

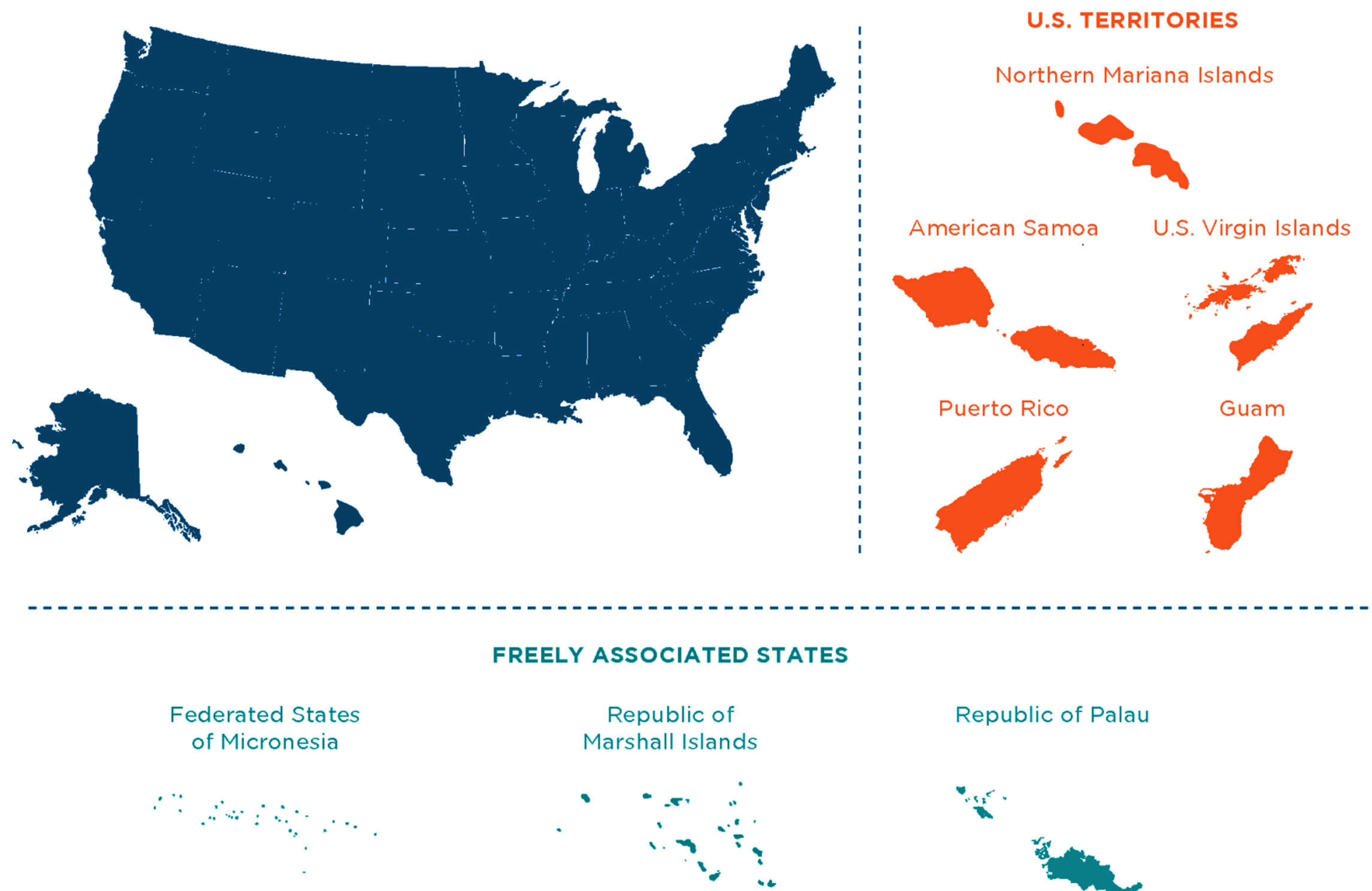


Sharing Data to Transform the Public's Health

USVI Digital Health Summit

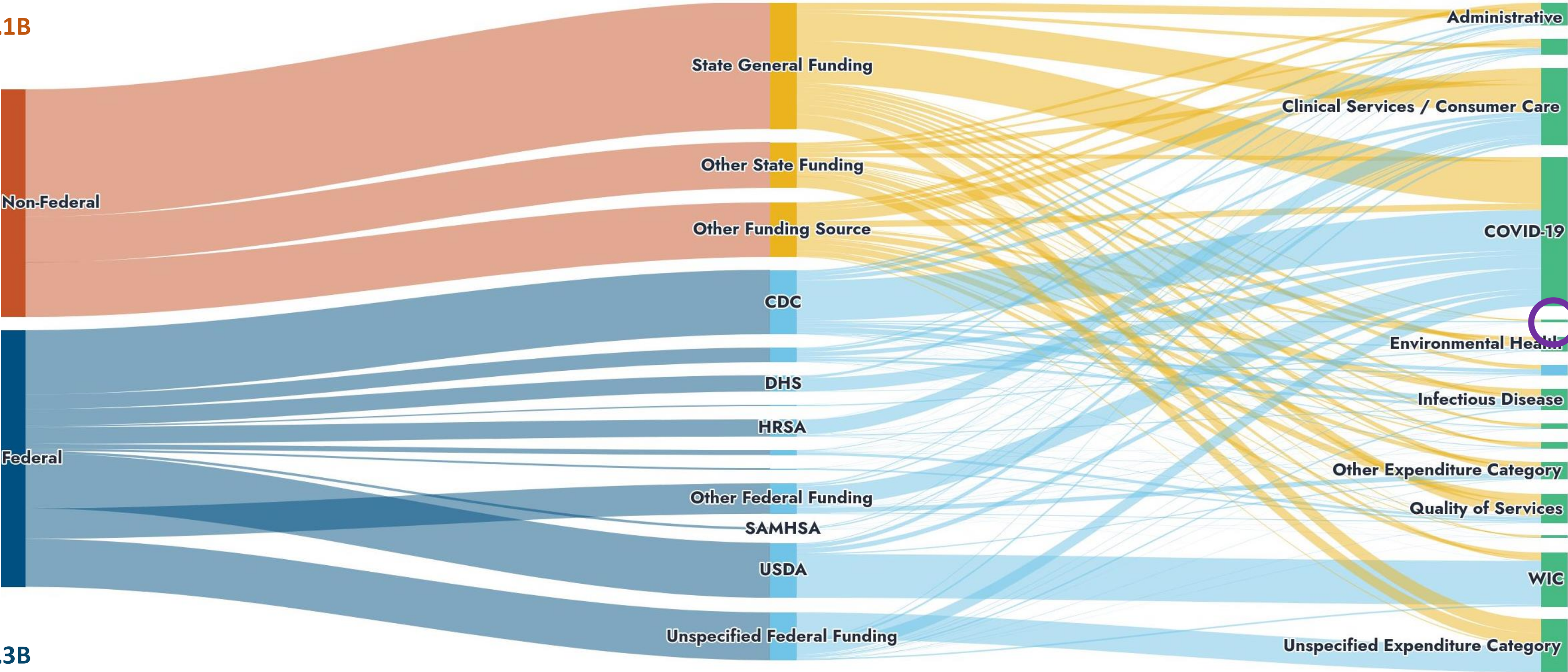
NOV 19, 2024

- Incorporated in 1942, ASTHO represents the **59 chief health officials (S/THOs)** of the 50 states, DC, five U.S. territories, and three Freely Associated States—jurisdictions stretching from the western Pacific to eastern Atlantic Oceans across 10 time zones.



