Big City Mouse and Small City Mouse

Addressing Pandemic-Driven Community Needs with Data, Analytics, and Collaboration in Seattle, WA, and Trenton, NJ

Amy Laurent

Senior Epidemiologist
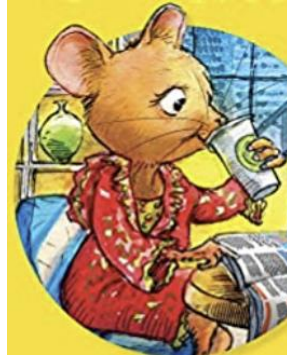Public Health - Seattle & King County
Amy.Laurent@kingcounty.gov

Stuart Altschuler

Director of Analytics and Insights
Trenton Health Team
saltschuler@trentonhealthteam.org

Seattle / King County

Amy Laurent

Senior Epidemiologist
Public Health - Seattle & King County

Amy.Laurent@kingcounty.gov

www.kingcounty.gov/covid/impacts

Session objectives

- Understand the timeline and impetus to begin monitoring and evaluation of the COVID-19 mitigation efforts in King County, WA

- Describe the local application of the M&E framework, including new data acquisition and community involvement

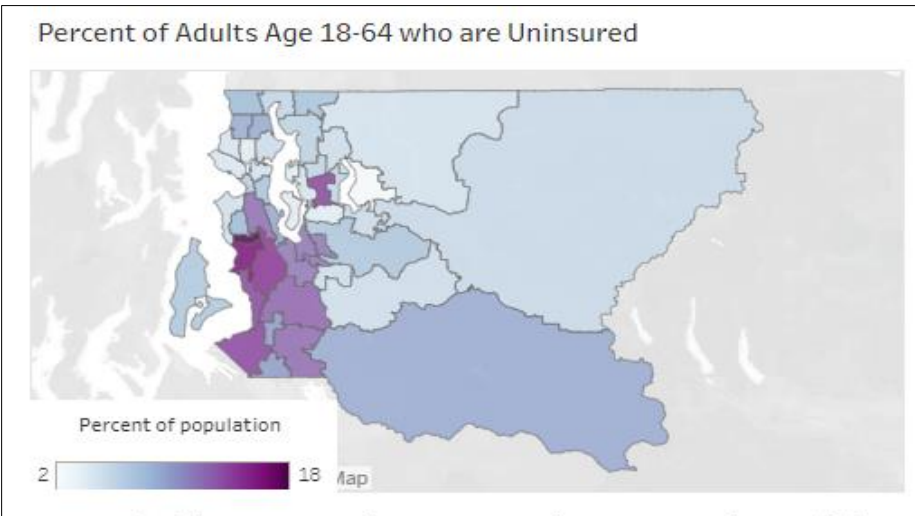# Overview

King County context – prior to pandemic

Population: 2.2 million people; largest county in WA, bigger population than 15 states; 39 incorporated cities. Seattle is the largest with 710,000 residents
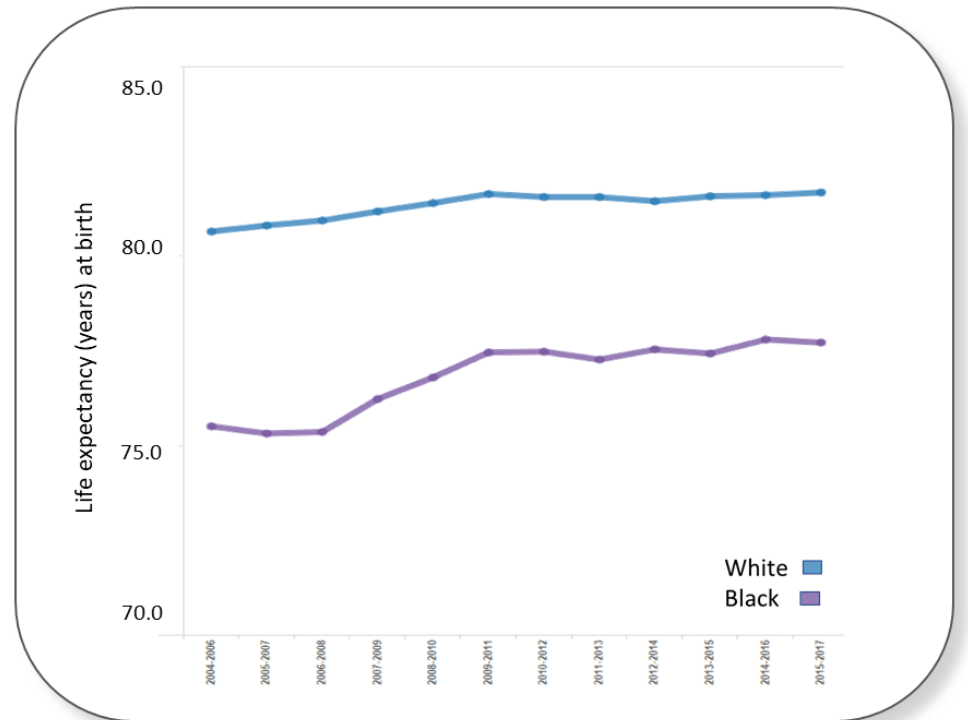
Median home price (Q2 2020): $742,950
Median rent, 2BR (Q1, 2020): $2,243

Median household income (2019): $102,486
25% make less than $50,000
9.0% of persons in poverty
Increasing # of homeless

"A Tale of Two Counties"

Percent of Adults Age 18-64 who are Uninsured

Percent of population

2 18 Map

Life expectancy (years) at birth

85.0

80.0

75.0

70.0

White
Black

2004-2006 2005-2007 2006-2008 2007-2009 2008-2010 2009-2011 2010-2012 2011-2013 2012-2014 2013-2015 2014-2016 2015-2017

- In King County, Black adult life expectancy is 78 years - **4 years less** - than white adult life expectancy of 82 years.

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Equity and community involvement as a framework

King County INVESTS...

Upstream, where needs are greatest,

in **community partnerships,**

King County and in **employees,**

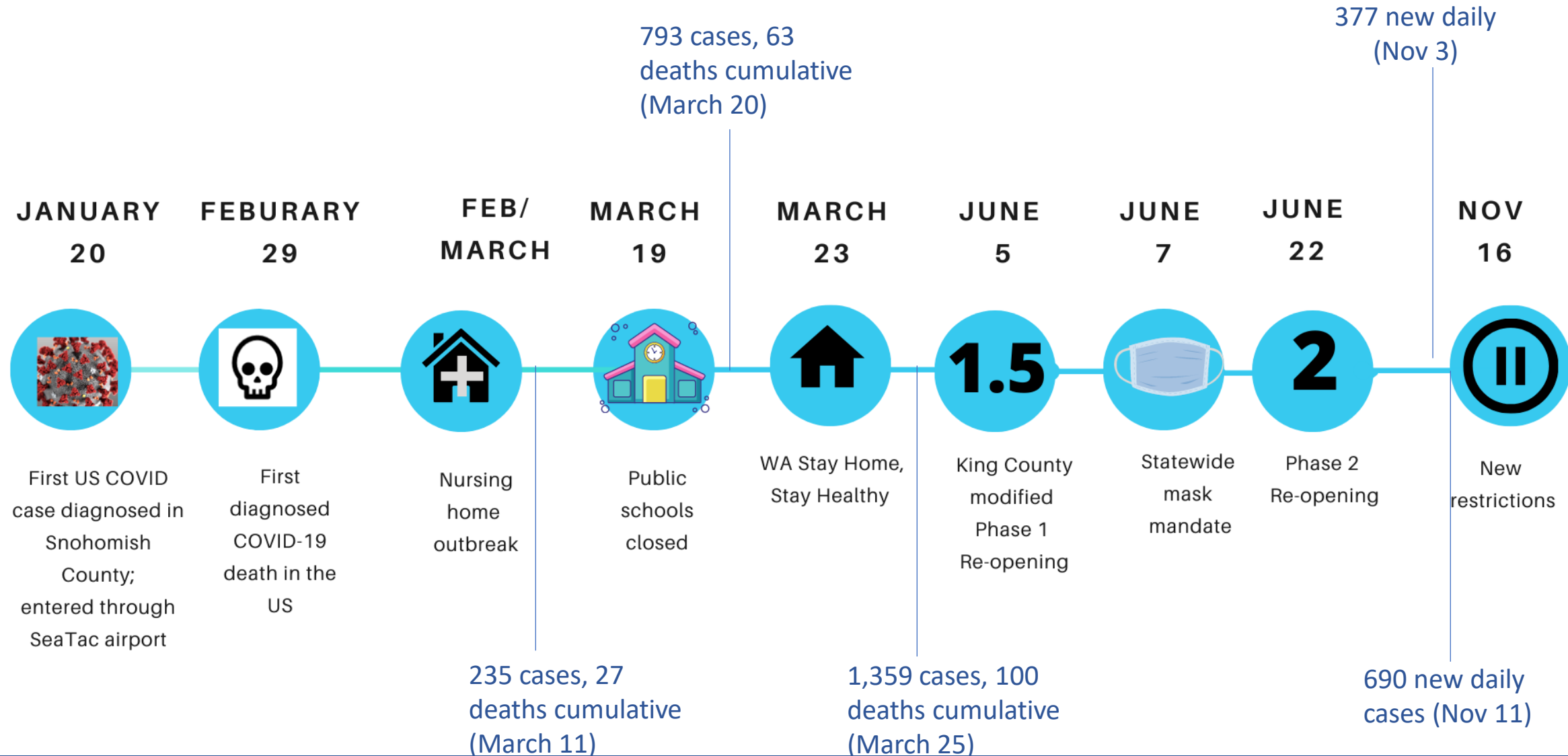with **transparent and accountable leadership.**

Community collaboration is essential to achieve equity across social determinants of health.

On June 11, Dow Constantine (King County Executive) and Patty Hayes (Public Health director) declared racism to be a public health crisis.
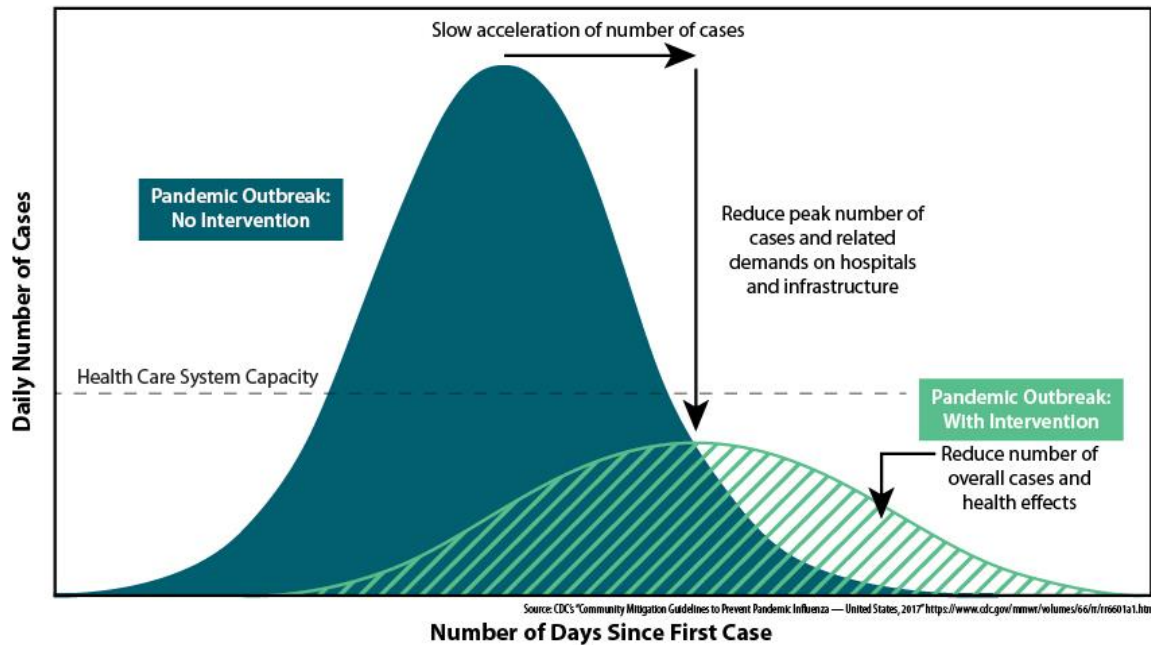

RACISM: A PUBLIC HEALTH CRISIS

COVID-19

Experiences and monitoring in King County, WA

COVID-19 in King County: a timeline

What are community mitigation strategies?

Community mitigation strategies, or non-pharmaceutical interventions, are **actions** that **individuals** and **communities** can take to slow the spread of infectious diseases

COVID-19 Trajectory in King County

Seven-day moving average number of new cases reported by date of test result
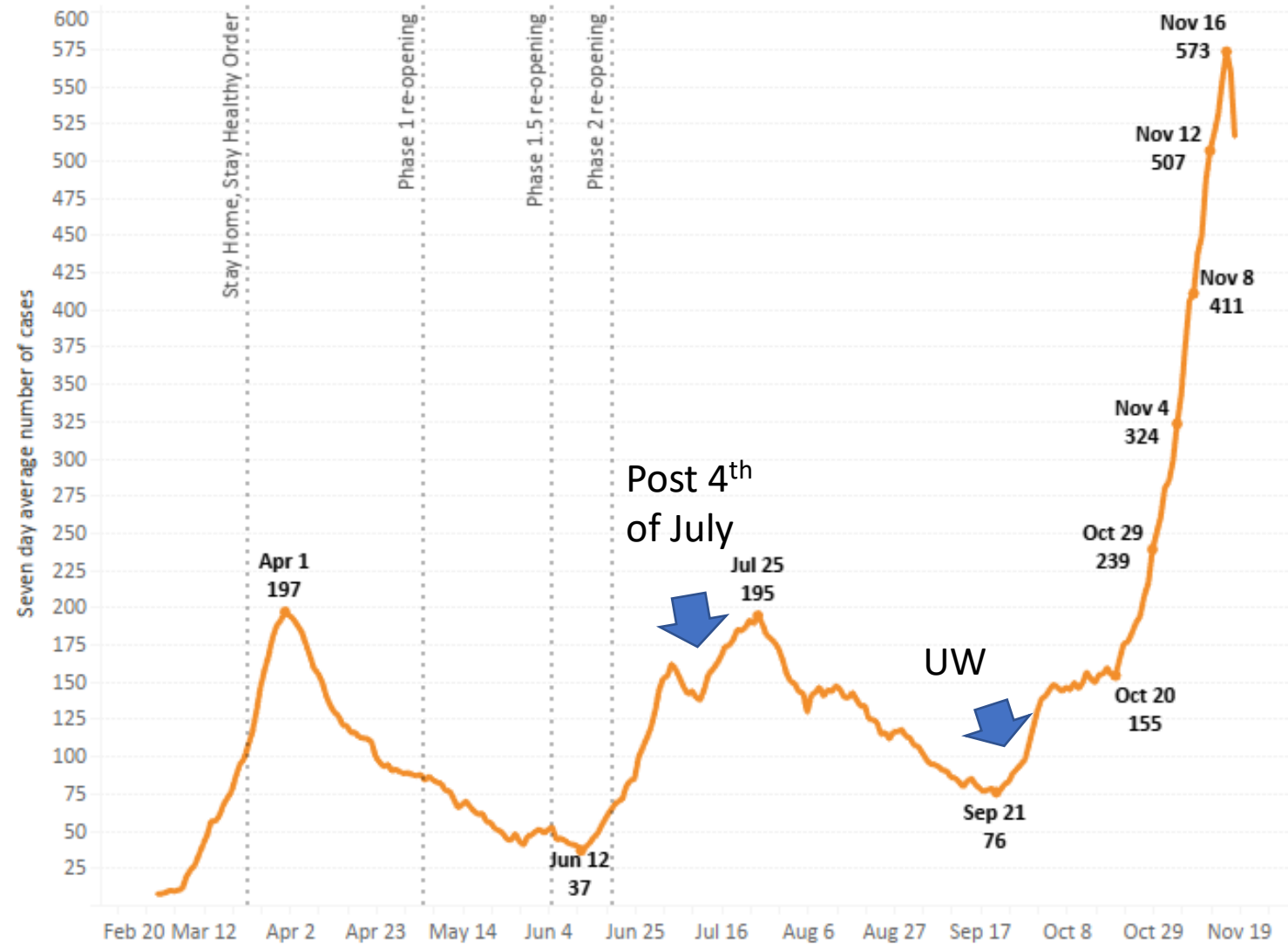
Moving average calculates the number of new cases reported, on average, for the past seven days. An increasing trend implies that the daily incidence is rising over the past week. The most recent seven day average is labeled.

