COVID-19 Data Collection Systems in Oregon

Survey Flow

Standard: Introduction (3 Questions)

Branch: New Branch

If

If If you prefer to take the survey over the phone, please indicate here: I prefer to take the survey over the phone Is Selected

EndSurvey: Advanced

Block: Respondent Information (3 Questions)

Standard: Survey Definitions (2 Questions)

Standard: COVID-19 Data Collection Types & Methods (4 Questions)

Standard: COVID-19 Demographic Data Collection (4 Questions)

Standard: Data Quality Activities (2 Questions)

Standard: Data Collection Challenges (2 Questions)

Standard: Data Collection Supports (2 Questions)

Standard: Optional Feedback: (4 Questions)

EndSurvey: Advanced

|  |  |
| --- | --- |
| Page Break |  |

Start of Block: Introduction

 Please respond to the following questions about how your local health department is currently receiving COVID-19 information.
Please answer to the best of your knowledge or consult with another colleague if needed.

Prefer Phone If you prefer to take the survey over the phone, please indicate here:

* I prefer to take the survey over the phone (4)

Display This Question:

If Prefer Phone = I prefer to take the survey over the phone

Prefer Phone Detail Please provide the following information to take the survey over the phone:

* Name: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone number: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Preferred day/times to call: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Introduction

Start of Block: Respondent Information

Follow-up Contact Name, title, and contact information of a contact person knowledgeable about data collection for COVID-19 at your health department, to share results and follow-up questions if necessary:

* Name: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone number: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Title (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Department Your health department's name/jurisdiction:

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Respondent Your title/role in health department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Respondent Information

Start of Block: Survey Definitions

 **Below are definitions for key terms used in the survey:**   **Confirmed Disease Report:** Reports of laboratory-confirmed or pre-approved epidemiologically-linked (e.g., an individual with symptoms and close contact with a known case) cases or deaths of the novel Coronavirus (COVID-19). Sometimes referred to as a case report. For more information, see CDC webpage for more about electronic case reporting.    **Vaccine/Immunization Record:** Reports or records of individuals immunized from the novel Coronavirus (COVID-19) either through vaccinations or history of disease. See Oregon’s Example of Online Vaccination Registry and/or Oregon’s Example of Vaccination Record form.
 **Contact Case Reports:** Reports or records of individuals who have experienced exposure to a probable or confirmed case of the novel Coronavirus (COVID-19) during the 2 days before and the 14 days after the probable or confirmed case’s onset of symptoms. Contact Case Reports are often used for contact tracing and case investigations. See CDC guidelines for case investigation data management.

At any point during the survey, you may hover your mouse over these terms for a reminder of these definitions.

Q41 Which of the following COVID-19 data types does your health department currently collect data for?

* Confirmed Disease Reports (1)
* Vaccination Records (2)
* Immunization record through history of disease (3)
* Contact Case Reports (4)

End of Block: Survey Definitions

Start of Block: COVID-19 Data Collection Types & Methods

Display This Question:

If Q41 = Confirmed Disease Reports

Q1A Which of the following mechanisms are routinely used by your health department to collect data on **COVID-19 Confirmed Disease Reports**?

|  |  |
| --- | --- |
|  | COVID-19 Confirmed Disease Reports |
|  | Collecting routinely (1) | Capable, but not collecting routinely (2) | Do not have infrastructure to collect data this way (3) | Don't know (4) |
| Phone (1)  |  |  |  |  |
| Fax/eFax (2)  |  |  |  |  |
| Scan & Email (3)  |  |  |  |  |
| Mail (4)  |  |  |  |  |
| Web Entry (i.e., a form submitted online, see Connecticut’s provider report web-form) (5)  |  |  |  |  |
| Flat file submission (i.e., uploaded a spreadsheet, see Arizona’s Batch Case Creation) (6)  |  |  |  |  |
| Direct electronic transfer of lab data (i.e., Electronic Lab Reporting (ELR), see Illinois ELR system) (7)  |  |  |  |  |
| Direct electronic transfer from an Electronic Health Record(s). (i.e., Electronic Case Reporting (eCR), see Minnesota’s eCR system) (8)  |  |  |  |  |
| Third party or state-sponsored health information exchange such as a disease or vaccine registry (see Minnesota’s MEDSS PHIN) (9)  |  |  |  |  |
| Contract tracing app (see Alabama’s GuideSafe Exposure App) (10)  |  |  |  |  |
| Other (12)  |  |  |  |  |

Display This Question:

If Q41 = Vaccination Records

Or Q41 = Immunization record through history of disease

Q1B Which of the following mechanisms are routinely used by your health department to collect data on **COVID-19 Vaccination Records and/or Immunization through History of Disease**?

|  |  |
| --- | --- |
|  | COVID-19 Vaccination/Immunization Records |
|  | Collecting routinely (1) | Capable, but not collecting routinely (2) | Do not have infrastructure to collect data this way (3) | Don't know (4) |
| Phone (1)  |  |  |  |  |
| Fax/eFax (2)  |  |  |  |  |
| Scan & Email (3)  |  |  |  |  |
| Mail (4)  |  |  |  |  |
| Web Entry (i.e., a form submitted online, see Connecticut’s provider report web-form) (5)  |  |  |  |  |
| Flat file submission (i.e., uploaded a spreadsheet, see Arizona’s Batch Case Creation) (6)  |  |  |  |  |
| Direct electronic transfer of lab data (i.e., Electronic Lab Reporting (ELR), see Illinois ELR system) (7)  |  |  |  |  |
| Direct electronic transfer from an Electronic Health Record(s). (i.e., Electronic Case Reporting (eCR), see Minnesota’s eCR system) (8)  |  |  |  |  |
| Third party or state-sponsored health information exchange such as a disease or vaccine registry (see Minnesota’s MEDSS PHIN) (9)  |  |  |  |  |
| Contract tracing app (see Alabama’s GuideSafe Exposure App) (10)  |  |  |  |  |
| Other (12)  |  |  |  |  |

Display This Question:

If Q41 = Contact Case Reports

Q1C Which of the following mechanisms are routinely used by your health department to collect data on **COVID-19 Contact Case Reports**?

|  |  |
| --- | --- |
|  | COVID-19 Contact Case Reports |
|  | Collecting routinely (1) | Capable, but not collecting routinely (2) | Do not have infrastructure to collect data this way (3) | Don't know (4) |
| Phone (1)  |  |  |  |  |
| Fax/eFax (2)  |  |  |  |  |
| Scan & Email (3)  |  |  |  |  |
| Mail (4)  |  |  |  |  |
| Web Entry (i.e., a form submitted online, see Connecticut’s provider report web-form) (5)  |  |  |  |  |
| Flat file submission (i.e., uploaded a spreadsheet, see Arizona’s Batch Case Creation) (6)  |  |  |  |  |
| Direct electronic transfer of lab data (i.e., Electronic Lab Reporting (ELR), see Illinois ELR system) (7)  |  |  |  |  |
| Direct electronic transfer from an Electronic Health Record(s). (i.e., Electronic Case Reporting (eCR), see Minnesota’s eCR system) (8)  |  |  |  |  |
| Third party or state-sponsored health information exchange such as a disease or vaccine registry (see Minnesota’s MEDSS PHIN) (9)  |  |  |  |  |
| Contract tracing app (see Alabama’s GuideSafe Exposure App) (10)  |  |  |  |  |
| Other (12)  |  |  |  |  |

Display This Question:

If Q1A#1 = Other [ Collecting routinely ]

Or Q1A#1 = Other [ Capable, but not collecting routinely ]

Or Q1B#1 = Other [ Collecting routinely ]

Or Q1B#1 = Other [ Capable, but not collecting routinely ]

Or Q1C#1 = Other [ Collecting routinely ]

Or Q1C#1 = Other [ Capable, but not collecting routinely ]

Q1D You indicated that your health department is collecting COVID-19 data through another type of mechanism, please describe:

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End of Block: COVID-19 Data Collection Types & Methods

Start of Block: COVID-19 Demographic Data Collection

Display This Question:

If Q41 = Confirmed Disease Reports

Q2A Please indicate which of the following demographic and social information your health department is currently collecting with **COVID-19 Confirmed Disease Reports**