About ASTHO

\$17.1B

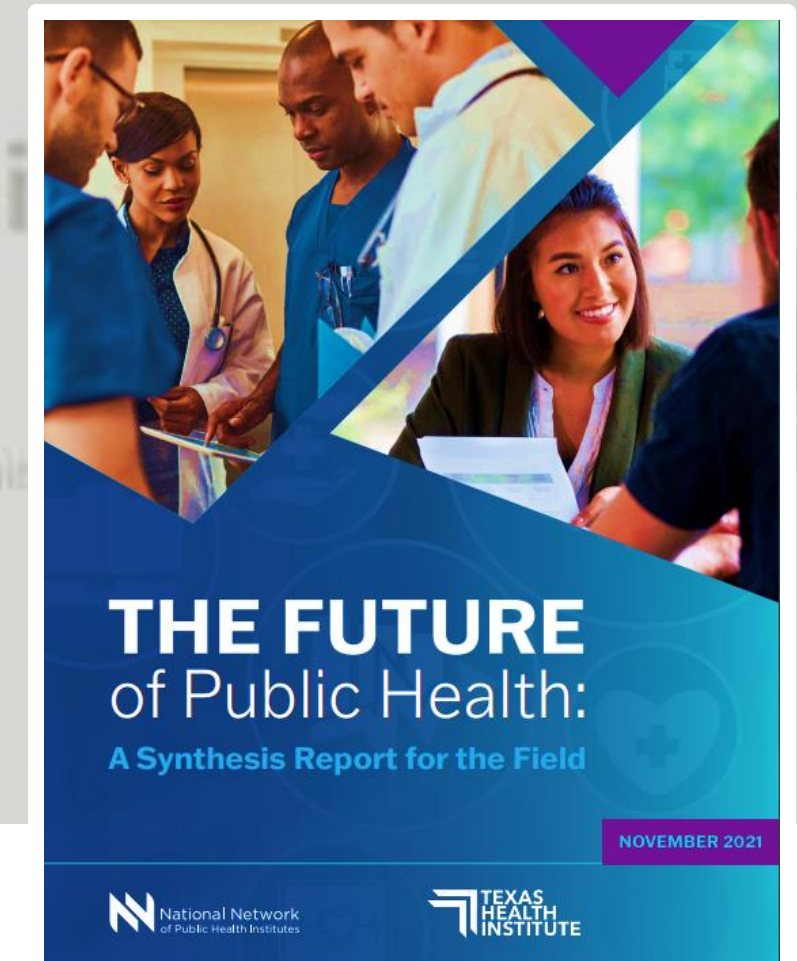
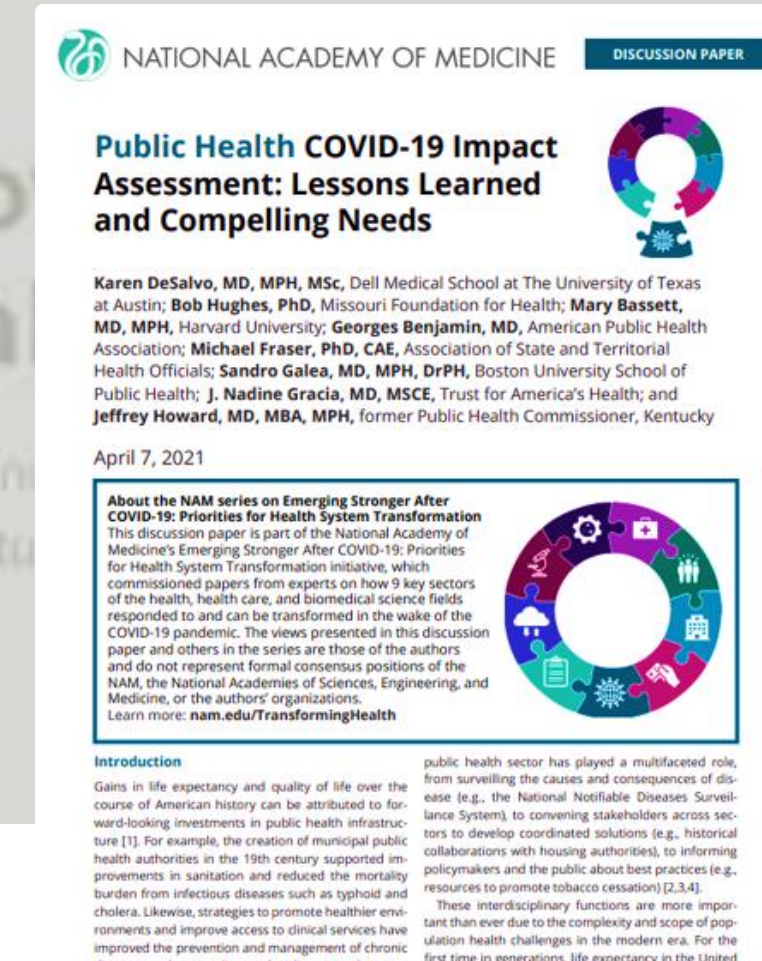


\$19.3B

2022 U.S. State & Territorial
Public Health Funding Sources & Expenditures

Public
Health
Data:
\$242M

The Challenge



After the pandemic, the reviews came in...

Select Analyses...

| | Bipartisan Policy Center | Deloitte | National Academy of Medicine | National Network of Public Health Institutes |
|---------------------|-----------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <i>Funding</i> | Sufficient, predictable, flexible funding | Funding and incentives aligned with public health goals | Transforming public health funding | Funding |
| <i>Data Systems</i> | Robust modern, interoperable, secure, real-time, accurate, actionable | Shared data across sectors in real time | Modernizing data and IT capabilities | Data infrastructure and systems |
| <i>Workforce</i> | A highly skilled, trained, and diverse workforce | A resilient, robust, and multidisciplinary workforce | Investing in leadership and workforce development | Workforce development, recruitment, and retention |
| <i>Partnerships</i> | | Ecosystem partners working toward a unified goal | Supporting partnerships and community engagement | Multi-sector, system partnerships |
| <i>Equity</i> | Advances in Equity | A future centered in equity | | |
| <i>Build Trust</i> | | | | Building trust in public health |

Change? Pivot? Disrupt?

- Our current posture is not sustainable. We remain siloed and uncoordinated.
- Dual workforce challenges: Inadequate pipeline and much of existing workforce is not fully prepared for the future, but progress is being made.
- Trust is low.
- Funding outlook is unclear.

It's time to reactualize and reinvigorate the public health data ecosystem.

Opportunities & Solutions

In USVI

- Momentum with Territorial HIE and core implementation partners, DHS, DoH, CRISP, Zane, PCG, and many others.
- Political, governmental, and healthcare leadership support.
- Governance structure in place with space and time to still define and commit to roles and responsibilities, behaviors, and outcomes.

State Program and Infrastructure Priority Areas

Program and Service Priority Areas

- 1 Maternal, Child, and Family Health
- 2 Behavioral Health and Substance Use
- 3 Access to and Linkage with Care
- 4 Communicable Disease Control
- 5 Chronic Disease Prevention

Infrastructure and Capacity-Building Priority Areas

- 1 Workforce Development
- 2 Organizational Competencies
- 3 Accountability, Performance Management, and Quality Improvement
- 4 Data Modernization and Informatics
- 5 Equity

Now more than ever, SHAs are working to expand and modernize their data and informatics infrastructure.

