



Utah Department of
Health & Human
Services

DMI Assessment Facilitation Guide



Introduction:

The Utah Department of Health and Human Services data modernization team conducted a scoping project to assess current capacity, gaps, and opportunities in the public health system in Utah. The project included 18 listening and learning sessions with different audiences from public health focus areas. Some of these groups included preparedness, surveillance, environmental health, epidemiology, informatics, and others. These sessions were conducted in a focus group style with opportunity for robust discussion. We covered 7 topics of discussion which are listed below. Participants included decision-makers, frontline staff, data analysts, data users, and other public health experts and staff. Participating groups included tribal public health authorities, Utah DHHS staff, and local health department staff.

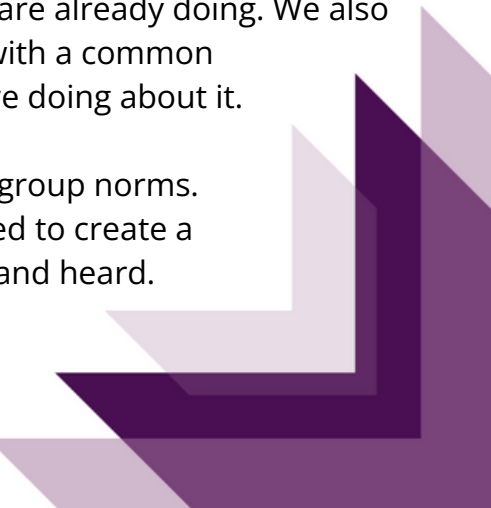
This document includes the questions used to guide the focus group discussions and the scoring guide used as a quantitative analysis tool. Each session was recorded and transcribed. Those recordings were used in an extensive qualitative analysis, the results of which were used to create a strategic plan and road map for data modernization in Utah.


Methodology:

We studied Public Health Informatics Institute's (PHII) DMI Tool Kit and self assessment tools (linked below) to create the question guide. We also submitted a technical assistance (TA) request to the Rocky Mountain Public Health Training Center (RMPHTC). RMPHTC gave us several other resources (also linked below) to help guide us as we crafted our questions. After carefully studying these resources, we chose to focus our questions on 7 topics. An over arching question was crafted for each topic, along with several guiding questions. The over arching questions were asked word for word but the other guiding questions were used to guide the conversation and were adjusted as needed. The 7 question topics and questions are included in this facilitation guide.

We did some level setting with a DMI 101 presentation at the beginning of each session before we jumped into the questions. We explained the relationship with the Public Health Infrastructure Grant (PHIG), why there is a movement of energy and resources toward data modernization right now, why it is so important, and what we are already doing. We also did this to introduce some common vocabulary and level set with a common understanding of what DMI is, why we need it, and what we are doing about it.

After the DMI 101 presentation, we took the time to set some group norms. These sessions often included supervisors and staff. We wanted to create a space where every participant felt that their voice was valued and heard.





The first thing we did to set group norms was to acknowledge the power in the room. This exercise was based on French and Raven's Bases of Social Power (linked in "Resources" below). We chose to talk about legitimate power, expert power, and informational power. Acknowledging the power in the room allowed each member to understand the value they brought to the conversation and helped to create a safe space. Additionally, we emphasized mindfulness to create an equitable environment for hybrid focus groups. Attendance in-person was encouraged but not always possible. Having a mindfulness focus with each group meant using the closed captioning feature in the online platform and clarifying questions or comments made in the room either verbally or through the chat. Other group norms included honesty, constructive criticism, and shared participation. We also took frequent breaks and made the commitment to end on time or early.

Resources:

- [French and Raven's Bases of Social Power](#)
- Public Health Informatics Institute (PHII)
- [PHII DMI Tool Kit](#)
 - [PHII Self Assessment Tools](#)
- Rocky Mountain Public Health Training Center (RMPHTC)
- [The Public Health Information Technology Maturity Index](#)
 - [Public Health IT Maturity Index Questionnaire](#)

Participants for enterprise-wide system assessment:

- Senior decision-makers
- Data users/analysts
- Users of information system (programmatic or administrative)
- IT staff

Topics of Focus (7)

- Data access
 - Data sources
 - Data quality
 - Data processes
 - Infrastructure
 - Governance/policy
 - People
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Focus group question guide

Data access: Do you have access to the data that you need to make public health decisions? (scale 0-5, 0 = "I do not have access to the data that I need," 5 = "I have access to all the data that I need.")

