

State Epidemiological Outcomes Workgroup (SEOW)
June 8, 2016, CT Data Collaborative Offices, Rocky Hill, CT
MEETING MINUTES

Chair: David Gregorio, UCONN Health

Participants: Manik Ahuja, UCONN Health; Vilmaris Diaz, Board of Pardons and Parole; Dawn Grodzki, DMHAS; Eugene Interlandi, DOT; Nana Kittiphane, DCP; Tyler Kleykamp, OPM; Mary Lansing, DOC; Kristin Mabrouk, CT Youth Services Association; Rodrick Marriott, DCP; Tim Marshall, DCF; Christine Miskell, SERAC; Scott Newgass, SDE; David Rentler, Board of Pardons and Parole; Julie Revaz, CSSD; Michelle Riordan-Nold, CT Data Collaborative; Eleni Rodis, DMHAS; Xaviel Soto, DCP; Bonnie Smith, UCONN Health; Jennifer Sussman, UCONN Health; Jane Ungemack, UCONN Health; Sara Wakai, Center for Public Health and Health Policy; Susan Wolfe, DMHAS.

Via phone: Michelle Bicking, MLI; Anthony Dias, CT Hospital Association; Celeste Jorge, DPH; Faith Vos Winkel, Office of the Child Advocate.

MEETING NOTES

| | Agenda Item | Discussion | Outcome/Action |
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| I. | Welcome (David Gregorio) | <ul style="list-style-type: none"> In-person attendees and phone participants were welcomed and the goals of the meeting were discussed. A sign in sheet was circulated for in-person participants. <p>Questions for the group:</p> <ul style="list-style-type: none"> Does anyone see value in what you're doing? Can sharing of information and data add or enhance value? (i.e. expansion by drawing on data existing elsewhere) <p>Goals of the group:</p> <ul style="list-style-type: none"> Sharing info about our datasets Informing others about our work Broadening the view of what is relevant to s/a prevention and other social issues Uncovering "goldmines" of data (increasing knowledge is increasing access) <p>NOT: Compiling or consolidating data, seeking control over data</p> <p>"If one person walks away knowing about something they didn't before coming to this meeting, *WIN*" JU</p> | <ul style="list-style-type: none"> A sign in sheet will be available at each meeting to track attendance, and a call-in number will be provided for those who need it. Goals and objectives will be formulated and revisited over time. |
| II. | Introductions | <ul style="list-style-type: none"> Attendees introduced themselves and their affiliations. | <p>Suggested SEOW member additions:</p> <ul style="list-style-type: none"> Jesse White-Frese, Executive Director, CT Association of School-based Health Centers Someone from CT Pharmacists Association |
| III. | Discussion: | Questions participants were asked to consider: | <ul style="list-style-type: none"> Tyler Kleykamp will provide information |

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| | <p>Data Access, Use, and Sharing</p> | <ul style="list-style-type: none"> • What data that you work with would be relevant to substance abuse prevention? Mental health promotion? Addressing health disparities? • What data have been most useful for your work? How are these data being utilized? • Are the data you access meeting the needs of your key stakeholders? • Are these data publicly available? • What are limitations of the data? <ul style="list-style-type: none"> ○ Are they complete? ○ What is missing or erroneous in the data you access? • Do they go far back enough in time to have meaning or utility? • Are they available in a timely enough fashion to be relevant? • Are you able to tell the “story” of your population from these data? • What barriers do you face when sharing data? • What would you like to see this group accomplish regarding the use and sharing of data between agencies and members? • Christine Miskell, Susan Wolfe, David Rentler, Tyler Kleykamp, Tim Marshall, Eugene Interlandi, Scott Newgass, Sara Wakai, Faith Vos Winkel offered a view of the data they used. <p>Discussion points:</p> <ul style="list-style-type: none"> • To get a better understanding of available data, a statewide compendium of agency data would be helpful. (DR) • TM noted that he has heard 5 or 6 other groups suggest this as well. There are multiple groups taking different approaches to data access and consolidation as response to their grant-funded or legislative charges. Given limited resources in the state fiscal crisis, duplication of efforts in this regard can be debilitating. (JU, TM, TK) • Start with a question and work back to sources of data. (TK) • Concern: Interpretive use of data (picking and choosing data elements to draw conclusions) can lead to reduced validity (SN, SW – Wikipedia example, crowdsourcing data) Critical eyes on the data/use of data, asking questions of it, results in scrutiny and the ability to identify/correct errors and inaccuracies, as well as apply contextual factors (differences in definitions, changes in collection, policies, laws, systems changes). | <p>on who to contact for information on All-Payor Claims Database (AccessHealth CT, illegally mandated, consumer-based tool to help users understand healthcare costs).</p> <ul style="list-style-type: none"> • Discussion will continue, building on the connections made and information provided on available data by various members. • A revised/updated Member List with contact information will be e-mailed to all members as a follow up to this meeting, so connections made during this discussion can extend beyond the room, and members can follow up on data discussed that they may find relevant to their work. |
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| | | <ul style="list-style-type: none"> • Work with OPM and the legislatively supported Open Data Portal (OPM, TK) seems to be the most efficient way to move forward. Need to start asking questions of the Open Data and other datasets within agencies, or based on use by their consumers, in order to ascertain data quality to make the data relevant and useful. Too much planning, and data never sees the light of day. Once data is used, people get on board. (TM) • Open Data Portal is a work in progress. OPM is working with agency data inventories, but not all agencies have done inventories. So far reviewed 100 data systems, public provision of some data is a long-term process. (TK) • Traditionally, SEOW has focused on substance abuse initiatives funded by DMHAS (prevention). The next 5 years provides an opportunity to focus on substance abuse and mental health, broadening the focus to other health issues relevant to these. (JU, DG) | |
| IV. | SEOW Next Steps | <p>Short-term goals, to apply data to a social issue or problem from the perspectives of all SEOW members, and more specifically, to compile and organize data (i.e. use, harm, services) to address the opioid problem in CT. Different impressions of the problem will be gained based on what data is accessed/utilized.</p> <ul style="list-style-type: none"> • Issue to address in next meeting, using data: To what extent are opioids impacting your work? Do you have data to address opiate use in your systems and missions? | <ul style="list-style-type: none"> • Minutes from this meeting will be distributed. • “Research” question for next meeting will be honed and sent to SEOW, for consideration and discussion in next meeting • CT Hospital Association (AD), All-Payor database (TK), and possibly other data will be considered for brief presentation at next meeting. |

Meeting Accomplishments:

- A meaningful dialogue was opened among SEOW members on the state of data, limitations, and concerns;
- Members began to learn about what data is available from their colleagues;
- Co-existing initiatives were identified, with discussion of how they can work together;
- Data access linkages were made between members (i.e. DOT and OPM, and others).

Proposed Next Meeting:

Wednesday, September 7, 2016, 10am – 12 noon