After gaining momentum over the course of the pandemic, initiatives focused on data modernization and informatics infrastructure improvements remain a priority across the public health sector.



On average, SHAs increased their informatics staff by 15% from 2019 to 2022, yet they still only account for about 1% of state agency staff.



Only 12% of states have informatics career series, however, over one-third of states are planning to develop one in the future.



Nearly half of states report informatics offices that are centralized within SHAs as a separate team, program, or division.



The most common informatics titles include Epidemiologist, Data Analyst, Data Scientist, and Business Analyst.

Expanding PH Informatics Infrastructure



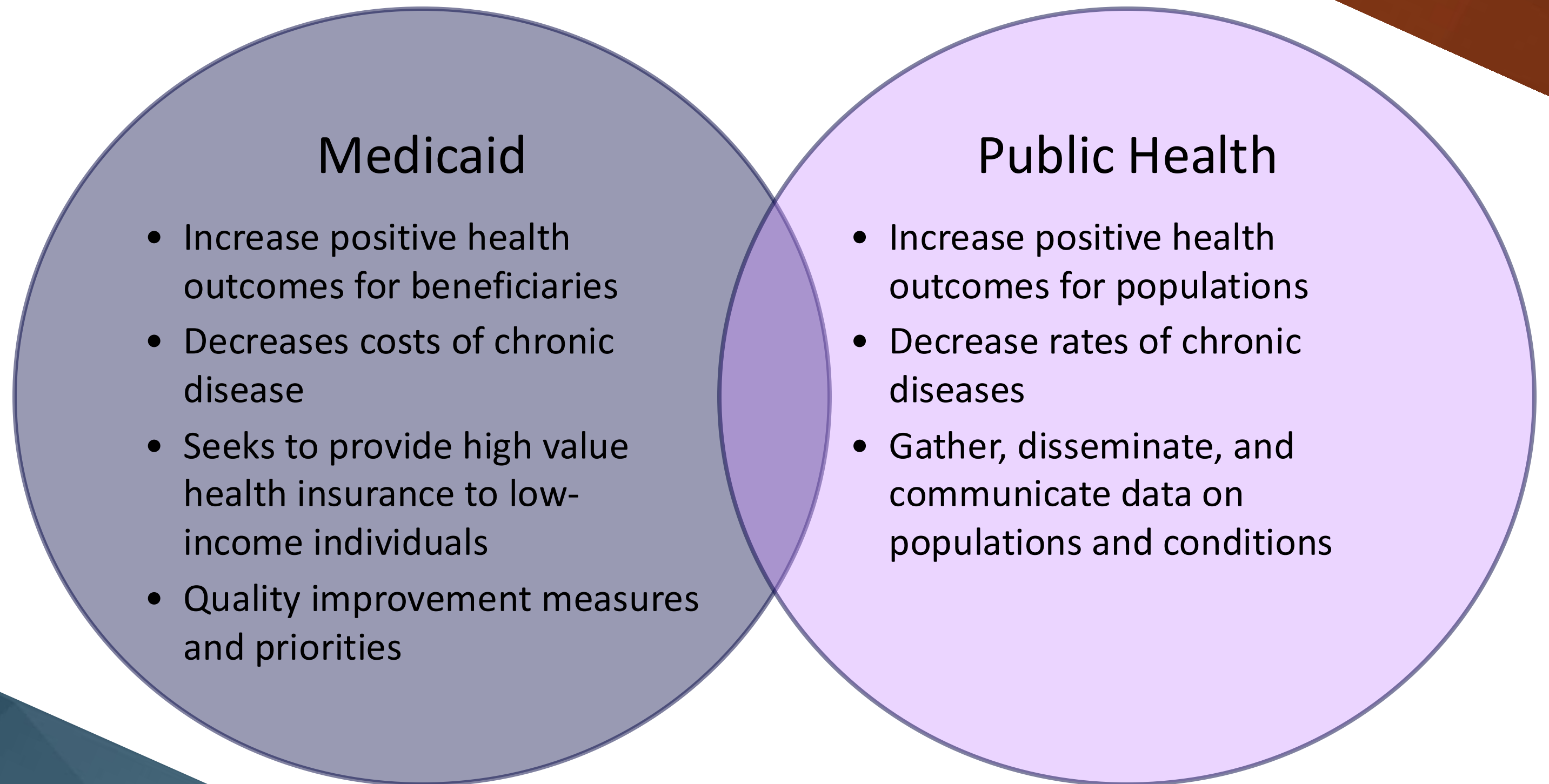
Top 3 Informatics Challenges:

- Salaries not competitive with the private sector
- SHA does not have established informatics career series
- Lack of existing informatics position descriptions with specified skills, roles, and responsibilities

Additional technical skills needed by SHAs:

| | | | | | | | |
|-----------------------------|---------------|----------------------------------|----------------------|--------------------------------|------------------|--------------------|------------------|
| Basic informatics knowledge | Data literacy | Data analytics and visualization | GIS knowledge | Data governance and management | Data engineering | Project management | Research methods |
| Data standards | HL7 | Machine Learning | SAS, SPSS, SQL, etc. | Rhapsody | Cloud Technology | Web programming | Interoperability |

Medicaid and Public Health Priorities



Public Health & Medicaid Alignment?

