

Using Data to Shine a Light on the Human Story & Incite Change

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Our learning objectives for this presentation:

- 1. The importance of triangulating data to fully understand community health needs and priorities.
- 2. The value of codesigning health priorities with community members.
- 3. Data should be useful to communities and support the development of effective programs, policies, and systems.
- 4. The need to reflect on data to shift existing strategies and better serve people experiencing inequities.
- 5. Racism is a public health issue





The Health Improvement Collaborative of SE CT

- Formed in 2015, initially to guide development of 2016 Community Health Needs Assessment
- Partners agreed to continue onto implementation of Community Health Improvement Plan
- Partners include public health, healthcare, academia, social service organizations, municipal departments, housing, first responders, philanthropy, community based organizations, advocacy groups and residents
- Scope Southeastern Connecticut (East Lyme, Groton, Ledyard, Lyme, Montville, New London, North Stonington, Old Lyme, Stonington, and Waterford)





The Health Improvement Collaborative

Vision statement:

Southeastern CT is a community healthy in body and mind that promotes access, health equity, social justice, inclusiveness, and opportunities for all.

Values:

- Intentional creation of a culture of trust
- Authenticity in seeking community involvement
- Inclusiveness
- Respectfulness of cultural consideration and differences
- Social justice





In Southeast Connecticut, We Have a Goal.

FY 2019-22 Community Health Improvement Plan Racism as a Public Health Issue Health Improvement Collaborative





In Southeastern CT Region (DataHaven Wellbeing Survey):

Indicator: Percentage reporting being unfairly stopped, searched, questioned, physically threatened, or abused by police (18% of people of color vs. 9% of Whites, 2018)

Indicator: Percentage reporting that their neighborhood is safe to walk at night (65% people of color vs. 78% Whites, 2018)

Indicator: Percentage of survey respondents reporting that race is their main perceived reason for being unfairly treated by police (30%, 2018)

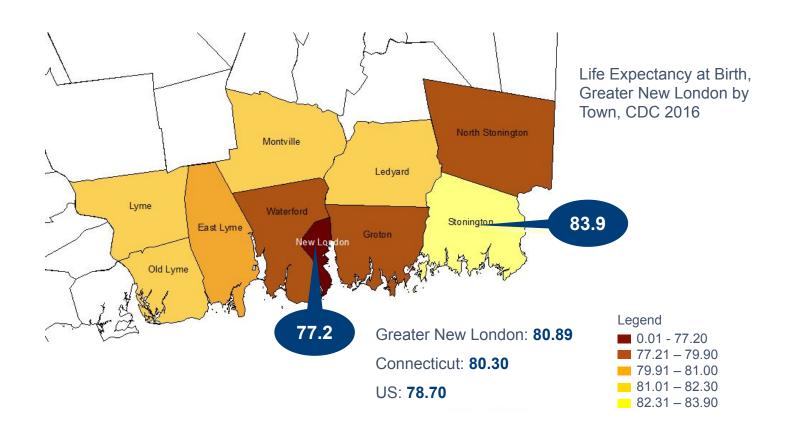
Indicator: Percentage of survey respondents reporting being unfairly treated when seeking healthcare (28% people of color vs. 10% Whites, 2018)

Indicator: Percentage of survey respondents reporting being unemployed and wanting to work (9% people of color vs. 5% Whites, 2018)

Goal: A reduction in racial and ethnic health disparities resulting from the community addressing:

- -Institutional racism that drives systemic inequities in the social determinants of health, and
- -Implicit bias, discrimination, and micro-aggressions to reduce racism related chronic stress and resulting health outcomes for people of color

Life Expectancy at Birth, Greater New London, CDC 2016







Community Well-being Survey

What is it?

- The DataHaven Community Wellbeing Survey (DCWS) is a household survey that provides critical, and highly-reliable local information.
- It is now a national program, that started as a regional survey focuses on the Greater New Haven Area of Connecticut (2012), then it expanded over time to become a coordinated statewide survey that is conducted every three years.

• Why was it chosen?

DCWS is unique in a way that it gathers information on well-being and quality of life in Connecticut's diverse neighborhoods.

Link:

https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey

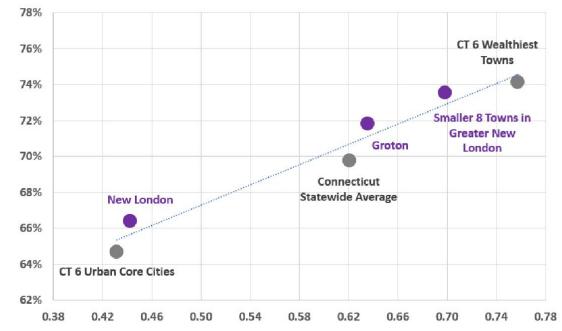




Wellbeing Index

Throughout the Greater New London Region, personal wellbeing is strongly associated with the community index

Personal Wellbeing Score (based on self-reported happiness, health, anxiety, life satisfaction)



Community Index (score based on employment, education, income, poverty, life expectancy, and other community-level factors)

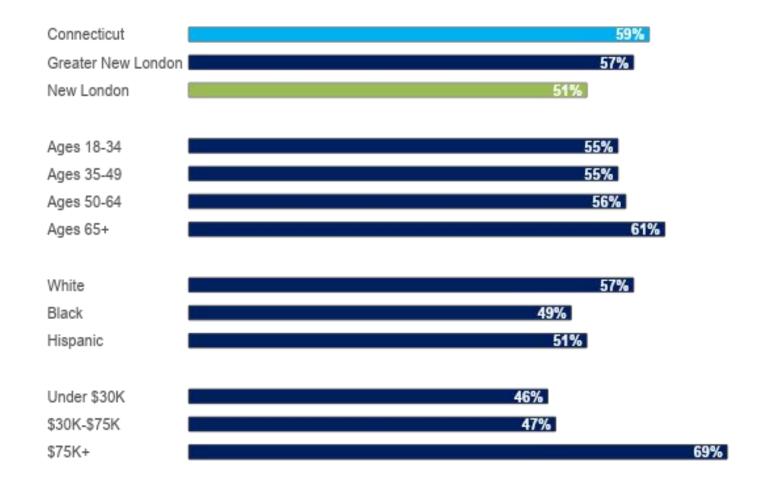
Source: Paral leven analysis of 2010 Paral leven Community Wellbeing Survey live, invision interviews with 15,043 randomlyselected adults throughout CL, and DataLlaven analysis of U.S. Census 2013-2017 in American Community Survey and other local data





Self Reported Health

Adults rating their overall health as excellent or very good, Greater New London, Wellbeing Survey 2018



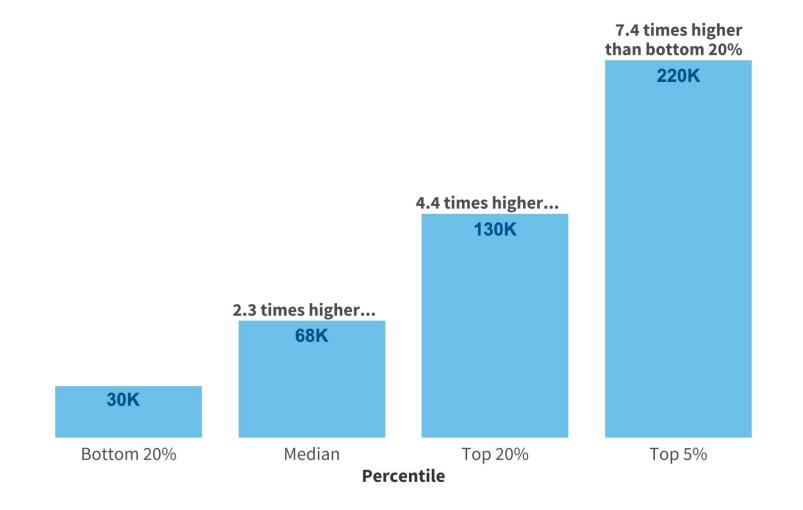




Economic Security

New London County's richest 5% earn 7 times more than the lowest 20%, DataHaven 2018

Household income by percentile, New London County, 2016



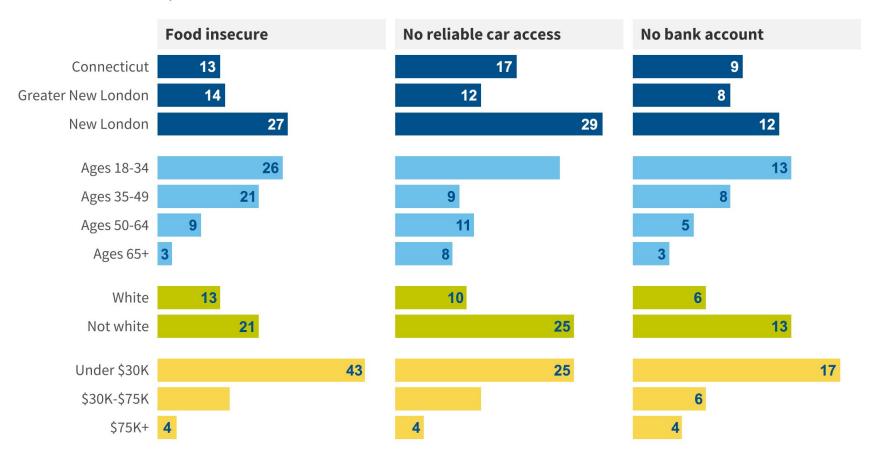




Household resources

Younger adults, lower-income adults, and adults of color have less access to basic resources, Wellbeing Survey 2018

Percent of adults facing measures of financial insecurity by age, race, and income Greater New London, 2018

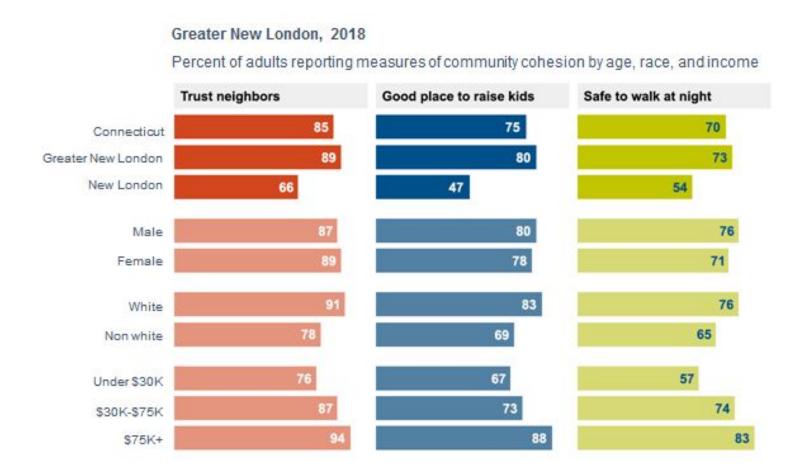






Social and Community Context

New London trails behind surrounding towns on community cohesion, Wellbeing Survey 2018

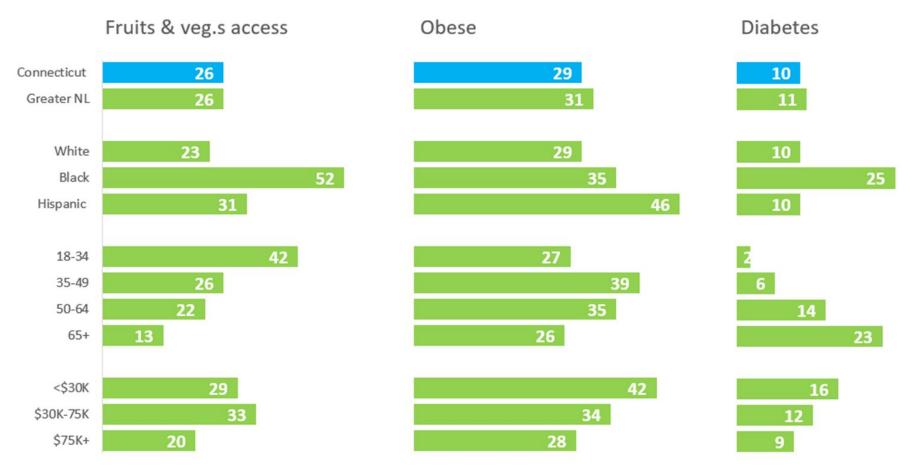






Food Insecurity and Chronic Diseases

Lack of affordability of high quality fruits and vegetables, obesity, and diabetes, Greater New London, Wellbeing Survey 2018

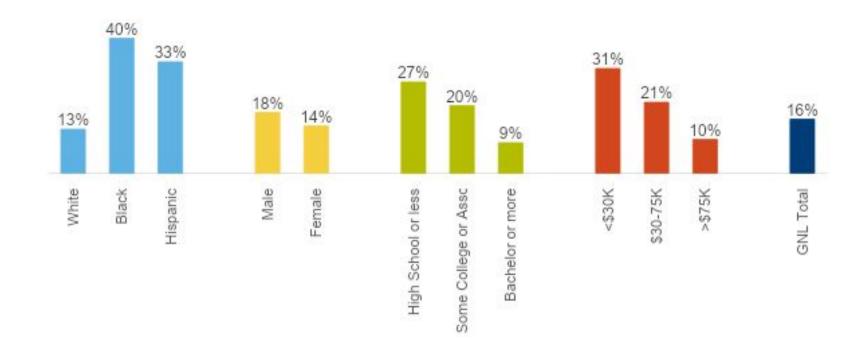






Access to Healthcare

Percent of adults who reported they have no one person or place you think of as their primary care practitioner, Wellbeing Survey, Greater New London, 2018

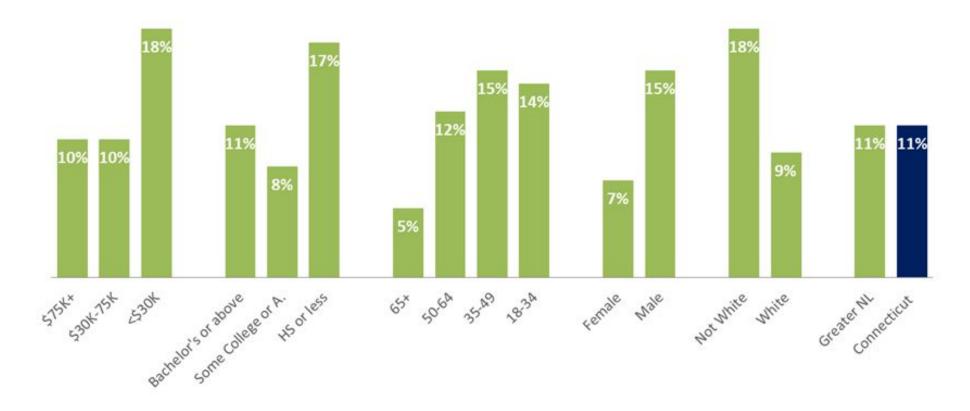






Law Enforcement Discrimination

Unfairly stopped, searched, questioned, physically threatened, or abused by the police, Greater New London, Wellbeing Survey 2018

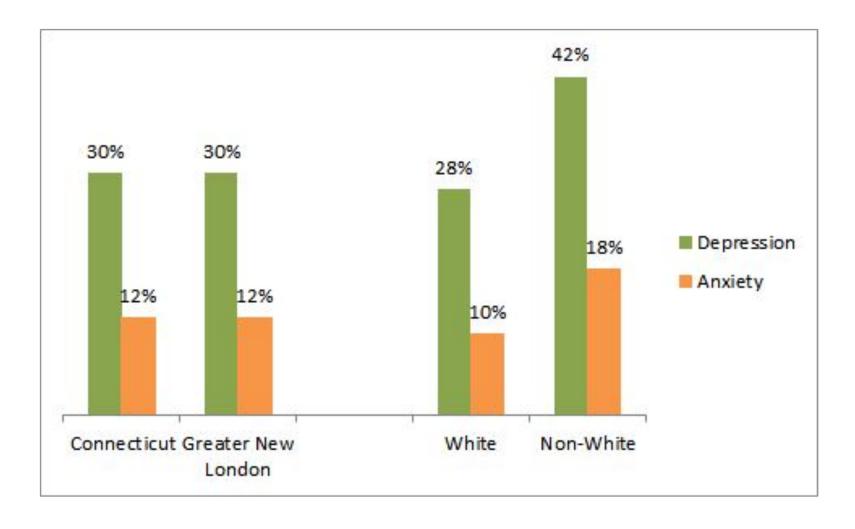






Mental Health

Percentage of overall population reporting depression and anxiety in Greater New London, Wellbeing Survey 2018











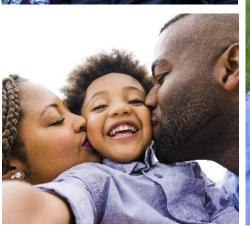


Mission

To increase and promote opportunities for southeastern CT's Black community members to enjoy optimal health and well-being where they live, learn, work, play and/or pray



















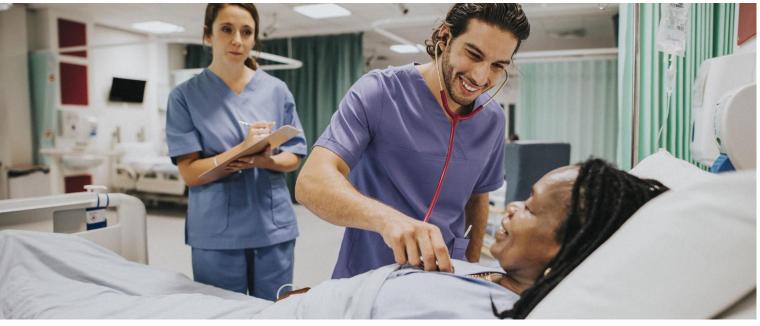




GOAL

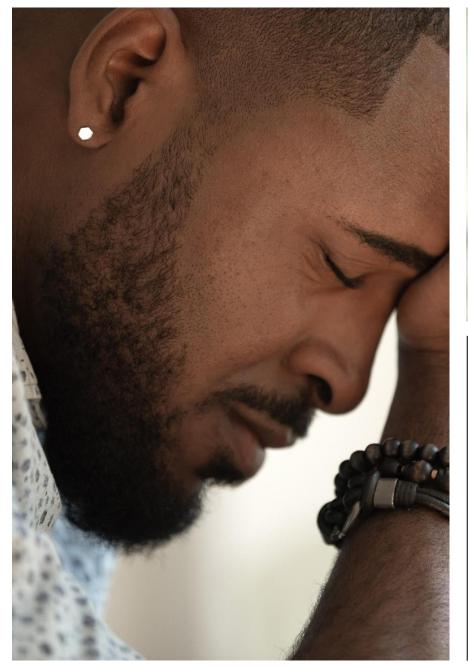
Improve the overall health and wellbeing of the region's Black residents







Cardiovascular Health





mental wealth matters

Mental Health







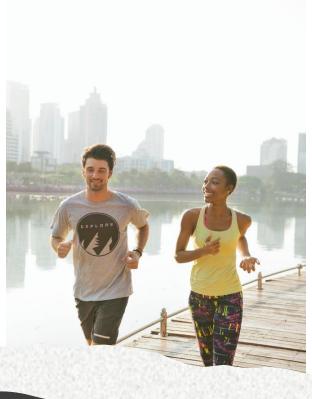




Maternal & Child Health









- ☐ Meaningfully engage community members impacted by health issues
- Address social determinants of health
- Acknowledge the role of institutional racism and implicit bias
- ☐ Work to improve systems, policies and practices that influence social conditions and health outcomes
- Provide/support implementation of evidence-based, culturally-respectful and responsive, high-quality community health programs and activities

Looking ahead...



Numbers need to be humanized







Community Conversations

GOALS:

- Identifying community health priorities
- 2. What are the root causes that impact
 - a. Child Wellbeing
 - b. Access to culturally appropriate, healthy food and physical activity
- 3. Identifying community organizations and/or members that are missing in the collaborative
- 4. Suggestions on how to make collaborative meetings more welcoming and more inclusive.

PROCESS:

- 1. Connect to your networks
- 2. Use of discussion guide
- Go slow-- trust and respect are more important than getting all the answers
- 4. Check-in each week and problem solve





Do you feel safe?

 "Seeing that your children are starting to notice the violence happening in your life."- Community Member, New London

Do you have what you need in your neighborhood?

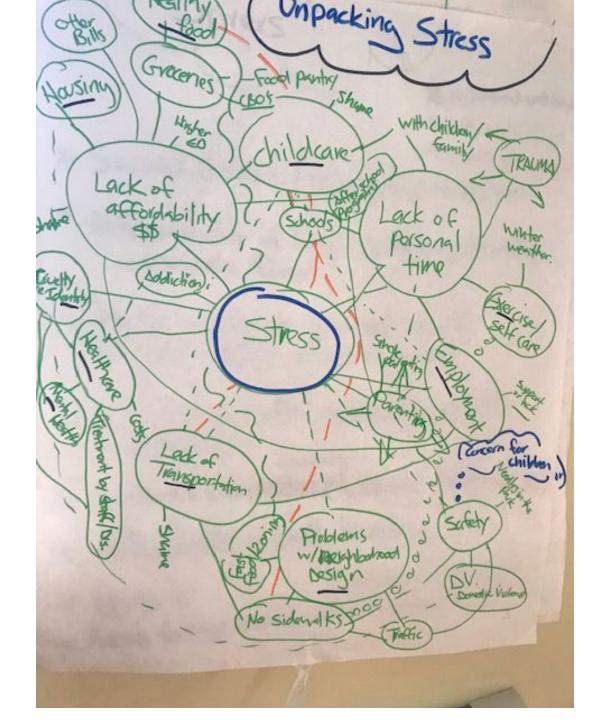
 "Just affording to live I feel people cut corners on food and time."- Community Member, Groton

Can you relate to your neighbors?

"It's a rich town with poor people living here"- Community Member Old Lyme

Are you supported?

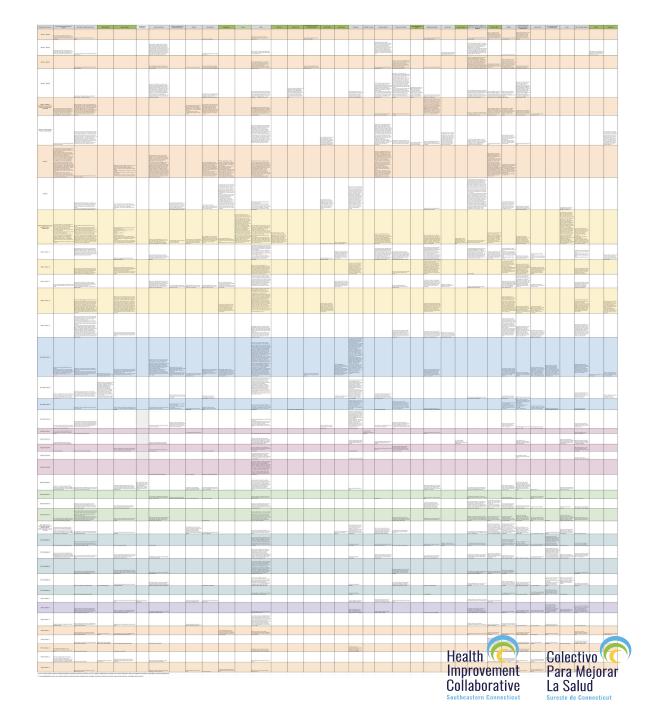
• "...calling in sick for work when she needed to care for her children, this caused a warning at work, leaving kids alone led to conflict with a partner who she was divorcing, felt that she could not count on anyone" --Community Ambassador paraphrasing the words of a Ledyard Community Member



Unpacking Stress

 Many facets of life were considered.

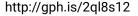
 During Covid, dignified access to healthy, culturally appropriate food rose to the top.



Taking care of our own house

- How do we best support collaborative members to dismantle barriers in their organizations?
 - 1.Awareness
 - 2. Reflection
 - 3. Data
 - 4. Supportx
 - 5. Action









Please tell us where your organization stands regarding the following policies, plans and programs.

4) Community Partner Engagement (I)

My Organization...

	Yes	We are currently in the process of developing a plan to do this (Currently Planning)	develop a plan	No	Unsure
(a) meaningfully engages community members in health, equity, or service assessments/ improvement plans:	[]	[]	[]	[]	[]
(b) is generally able to adapt to new communities and changes within the populations we serve:	[]	[]	[]	[]	[]

HIC Health Equity Pretest Survey*

% of Respondents who are "currently planning" or "have intentions to plan" to advance the following items

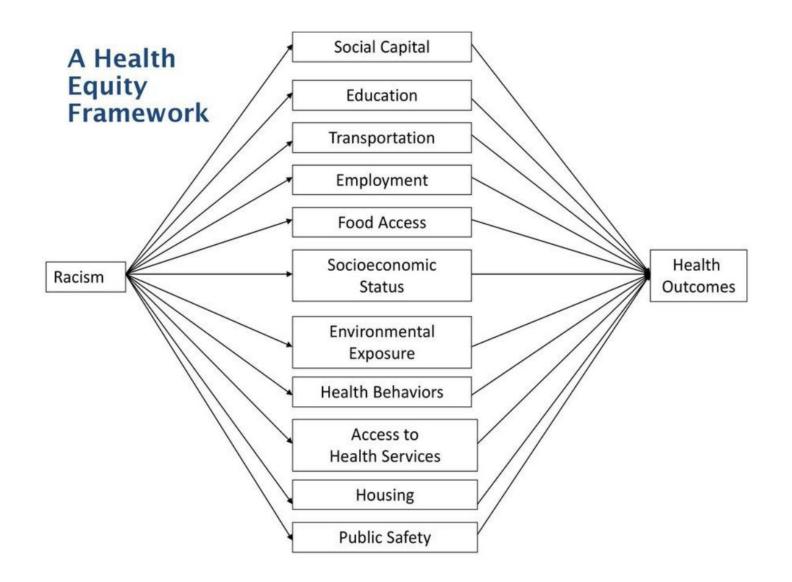
- 10% -- engage community in policy, planning, and decision making.
- 17% -- create opportunities for a shared sense of ownership with the communities served.
- 26% -- advance a governing board that is representative of the racial and ethnic diversity of communities served
- 23% -- have an advisory board/council that is representative of the racial/ethnic diversity of the community we serve







Racism as a Public Health Issue







Questions?

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