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- Commission on Dietetic Registration (CDR)

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STUMBLING THROUGH DATA

Using demographic data to improve health equity!



Kathrine A. Mansfield, MPH
Child/Adolescent School-Based Health Epidemiologist
Massachusetts Department of Public Health

Sections of the presentation/workshop

What we will cover today

1. Why data?
2. Why **demographic** data?
3. How do we frame our work with data and health equity? An example from the Massachusetts Department of Public Health's Bureau of Community Health and Prevention.
4. How does the Massachusetts Department of Public Health use data to inform our work with funded SBHCs?
5. How can **you** use demographic data going forward?



Knowledge is Power

so

Data is Power

Why Data?

1

Why do we care about data?

Data is information, which is the building block of knowledge, and knowledge is power. So, data is power.

The History of the Census

The first United States
Census in 1790 posed only
6 questions.

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What questions do you think were asked in the 1790 census?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting in Interactivity to let participants vote for their favorites



The History of the Census

“The name of the head of the family and the number of each of the following in the household

Free White males of 16 years and upward

Free White males under 16 years

Free White females

All other free persons

Slaves”

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How do you feel about those questions from 1790?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting in Interactivity to let participants vote for their favorites



The History of the Census

The first United States Census in 1790 posed only 6 questions.

“The name of the head of the family and the number of each of the following in the household

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Slaves”

Why was this data collected?

- **The systems of power and oppression, including who could vote**
- **Determining the number of representatives in each region (congressional districts), taxes, and “industrial and military potential”**
- **Other reasons that are probably more complicated and some that we may never know**

Why talk about the census?

We need to understand the harm we can cause and perpetuate against groups of people of various backgrounds. Demographic data is our way of collecting this information.

It is our responsibility to support the health of the communities that we serve.

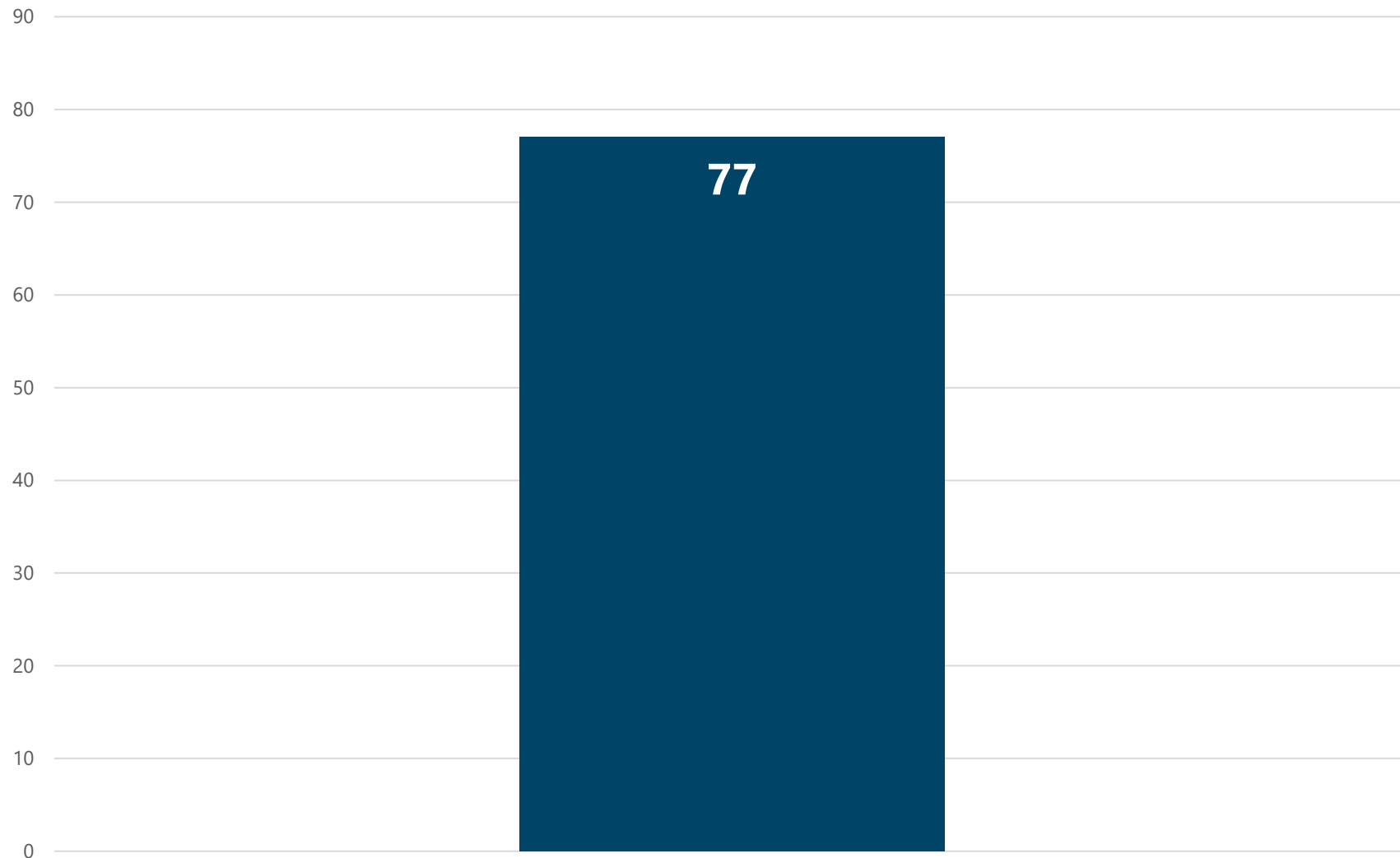
We need to collect data while focusing on the why behind it, so that we can do something useful with it.