2025 Child Core Set (select measures)

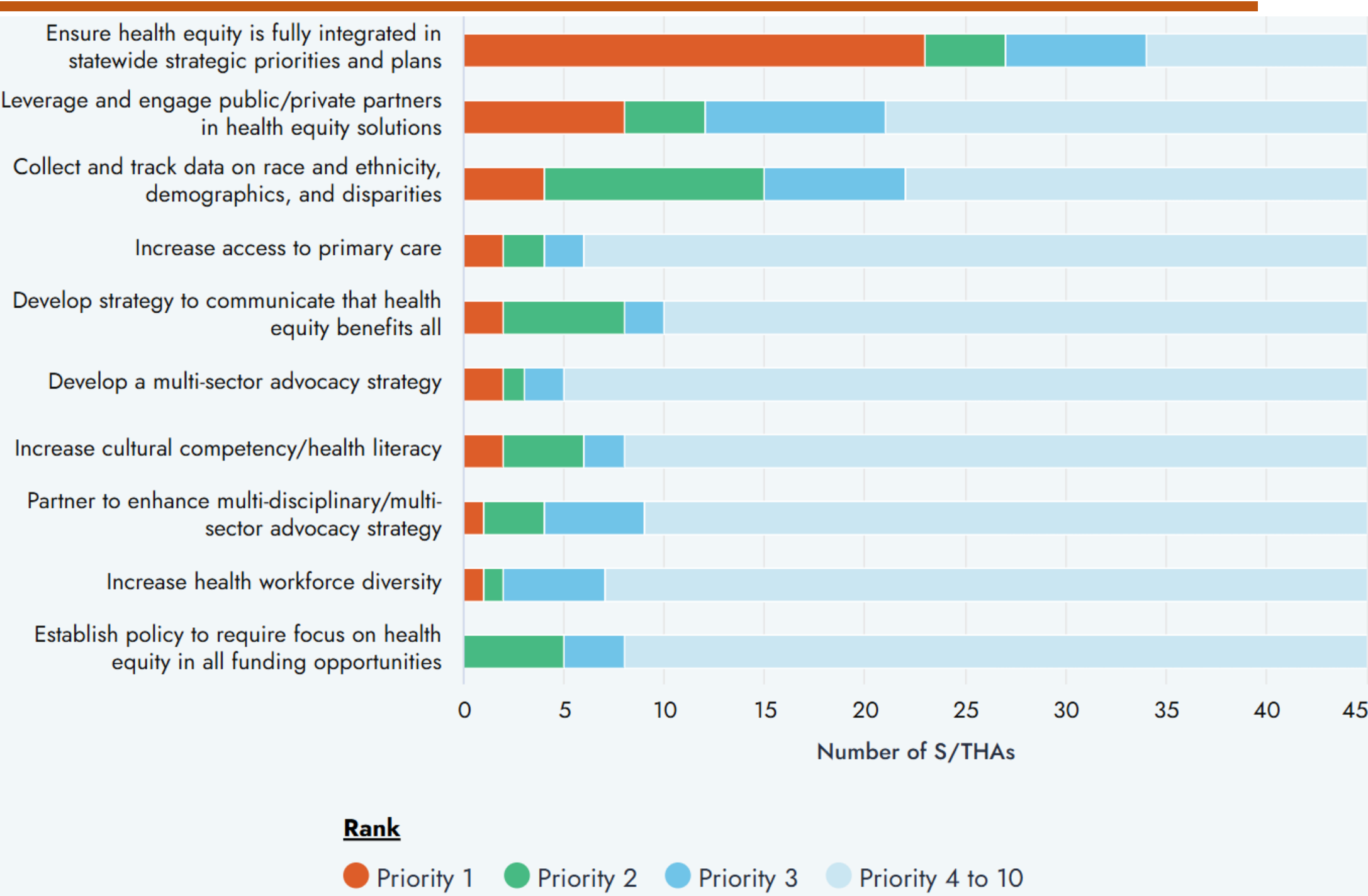
- Weight Assessment and Counseling for Nutrition and Physical
- Activity for Children/Adolescents
- Chlamydia Screening in Women Ages 16 to 20
- Childhood Immunization Status
- Immunizations for Adolescents
- Lead Screening in Children
- Live Births Weighing Less Than 2,500 Grams
- Contraceptive Care – Postpartum Women Ages 15 to 20
- Contraceptive Care – All Women Ages 15 to 20

2025 Adult Core Set (select measures)

- Medical Assistance with Smoking and Tobacco Use Cessation
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 21 to 24
- Breast Cancer Screening
- Adult Immunization Status
- Contraceptive Care – Postpartum Women Ages 21 to 44
- Contraceptive Care – All Women Ages 21 to 44
- Low-Risk Cesarean Delivery: Age 20 and Older
- HIV Viral Load Suppression