1. Make a list of all data sets you use in your public health work. Which are the hardest to access? Which are the easiest?
2. How would you prioritize this list of systems with the lens of your public health area?
3. What barriers do you have to accessing the data you need to make public health decisions?
4. What solutions have you found to your data access barriers?

Data sources: Where does the data that you use come from and where does it go?

1. Where does your data go? Where do you send your data? With whom do you share your data? (Internal and external partners, decision makers, etc.)
2. How much capacity do you have to extract data that you need for public health decisions?
3. What are your challenges with analysis, visualization, and reporting?
4. Is there data that you have access to but are unable to use for public health action?
5. Are you able to integrate data sources together?

Data quality: Is the data you work with high enough quality to be a reliable tool for public health decision-making? (scale 0-5, 0 = "not a reliable tool," 5 = "the most reliable tool")

- Do timeliness and quality of data need to be improved? How?
- What is the reliability of your data sources?
- How much cleaning/formatting needs to be done in the handling/analysis process on your end?
- What opportunities for standardization do you see?

Data processes: Are current data processes efficient? (scale 0-5, 0 = "not at all efficient," 5 = "totally efficient")

1. Are there any instances in which you are doing double data entry?
2. What manual processes are you currently doing?
3. Are there any bottlenecks in your processes?
4. Is there any redundancy across programs? Are there information functions across programs that could be done once and shared?
5. Are there different data systems/legacy systems that you use that may pose challenges to interoperability?
6. Which of the systems that you use are most at risk for not keeping up with evolving needs and standards?

Infrastructure: Do you have the support that you need to make improvements? (Scale 0-5, 0 = "I have none of the support that I need," 5 = "I have all the support that I need".)

1. Do you have adequate technical (IT) support?
2. Do you feel like you have institutional support at your PHA for DMI projects and systems improvement?
3. Do you have a structure in place for staff to report problems or ideas for data modernization improvement?
4. Do you have an emergency plan in place to access your data when there is no power or when there is a natural disaster?

Governance/policy: Do you have the right policies in place to empower DMI innovation? (scale 0-5, 0 = "We have no policies in place," 5 = "We have all the policies in place")

1. Do you have an established governance process to guide information and information system decisions?
2. Do you have an inventory of existing data sharing/use agreements?
3. To what degree does cost factor into your data modernization decisions?
4. Do you have standard policies and processes in place to establish and monitor data sharing agreements?
5. Are additional policies needed to allow for better access to data?
(state/local/national)



People: Is your PHA or state ready for DMI? (scale 0-5, 0 = “not at all,” 5 = “very ready”)

1. What training gaps do you see for you or your staff?
2. What would help the burden on your data staff be reduced?
3. Are you concerned about workforce retention with your data personnel?
4. Do staff members at the program level (epidemiologists, data analysts, data quality specialists, public health nurses) have the skills to effectively use information systems and tools, including the knowledge of how to identify and document needed system improvements?
5. Do you feel like your area of public health and your local staff are aware of and connected to your state’s current DMI initiatives?

Conclusion:

1. Is there anything you were hoping we would ask that we did not?


Session scoring tool

We decided to conduct both a quantitative analysis and a qualitative analysis to help better analyze the information collected during the focus group sessions. The tool included below is our quantitative analysis tool.

Six of the 7 question topics asked each participant to give a score of 0-5 in response to the topic’s over arching question. Those scores were recorded in the session scoring tool.

Instructions for use:

Fill in each participants score for each topic using the scale of 0-5 as described in the focus group question guide above. The Data Sources column is listed as not applicable because that topic is not scorable. Total all participants scores for each topic in the bottom row. The topic with the lowest score represents the area with the most opportunity for improvement. The topic with the highest score represents the strongest area. If you hold multiple sessions with multiple audiences, compare your total scores across all sessions for stronger data comparison to identify opportunities and strengths.



Session scoring tool

Topic	Data Access	Data Sources	Data Quality	Data Processes	Infra-structure	Government/ Policy	People
Participant							
A		N/A					
B		N/A					
C		N/A					
D		N/A					
E		N/A					
Total		N/A					