Imagine now that you were born in 2020.

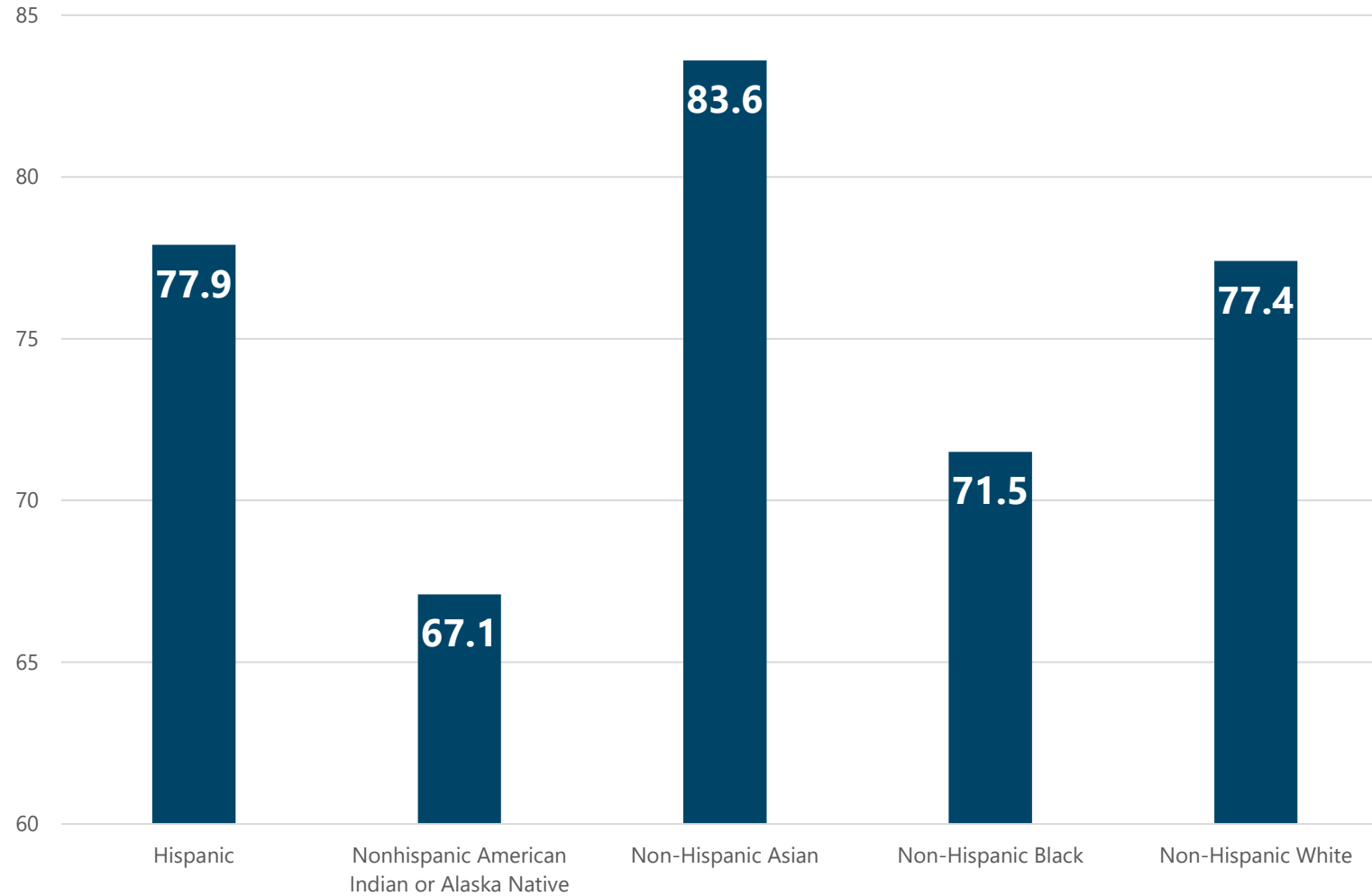
As we go through each of the following life expectancy slides, write down what you expect your life expectancy to be based on the slide.

