CA.14. Facility safety official, active fire drill	3	2	1	0
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CA.97. Facility safety official, active fire drill	3	2	1	0
CA.98. Facility safety official, active fire drill	3	2	1	0
CA.99. Facility safety official, active fire drill	3	2	1	0
CA.100. Facility safety official, active fire drill	3	2	1	0
TOTALS TOTAL: For each column, add up the numbers that are circled and enter the sum in this row.	28	12	7	0
TOTAL POINTS: Add the four rows above and enter the total in the right.				37
NOTE: For simplicity, this example shows only Core Content, Physical Activity, and Nutrition Items. The administrator has been adjusted accordingly.				62%

Centers for Disease Control and Prevention (CDC)

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Process – CAAPIE Framework

Capture baseline data to identify needs for the project

Assess your organization's practices, processes and policies

Action **P**lan and set targets based on needs and priorities identified through previous steps

Implement the action plan

Evaluate the process and impact of the work

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Tool – The Scan & Plan Tool



Time for a demo of our current diabetes Scan & Plan Tool!

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Outcomes - Internal

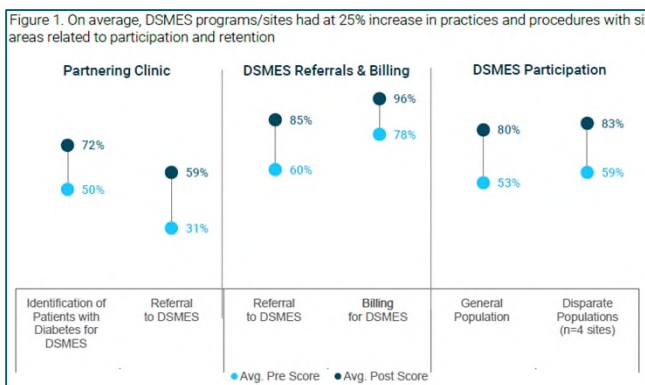
- Data to fill in gaps
- Improved staff onboarding
- Improved subawarding/contracting
- More thorough performance measure and evaluation reporting
 - Clear evaluation and data collection methodology
- Publications
- National presentations and kudos



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Outcomes - External

- Five DSMES programs/sites had completed CAAPIE Framework
 - Enrolled 347 people w/diabetes in a DSMES program
 - 317 (91%) attended at least one session
 - Enrolled 142 people w/diabetes (A1c>9%) from priority populations
- On average all DSMES programs had a 25% increase in practices and procedures with six areas related to participation and retention.

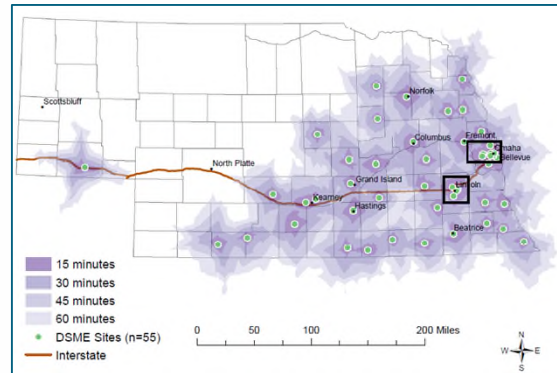


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Centering Health Equity with Partners

- DSME Programs Population Data
 - Identify a priority population
- Quality improvement work focusing on reaching priority populations
 - Innovative solutions to overcome obstacles & challenges
- SDOH screening scoring criteria to focus on social care needs

Drive Time to Diabetes Self-Management Education in NE



American Diabetes Association (ADA) and American Association of Diabetes Educators (AADE) websites, accessed July 2017. Created by: Ami Sedani, Chronic Disease Epidemiologist, Chronic Disease Prevention and Control Program, Nebraska Department of Health and Human Services

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Ideas for Future Improvement

- New Format – Maybe online?
- Reduce the written instruction within the tool
- Align the tool more with existing reporting guidelines (e.g. American Heart Association's Target BP or reimbursement reporting)
- Support partners in completing 2+ years of CAAPIE
- Pilot CAAPIE and the Scan & Plan tool with other projects
- Make prompts in the Action Steps section SMARTIE
- Publicly share the data
 - Create aggregate visualizations

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Thank you!



Mindy Anderson-Knott, Liz Gebhart-Morgan, and Cole Boyle



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC-RFA-DP18-1815

CDC-RFA-DP18-1817

CDC-RFA-DP-23-0004

CDC-RFA-DP-23-0020

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Questions?

Contact Information

Chronic Disease Prevention & Control Program

Email: dhhs.cdpcprogram@nebraska.gov

Website: <https://dhhs.ne.gov/Pages/Chronic-Disease.aspx>

Luke Gifford

luke.gifford@nebraska.gov

402-471-3442

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Capture Baseline Data

The organization will capture baseline data on relevant patient health outcomes through the **Scan & Plan Tool**. This includes data such as:

- Number of patients
 - Number of patients by demographic category
 - Number of patients by demographic category who have _____ (diabetes or hypertension)
 - Number of patients by demographic category who have uncontrolled _____ (diabetes or hypertension)
- Number of patients with _____ (diabetes or hypertension) who have received a referral to a chronic disease self-management program and/or social service/support

C

A

Assess Policies and Practices

Still utilizing the **Scan & Plan Tool**, the organization will assess the policies, practices, and procedures in place for each strategy they will implement. The organization should bring a team together to review the statements and assess all criteria on a four-point scale, from “not in place” to “fully in place.” The assessment helps the organization identify areas they may want to address as part of the project.

Create an Action Plan

One of the last tabs on the **Scan & Plan Tool** auto-populates a comprehensive action plan based on information and data the organization supplied on other tabs in the Excel file. The organization may request technical assistance or support from the CDPCP as they finalize their action plan. Once the organization finalizes and submits the action plan, the CDPCP team will review and approve it.

AP

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Implement the Action Plan

Organizations will have 9-12 months to implement their action plan. During this time, they will also:

- Submit **Progress Reports** using a template provided by the CDPCP to document updates on work, including barriers or challenges and successes experienced.
- Participate in check-in calls with the CDPCP.

Evaluate the Efforts

Throughout the project, the organization will engage in evaluation efforts by:

- Participating in focus groups or interviews regarding the CAAPIE tools and progress on the action plan.
- Submitting a **Mid-Year Data Report** to report progress toward targets and outcomes.
- Complete a **Post Scan & Plan Tool** to determine what changes took place.

E