

# DuPage County Health Department (DCHD)

## *NACCHO Pathways for Robust Equity in Preventative Actions and Response Efforts in Healthcare Settings (PREPARE) Grant*

### Project Story



### **Why We Participated**

- **Cases and outbreaks** due to healthcare-associated infections, COVID-19, and other pathogens **continue to disproportionately impact racial/ethnic minority populations and exacerbate health inequities**, as well as the **most vulnerable residents in long-term care facilities (LTCFs) and other high-risk congregate settings** in DuPage County.
- To help address this important issue, DCHD hoped to use this grant opportunity to **1) improve our understanding of skilled nursing facilities (SNFs) within DuPage County**, including collecting, analyzing, and interpreting community-level, facility-level, and other internal data sources, and **2) utilize a data-driven approach to prioritize equity-focused outreach to SNFs in DuPage County.**

### **Our Goals & Results**

Goal: DCHD will analyze and compare collected equity indicator data as well as facility outbreak outcomes for skilled nursing facilities and summarize those findings for internal review.

- Results:
  - DCHD epidemiology staff **compiled and analyzed data on over 80 variables**, including community-level, facility-level, and internal outbreak metrics.
  - Descriptive statistics were summarized into a **report for internal review.**

Goal: DCHD will use the data and metrics for equity indicators collected and analyzed to assess and determine which skilled nursing facilities to prioritize in outbreak response and prevention activities.

- Results:
  - DCHD epidemiology staff reviewed the data to select variables to include in an **equity-focused prioritization scoring system**, and **four potential systems were developed, tested, and compared.**
  - After internal review, a final **"Equity Scoring System" was created**, assigning each SNF with an equity score of 1 (most vulnerable/highest priority) through 5 (least vulnerable/lowest priority). **Two facilities** were identified as **high priority** and **eleven facilities** as **moderate-high priority.**

Goal: DCHD will use the data and metrics for equity indicators and facility prioritization to create an outbreak prevention and response equity framework to inform decisions for focused public health interventions with a consultative approach.

- Results:
  - Incorporating the "Equity Scoring System", as well as other criteria, DCHD project staff created a **"Skilled Nursing Facility Prioritization Framework"** with **prioritization criteria** and **recommended interventions**, for both **proactive** and **response-focused outreach** to SNFs.

## Lessons Learned

### Don't let all the data overwhelm you!

What we learned: There are a lot of available data, so it's important to consider the 1) reliability of the data, 2) frequency of updates, and 3) whether it's subject to potential reporting biases. Taking a stepwise approach to our analysis and final metric selection was critical to not becoming overwhelmed.

Why it matters: Facility characteristics can change over time, so you want to use metrics that are readily accessible and easily updated so the work can be as sustainable as possible.

How it impacted our approach: For our final prioritization framework, we narrowed our scope to about 10 reliably reported metrics, which should allow the framework to be updated on a routine basis.

### Consider staff capacity and resources when selecting interventions!

What we learned: Intervention options can range from on-site visits to quick emails or phone calls, so having a list of options to choose from was essential when developing our prioritization and intervention framework.

Why it matters: Ideally, each facility would receive equity-focused, proactive, on-site visits/support on a regular basis, but realistically, that would not be possible with the number of facilities we have and our current staff capacity.

How it impacted our approach: Our final prioritization framework outlined several intervention options, including on-site visits, support related to specific situations, and options for virtual or in-person consultation/training.

### Proactive and response-focused prioritization are both important!

What we learned: Prioritization criteria and intervention options would need to vary depending on whether the outreach is proactive or part of our routine case investigation and outbreak response activities.

Why it matters: Ideally, most of our time would be spent on equity-focused proactive outreach to facilities to prevent outbreaks, but that may not be feasible given high case/outbreak volume and limited staff capacity, so response actions need to be assessed as well.

How it impacted our approach: Our final framework included separate proactive vs. response prioritization criteria and intervention options, providing us with a pre-planned set of guiding prioritization principles, as relevant and best-suited to the situation.

## Resources & Tips

### Key Resources We Used:

- [NACCHO Equity Framework for Outbreak Response and Prevention in Healthcare Settings](#)
- [Social Vulnerability Index](#)
- [Centers for Medicare and Medicaid – Nursing Home Datasets](#)

### Tips for Other Health Departments:

- Ask for help and insight from other LHDs!
- Build something sustainable – if it's too complicated, too time-consuming, too resource-intensive, it won't be something you can keep up with in the long term.

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