Foundation for Medicaid Partnership and Funding

Health Equity Priorities

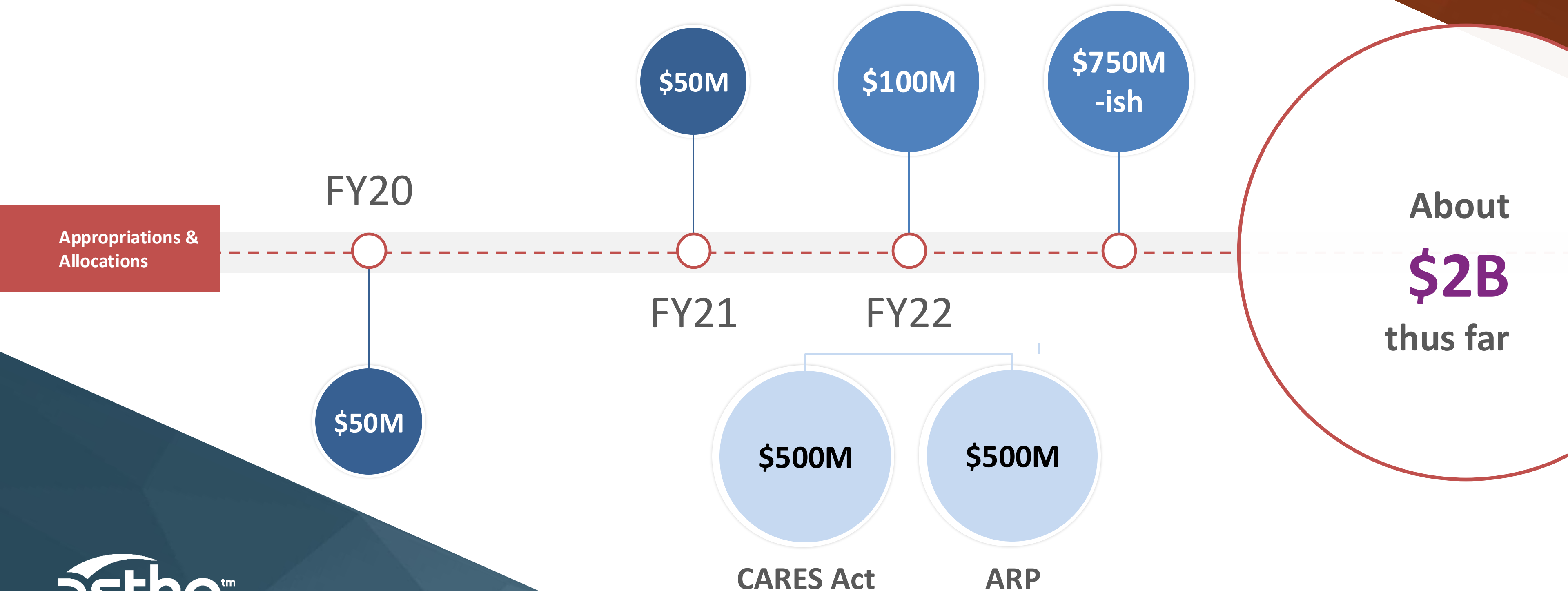


TOP FIVE FIRST PRIORITIES

1. Ensure health equity integrated into strategic priorities and plans (23)
2. Leverage and engage partners in health equity solutions (8)
3. Collect and track data on race and ethnicity, demographics, and disparities (4)
4. Increase access to primary care (2)
5. Communicate that health equity benefits all (2)

Sustainability

A Data Down Payment



Modern Data, Health Transformation, and Sustainability

Modernization is not a one-time event.

Stable funding and sustainability planning:

- Are imperative to the continued success of a DMI
- Can increase likelihood of recruiting and retaining personnel
- Enable maintenance and refinement of new and existing data sharing
- Ensure technology is maintained and upgraded to meet evolving needs



Modern Data, Health Transformation, and Sustainability

Sustainability begins with the design and plan for the DMI.

Sustainability plan core components:

- Long-term goal to sustain the innovation
- Summary of strengths and areas for improvement to sustain and perpetuate the DMI
- Action steps for the next 3 months, 6 months, one year, and longer term

Without a plan for sustainability, STLTs can lose momentum and resources to fully implement and maintain the DMI.

■ Five sustainability factors:

1. Administrative structures and formal linkages
2. Champions and leadership identification
3. Resources
4. Administrative policies and procedures
5. Expertise

■ Sustainability attributes:

- *Relationships, needs, monitoring, effectiveness, and ownership*

But, Let's Not Forget...

“Sustainable, equitable funding will allow territorial programs to make long-term, cost-effective investments that support high-quality and innovative Medicaid programs...The four territories developed comprehensive plans with ambitious goals, including developing electronic eligibility and enrollment, MMIS, and T-MSIS systems, launching initiatives to expand local provider workforces and territory administrative capacity, and strengthening program integrity processes. These plans are evidence of the momentum and energy that territory leaders bring to their reform agendas.”