Life expectancy (in years) for all origins and races



Data source: United States Life Tables, 2020 [National Vital Statistics Reports Volume 71, Number 1, August 8, 2022](#). [United States Life Tables, 2020 \(cdc.gov\)](#) data from the National Center for Health Statistics, National Vital Statistics System, Mortality.

Life expectancy (in years) by Hispanic origin and race

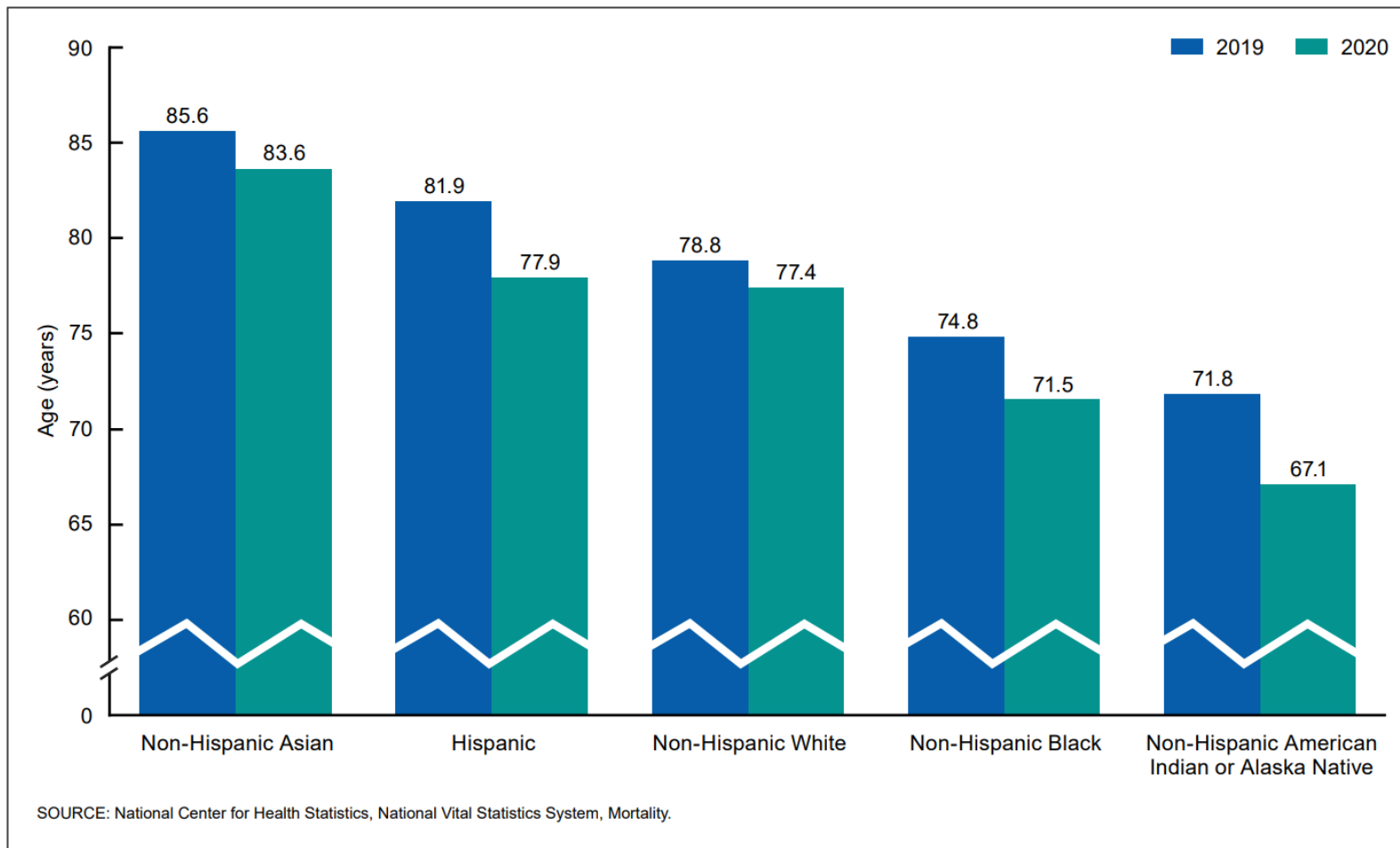


Life expectancy was 77 years in the prior slide.

Note how racism, as measured here by the variable race, impacts life expectancy.

Data source: United States Life Tables, 2020 [National Vital Statistics Reports Volume 71, Number 1, August 8, 2022](#). [United States Life Tables, 2020 \(cdc.gov\)](#) data from the National Center for Health Statistics, National Vital Statistics System, Mortality.

Figure 2. Life expectancy at birth, by Hispanic origin and race: United States, 2019 and 2020



Differences in life expectancy by Hispanic origin and race changed over time.

Table from the [National Vital Statistics Reports Volume 71, Number 1, August 8, 2022. United States Life Tables, 2020 \(cdc.gov\)](#)

This data by Hispanic origin and race and sex gives a much more nuanced view than we initially had when we saw that life expectancy was 77.

Figure 3. Life expectancy at birth, by Hispanic origin and race and sex: United States, 2020

