Adaptive Strategies for Rural Grantees Amid COVID-19:
Adjusting Approaches to Data Collection and Utilization

The GHPC COVID Collection

As part of ongoing efforts to support Federal Office of Rural Health Policy (FORHP) grantees, Georgia Health Policy Center technical assistance providers put together a five-part series of virtual peer learning opportunities. The series provided the space for small group discussions around challenges, early learnings, and potential opportunities around program implementation strategies during the COVID-19 pandemic.

This brief summarizes lessons around adapting approaches to data collection and utilization during the pandemic.

The current pandemic environment is having diverse impacts on how organizations and other entities are able to implement programs, deliver services, and engage with patients and clients. These changes to the way people are working are closely intertwined and have an effect on data collection and utilization. This is true no matter what the particular lens is related to data, whether it is a focus on program evaluation, quality improvement, or needs assessment.

Common Challenges

Grantees are experiencing a significant impact on the data they are able to gather due to the impact of COVID-19 on their ability to serve patients. There has been a steep drop in the numbers of individuals coming to clinics, hospitals, and other service sites for regular care. As a result, there is a real challenge in capturing many of the clinical and biometric measures that are a focus for many grantees. Individuals are no longer attending in-person health education classes, and home visits are not happening at this time. Furthermore, some initiatives deliver their programs and services in conjunction with partner organizations and rely on those entities for primary data collection. Many of these partners are experiencing the same decrease in volume, and some have had to furlough staff, all of which has greatly decreased the flow of data to the lead grantee organization.

Others challenges are related to gathering data for certain populations. This is particularly acute for school-based programs, given the widespread closure of educational institutions nationwide. Programs are adapting their implementation strategies in light of this and exploring alternative methods for reaching teachers, families, and children that they would usually engage through the school setting.

Lastly, there is general acknowledgement of technology barriers in many rural communities that complicate the delivery of remote services and data-collection efforts. Grantees identify barriers related to:

- Inconsistent internet and cellular service in many areas

- Households without internet access

- Lack of technology needed for virtual visits

- Limited comfort or experience using the technology (for both grantees and patients)

- Interruption due to recent changes with their electronic health records (EHRs) and other reporting systems

Approaches to Data Collection

As a result of a wider shift toward delivery of services and programs remotely, grantees are adapting their data-collection methods to be more effective in this current context. Many grantees are now going back to using telephone and mail outreach to connect with patients and collect data. Some are developing surveys and mailing them to homes, and actually seeing higher than usual response rates with this method, which has been encouraging. This data is self-reported, which brings certain limitations in terms of data quality and a slower data-collection process. For home visiting and other more intensive one-on-one structured programs, grantees are doing follow-up and data collection via telephone. They are also using text messaging, emails, FaceTime, and Google Duo as ways to connect with clients in their homes.

For grantees without a centralized online data system, some have begun using cloud-based file-sharing platforms, like SharePoint, to support collection and house their grant program data when, before, they were using hard copies. One grantee shared their approach to engagement of new, nontraditional partners (e.g., convenience and grocery stores) as a way to connect with people where they are known to go, since they are not able to come to clinics as they normally would. Another spoke about how they were able to dedicate staff, in this case a population health nurse, to serve as a lead for data collection conducting regular follow-up calls with all patients.

Others shared how they were revisiting their existing data-collection tools and making modifications to the content or in the way that they are deployed. In one school-based example, a grantee is exploring changes to a current classroom observational assessment tool to see if it might be deployed for teachers who are working with children online.

Shifting Focus on the Data

Numerous call participants shared how they were changing the way that they were looking at and analyzing the data, as well as how they were prioritizing different measures or types of data. Some grantees have been using this time to shift from individual clients to a greater focus on partners and the community. In one example in which there was a 25-member network, the grantee took the initiative to survey members of the network to learn more about the partners, what they were doing, and the types of data they had access to. This helped them to gain a better understanding of the current landscape, do some mapping of community resources for support of local pandemic response, and inform how they intend to serve patients differently in the future.

Some grantees are integrating new COVID-related measures into their EHRs and other existing data systems. Measures include a focus on tracking the number of screenings, temperature checks, clients at greatest risk (particularly those over 65 years of age and with other chronic conditions), and length of time from screening to hospital admission. This focus on COVID-related measures is seen as an opportunity to:

- Gather data that will help the organization and local community better understand the current situation

- Tailor services for greater effectiveness

- Leverage resources

- Prepare for anticipated future response

Some are exploring their current data to better understand what motivates and moves patients to action; behavioral health issues connected to loneliness, isolation, and stress; and the underlying social determinants of health that present barriers during this time. Given the growing recognition and focus on social determinants of health and the continued uncertain nature of the pandemic, grantees are collecting and drilling down into this data to better understand the needs of their community members and identify opportunities for linking people to services. One grantee acknowledges that with a current high rate of "no shows" among their patients, they are having their community health workers do follow-up with patients via telephone and document their social needs in patient charts to inform a more holistic approach to care.