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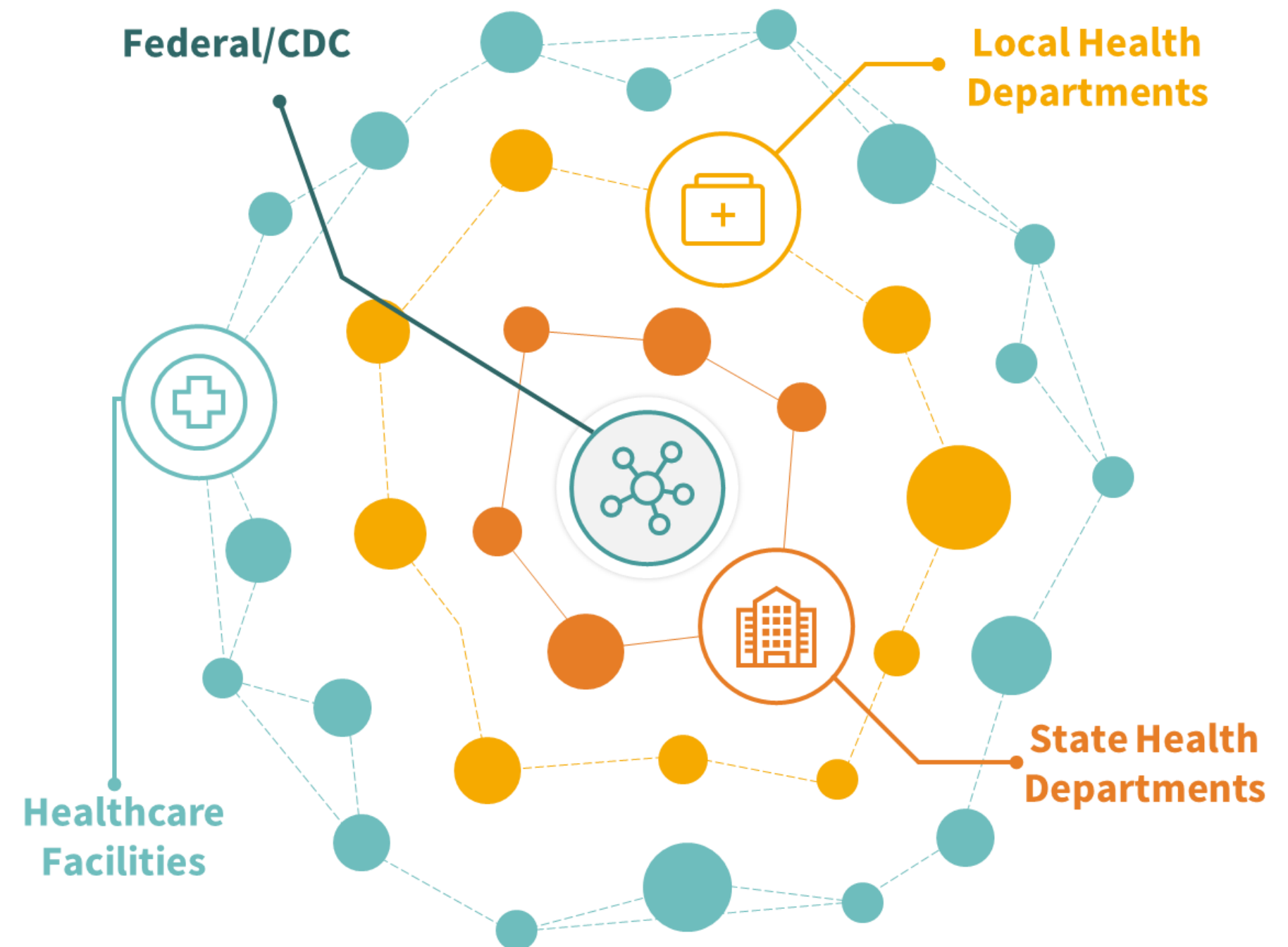
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Far Future

Today's Focus

Current public health data modernization efforts are focused primarily on core public health functions in COVID-19 response:

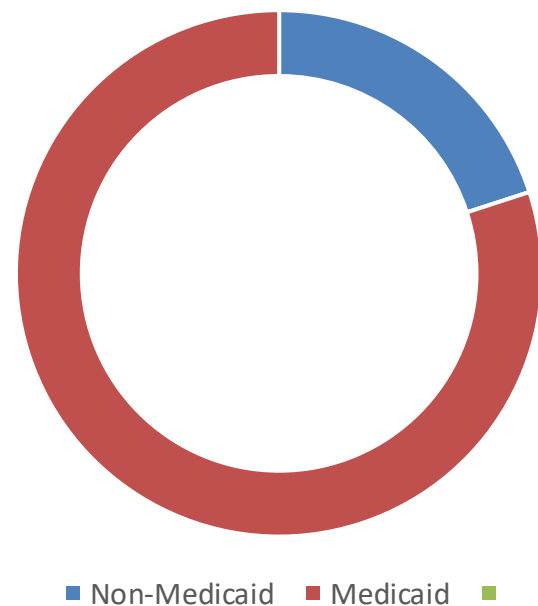
- Laboratory reporting
- Case reporting
- Birth and death data systems in state vital statistics programs
- Immunization information systems
- Syndromic surveillance



Data Modernization & Health Equity

- Build on current federally-funded efforts across the SDoH spectrum to **advance health equity**.