|  |  |
| --- | --- |
|  | COVID-19 Confirmed Disease Reports |
|  | Collecting routinely without issue (1) | Collecting, but data are often incomplete or inaccurate (2) | Not collecting (3) | Don't know (4) |
| Age or Date of Birth (1)  |  |  |  |  |
| 5 Minimum Census Categories for Race and Ethnicity (2)  |  |  |  |  |
| More disaggregated racial categories than the 5 minimum census categories (e.g., Middle Eastern, North African) (3)  |  |  |  |  |
| More disaggregated ethnicity/ancestry categories than the census categories (e.g., Asian American becomes Chinese, Indian, Korean, Hmong, Lao, Vietnamese, Taiwanese) (14)  |  |  |  |  |
| Sexual orientation (i.e., hetereosexual or straight, gay or lesbian, bisexual) (4)  |  |  |  |  |
| Gender (i.e., masculine, feminine) (5)  |  |  |  |  |
| More diverse categories for gender (e.g., masculine, feminine, agender, questioning) (6)  |  |  |  |  |
| Transgender (15)  |  |  |  |  |
| Language preference or language spoken at home (7)  |  |  |  |  |
| Disability status, mental illness, or cognitive abilities (8)  |  |  |  |  |
| Shared or congregate housing setting (e.g., shelters, prisons, nursing home) (9)  |  |  |  |  |
| Social needs (e.g., housing or food insecurity, interpersonal safety) (10)  |  |  |  |  |
| Comorbidity (i.e., other diseases or medical conditions) (11)  |  |  |  |  |
| Migrant status (e.g., citizenship, immigration status, refugee status) (12)  |  |  |  |  |
| Other (13)  |  |  |  |  |

Display This Question:

If Q41 = Vaccination Records

Or Q41 = Immunization record through history of disease

Q2B Please indicate which of the following demographic and social information your health department is currently collecting with **COVID-19 Vaccination Records and/or Immunization through History of Disease**

|  |  |
| --- | --- |
|  | COVID-19 Vaccination/Immunization Records |
|  | Collecting routinely without issue (1) | Collecting, but data are often incomplete or inaccurate (2) | Not collecting (3) | Don't know (4) |
| Age or Date of Birth (1)  |  |  |  |  |
| 5 Minimum Census Categories for Race and Ethnicity (2)  |  |  |  |  |
| More disaggregated racial categories than the 5 minimum census categories (e.g., Middle Eastern, North African) (3)  |  |  |  |  |
| More disaggregated ethnicity/ancestry categories than the census categories (e.g., Asian American becomes Chinese, Indian, Korean, Hmong, Lao, Vietnamese, Taiwanese) (14)  |  |  |  |  |
| Sexual orientation (i.e., hetereosexual or straight, gay or lesbian, bisexual) (4)  |  |  |  |  |
| Gender (i.e., masculine, feminine) (5)  |  |  |  |  |
| More diverse categories for gender (e.g., masculine, feminine, agender, questioning) (6)  |  |  |  |  |
| Transgender (15)  |  |  |  |  |
| Language preference or language spoken at home (7)  |  |  |  |  |
| Disability status, mental illness, or cognitive abilities (8)  |  |  |  |  |
| Shared or congregate housing Setting (e.g., shelters, prisons, nursing home) (9)  |  |  |  |  |
| Social needs (e.g., housing or food insecurity, interpersonal safety) (10)  |  |  |  |  |
| Comorbidity (i.e., other diseases or medical conditions) (11)  |  |  |  |  |
| Migrant status (e.g., citizenship, immigration status, refugee status) (12)  |  |  |  |  |
| Other (13)  |  |  |  |  |

Display This Question:

If Q41 = Contact Case Reports

Q2C Please indicate which of the following demographic and social information your health department is currently collecting with **COVID-19 Contact Case Reports**

|  |  |
| --- | --- |
|  | COVID-19 Contact Case Reports |
|  | Collecting without issue (1) | Collecting, but data are often incomplete or inaccurate (2) | Not collecting (3) | Don't know (4) |
| Age or Date of Birth (1)  |  |  |  |  |
| 5 Minimum Census Categories for Race and Ethnicity (2)  |  |  |  |  |
| More disaggregated racial categories than the 5 minimum census categories (e.g., Middle Eastern, North African) (3)  |  |  |  |  |
| More disaggregated ethnicity/ancestry categories than the census categories (e.g., Asian American becomes Chinese, Indian, Korean, Hmong, Lao, Vietnamese, Taiwanese) (14)  |  |  |  |  |
| Sexual orientation (i.e., hetereosexual or straight, gay or lesbian, bisexual) (4)  |  |  |  |  |
| Gender (i.e., masculine, feminine) (5)  |  |  |  |  |
| More diverse categories for gender (e.g., masculine, feminine, agender, questioning) (6)  |  |  |  |  |
| Transgender (16)  |  |  |  |  |
| Language preference or language spoken at home (7)  |  |  |  |  |
| Disability status, mental illness, or cognitive abilities (8)  |  |  |  |  |
| Shared or congregate housing Setting (e.g., shelters, prisons, nursing home) (9)  |  |  |  |  |
| Social needs (e.g., housing or food insecurity, interpersonal safety) (10)  |  |  |  |  |
| Comorbidity (i.e., other diseases or medical conditions) (11)  |  |  |  |  |
| Migrant status (e.g., citizenship, immigration status, refugee status) (12)  |  |  |  |  |
| Other (13)  |  |  |  |  |