Data Opportunities Moving Forward

With the changes that are taking place in the way that organizations, programs, and services operate, grantees are leveraging this opportunity to collect and use data to help them understand what is working and what is not, so that it might inform their work moving forward. Participants shared how they were documenting, sometimes with the support of an evaluator, their progress and challenges, and how they were changing their programs over time. The hope is that what is being learned now may be applied later to inform planning and design of programs and services.

Many grantees are focused on ensuring the quality of care being delivered as they move from face-to-face client engagement toward more remote and telehealth-based options. Grantees discussed how they are collecting telehealth data with measures related to access to care, financial impact and cost, patient and provider experience, and effectiveness. Overall a number of call participants shared how they are learning a lot about telehealth and related approaches at this time and see an opportunity to really integrate it into their practice moving forward.

Grantees talked about the opportunities to collect data that helps them understand what has changed in the community and how this pandemic is affecting their clients and partners. One talked about a monthly surveying of staff and partners to understand the challenges presented by the pandemic along with how they were working to address them. Another talked about the value of this documentation for future grants and other funding pursuits. Of particular note, participants discussed the importance of qualitative data collection during this time as an important way to tell the story of the pandemic and its impact on programs, services, and communities. Some remote strategies for qualitative data collection that were shared included photo voice, journaling, and document review.

Resources Shared

Tools and Resources:

- Ensuring Meaningful Systems of Measurement: Evaluation Plan Assessment Tool — The tool takes you through components of an evaluation plan, providing an assessment checkbox, questions for individual reflection or discussion with others, and a place to note implications for action.
- Google Duo — Free video calling app
- SharePoint — Microsoft collaboration software and file sharing
- Facebook Live — Platform for broadcasting a conversation, performance, Q-and-A, or virtual even
- BetterEvaluation.org — An international collaboration to improve evaluation practice and theory by sharing and generating information about options (methods or processes) and approaches. BetterEvaluation supports three connected areas of activity: evaluation practice, evaluation capacity strengthening, and research and development in evaluation.
    - Blog series: Adapting evaluation in the time of COVID-19 — Part 1: MANAGE
- Reflex or Reflection: Three Lessons for Evaluators Amid COVID-19
- A blog post from the American Evaluation Association (AEA) on adapting program evaluations during the pandemic.

Qualitative Research Approaches

- Photovoice
    - Example
- Journaling
- Document review

Data Sources

- COVID-19 Demographic and Economic Resources — Provides access to U.S. Census Bureau data useful in pandemic-related decision-making. Offers state and county impact planning reports that provide sociodemographic data, including data on at-risk populations, poverty, and health insurance coverage. Also provides data on businesses and employment. Source: U.S. Census Bureau
- Coronavirus Resources for Local Health — Provides access to county-level data related to the impact of COVID-19 to inform local public health department planning. Includes case counts, hospital bed counts, health insurance coverage, and more. Source: National Association of County and City Health Officials
- Urban and Rural Differences in Coronavirus Pandemic Preparedness — Analysis including interactive maps that allow users to find estimates of hospital bed capacity by area, and to adjust estimates based on the age of the population. Features statistics including hospital beds and ICU beds per 10,000 population, percentage of nonelderly adults with chronic conditions, and percentage of adults aged 65 and over, with breakdowns by metro and nonmetro areas. Source: Kaiser Family Foundation
- Data.HRSA.gov — The data.HRSA.gov website (previously known as the HRSA Data Warehouse) provides maps, data, reports, and dashboards to the public about HRSA's health care programs. The data integrates with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers, and other public health programs and services.

Clinical and Quality Resources

- Quality Payment Program COVID-19 Response fact sheet
- HealthIT.gov: COVID-19 Response: Tools and Resources for the Health IT and Clinical Community — Health information technology (HIT) resources for reporting and tracking COVID-19, including information and guidance on data standards, coding, and more. Source: Office of the National Coordinator for Health Information Technology
- Agency for Healthcare Research and Quality's COVID-19 Resources — Tools and resources for improving clinical practice in hospitals, ambulatory care practices, nursing homes, and other health care institutions; data resources and analyses to help decision-makers understand health care trends and identify opportunities for improvement; publications and resources developed by AHRQ grantees; and information on opportunities for research funding