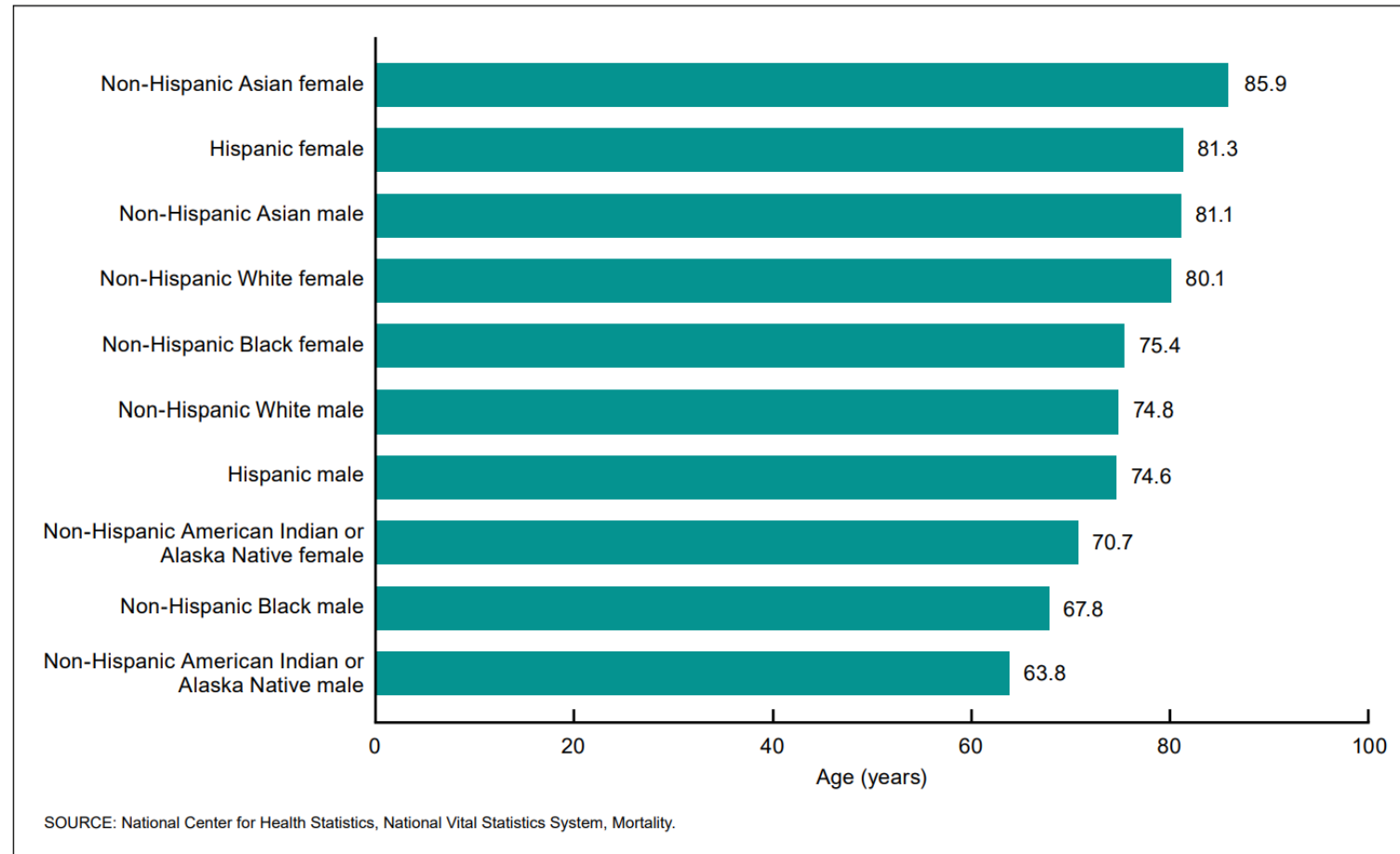


Table from the [National Vital Statistics Reports Volume 71, Number 1, August 8, 2022. United States Life Tables, 2020 \(cdc.gov\)](#)

2

Why do we care about demographic data?

Data is used to consolidate, assess, and often reinforce, power dynamics. It is also used to predict things like health and educational experiences.

We, both as people working in helping professions and as members of the public, have a responsibility to support the health and wellbeing of people in our communities.



“The mission of BCHAP is to promote the well-being of everyone in Massachusetts, with attention on populations disproportionately impacted by health inequities. We aim to reduce social and structural barriers that lead to poor health by working with communities, people and partners across the Commonwealth. BCHAP commits to transforming the systems that maintain racial and social inequities and owns its responsibility as part of the government to prevent these injustices.”

**—Massachusetts Department of Public Health’s
Bureau of Community Health and Prevention (BCHAP) Mission Statement**

Our Values

Challenge Racism First

Start with racism explicitly, not exclusively.

Focus on Root Causes

Center solutions on the systems that create unjust outcomes.

Promote Belonging

Value all lived experiences and make space for staff and partners to show up as their authentic selves.

Be Accountable

Fulfill our commitments to communities, partners, and team members

Inform with Data

Use data and storytelling to identify the needs of communities and build policies – and share out what is learned.

Partner with Communities

Listen to community needs. Develop solutions WITH, not FOR, communities.

How does the Bureau of Community Health and Prevention frame our work with data and health equity?

3

What is health equity and our explicit, but not exclusive, commitment to racial equity at the Bureau of Community Health and Prevention?

Per the CDC, "Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health." Our mission, vision, and values center health equity with an emphasis on never excluding racial equity from the conversation.



“School-Based Health Centers (SBHCs) are health centers that offer a variety of health care services, including primary and behavioral health care, where children and adolescents can most easily access them — school.”

—DPH’s SBHC Program’s FY23 Annual Report

The School-Based Health Center (SBHC) Program

What does DPH's SBHC Program do with patient data?

Collect

We work with our vendor to collect patient-level data from SBHC Electronic Health Record exports.

Analyze

We compile and analyze the data for a variety of reasons including to assess performance relative to our Performance Measures, Block Grant reporting, and to report on impact of SBHCs in our Annual Report.

