2022 AIM Data Support Community of Learning

Thursday, May 05, 2022, 2:00PM-3:30PM, EST
Welcome

- You are **muted** upon entry to the call
- **You will have the ability to unmute** yourself during Q&A times
- We encourage participants to remain muted in an effort to reduce background noise
- If you are experiencing technical difficulties, please chat an AIM staff member or email aimdatasupport@acog.org

This presentation will be recorded
Both Slides and Presentations will be available and sent via email.
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<td>Inderveer Saini</td>
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<td>2:10PM-3:00PM</td>
<td>Presentation: Data Quality: Social and Structural Drivers of Health</td>
<td>Kate Lewandowski, MPH Martell Hesketh, MPH</td>
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<td>Group Discussion and Q&amp;A Session</td>
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<td>Upcoming Data COL Updates &amp; Closing</td>
<td>Inderveer Saini</td>
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AIM National Data Team

Inderveer Saini
AIM Data Specialist

Isabel Taylor
AIM Data Program Supervisor

David Laflamme
AIM Epidemiology Consultant

Please reach out to us with any questions related to the AIM Data Support COL at aimdatasupport@acog.org.
Kate Lewandowski, MPH
Epidemiologist
Urban Indian Health Institute

Martell Hesketh, MPH
Program Evaluator II
Urban Indian Health Institute
Data Quality:
Race, Ethnicity, Social and Structural Drivers of Health

Kate Lewandowski, MPH
Epidemiologist I
Urban Indian Health Institute

Martell Hesketh (Michel First Nation), MPH
Evaluator II
Urban Indian Health Institute
Objectives

- Frameworks for understanding race, ethnicity, social and structural drivers of health
- Importance of data for race, ethnicity, social and structural drivers of health
- Data challenges
- Best practices and strategies
- Group activity
Pop quiz

What percentage of American Indian and Alaska Native people live in urban areas?

- 23%
- 49%
- 64%
- 76%

Please go to PollEv.com/indigenousev920 to submit your answer.
Who is Urban Indian Health Institute?

- Over 76% of Native people live in urban areas
- One of 12 Tribal Epidemiology Centers (TECs)
- Division of Seattle Indian Health Board
- Supports urban Indian communities through the Urban Indian Health Network which includes 62 organizations
What does Urban Indian Health Institute do?

UIHI serves to improve the health of AI/AN individuals by:

- Identifying and understanding health disparities and resiliency
- Strengthening public health capacity
- Conducting disease surveillance and prevention
- Promoting health through Indigenous methods
- Implementing culturally rigorous research
Our mission
How race, ethnicity, and social structure contribute to health

• Race Racism is detrimental to health
  • Racism is the mechanism and must be named

• Academic literature on racial health inequities often obscures the role of racism as a determinant of health
  • Focuses on unconscious beliefs rather than actionable steps to address inequity or disparity
    • Inappropriate level of investigation
  • Fails to demand solutions to end racial inequality
  • Results in interest in documenting inequities but not addressing them

Types of Racism & Oppression

- Individual
- Interpersonal
- Institutional
- Structural

Lens of systemic oppression. National Equity Project.
Public policies have shaped the racial geography and economic deprivation of Black and Native American communities, impacting access to quality health care. This is made worse by racial discrimination in healthcare systems and from individual providers. The end result is that Black and Native American women experience more medical conditions, leading to poorer maternal health, which in turn leads to higher rates of low birth weight, premature births, infant mortality, and maternal mortality.

Life Course Theory

Medicine Wheel: 4 Stages of Life

- Elder
- Adult
- Youth
- Child
What are some reasons to collect or use data on race, ethnicity, or social and structural drivers of health?

Please go to PollEv.com/indigenousev920 to submit your answer.
Why data is important

• Can **advocate** for policy change or funding
• Create targeted **interventions**
• Generate **evidence** base for promising practices
Data challenges

- Collecting race and ethnicity data
- Impact of data points not being statistically significant
  - We need other ways to utilize or show data that can be meaningful beyond statistical tests.
- Suppressive data and concerns about privacy
- Burden of reporting
- Challenges result in continued erasure
  - Example: COVID-19 data for AI/ANs
  - “The value and quality of the nation’s public health surveillance system relies on efficient and accurate data flow from source to the agencies to make evidence-based decisions.” – Council for State and Territorial Epidemiologists (CSTE)
Recommendations for race, ethnicity, social, and structural data: Collection

- Identify more accurate sources of data
  - Use of birth certificates vs hospital records
- Collecting additional SES data to understand drivers
  - Existing screening tools
  - Identify most relevant SES data for community and program goal
- Community input on indicators
- If EMR only allows one race/ethnicity selection, consider collecting other data that allows people to self-select multiple options
- Design data collection to reduce the burden on participants and staff, but still allow for meaningful analysis
Recommendations for race, ethnicity, social, and structural data:

Analysis

- Avoid grouping “multi-racial” and “other”
  - e.g., include individuals who identify AI/AN in any combination

- Mindful stratification practices
  - e.g., how age and education levels are connected

- Statistical significance is not the end goal
  - Descriptive data can tell us a lot

- Consider use of comparison groups
  - What is the end outcome we are working towards
  - Comparison groups provide context

- Incorporate mixed methods

- Aggregate data across geographies or years to increase sample size and smooth variation of small numbers.
Recommendations for race, ethnicity, social and structural data: Reporting

- Report strength-based outcomes
  - What is going well and how can it be supported?
  - Re-frame traditional deficit language
- Community involvement in reporting
- How will data be used
  - How to share back with clinical staff? Patients? Community stakeholders?
- Report limitations of data collection and analysis
- Leverage AIM data across sites to tell larger story
  - Data sovereignty considerations
All communities deserve equal explanatory power in their data.
Strategies for improving the quality of race, ethnicity, and social and structural drivers of health data

1. As hospitals move into bundles that incorporate life before or after-necessary to have conversations about how collect, analyze, and portray data.