Assessment, Policy Development & Evaluation: Shifting to a COVID-19 Response

- Community health assessment and evaluation standard datasets – birth, death, hospitalization, cancer registry, Behavioral Risk Factor Surveillance System (BRFSS), school surveys, American Community Survey (ACS) data, Medicaid, etc.

- These data sets were not timely enough to see emerging needs; more rapid and regular data were needed

- Needed to pivot work and partnerships to follow a different monitoring and evaluation framework based on literature from previous pandemic and disaster response

- Equity is a primary focus; community buy-in is important

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Economic, Social & Overall Health Impacts of COVID-19

Purpose
- Monitor social, economic, and overall health impacts of non-pharmaceutical COVID-19 mitigation efforts over a two-year period

Rapid cycle Information sharing
- Brief reports, blog posts, & infographics to share findings
- Compare to a previously established baseline
- Data shared with community prior to release
- Dashboards with more details and regular updates of new data
- Share out dashboard updates

Primary audience
- Policy-makers, leadership and community to help inform planning and resource allocation

Briefs and infographic answer key questions
- What changes are communities experiencing during the pandemic?
- How do experiences differ by race, place, age and other population groups?

A joint project of WA DOH, PHSKC and the CDC Community Intervention & At Risk Task Force Monitoring and Evaluation Team

Topics and Datasets

- Used publicly available data where possible

- Leveraged relationships to develop data sharing agreements; many new data sources and data sets

- Tracking policy changes related to social mitigation of COVID-19 as a contextual factor to understand changes

- Community buy-in and validation also essential part of review process

- More real-time data and analysis than our unit has previously typically provided so required templating and developing uniform approaches

- Checklists for analysis, quality assurance, visualizations, data release

Started with large buckets to monitor and evaluate

Domain	Topics
Economic	Employment Traffic mobility Housing status Financial security
Social	Food security Family violence Child education and child care
Health (non-COVID-19)	Behavioral health Physical health/life expectancy Access to care

DATA SOURCES used for the project thus far

Economic

- Unemployment claims
  - Employment Security Division
- 211 (social services calls)
- Mobility data
  - Washington State department of Transportation road counts
  - Safegraph data
  - Crash data
- Financial (TBD):
- Opportunity Insights
- FEMA data (TBD)
- Department of Commerce (TBD)

Social

- Food security
  - Supplemental Nutrition Assistance Program
  - Census Pulse Survey
  - Local needs assessment (in process)
  - WIC enrollment
- Domestic violence
  - Court data
  - Call data
  - Syndromic surveillance
  - Police call data (not county wide)
- Child/Elder Maltreatment
  - Report data (CPS/APS)
  - Syndromic surveillance
  - Court data
- Access to internet and technology
  - American Community Survey
  - Local survey
- Community Recovery-Oriented Needs Assessment (CORONA) (in process)

Health

- Access to care
  - Number enrolled in Medicaid
  - Demographics of new enrollees
- Mental and behavioral health
  - Calls to behavioral health crisis line
  - Syndromic surveillance
  - Emergency Medical Services calls
  - Census Pulse Survey
  - Local needs assessment (coming soon)
- Excess deaths (coming soon)
  - Death certificate data
- Overdose deaths
  - Medical examiner data
- Community Recovery-Oriented Needs Assessment (CORONA) (in process)

Landing page: Key indicators dashboard

Last updated: 11/16/2020

Key Economic, Social, and Overall Health Impacts in King County

Click on any box below for more detailed information

Economic	Social	Health
Unemployment **529,000+** new unemployment claims filed by King County residents from March 1 to November 7, 2020	**Food Insecurity** ↑ 17,800 more King County households received **Basic Food assistance** in September than January 2020, a 18.2% increase	**Healthcare** ↑ 27,300 more King County residents were enrolled in **Medicaid** in August 2020 than in January 2020
Housing **58%** of calls to 2-1-1 hotline requested **housing-related assistance** from August 12-September 8, 2020	**Food Insecurity** **9%** of adults in King, Pierce, and Snohomish Counties did not have enough food to eat between June 4 - June 30, 2020	**Behavioral Health** ↑ 13% increase in calls to behavioral health crisis line in September 2020 compared to 2019
Traffic ↓ -25% decrease in local highway traffic on November 15, 2020 compared to 2019	**Family Violence** ↑ 3% increase in calls from King County residents to the National Domestic Violence Hotline in September compared to January 2020	**Mental Health and Suicide** **16%** of middle and high school youth made a plan to attempt suicide in the past year before COVID-19
	Internet Access **67,000** King County households (7.5%) have **no internet access**, and **21,200** children lack computer or broadband internet access	

Key Dates:	**March 15, 2020** Schools, entertainment, bars, restaurants closed	**March 23, 2020** Stay Home, Stay Healthy order; businesses closed	**May 5, 2020** Phase 1 of Safe Start plan to reopen WA State	**June 5, 2020** King County enters Modified Phase 1 of Safe Start Plan	**June 19, 2020** King County enters Phase 2 of Safe Start Plan

Economic

Monitoring in King County, WA

Unemployment

- Data from WA State Employment Security Department
- Initial and continued employment claims
  - By ZIP code
  - By Industry & occupation
  - By Demographics
- Mirrors some of the geographic trends we were seeing pre-pandemic
- Initially updated weekly; moved to bi-weekly. With new COVID restrictions in place, will refresh more frequently
- Required a DSA
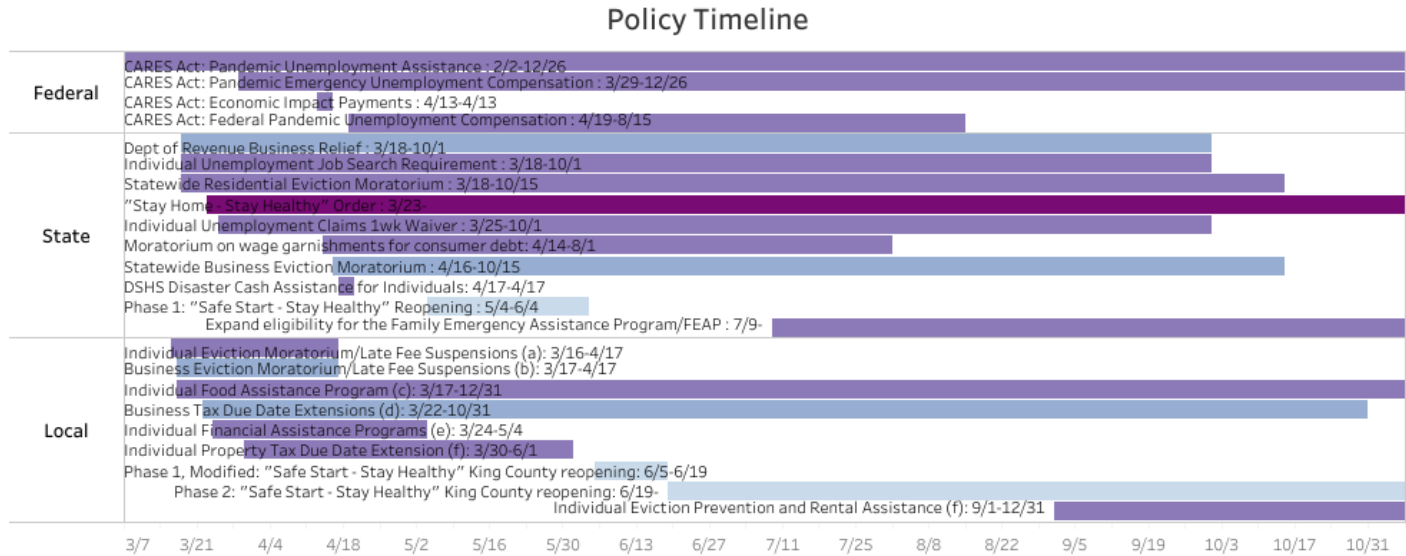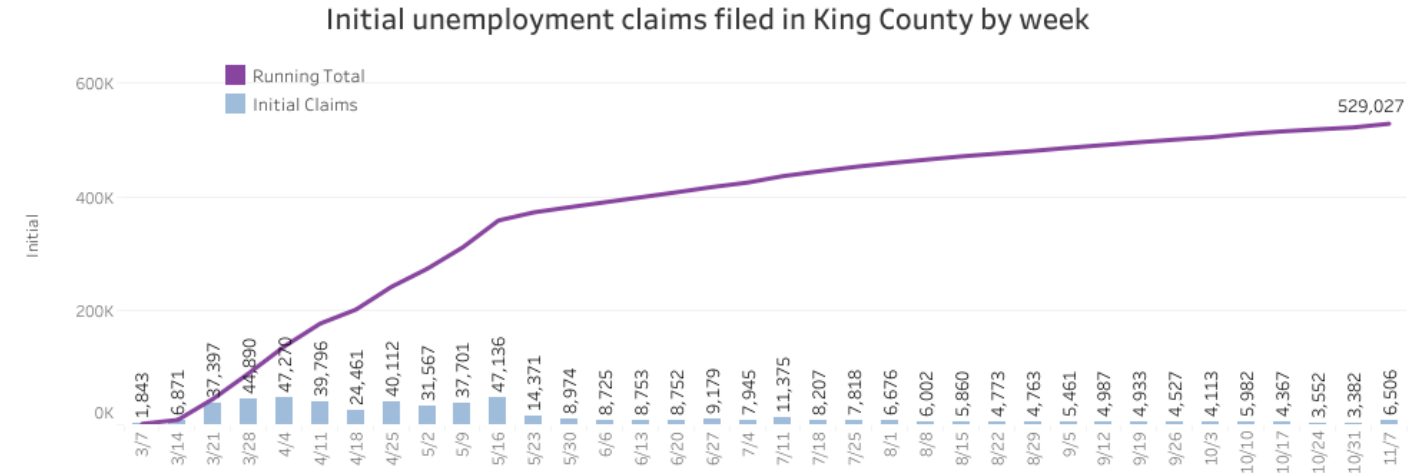
King County residents filed 529,027 new unemployment claims from March 1 - November 7, 2020

Public Health
Seattle & King County

Last Updated: 11/16/2020

Initial unemployment claims filed in King County by week

NOTE: Washington's unemployment system is investigating the extent of fraudulent claims submitted. Thus the number of unemployment claims reported here may change in the future. Even after excluding thousands of fraudulent claims, a dramatic increase in claims followed the start of community mitigation efforts: https://www.seattletimes.com/business/economy/washington-adds-more-than-145000-weekly-jobless-claims-as-coronavirus-crisis-ling..

Unemployment

- Estimated claims per capita by industry, occupation, and demographics using data from Census Quarterly Workforce Indicators

- Communities of color are experiencing unemployment at disproportionate rates

- Hardest hit sectors (like Accommodation and food services) tend to be low wage and have wage disparities by race and gender, exacerbating the economic impact
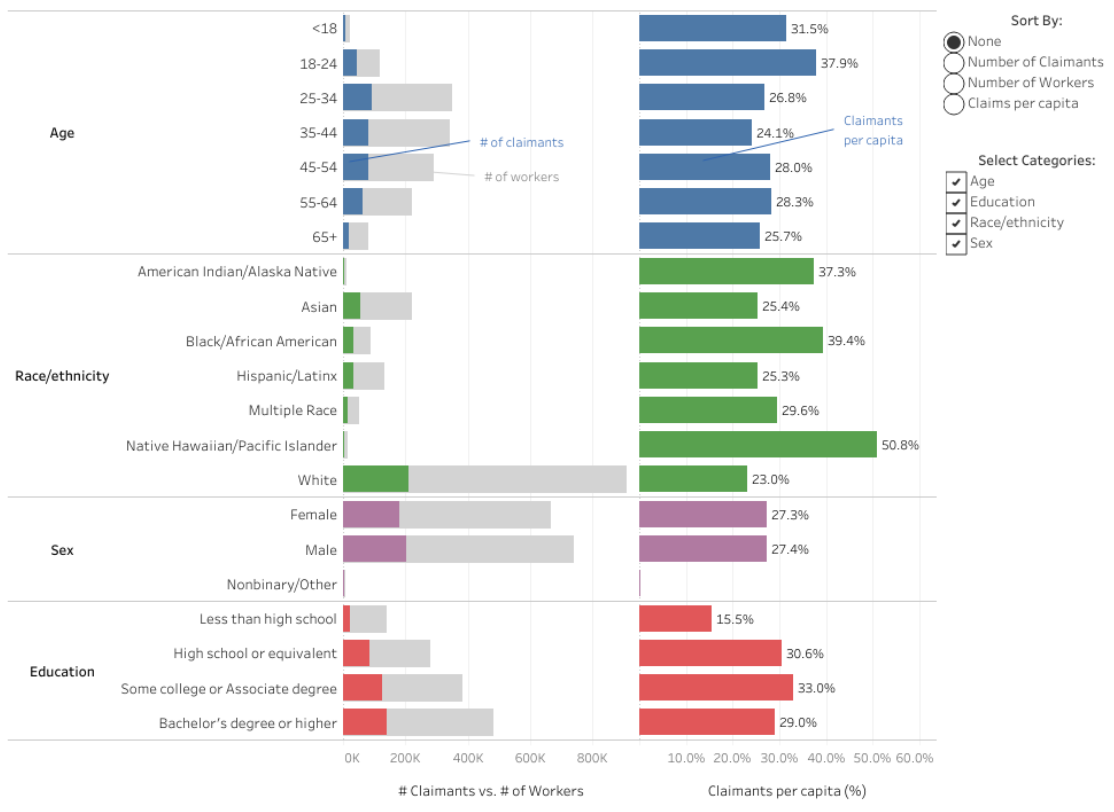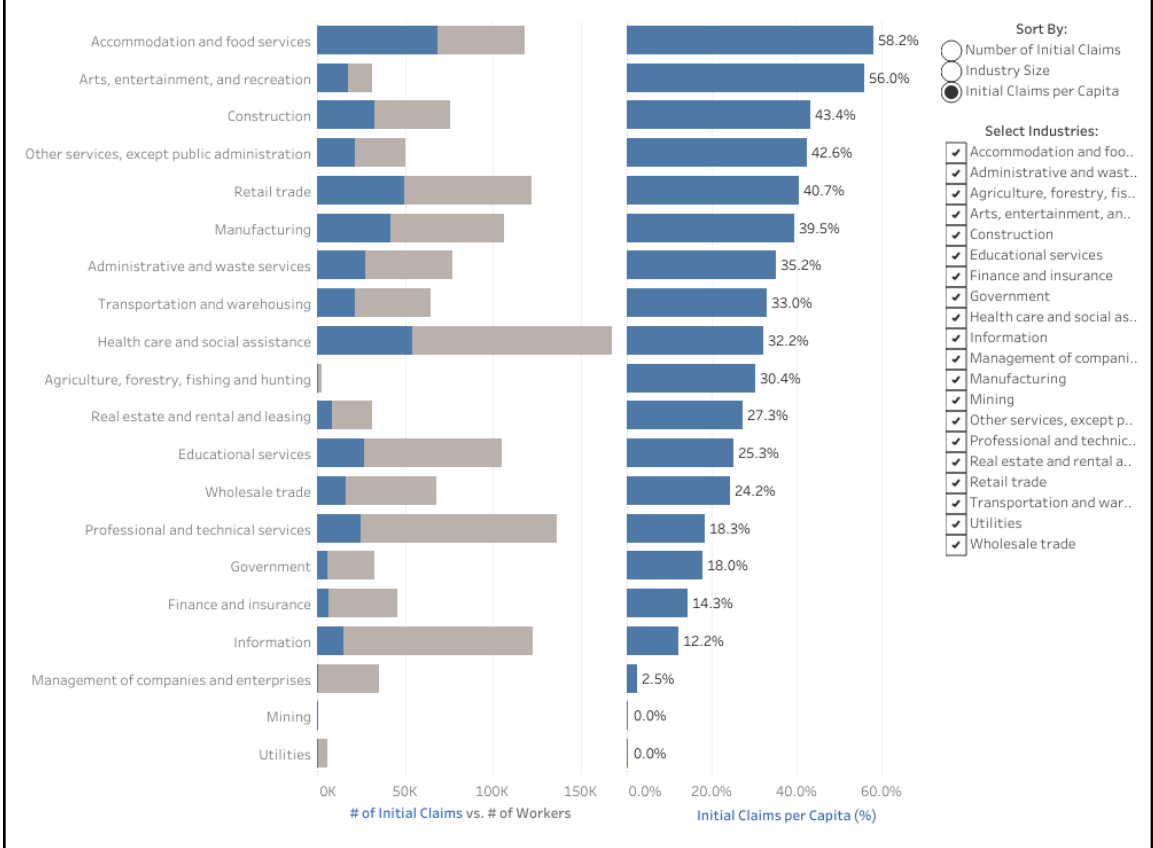
Crisis Connections 2-1-1

- King County's Crisis Connections operates a 2-1-1 line.
  - This is a service that provides referrals to King County residents with critical social service needs.
  - This service is nationally available.
    - As of 2019, 2-1-1 is available to 94.6% of the US population.
- Looking at the number of calls for various services can help us understand for what needs residents are seeking assistance.

- Housing and food were the two main areas of concern for 211 callers since April.

- Updated monthly

- Required a DSA

Race/ethnicity of King County population vs. 211 callers seeking assistance with all needs combined*
April 1 - September 8, 2020

Race/Ethnicity	% of Total King County population	% of Total Callers*
AI/AN	1%	2%
Asian	18%	6%
Black/African American	7%	33%
Hispanic/Latino	10%	16%
Multiracial	5%	8%
NHPI	1%	3%
Other		3%
White	59%	29%

Select Need Type:
- ⦿ All needs combined
- ○ Clothing/Personal/Household...
- ○ Disaster Services
- ○ Food/Meals
- ○ Health Care
- ○ Housing
- ○ Income Support/Assistance
- ○ Individual, Family and Comm...
- ○ Information Services
- ○ Legal, Consumer and Public S...
- ○ Utility Assistance

*Race/ethnicity information is missing for 41% of callers seeking assistance with all needs combined

Transportation

- Immediately after the March 23, 2020 "Stay Home, Stay Healthy" order, highway traffic volumes across King County fell to its lowest point on March 27th: a 56% decline in usual weekday and a 67% decline in usual weekend volume.

- Since early April, highway traffic, including toll trips, has been increasing steadily on all routes.

- As of early October, only at 17% below the previous year.

- Also looking at crash data to measure # of wrecks, fatal and non-fatal

- Does not require a DSA

Daily traffic percentage change from 2019, King County

Policy timeline

Employers	Mandated telecommuting, 3/4/2020	
Employers	Area colleges moved to online classes, 3/9/2020	
County	Limits to large gatherings <250, 3/11/2020	
State	Limits to large gatherings <250, 3/13/2020	
State	Limits to large gatherings <50, 3/16/2020	
State	No onsite food/beverage consumption, 3/16/2020	
State	K-12 School closures, 3/17/2020	
State	Mandated college closure, 3/17/2020	
State	Stay Home, Stay Healthy Proclamation, 3/23/2020	
City	City of Seattle: Stay Healthy Streets, 4/16/2020	
State	PHASE 1: Reopening, 5/5/2020	
State	PHASE 2: Reopening, 6/19/2020	

Prepared by: Public Health - Seattle & King County
Data Source: Washington State Department of Transportation (WSDOT)

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Social

Monitoring in King County, WA

Access to technology varies by school district

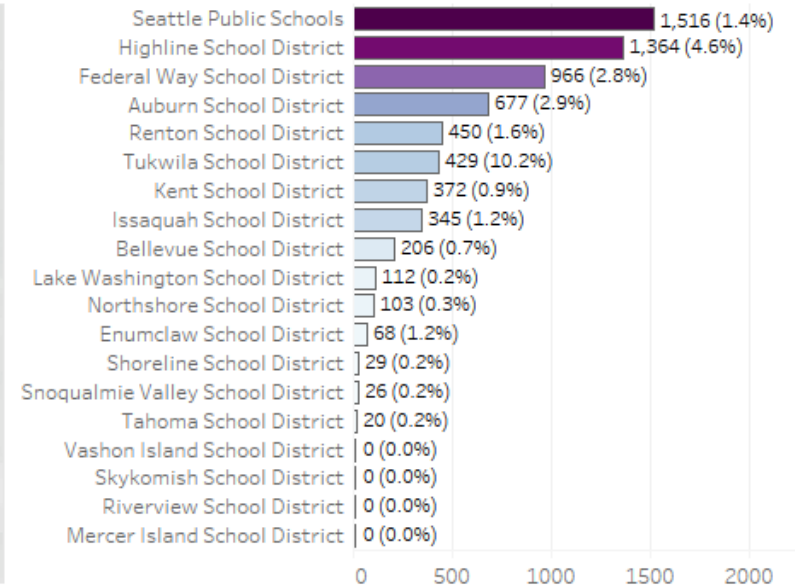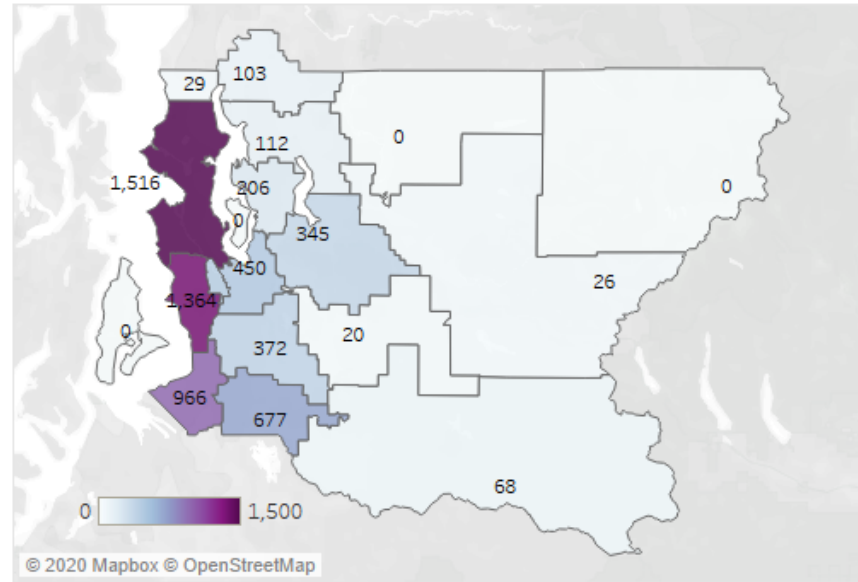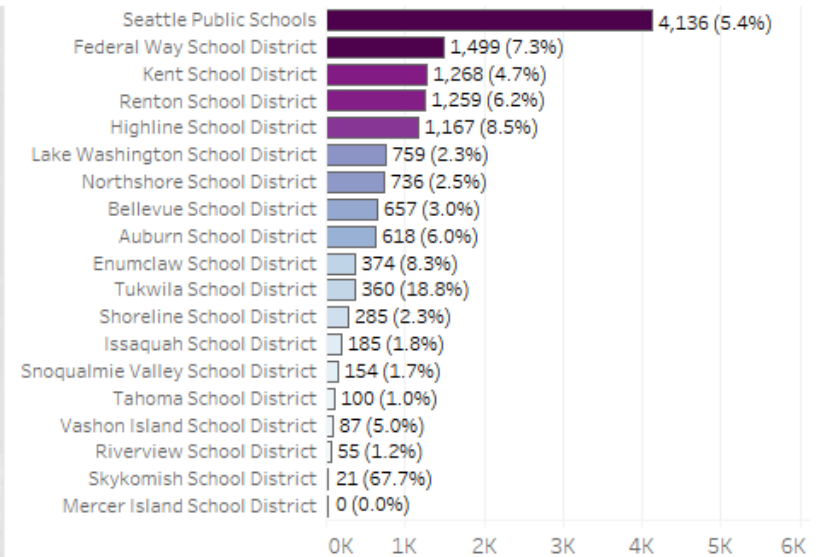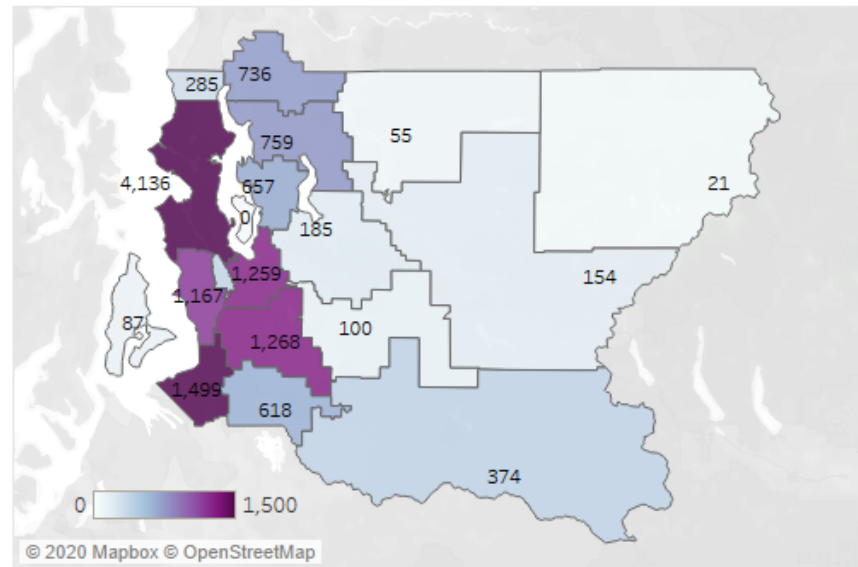- About 6,700 children do not have access to a computer in their home

- Another 14,600 have no internet access (13,700 children) or have a dial-up connection (840 children).

- Almost 1 out of every 5 households with incomes under 200% of the Federal Poverty Level lack internet access.

- Census data available to all

Number of children with no computer

District	Value
Seattle Public Schools	1,516 (1.4%)
Highline School District	1,364 (4.6%)
Federal Way School District	966 (2.8%)
Auburn School District	677 (2.9%)
Renton School District	450 (1.6%)
Tukwila School District	429 (10.2%)
Kent School District	372 (0.9%)
Issaquah School District	345 (1.2%)
Bellevue School District	206 (0.7%)
Lake Washington School District	112 (0.2%)
Northshore School District	103 (0.3%)
Enumclaw School District	68 (1.2%)
Shoreline School District	29 (0.2%)
Snoqualmie Valley School District	26 (0.2%)
Tahoma School District	20 (0.2%)
Vashon Island School District	0 (0.0%)
Skykomish School District	0 (0.0%)
Riverview School District	0 (0.0%)
Mercer Island School District	0 (0.0%)

Number of children with computer but no internet

District	Value
Seattle Public Schools	4,136 (5.4%)
Federal Way School District	1,499 (7.3%)
Kent School District	1,268 (4.7%)
Renton School District	1,259 (6.2%)
Highline School District	1,167 (8.5%)
Lake Washington School District	759 (2.3%)
Northshore School District	736 (2.5%)
Bellevue School District	657 (3.0%)
Auburn School District	618 (6.0%)
Enumclaw School District	374 (8.3%)
Tukwila School District	360 (18.8%)
Shoreline School District	285 (2.3%)
Issaquah School District	185 (1.8%)
Snoqualmie Valley School District	154 (1.7%)
Tahoma School District	100 (1.0%)
Vashon Island School District	87 (5.0%)
Riverview School District	55 (1.2%)
Skykomish School District	21 (67.7%)
Mercer Island School District	0 (0.0%)

Numbers may not add up to total due to rounding
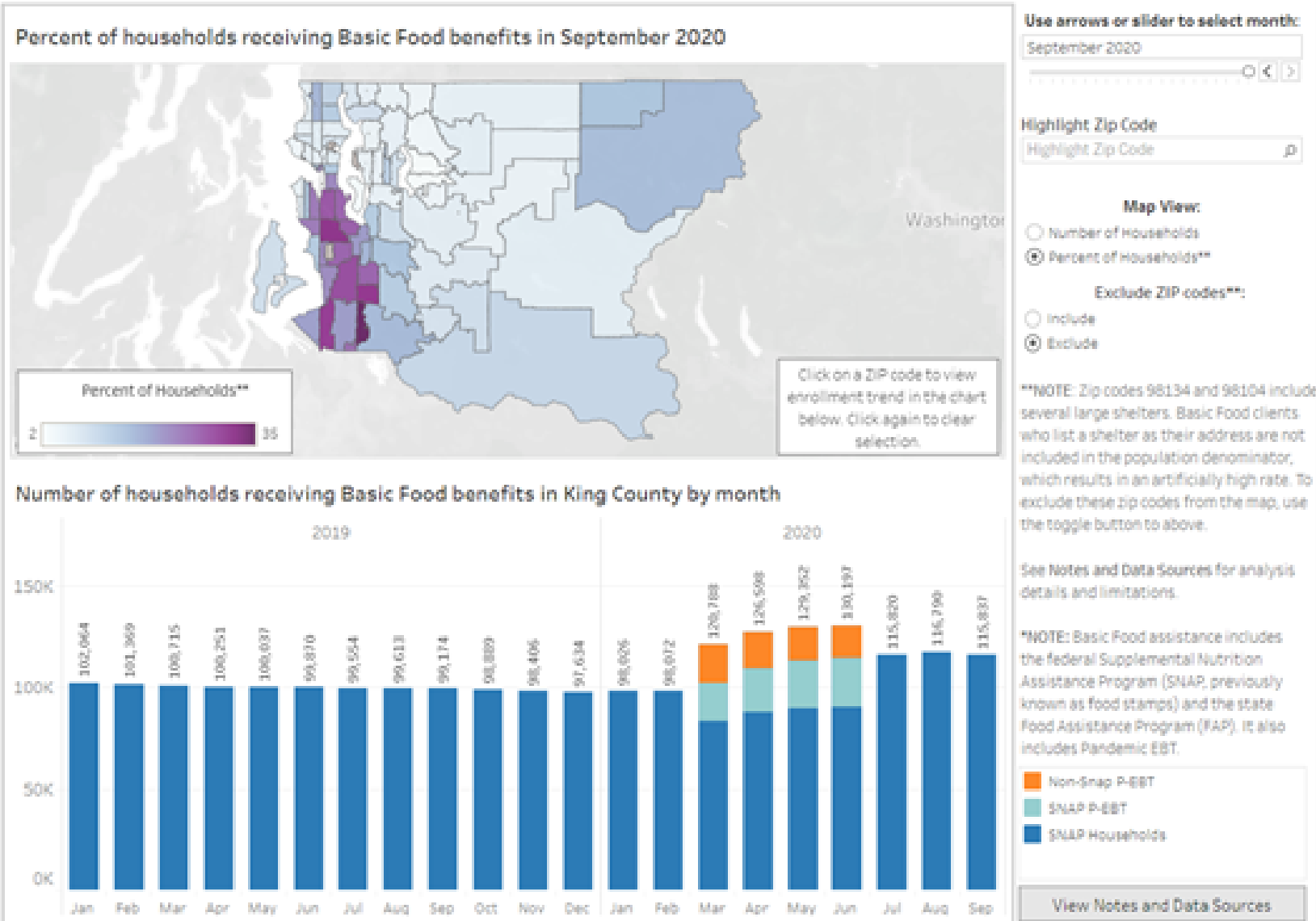Data Source: US Census Bureau, American Community Survey

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Food insecurity

- 18% increase in households receiving SNAP (basic food) benefits from January to September 2020

- WIC enrollment increased 7% in April compared to January 2020

- Food needs second most common reason for social service assistance among 211 crisis calls in Spring 2020

- Tri-countywide, food insufficiency doubled spring-summer 2020
  - 4.7% → 8.7% (about 268,000 adults)

- Data sharing already in place

115,837 households received Basic Food assistance in King County in September 2020*

Percent of households receiving Basic Food benefits in September 2020

Percent of Households**

2 ▭ 16

Use arrows or slider to select month:
September 2020

Highlight Zip Code

Map View:
○ Number of Households
◉ Percent of Households**

Exclude ZIP codes**:
○ Include
◉ Exclude

**NOTE: Zip codes 98134 and 98104 include several large shelters. Basic Food clients who list a shelter as their address are not included in the population denominator, which results in an artificially high rate. To exclude these zip codes from the map, use the toggle button to above.

See Notes and Data Sources for analysis details and limitations.

*NOTE: Basic Food assistance includes the federal Supplemental Nutrition Assistance Program (SNAP, previously known as food stamps) and the state Food Assistance Program (FAP). It also includes Pandemic EBT.

Click on a ZIP code to view enrollment trend in the chart below. Click again to clear selection.

Number of households receiving Basic Food benefits in King County by month

■ Non-Snap P-EBT
■ SNAP P-EBT
■ SNAP Households
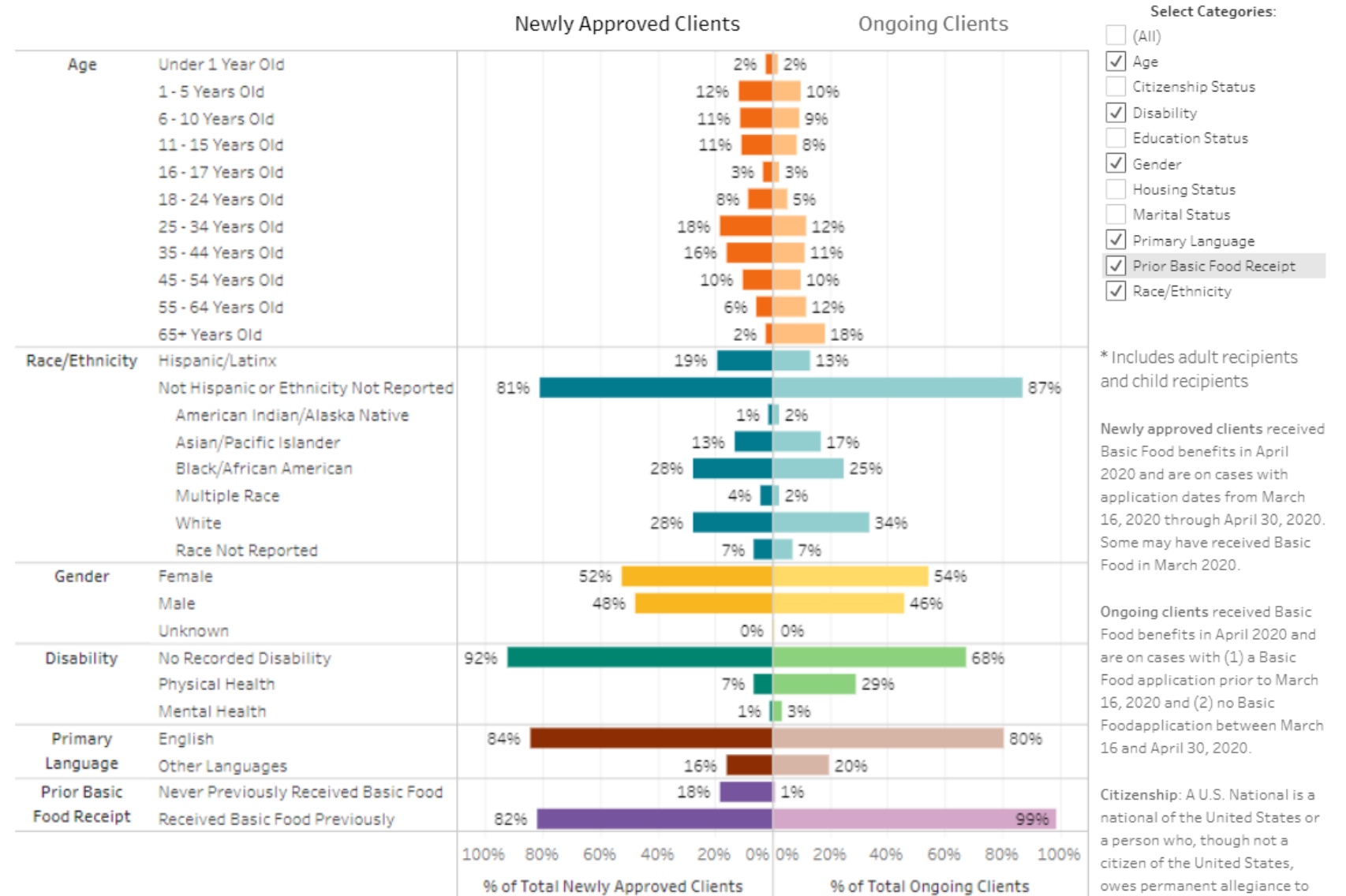
View Notes and Data Sources

Food insecurity

- Clients newly approved for SNAP since March 2020 are:
  - Younger (children, young adults)
  - More likely to be Hispanic/Latinx or Black
  - Less likely to have a physical or mental disability
  - More likely to speak English as a primary language
- 18% of newly approved clients had never received SNAP previously

https://www.census.gov/programs-surveys/household-pulse-survey.html

Comparing demographic profiles of newly approved and ongoing Basic Food clients in King County*

Public Health — Seattle & King County

		Newly Approved Clients	Ongoing Clients
Age	Under 1 Year Old	2%	2%
	1 - 5 Years Old	12%	10%
	6 - 10 Years Old	11%	9%
	11 - 15 Years Old	11%	8%
	16 - 17 Years Old	3%	3%
	18 - 24 Years Old	8%	5%
	25 - 34 Years Old	18%	12%
	35 - 44 Years Old	16%	11%
	45 - 54 Years Old	10%	10%
	55 - 64 Years Old	6%	12%
	65+ Years Old	2%	18%
Race/Ethnicity	Hispanic/Latinx	19%	13%
	Not Hispanic or Ethnicity Not Reported	81%	87%
	American Indian/Alaska Native	1%	2%
	Asian/Pacific Islander	13%	17%
	Black/African American	28%	25%
	Multiple Race	4%	2%
	White	28%	34%
	Race Not Reported	7%	7%
Gender	Female	52%	54%
	Male	48%	46%
	Unknown	0%	0%
Disability	No Recorded Disability	92%	68%
	Physical Health	7%	29%
	Mental Health	1%	3%
Primary Language	English	84%	80%
	Other Languages	16%	20%
Prior Basic Food Receipt	Never Previously Received Basic Food	18%	1%
	Received Basic Food Previously	82%	99%

100% 80% 60% 40% 20% 0% | 0% 20% 40% 60% 80% 100%
% of Total Newly Approved Clients | % of Total Ongoing Clients

Select Categories:
- ☐ (All)
- ☑ Age
- ☐ Citizenship Status
- ☑ Disability
- ☐ Education Status
- ☑ Gender
- ☐ Housing Status
- ☐ Marital Status
- ☑ Primary Language
- ☑ Prior Basic Food Receipt
- ☑ Race/Ethnicity

*Includes adult recipients and child recipients

Newly approved clients received Basic Food benefits in April 2020 and are on cases with application dates from March 16, 2020 through April 30, 2020. Some may have received Basic Food in March 2020.

Ongoing clients received Basic Food benefits in April 2020 and are on cases with (1) a Basic Food application prior to March 16, 2020 and (2) no Basic Food application between March 16 and April 30, 2020.

Citizenship: A U.S. National is a national of the United States or a person who, though not a citizen of the United States, owes permanent allegiance to the United States (e.g., persons born in American Samoa or
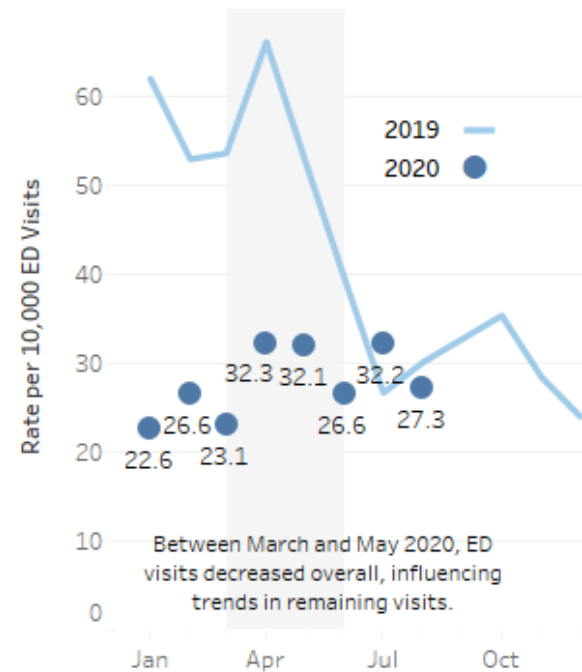
Domestic violence (DV)

- Syndromic surveillance used for Emergency Department visits; ED visits related to DV declined at the start of the pandemic
  - Returned to comparable rates as of June 2020
- Required DSA
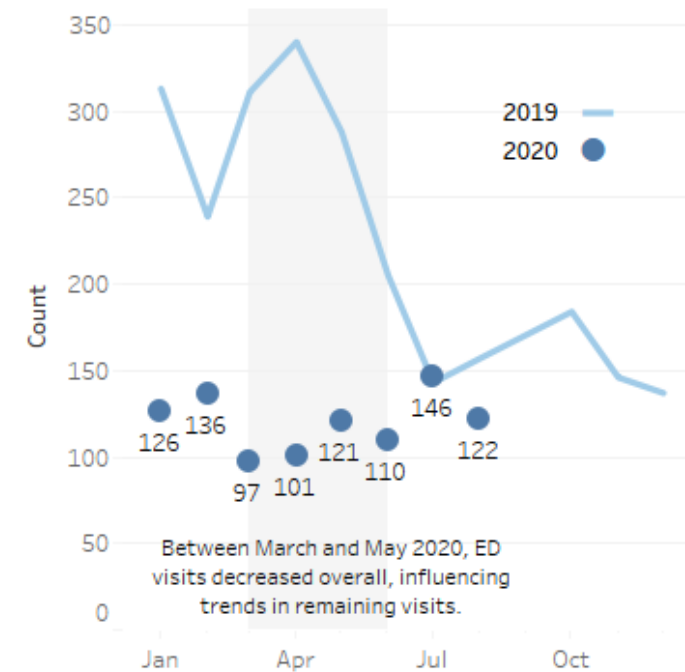
King County calls to national Domestic Violence Hotline
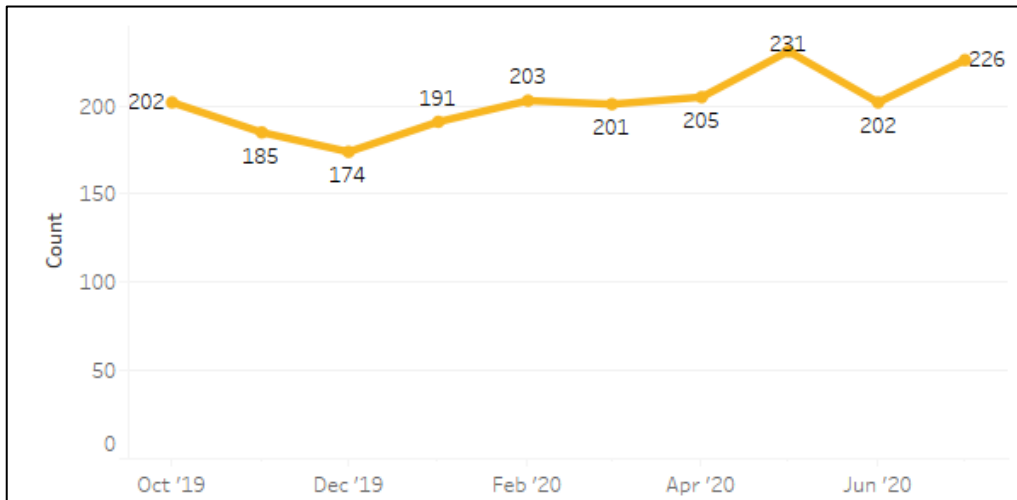
Data Source: National Domestic Violence Hotline

Figure 1a: Rate per 10,000 ED Visits

Figure 1b: Count of ED Visits

Data source: Washington State Department of Health Rapid Health Information NetwOrk (RHINO).

- Call volumes are similar to previous years.
- Requires a DSA

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Domestic violence protection order and felony referrals

- Initially protection orders filed were lower as courts were closed

- Modified protocols to allow for remote/email/electronic filings

- Since April 2020, the number of DV protection order filings has been increasing

- Number of felony referrals in April and August 2020 are the highest number in the past five years

- Did not require a DSA: leveraged relationships for aggregated data

Data Source: King County Superior Court Protection Case Filings

Data Source: King County Prosecuting Attorney's Office, Domestic Violence Unit

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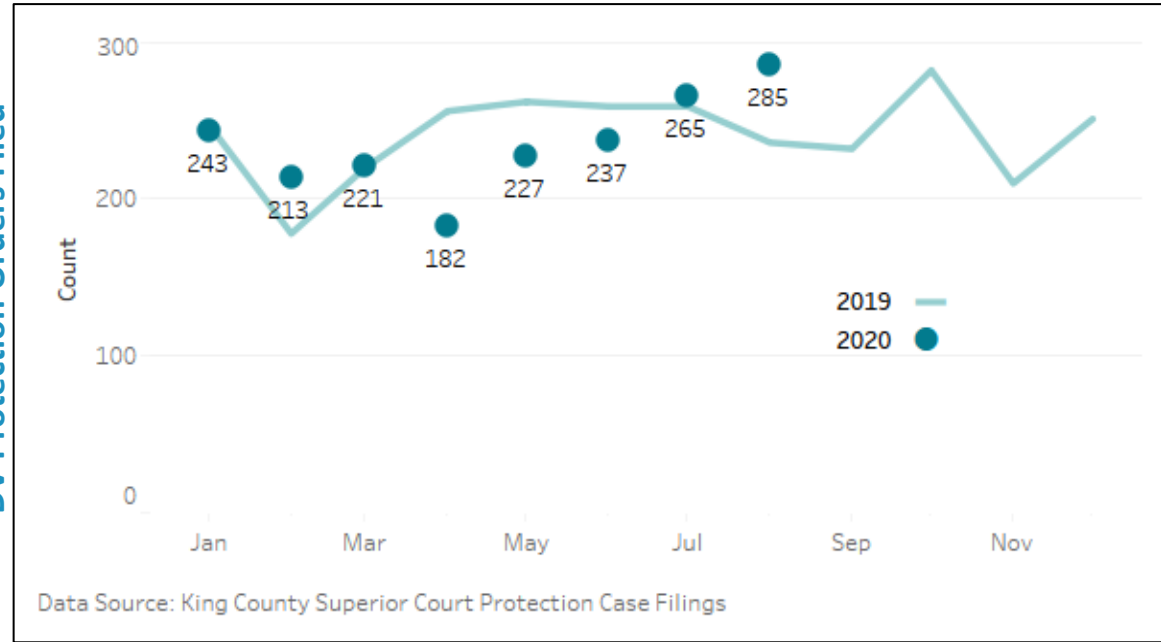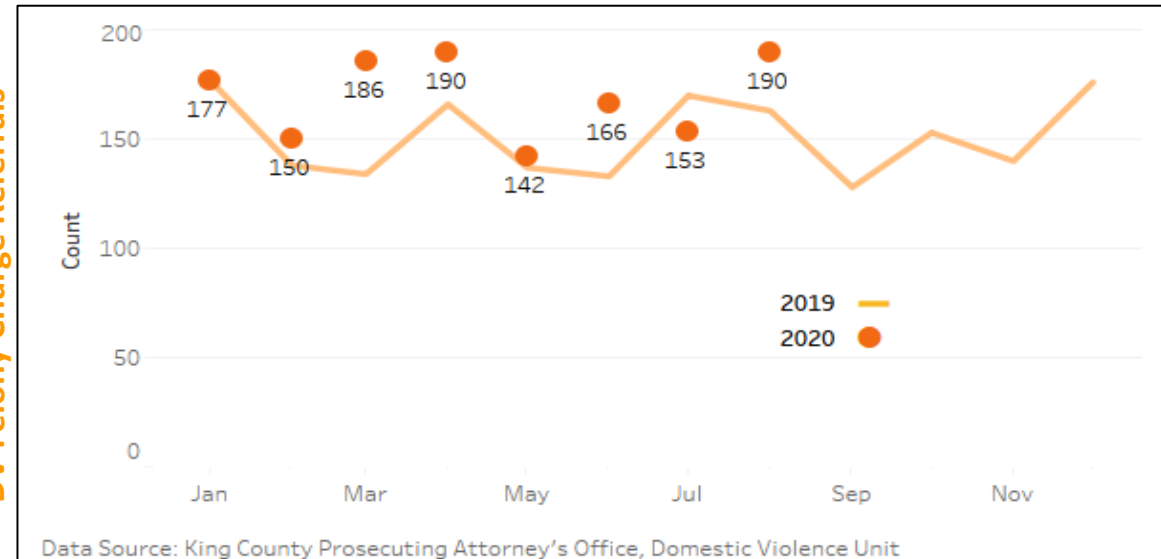
Adult protection service investigations and protection orders

- In May and June 2020, the number of KC investigations was significantly lower than in the same months in 2019

- Fewer protection orders filed per month in 2020 (data not shown)

- Did not require a data sharing agreement; leveraged relationships for aggregated data
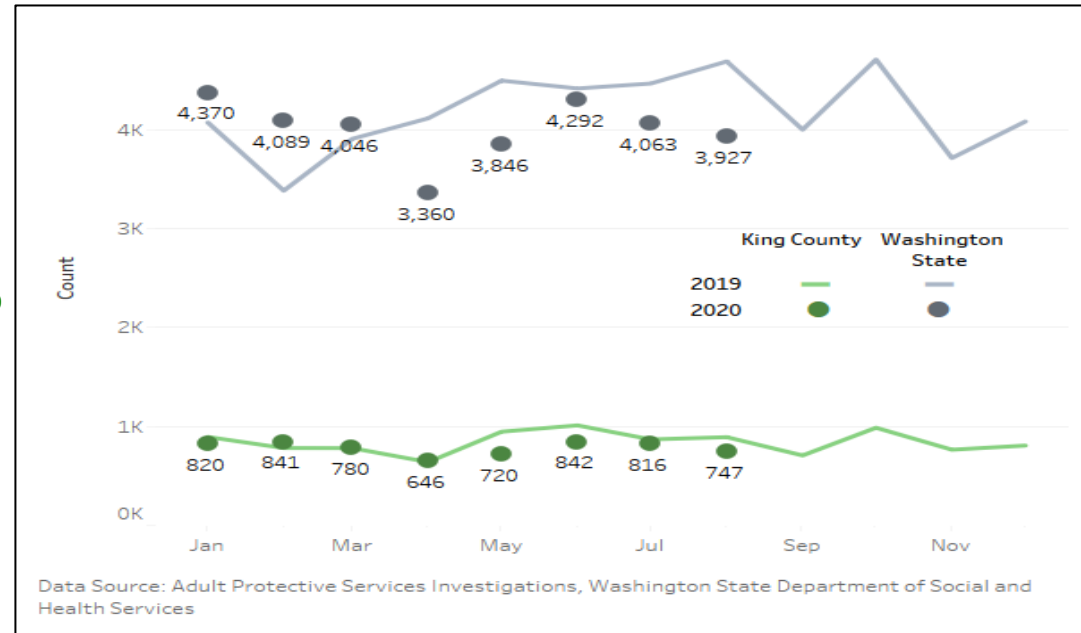
Physical and Behavioral Health

Monitoring in King County, WA

Physical health: Medicaid

- WA state is a Medicaid expansion state.

- Pre-pandemic, Medicaid enrollment mirrored other King County geographic trends.

- Seeing a slow increase in total Medicaid enrollment since February 2020, mostly in the adult population

- Required a DSA; DSA was already in-place but needed to modify use case for this purpose

There were **423,255** people enrolled in Medicaid in King County in August 2020

Public Health
Seattle & King County

Last Updated: 10/20/2020

Chart: Medicaid Enrollees by month (Jan–Dec)

*Total (green):
395,997 (Jan), 394,931 (Feb), 398,706 (Mar), 403,626 (Apr), 407,776 (May), 411,728 (Jun), 418,615 (Jul), 423,255 (Aug)

Apple Health for Kids (blue):
168,786 (Jan), 168,421 (Feb), 168,773 (Mar), 168,661 (Apr), 169,145 (May), 169,538 (Jun), 170,995 (Jul), 171,466 (Aug)

Adult Medicaid Expansion (orange):
129,379 (Jan), 128,915 (Feb), 131,834 (Mar), 135,747 (Apr), 138,857 (May), 142,253 (Jun), 146,339 (Jul), 149,936 (Aug)

Legend: 2019 / 2020

*Total coverage group includes Adult Medicaid Expansion, Apple Health for Kids, and other Medicaid Coverage groups not presented.

Notes: Enrollment counts and percentages may differ from official HCA enrollment data given differences in how PHSKC identifies member characteristics, including King County residence, gender, race/ethnicity, and language.

Data Source: Medicaid claims data, WA State Health Care Authority (HCA). This data product has not yet been reviewed or approved by HCA.
Prepared by: Public Health-Seattle & King County; Assessment, Policy Development & Evaluation Unit

Behavioral health: ED visits for suicide attempt and ideation

- ED visits for any reason, including suicide ideation, declined March-May 2020 but since May 2020, returned toward 2019 volume

- Suicide attempt ED visit numbers are similar to 2019

- Also looking at behavioral health crisis calls

Emergency department (ED) visits for suicide attempt and suicide ideation by month among King County residents, 2020 vs. 2019

Last updated: 9/25/2020
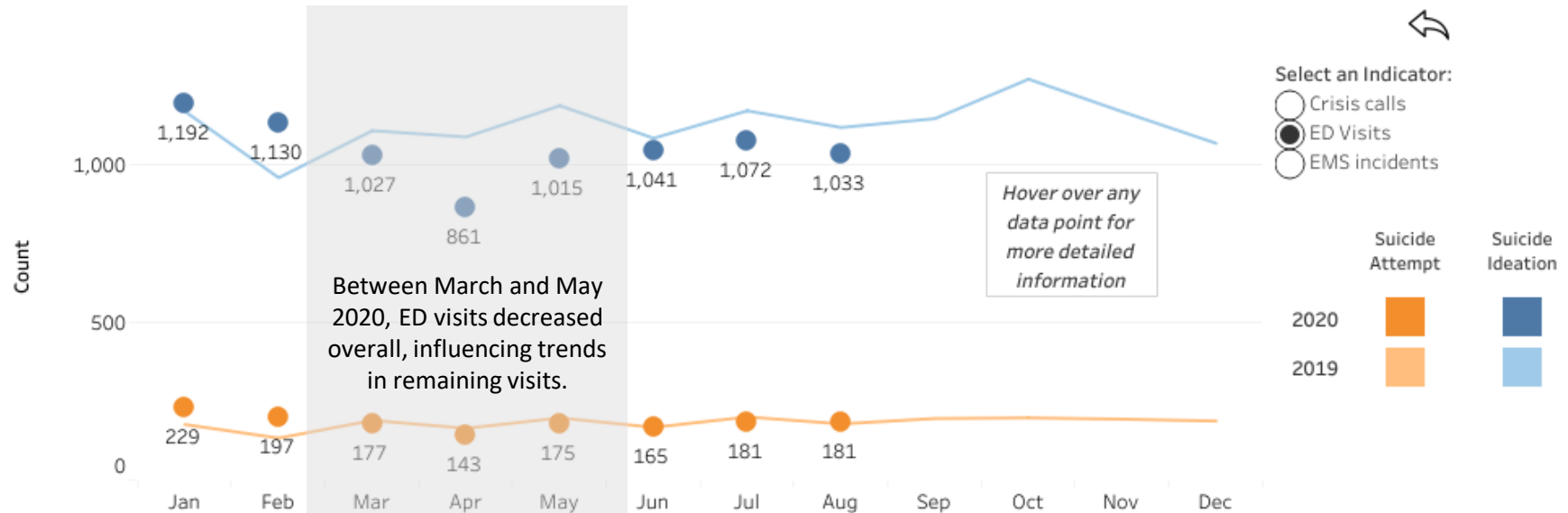
Between March and May 2020, ED visits decreased overall, influencing trends in remaining visits.

Hover over any data point for more detailed information

Select an Indicator:
○ Crisis calls
● ED Visits
○ EMS incidents

	Suicide Attempt	Suicide Ideation
2020		
2019		

Data source: Washington State Department of Health Rapid Health Information NetwOrk (RHINO). ED visit data for residents ages 10 and older are preliminary and subject to change as data are added, updated, and validated over time.

Policy Timeline

Policy Type
- Notice
- Disease Mitigation
- Behavioral Health

State	State declaration of emergency 2/29/20
Federal	CMS 1135 Waiver expands Medicare telehealth 3/6/20
State	Stay Home - Stay Healthy Proclamation 3/23/20
State	Expands telehealth, testing coverage, etc. 3/24/20
State	Increases telemedicine healthcare parity 3/25/20
County	Community Well-being Group support begin 4/1/20
State	Phase 1 Reopening 5/4/20
County	King County directive to wear face coverings 5/18/20
County	Phase 1.5 Reopening . 6/5/20
State	WA implements new emotional health support program 6/5/20
County	New behavioral health partnership with Molina Healthcare of WA 6/17/20
County	Phase 2 Reopening . 6/19/20
State	Secretary of Health mandates face coverings . 6/26/20

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Mental health

- The Census has a Pulse Survey related to COVID-19; currently in Phase II of data collection

- Showed an increase over time in depression, worried, anxious, and little interest or pleasure in doing things

- Very marked disparities by:
  - Income
  - Education
  - Recent or expected job loss
  - Age

- Data available to all

Percent of adults experiencing the following feelings for more than half the week, by survey week, Seattle/Tacoma/Bellevue MSA, April 23 - July 21, 2020
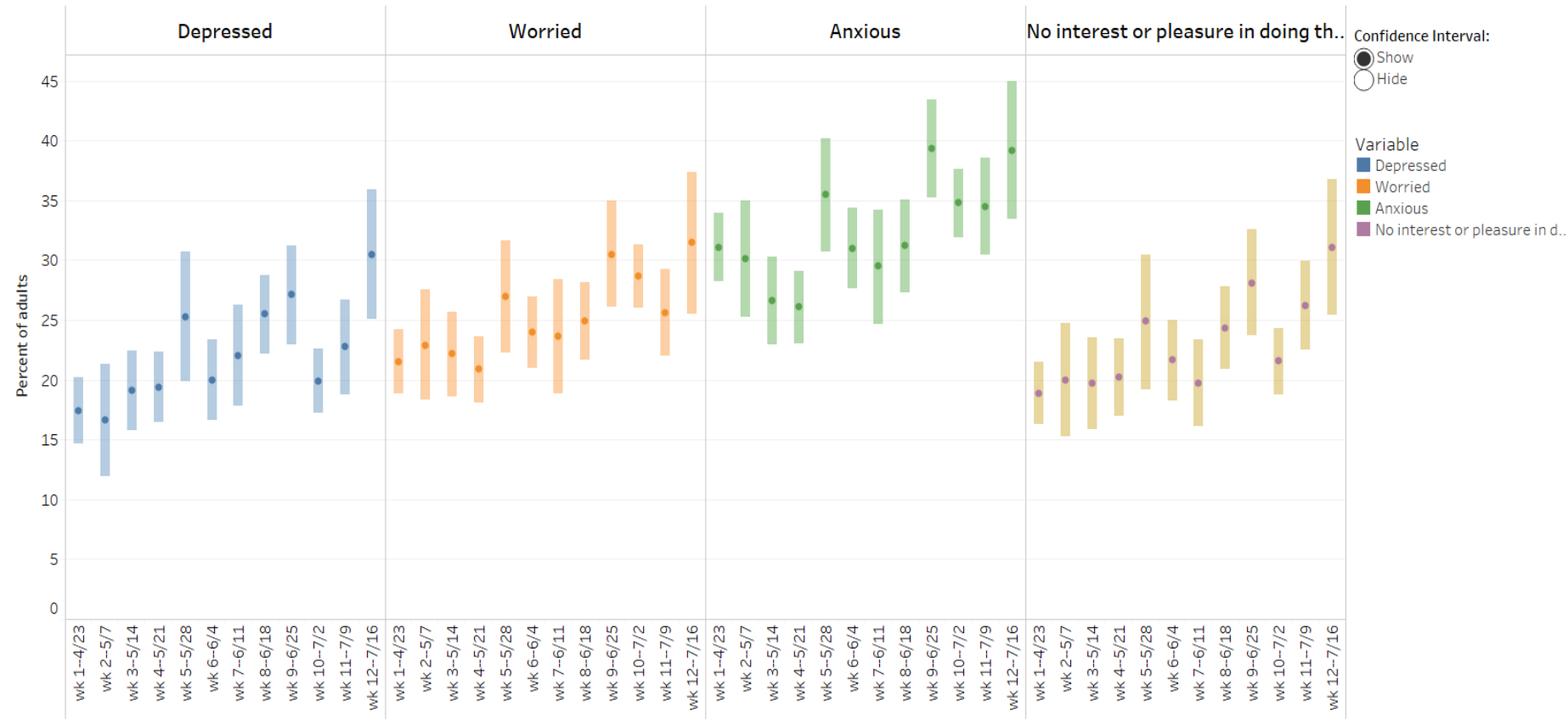
90% CI = 90% confidence interval (see Notes and Sources tab)
Data source: Census Household Pulse Survey

Across the different indicators, we are seeing significant impacts to the King County population

The effects of mitigation do not appear to be equally shared across geography or demographic groups

Summary of data

King County released money via community RFPs to address some of these issues; components are part of recovery planning

Continued monitoring is necessary, along with policy surveillance to move towards evaluation of what was most useful

Missing context from the community in terms of qualitative voice

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Trenton, NJ

Stuart Altschuler

Director of Analytics and Insights
Trenton Health Team
saltschuler@trentonhealthteam.org

Agenda

1. Introduce Trenton and Trenton Health Team

2. Analytics for Two Key Initiatives

A. Covid-19 Surveillance

B. Food Insecurity

TRENTON
A SNAPSHOT

NEW JERSEY'S CAPITAL features accessible mass transit, nearby colleges and universities, historic and cultural sites and a beautiful waterfront. Trenton also faces challenges, including lack of economic opportunity. On several key metrics, Trenton falls below the state average.

RESIDENTS'
TOP TEN REASONS TO LOVE TRENTON

- ANNUAL EVENTS
- PUBLIC TRANSPORTATION
- LOW COST SERVICES
- GOOD HEALTH CARE
- FAITH-BASED SPACES
- FRESH PRODUCE
- EDUCATION OPPORTUNITIES
- PUBLIC SCHOOLS
- AFFORDABLE HOUSING
- SENSE OF BELONGING

BASED ON A TRENTON HEALTH TEAM SURVEY OF MORE THAN 1,445 RESIDENTS ACROSS THE CITY.

TRENTON IS A DIVERSE AND RESILIENT CITY
with engaged and proud residents working together to improve health and well-being in their community.

NEW JERSEY MEDIAN ANNUAL INCOME	TRENTON MEDIAN ANNUAL INCOME
$82,517	$46,166

NEW JERSEY / TRENTON

	NEW JERSEY	TRENTON
% LIVING BELOW POVERTY LINE	10.7	23.1
UNEMPLOYMENT RATE (%)	6.4	11.9
% WHO HOLD BACHELOR'S DEGREE (25+)	23.5	10.8
% WHO SPEAK LANGUAGE OTHER THAN ENGLISH	31	35
% WHO RENT HOMES	36	63
CHILDHOOD OBESITY RATE (%)	14.7	28
TEEN PREGNANCY RATE (<17, PER 1,000)	5.8	30.5
% LIVING WITH ADULT DIABETES	11	13
% LIVING WITH ADULT ASTHMA	8.2	10.8

TRENTON'S DIVERSE POPULATION

- 1.4% ASIAN
- 1% MULTIRACIAL & OTHER
- 13% WHITE
- 48.6% BLACK/ AFRICAN-AMERICAN
- 36% HISPANIC/ LATINO

SOURCE:
Health Indicators and 2019 Community Health Needs & Assets Assessment
www.trentonhealthteam.org

TrentonHealthTeam

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Introducing Trenton Health Team

The Trenton Health Team (THT) is an innovative <u>multi-sector partnership</u> dedicated to the <u>health and well-being of the greater Trenton community</u>.

- Founded as a partnership to address healthcare indicators, utilization, access, and collaboration

- Community Advisory Board – 100+ organizations; priority-focused subcommittees

- Community Health Needs Assessments and Improvement Plans

- Health Information Exchange – millions of records, thousands of providers

- Medicaid MCO Pilot led to Regional Health Hub structure

- Doubled in size and budget over past two years

- New strategic approach and vision released in 2019

A dedicated Analytics and Insights function was launched in April 2020

Healthy Environment   Growing Economy   Public Spaces

A Strong, Vibrant, Proud Community   Effective Education

Healthy Food   Improved Safety   Quality Healthcare

Key Initiatives

| COVID-19 Surveillance | Food Insecurity | NowPow Referral Network |

Focus for Today's Presentation

COVID-19 Surveillance

COVID-19 Surveillance

Trenton Health Team

- City of Trenton
- Trenton Public Schools
- Local Hospitals
- FQHC
- Mercer County DOH
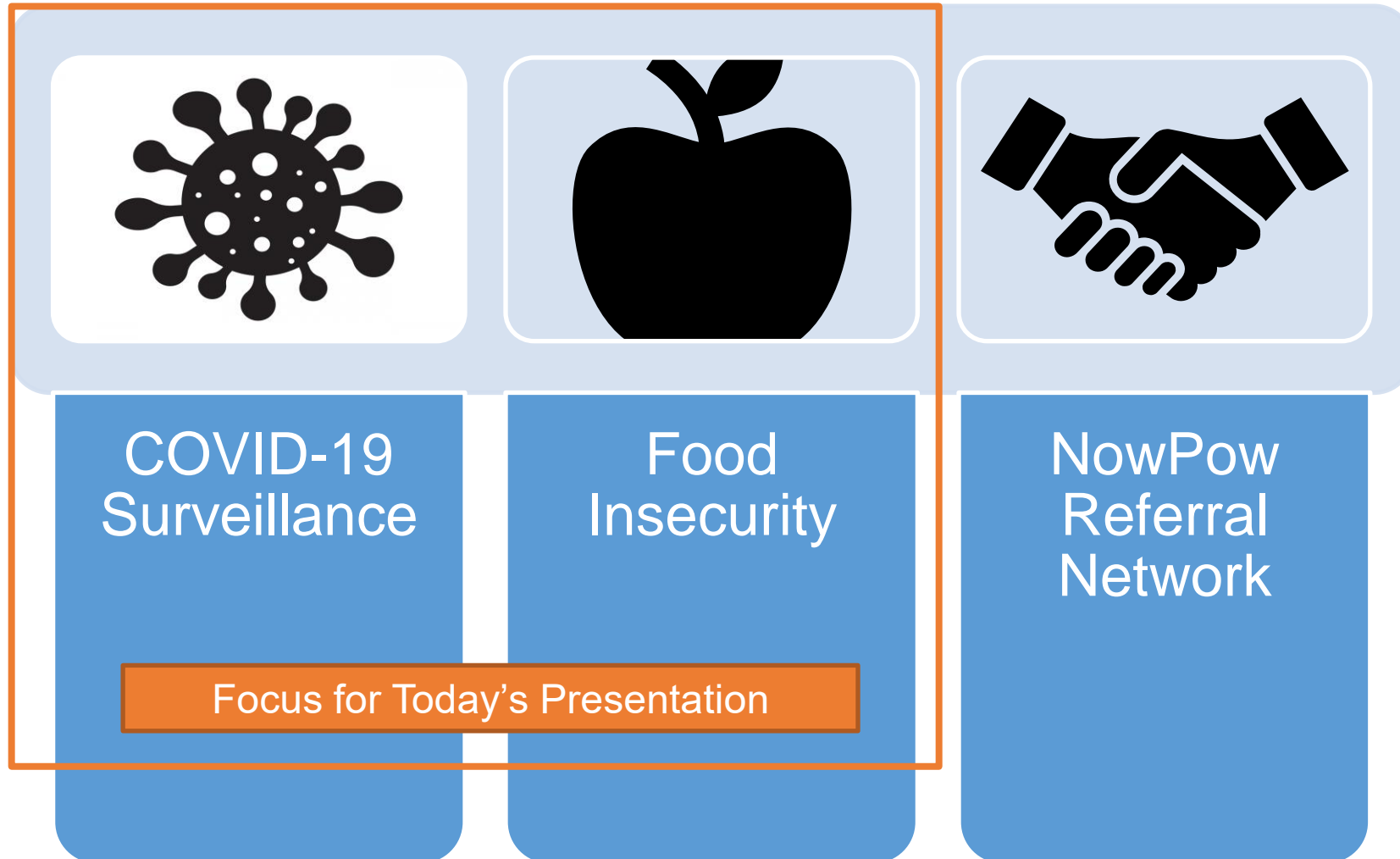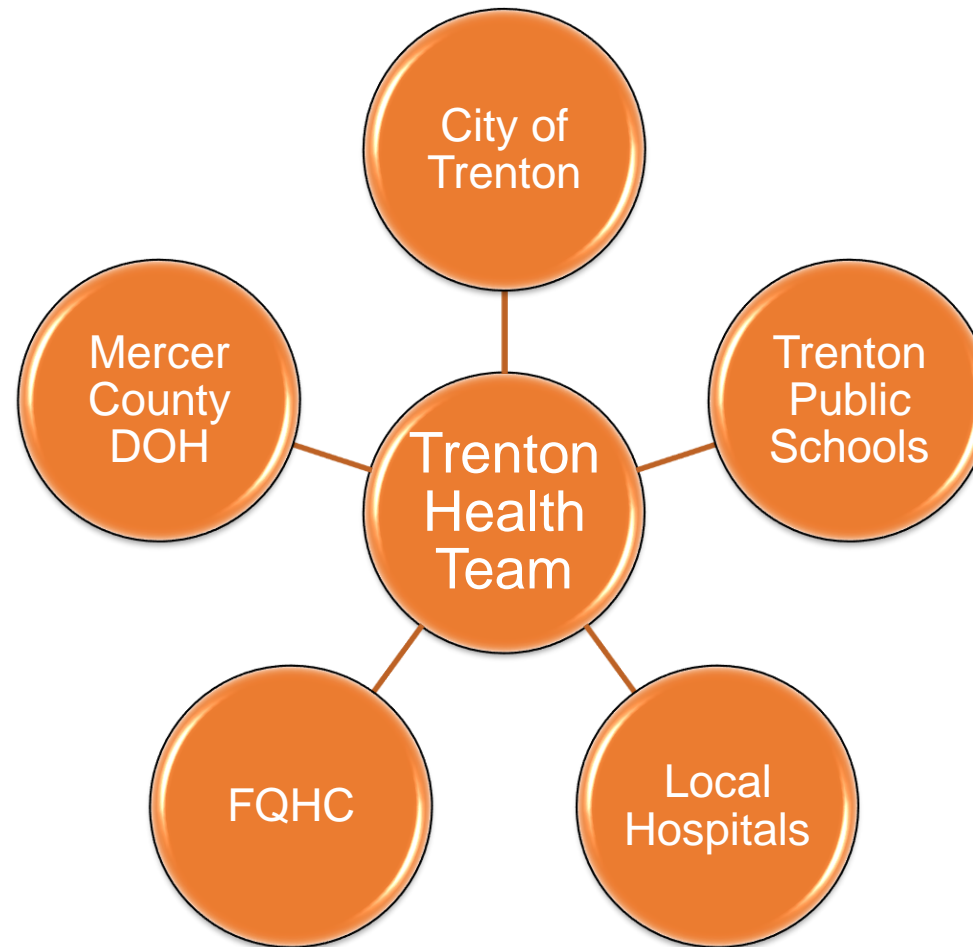
1. Surge Detection

2. Decision Support

3. Communications

Surveillance

How can we use data on new cases, hospital admissions, and ED visits to detect that a possible surge is imminent?

Data Source: Trenton HIE

Decision Support

1

DISTRIBUTION BY AGE GROUP

	ED		INPATIENT	
	WAVE1	CURRENT	WAVE1	CURRENT
Senior	9%	7%	37%	20%
31-64	71%	61%	53%	68%
YoungAdult	16%	25%	9%	13%
Youth	4%	7%		

3
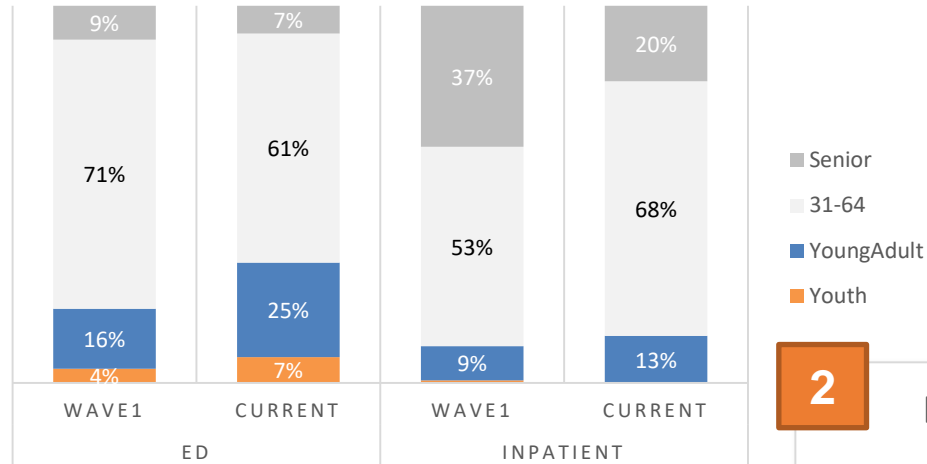
Where and who are the hardest hit in the second wave?

Data Source: Trenton HIE

2

DISTRIBUTION BY RACE-ETHNICITY

	ED		INPATIENT	
	WAVE1	CURRENT	WAVE1	CURRENT
Unknown	19%	4%	12%	5%
Other	2%	7%	2%	3%
White	8%		19%	19%
LatinX	46%	62%	27%	48%
Black	25%	27%	39%	26%

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Food Insecurity

Food Insecurity

Trenton Food Stakeholders
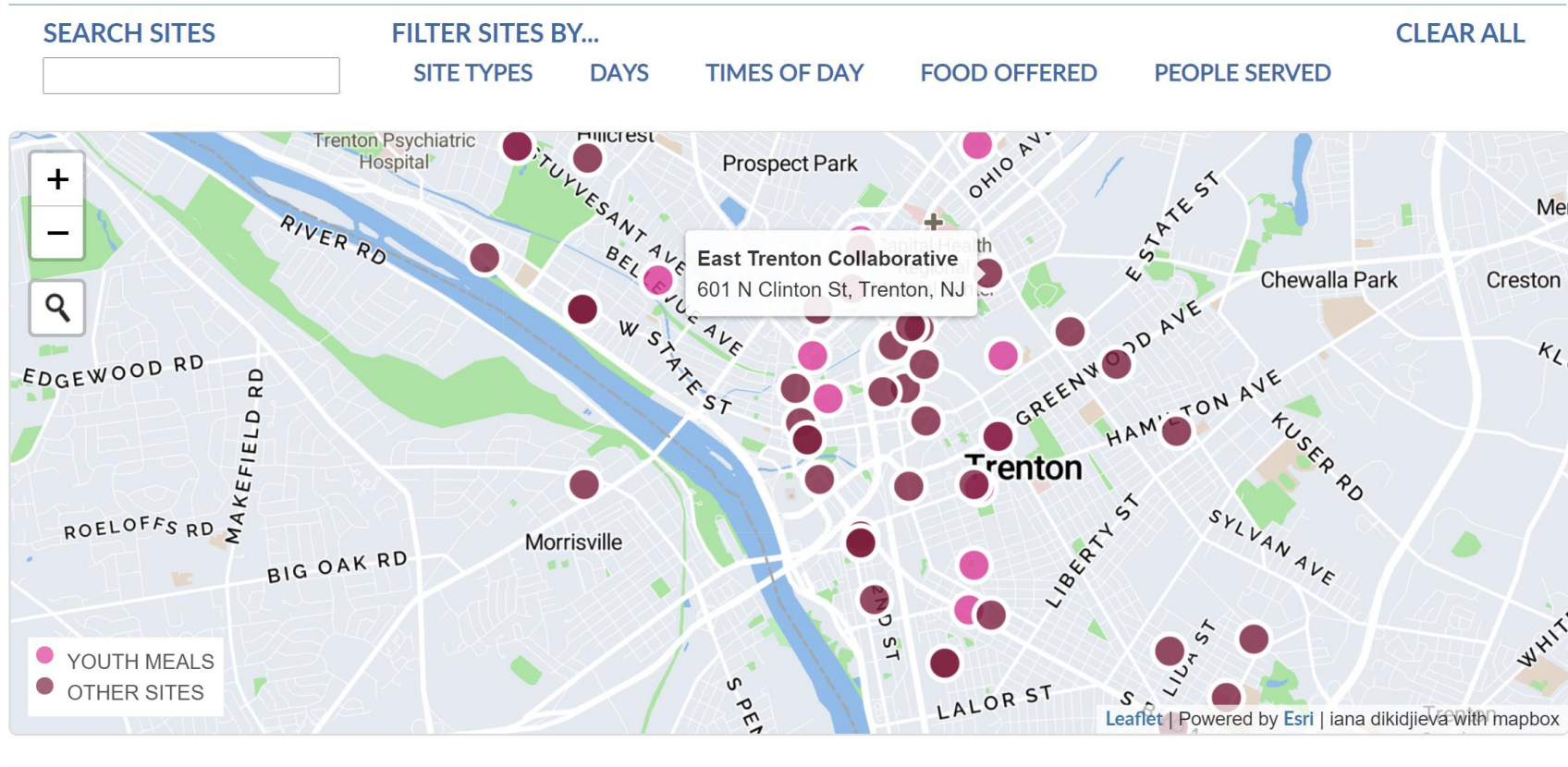
Trenton Health Team

Local Hospitals

Trenton Public Schools

1. Food Access

2. Strategic Planning

3. Food Needs Survey

Food Access

How do we get those who need the food … to the free food?

SEARCH SITES

FILTER SITES BY…

SITE TYPES   DAYS   TIMES OF DAY   FOOD OFFERED   PEOPLE SERVED

CLEAR ALL

East Trenton Collaborative
601 N Clinton St, Trenton, NJ

● YOUTH MEALS
● OTHER SITES

Leaflet | Powered by Esri | iana dikidjieva with mapbox

Summer Meal Site - CYO South Broad Street

YOUTH MEALS

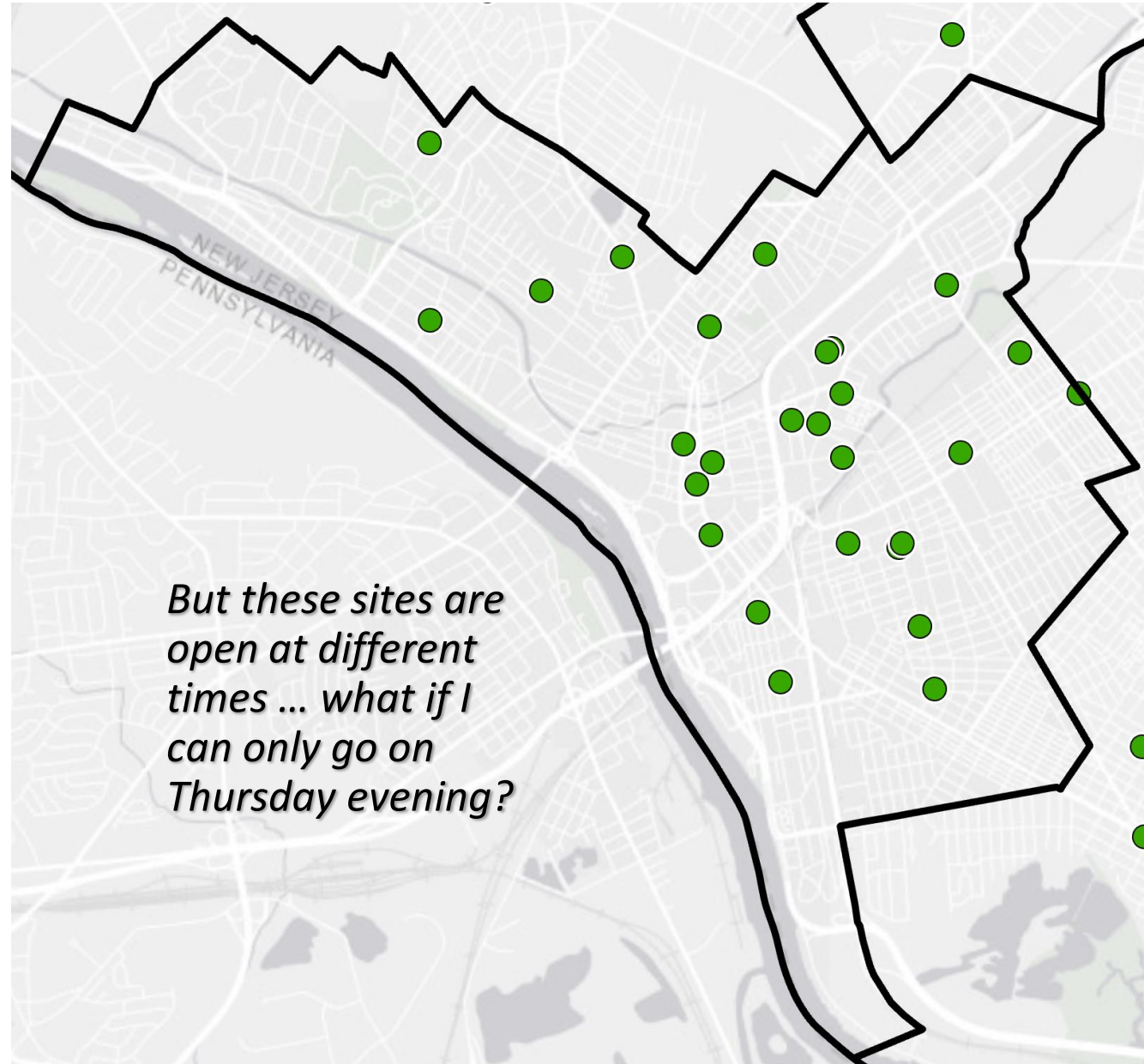**920 South Broad Street, Trenton, NJ 08611**

Site contact: 609-599-9622, Ext. 202 (Contact: Khadijah McQueen, Food Access Director)

Monday through Friday, Breakfast & Lunch, 12pm-2pm. For kids 18 and under only.

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Strategic Planning

Where should we locate new free food resources in the City?

Or, more specifically, where do we have lack of availability and high likelihood of demand?

But these sites are open at different times … what if I can only go on Thursday evening?

Strategic Planning

Where should we locate new free food resources in the City?

So, how can we differentiate which sites are open more than others?

Strategic Planning

Where should we locate new free food resources in the City?

OK, this is better, but what area of the City is within walking distance of these sites?

Strategic Planning

Where should we locate new free food resources in the City?

Alright, that's helpful, but where is the real need?
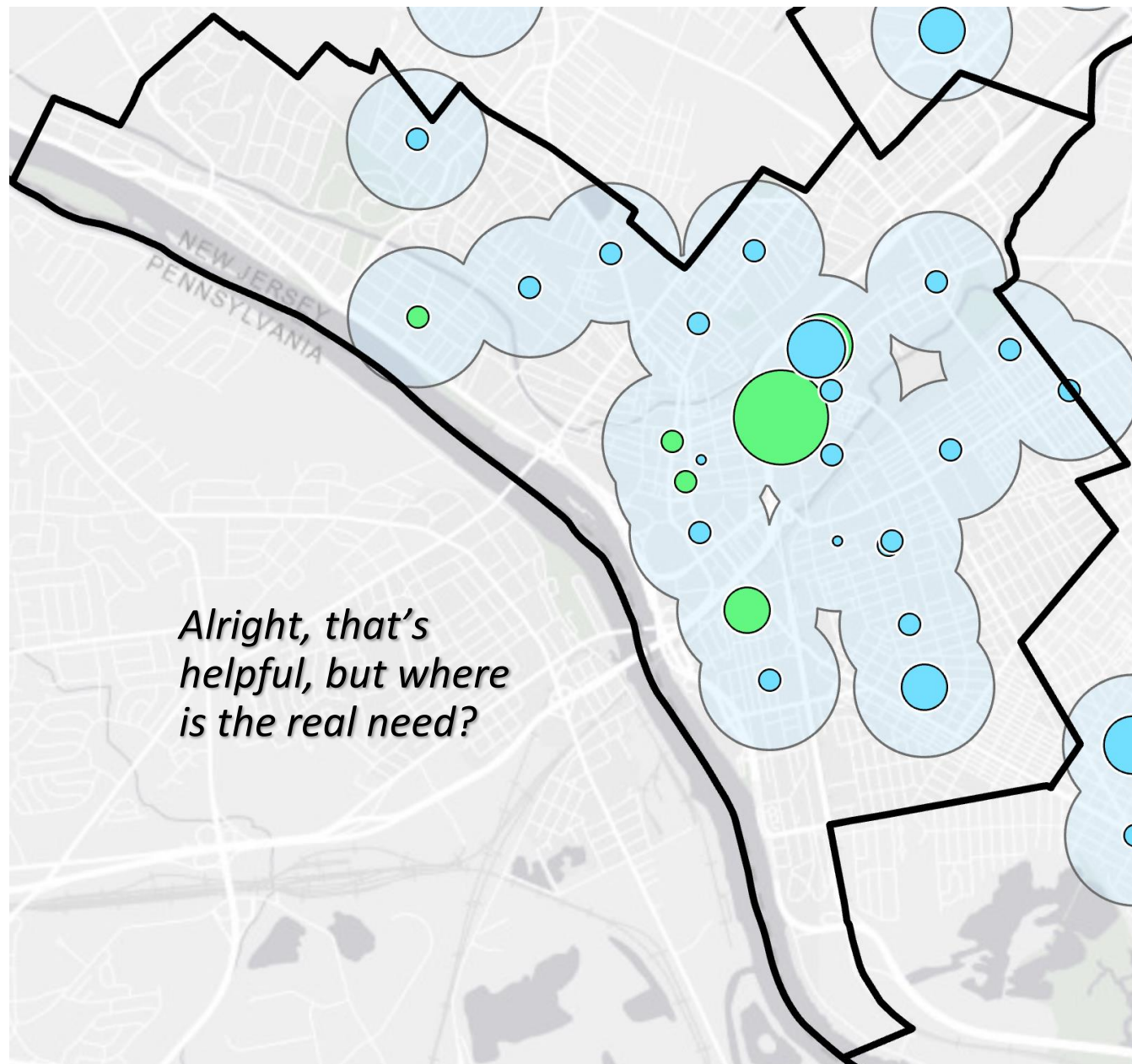
Strategic Planning

Where should we locate new free food resources in the City?
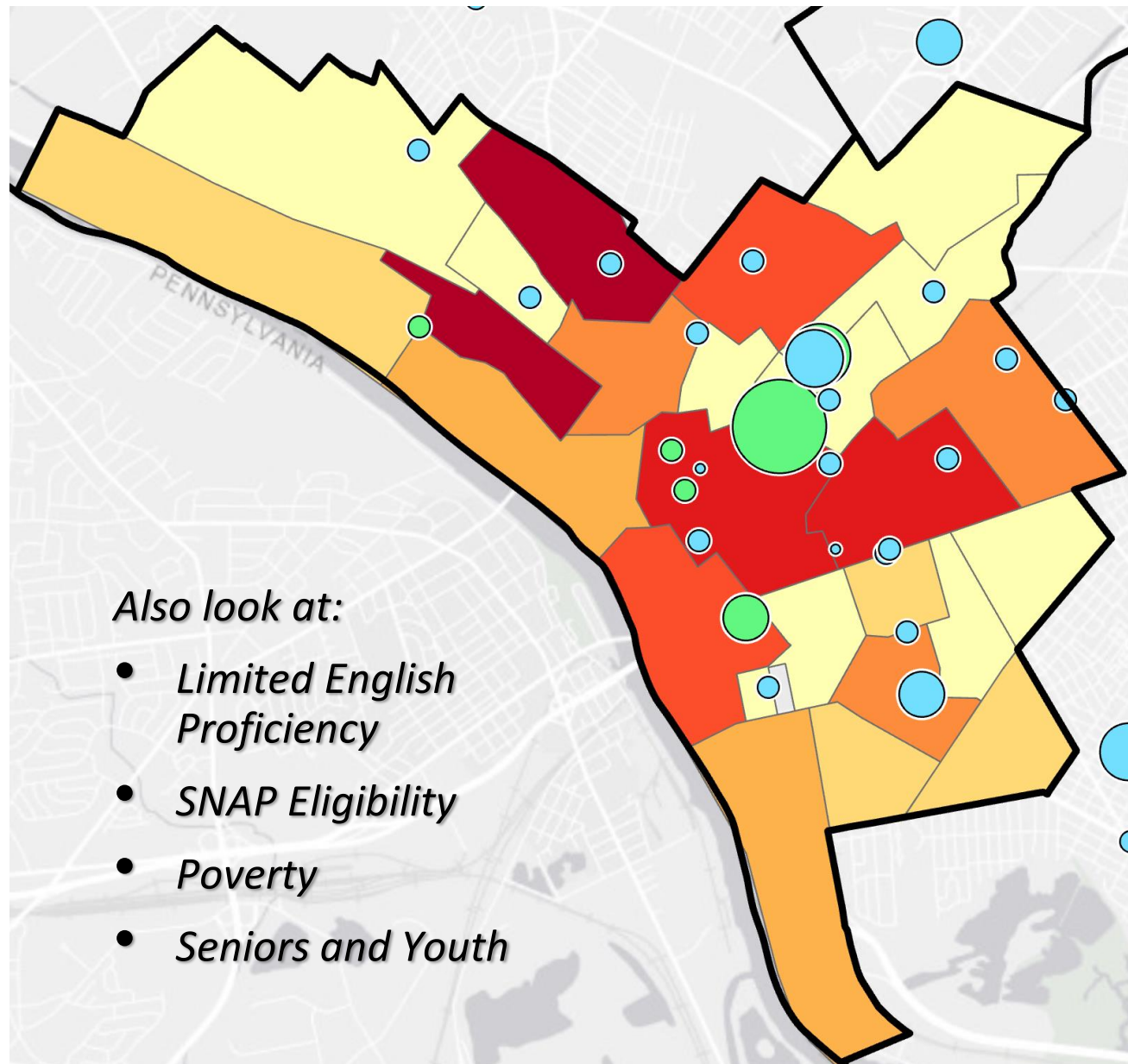
Data Source: CDC Social Vulnerability Index

Also look at:

- *Limited English Proficiency*
- *SNAP Eligibility*
- *Poverty*
- *Seniors and Youth*

Free Food Survey

How do we ensure coverage on our Free Food Survey without having to manage representative samples in 24 census tracts?

Start with 17 SDOH variables related to food

→

Use Principal Components Analysis to reduce to four representative variables

→

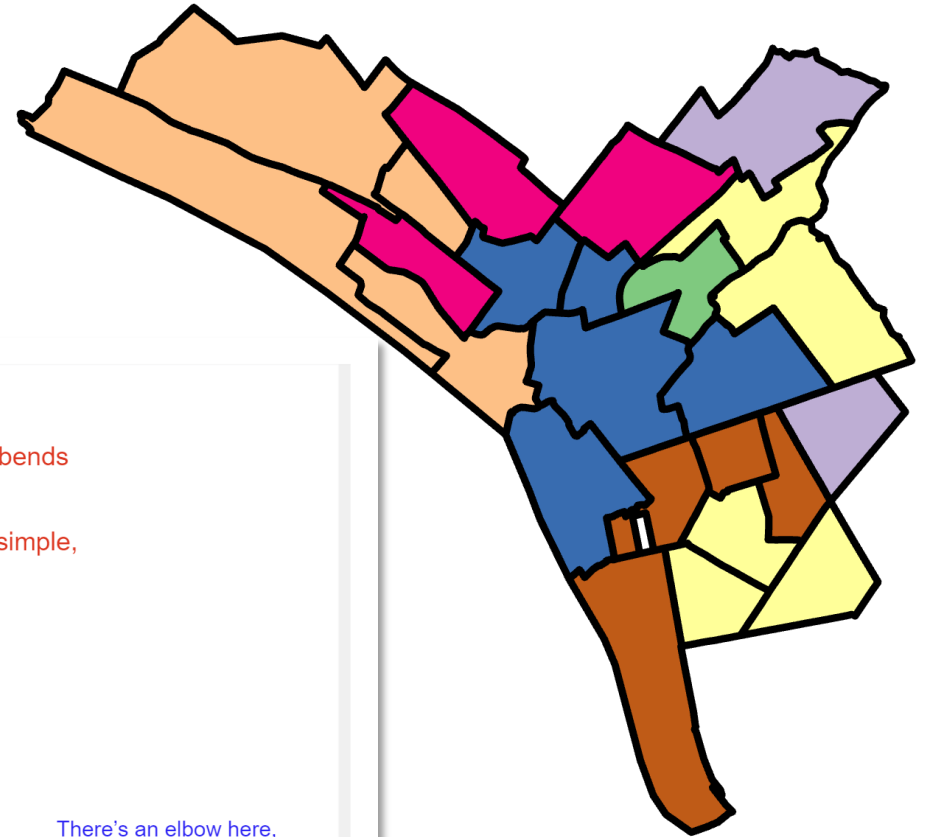Cluster the 24 census tracts into a more parsimonious solution
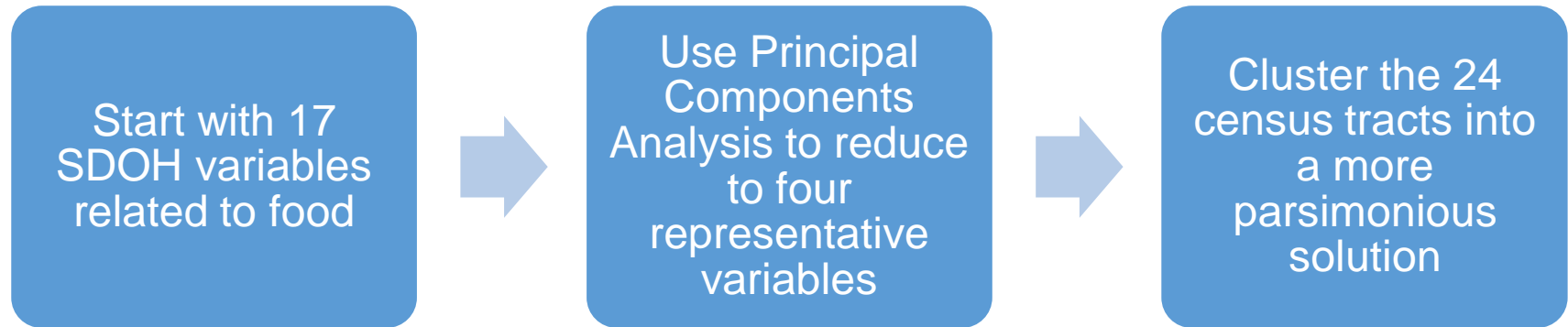
1. SNAP Eligibility
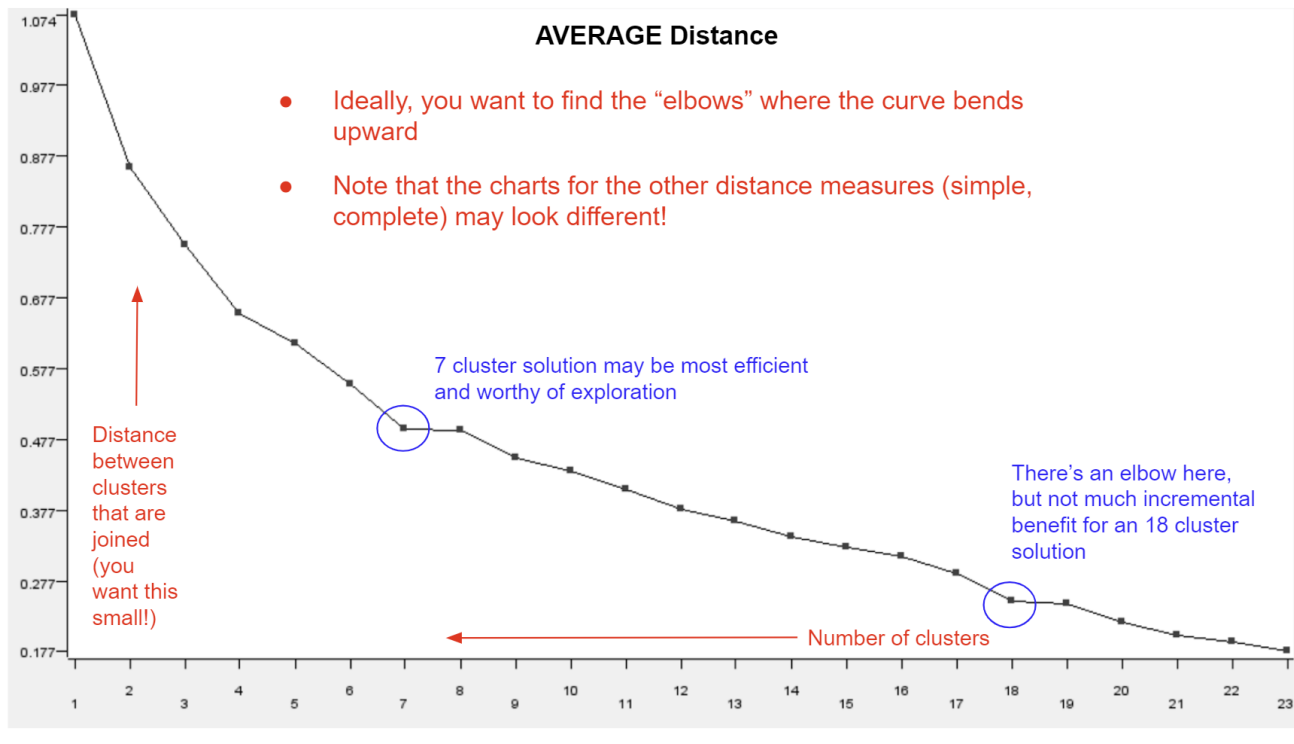2. No Vehicle
3. Limited English Proficiency
4. Single Parent

Free Food Survey

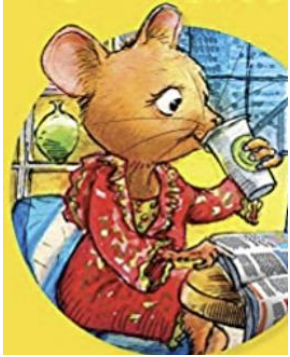How do we ensure coverage on our Free Food Survey without having to manage representative samples in 24 census tracts?

Hierarchical Clustering

AVERAGE Distance

- Ideally, you want to find the "elbows" where the curve bends upward

- Note that the charts for the other distance measures (simple, complete) may look different!

Distance between clusters that are joined (you want this small!)

7 cluster solution may be most efficient and worthy of exploration

There's an elbow here, but not much incremental benefit for an 18 cluster solution

Number of clusters

Lessons Learned

1. Context is crucial! Our stakeholders are hungry for data and insights – the challenge is to understand their needs so that the insights have the maximum impact

2. Data science and analytics skills are valuable – but humility, curiosity, and conceptual thinking are essential!

3. The HIE can be a wonderful resource – but strong partnerships are needed to extract and sustain value

4. Monitoring existing, relevant data can inform planning. Policy makers and community are using the data.

5. Aligning relevant policies' timelines with trends gives context to understand changes in behaviors

6. Moving to rapid-cycle reporting quickly is possible but takes resources and staff time; having data sharing experience is helpful

Big City Mouse and Small City Mouse

Addressing Pandemic-Driven Community Needs with Data, Analytics, and Collaboration in Seattle, WA, and Trenton, NJ

Amy Laurent

Senior Epidemiologist
Public Health - Seattle & King County
Amy.Laurent@kingcounty.gov

Stuart Altschuler

Director of Analytics and Insights
Trenton Health Team
saltschuler@trentonhealthteam.org