SNAP Households



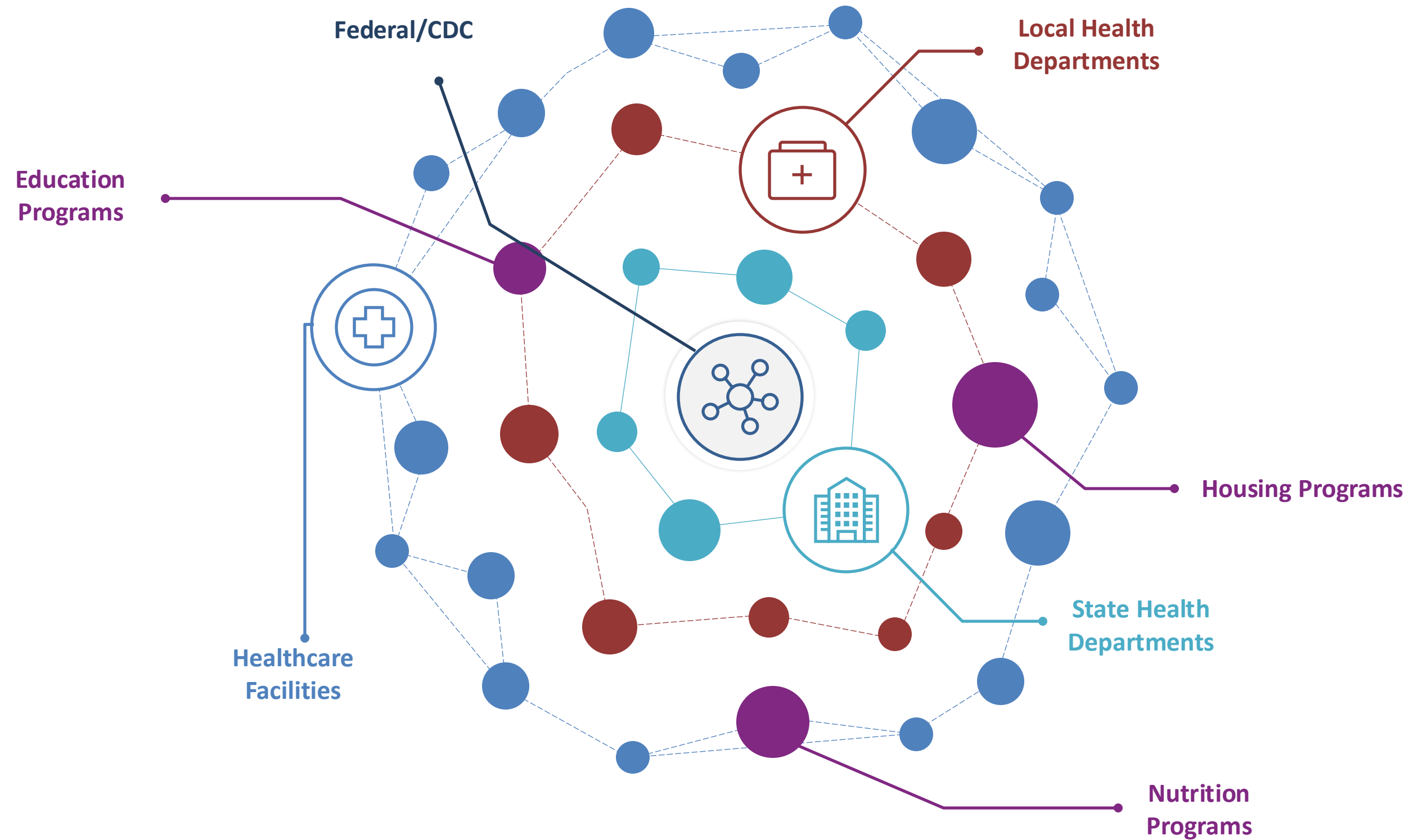
TANF Recipients



- ☐ 90% enrolled in Medicaid
- ☐ 80% receive SNAP benefits
- ☐ 10% receive housing benefits

Build a national data ecosystem that reflects local (county or community) innovations that fully refers and connects people to services that **support the collective quality and health improvement goals** of public health programs, Medicaid, health plans, health systems, community-based providers, and advocates.

Future Modernization?



Today, for modernization to transform health, we must...

1. ...Get a demonstration across the finish line to demonstrate real progress in population health improvement.
2. ...Ensure both local, state, territorial, and tribal public health, as well as the industry, are resourced to get the job done.
3. ...Ensure Public health, Healthcare, and Technology Firms meet each other where they are, with adequate program funding and bandwidth.
4. ...Share data in new ways with health care and others, including human services programs, that benefit from population health management.
5. ...Build permanent, mutually beneficial relationships with Medicaid and other payors to both sustain data modernization and improve population health.

Thank You!

Questions?