2. Be intentional in data collection and identify variables that are meaningful and may provide clarity on the health outcome or specific population.

3. Use inclusive definitions of race so that conclusions reflect all individuals who identify with that race, regardless of ethnicity or multiple races.

4. Make sure data is gathered in a way that is culturally attuned, easy to understand, and sensitive to the way data collection can be perceived.
Using Narrative 1 from the pre-work, what are some different social determinants of health that you identify in the story and where would you place them on the Social Determinants of Health framework?

Questions to consider:

• What are some potential indicators you could collect that could tell you more about these determinants of health?

• How would you use this social determinant data to improve health outcomes? How would you share this data back with community?

• What are some challenges you might encounter in data collection?

• What are ways to talk about sensitive or hard issues in a strengths-based way?
Questions?
Thank you!

For questions, please contact us via email Katel@uihi.org or Martellh@uihi.org.

If you are interested in learning more about our work at Urban Indian Health Institute, please visit www.uihi.org.
Report-Outs: Indiana
Updates! (Recent Successes)

• Last two hospitals are actively pursuing enrollment
  ○ One is already officially enrolled
• Race & Ethnicity data has been incorporated into Indiana’s AIM portal through Indiana’s Hospital Association (IHA)
• 70% of hospitals reporting timely data (Q1 2022)
Where we are seeing progress

- 80% of total timely data entry from hospitals (for Q1 21-Q4 21)
- Improvement in Process Measures
  - Provider Education (both HTN and OB HEM)
  - Nurse Education (both HTN and OB HEM)
  - Unit Drill Count (both HTN and OB HEM)
  - Hemorrhage risk assessments
  - Blood loss measurements

Data for Q1 2021-Q4 2021
Nurse Education (OB HEM)

- Over the collaborative, but focus for Q1 2021-Q4 2021
- Considerations: COVID-19 spikes, providing support to hospitals.

![Graph showing Hemorrhage Nurse Education Collaborative Hospital Average](image)
Room for Improvement

- **Process Measures**
  - Severe HTN - timely treatment of severe HTN

- **Outcome Measures**
  - Severe HTN - Severe Maternal Morbidity
  - OB Hem - Severe Maternal Morbidity

- **Data Quality**
  - Clarity: Data reporting
  - Submissions

Timely Treatment of Severe HTN

- Perspective: Medicaid Coverage %
- Q2 2021: Decline for 75-100% Medicaid Coverage hospitals
Ongoing Work and Support

- Recent and upcoming monthly webinars
  - OB HEM Presentation- April 28
  - AIM HTN Presentation- May 19
- Data reports to individual hospitals
  - Follow-up discussion during summer webinar with comparisons to full Indiana cohort
Questions?

CONTACT:

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Report-Outs: New Mexico
Upcoming Data COL Events and Due Dates
Office Hours with Kate and Martell

- For one-on-one technical assistance, please signup for office hours.
  - Share your questions in advance.

- **Office Hours with Kate:** May 10, 2022 @ 3:00PM-4:00PM (EST)
- **Office Hours with Martell:** May 13, 2022 @2:00PM-3:00PM (EST)

- **Registration closes:** May 9, 2022 @12:00PM (EST)

Registration Link (Kate):  [https://us02web.zoom.us/meeting/register/tZMkc-CrqDIqHNxyw0yPA08oV0NXOkeXMA](https://us02web.zoom.us/meeting/register/tZMkc-CrqDIqHNxyw0yPA08oV0NXOkeXMA)
Registration Link (Martell):  [https://us02web.zoom.us/meeting/register/tZYofuGrrzsuGtYKFCasvdIhUsrC-nFa1WS1](https://us02web.zoom.us/meeting/register/tZYofuGrrzsuGtYKFCasvdIhUsrC-nFa1WS1)
# Upcoming Educational Offerings

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<td>QI Visualization Best Practices</td>
<td>Session: June 7, 2022 (1:00PM-2:30PM) (EST)</td>
<td>Ana Lòpez-De Fede, PhD</td>
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<td>Office Hour: June 10, 2022 (1:00PM-2:30PM) (EST)</td>
<td>Sarah Gareau, DrPH, MEd, MCHES</td>
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The registration links for all the upcoming sessions and office hours has been posted on the [AIM Data Resources Webpage](#).
Society for Maternal Fetal Medicine

- **Topic:** Using Quality Improvement and Safety Science to Eliminate Pregnancy-Related Racial and Ethnic Health Inequities
- **Session Date and Time:** Friday, May 13, 2022, from 1:00PM-5PM (EST)
- **Cost:** $25
Any Questions?

aimdatasupport@acog.org

After the meeting ends, please take a moment to fill out a brief survey to share your experience.