Disseminate

We disseminate information using our Annual Report, data checking steps monthly and quarterly via our vendor, every 6 months in communicating with funded SBHCs, and for Block Grant reporting.

Updates from FY23 to FY24

In FY23, we experienced some data collection challenges. In FY24 we addressed those challenges by shifting our focus to improving internal data capacity.

Clearer definition of SBHC Visits

- Making the implicit explicit

New EHR Upload data checking

- Monthly verification that we are receiving what sites mean for us to receive
- Quarterly verification of classifications of provider and insurance types

Updated Performance Measures

- Focusing on building internal capacity so that we can measure disparities in implementation of American Academy of Pediatrics recommended screenings

Which demographic data do we collect?

These are the demographic variables that we require in exports from funded SBHCs.

Race/Ethnicity and Ethnicity

- Race/Ethnicity data is based on Office of Management and Budget (OMB)'s standards while Ethnicity data is often more nuanced than the OMB data.
- We will be re-assessing these categories given the new OMB guidance

Sexual Orientation

- These categories vary since they are not very standardized. This creates opportunities and limitations.

Gender Identity

- These categories vary since they are not very standardized and might also be mistaken for sex. This creates opportunities and limitations.

What do we do with demographic data
at DPH-Funded SBHCs?

4

What demographic data does the MDPH SBHC Program collect and how do we use it?

We currently collect race/ethnicity, ethnicity, gender, and sexual orientation data and are using race/ethnicity data to assess whether SBHCs are reaching priority populations that exist within their host school.

Questions to ask about **your** demographic data

Quick self-assessment:

Your data is only as good as what you do with it.

Data is a part of someone's story, and we need to honor that by doing something useful with it.

Accuracy

How is the demographic data collected?

- Who collects it and when?
- Is it self-reported and/or is it assumed by someone?
- Do you trust it? If not, what can you do to make it more reliable/trustworthy?

Representativeness

Do you know what demographic data would be representative of the population that you serve?

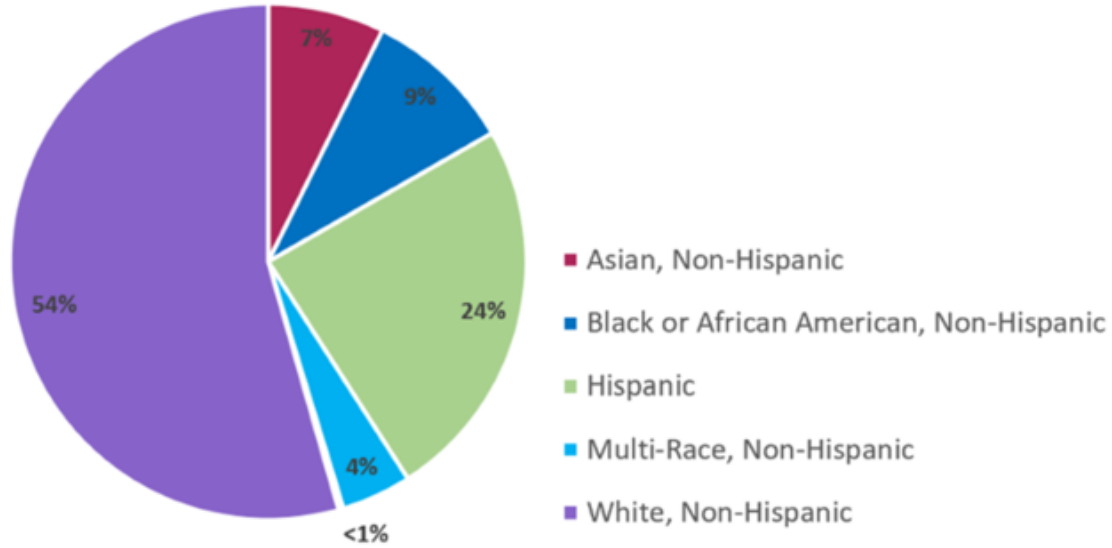
- If so, compare to that
- If not, what can you do given this limitation?

Interpretation

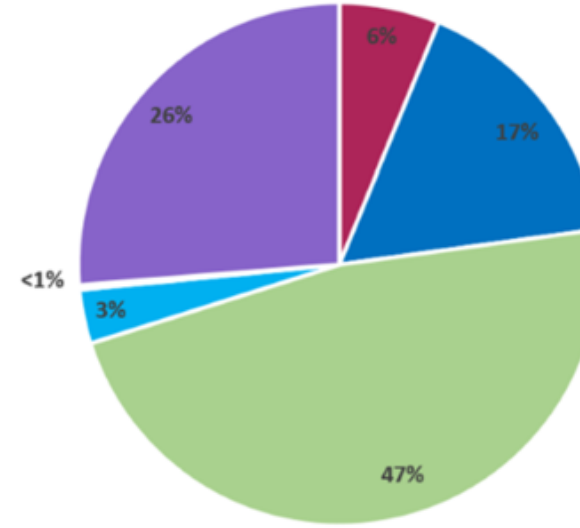
What does a mismatch between the demographics of the target population and those with whom you engage mean?

- Discrimination?
- Misperceptions of eligibility?
- Structural barriers?

Public School Students
in Massachusetts
(2022-2023)



Students in Schools
with Funded SBHCs
(2022-2023)



Source: Massachusetts Department of Elementary and Secondary Education (DESE) K-12 public school data

- The percent of students DESE identified as Native American (0.2% in both public schools and SBHC schools) and as Native Hawaiian/Pacific Islander (0.1% in both public schools and SBHC schools) are not visible wedges in these pie charts because of the scale. They are represented as <1%
- “Students in Schools with Funded SBHCs” refers to all students in schools that have SBHCs that are funded by MDPH’s SBHC Program in FY23. Totals are not equal to 100% due to rounding.

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Which step will you address?



Accuracy

Representativeness

Interpretation



Who can you talk to about your answers to those questions?




**Pick your
accountability
buddy from this
meeting now!**


Please schedule a 20- to 50- minute call with them for sometime between now and August 2 to discuss the questions from slide 28.

Who else do you need at the table to answer those questions?

How will your answers to these questions drive change?



Take 5 minutes to
introduce yourselves
and discuss your
relationship to data in
your organization(s)!



Get your
accountability
buddy's contact
information!

Now, let's make this data actionable!
Consider these ideas in your data collection and use:

1

How do you collect your data?

- Is that method best practice?
- Is it consistent?
- What does data checking look like?
- How much can you trust it?
- How can you improve it?

2

Based on your data, are you reaching the population that you intend to?

- To what are you comparing this data to make this assessment?
- How much can you trust the comparator?

3

Are the services being provided equitably?

- Maybe your services are geared toward a particular demographic, but is each demographic that is being represented receiving equitable care/services?

4

How are you engaging the community?

- Creating demographic questions?
- Interpreting results?

5

How is the data impacting your work?

- If you're collecting demographic data, you should be using it, so how?

How can **you** use demographic data going forward?

5

What demographic data can (and do) you collect, and how can (and do) you use it?

Which populations is your program meant to reach, and how can you know if they have been?

**Use your data to
improve health equity!**

THANK YOU

What is your one-word takeaway from today?



inspiration
leader focus
creative
bold fast
transpiration



Useful Links and References

- [Best Practices for collecting standardized demographic data in medical centers](#)
- [1790 Overview - History - U.S. Census Bureau](#)
- <https://www.cdc.gov/healthequity/whatis/index.html>
- [Revisions to Office of Management and Budget's Statistical Policy Directive 3.29.24 for implementation as soon as possible](#)
- [Profiles Search \(mass.edu\)](#)
- [1790 Census Records | National Archives](#)
- [2020 Census Informational Questionnaire](#)



If you would like thought partnership about the concepts presented here, please do email me at Kathrine.A.Mansfield@mass.gov.

If I don't respond the first time, please email me again! Unfortunately, some emails have been vanishing.

A special thanks to folks who reviewed this presentation and/or do this work:

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Justine Egan

Keesha LaTulippe

The Bureau of Community Health and Prevention

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What questions do you have that we might be able to address today?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting in Interactivity to let participants vote for their favorites



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 Mentimeter

What would you change about this presentation if you could?

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Turn on voting in Interactivity to let participants vote for their favorites