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| Page Break |  |

Display This Question:

If Q2B#1 = Other [ Collecting routinely without issue ]

Or Q2B#1 = Other [ Collecting, but data are often incomplete or inaccurate ]

Or Q2C#1 = Other [ Collecting without issue ]

Or Q2C#1 = Other [ Collecting, but data are often incomplete or inaccurate ]

Or Q2A#1 = Other [ Collecting routinely without issue ]

Or Q2A#1 = Other [ Collecting routinely without issue ]

Q2D You indicated that your health department is collecting other demographic or social information with COVID-19 data, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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End of Block: COVID-19 Demographic Data Collection

Start of Block: Data Quality Activities

Q3A What activities, formal, or informal assessments has your public health department engaged in to ensure the **completeness and accuracy of data collection efforts?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q3B What activities or assessments (formal or informal) has your public health department engaged in to ensure that **data analysis and dissemination efforts are accurate and beneficial for community outreach efforts?**

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End of Block: Data Quality Activities

Start of Block: Data Collection Challenges

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Q4A Since the COVID-19 pandemic started, what **challenges** has your health department experienced when trying to collect and validate the completeness and accuracy of COVID-19 data for decision making? Please check all that apply.

* Difficulty with internal technical infrastructure (creating or adapting data systems) (1)
* Difficulty with external technical infrastructure (e.g., interfacing with EHRs) (2)
* Issues with data collection process/workflows that impact data usefulness (e.g., disease reports are missing data or are of poor quality, data was not received in a timely manner) (3)
* Difficulty capturing data on social determinants and other demographic data (e.g., no standards for collecting and storing data, unsure how to collect, low leadership commitment buy-in to collect) (4)
* Difficulty using data that does not conform to existing standards (5)
* Difficulty conforming data to existing standards (6)
* Lack of human resources or expertise (e.g., not enough health department staff to collect data in a timely manner, turnover among trained staff, lack of time/bandwidth to train contact tracers) (7)
* Challenges coordinating with public health agencies (i.e., state, federal, neighboring counties). For example, lack of guidance on data collection efforts from federal or state health department, data system(s) does not easily exchange data with neighboring communities) (8)
* Lack of trust or collaboration from public (e.g., contact tracers unable to obtain necessary information from COVID-19 patients out of concerns for privacy and confidentiality, disbelief, mistrust of government) (9)
* Lack of representation/inclusion of marginalized communities in local health department data collection efforts (10)
* Other(s) Please Explain: (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have not experienced any major challenges (12)

Q4B (Optional) What was the biggest challenge or challenges your health department experienced when trying to collect and validate COVID-19 data for decision making? Please expand.

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End of Block: Data Collection Challenges

Start of Block: Data Collection Supports

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Q5A Since the COVID-19 pandemic started, what major factors have ***made it easier*** for your health department to collect and validate the completeness and accuracy of COVID-related data? Please check all that apply.

* Many providers are already on the same EHR platform (e.g. EPIC) (1)
* Many providers are affiliated with a single or a few large healthcare systems (2)
* Existing data collection and/or analysis expertise within the health department or community (3)
* Existing partnerships with culturally-specific community organizations or leaders (4)
* Existing partnership with health information technology vendor or other information technology vendor (5)
* Existing expertise/dedicated staff for community engagement (6)
* Existing or anticipated laws or organizational policies requiring collection of detailed demographic and/or social data (7)
* Support for health equity within the community (8)
* Pre-existing community-based electronic health information exchange (HIE) collaborations or public health data collection efforts (e.g., regional health information organizations, emergency department alert system, disease registry, vaccination registry) (9)
* Pre-existing community-based non-HIE specific collaborations (e.g., Coordinated Care Organizations, regional health collaborations) (10)
* Other(s) Please Explain: (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cannot identify any major factors that made it easier to collect and validate COVID-related data (12)

Q5B (Optional) Please expand on your answers to the above question.

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End of Block: Data Collection Supports

Start of Block: Optional Feedback:

Optional Feedback This survey was sent to local public health departments in Oregon. We plan on sending a version of this survey to other state and local health departments. If you have additional time, please let us know how we can improve the survey prior to sending it out nationally.

Q6A (Optional) Were there any questions you found confusing or difficult to understand? Do you have any recommendations to make these questions easier to understand?

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Q6B (Optional) What other recommendations, if any, do you have for us to improve the questionnaire?

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Q6C (Optional) Is there anything else you want to share or think we should know?

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End of Block: Optional Feedback: