

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6757

Title

Health Trends Across Communities: a healthcare system-public health collaboration to advance health equity across Minnesota

Priority 1 (Research Category)

Population health and epidemiology

Presenters

Tyler Winkelman, MD, MSc, Alanna Chamberlain, Karen Margolis, Summer Martins, PhD, MPH, Jay Desai, PhD, MPH, Linda Zittleman, MSPH, Renee Van Siclen, Peter Bodurtha, David Johnson, Paul Drawz

Abstract

Context: Public health data in the United States often report on a limited number of conditions, are unable to identify trends in small geographic regions, or are not timely enough to inform current policy. Centralized data sharing and distribution approaches can be challenging due to varying privacy laws across jurisdictions. Health Trends Across Communities (HTAC) is a collaboration of Minnesota healthcare systems and state and local public health that helps fill the gap in community health information by providing timely, detailed, and accessible summary electronic health record (EHR) information and reports. Objective: To use summary EHR information to support efforts to improve community health and health equity in Minnesota. Study Design and Analysis: Retrospective observational. Setting or Dataset: Data are generated from healthcare systems participating in the Minnesota EHR Consortium (MNEHRC). Data are pulled from each systems' Observational Medical Outcomes Partnership (OMOP) database via centralized R code. Population Studied: Minnesota residents. The MNEHRC includes 11 large healthcare systems, representing care for 90% of MN residents, including people experiencing homelessness and incarceration and people enrolled in Medicaid. Intervention/Instrument: The publicly available HTAC dashboard developed collaboratively by the MNEHRC, Center for Community Health, and Hennepin County Public Health. Infrastructure is based on a distributed data approach. Summary information is generated at each site and then centrally combined and analyzed. Outcome Measures: Prevalence estimates for 20 health conditions that address mental illness, chronic physical health conditions, substance use disorder, maternal and child health, and firearm injury. Results: HTAC generated results for 4.6 million Minnesotans with demographic characteristics that were similar to the US Census. Important health disparities were identified across

age, race, ethnicity, homelessness, incarceration, and Medicaid enrollment status. Conclusions: Robust, real-time, cross-sector data sources are needed to assess community health needs and improve health equity. HTAC uses EHR data to complement traditional population health data. The public-private HTAC collaboration provides data that can help monitor trends, inform policy, and evaluate interventions and serves as a model for others in the United States.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.