Using a Novel Partnership to Measure Vaccine Uptake in Populations of Interest

Miriam Muscoplat | MIIC Manager
Overview

• Background and Partnership
• Data Sharing Process
• Outcomes and Data Use
• Collaboration of Health Systems across Minnesota, including Minneapolis VA
• Mission: to improve health by informing policy and practice through data-driven collaboration among members of Minnesota's health care community.

• Vision: Our vision is to be the leading research network collaborating across Minnesota to equitably improve health outcomes.

• Key Principles:
  • Prioritize privacy through a distributed data model
  • Voluntary Collaboration
  • Good governance through our Governance Board
  • Adaptable and nimble
Partnership

- Initiation
- Contract
  - Duties
    - Data Sharing timelines
    - Work towards a shared data model between the systems to streamline the process
    - Demonstration projects to further move the needle on EHRC work
  - Timeline: Through June 2024
- Funding
  - CoAg Supplement 3
  - $2.7M
### Minnesota Immunization Information Connection

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### Health System

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### Hashed Identifiers

Hashes simplified for display purposes

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</table>
a. Vaccine data from MIIC sent to U of M

b. Cohort sent to U of M

Match System Data and MIIC data, send back to systems

Dedup list from U of M, add demographic and comorbidity data

Create summarized site data

Summary of data and analytics

Share data on public dashboard
State of Minnesota Dashboard

![Race and Ethnicity Dashboard](image)

**Progress with Vaccination by Race and Ethnicity, Age Total**

**Vaccination Progress by Race and Ethnicity, Age Total**

- **Race/Ethnicity of Vaccinated Population**
  - American Indian: 0.95%
  - Asian/Pacific Islander: 0.59%
  - Black/African American: 0.23%
  - Hispanic: 0.58%
  - Multiracial: 1.11%
  - White: 70.02%

- **Minnesota population**
  - 0.01%

The race/ethnicity data provided on this dashboard accounts for 95% of the people who have received a COVID-19 vaccination record with MNH. It also includes vaccinations from VA records which are not included in the race/ethnicity data. For the remaining records, race/ethnicity data is not available, unknown, or missing. This percentage may vary slightly for each age demographic.

Data reported as of 9/9/2022. Updated bi-weekly on Friday.

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**View addional information about COVID-19 cases by Race/Ethnicity**

[health.state.mn.us](http://health.state.mn.us)
Future Work
So Much Potential!

• Projects
  • HPV infection and immunization
  • High risk conditions and immunization recommendations
  • Endless non-immunization opportunity

• Funding
  • Working to identify other partners in the agency to diversify funding and projects
Thank You!

Miriam Muscoplat

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Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council