

ALL IN



DATA FOR  
COMMUNITY  
HEALTH

# Leveraging Health and Housing Linkages In Response to COVID-19

*Go to [www.menti.com](https://www.menti.com) and enter code 83 08 79 to answer some questions we'll review on the webinar*

Moderated by Clare Tanner  
Co-Director, DASH  
April 28, 2020



*Go to [www.menti.com](https://www.menti.com) and use the code 83 08 79*

# Webinar Overview

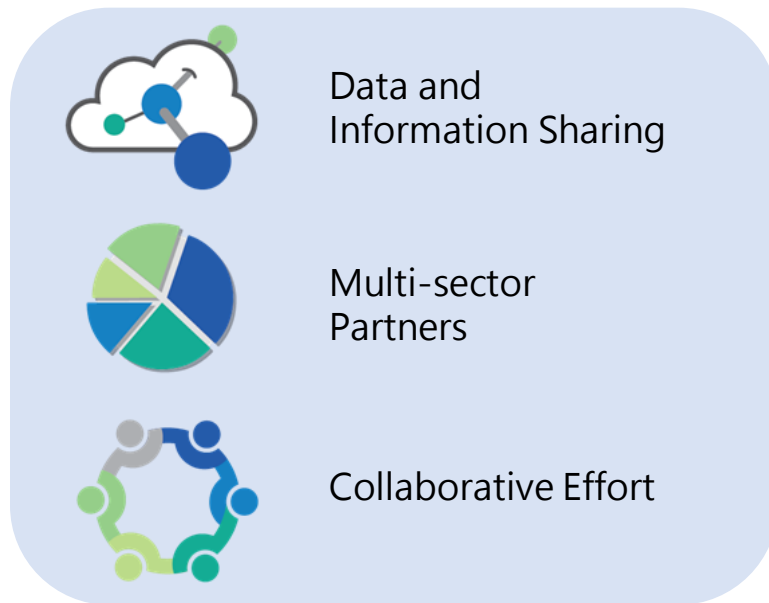
- Introduction to All In
- Audience Engagement and Field Sensing
- Community Spotlights
  - Cook County Health, Cook County, Illinois
  - MetroHealth and Rethink Advisors, Cleveland, Ohio
  - LA County Office of the Chief Information Office, Los Angeles County, California
- Q&A and Discussion
- Announcements and Upcoming Events

\*For technical assistance, please email Susan Martinez at [susan.martinez@iphionline.org](mailto:susan.martinez@iphionline.org)

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# All In: Network Mission

Support local initiatives that focus on:



**Outcome:**

Improved Capacity to  
Drive Community Health  
Improvement

# Multi-Sector Stakeholders and Data



# ALL IN



## Current Partners:



BUILD  
Health  
Challenge



Data Across  
Sectors for  
Health



Network for  
Public Health  
Law



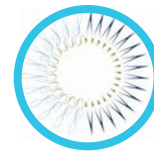
New Jersey  
Health  
Initiatives



Public Health  
National  
Center for  
Innovations



Population  
Health  
Innovation  
Lab



Pew Charitable  
Trusts  
Health Impact  
Project

Past Partners: Community Health Peer Learning Program, Connecting Communities and Care

# ALL IN



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# Use code 83 08 79 at Menti.com to fill out some questions!

What is the primary sector your organization represents?



DATA FOR  
COMMUNITY  
HEALTH

# All In Learning Network

Publications



Online Platform



Peer Site Visits



Webinars



Newsletters



National & Regional Meetings and Workshops



<https://community.allindata.org/home>



# Affinity Groups

- Support peer networking and learning
- Current Groups:
  - Health and Housing
  - Network for Public Health Law: Law and Data Sharing
  - Community multi-sector indicator platforms/dashboards
  - Substance Use Disorder Data Sharing, Integration, Implementation, and more



# Why Affinity Groups?

- Peer Networking: Create more intimate spaces for peer networking and problem-solving within the larger network
- Advisory Capacity: Provide feedback to national program staff and All In members to inform programming and other All In efforts

# Who should participate in Affinity Groups?

- Anyone that has knowledge to gain or share on a particular topic - participants will be diverse from a variety of organizations and bring different experience/perspectives
- It is OK to join an affinity group primarily to learn - even if you feel your community is not very far along

# All In Health and Housing Affinity Group

- Two Regional Convenings (2017 and 2019)
- Meet up at All In Annual Meeting
- Peer to peer site visits (January – February 2020)
- Discussion space on All In online community:  
<https://community.allindata.org/home>

## Key Themes and Issues:

- Cultivating buy-in
- Care coordination platforms
- Consent management, navigating privacy laws
- Data governance
- Identity matching
- Analytics, predictive modeling
- Measuring success

# Speakers



**Leticia Reyes-Nash**  
*Director of  
Programmatic  
Services and  
Innovation*  
Cook County  
Health



**Adam Perzynski**  
*Associate  
Professor of  
Medicine in the  
Center for  
Health Care  
Research and  
Policy*  
MetroHealth  
and Case  
Western  
Reserve  
University



**Irwin  
Lowenstein**  
*Founder and  
Co-President*  
ReThink  
Advisors



**Ricardo  
Basurto-Davila**  
*Principal Analyst*  
LA County Chief  
Information  
Office



**Irene Vidyanti**  
*Data Scientist*  
LA County  
Chief  
Information  
Office

# Cook County Health



**Leticia Reyes-Nash**

**Co-Lead of Center for Health Equity and Innovation**

**Director of Programmatic Services and Innovation**



**COOK COUNTY  
HEALTH**

# 180 Year Mission

To deliver integrated health services with dignity and respect **regardless of a patient's ability to pay; foster partnerships** with other health providers and communities to enhance the health of the public; and **advocate for policies** that promote and protect the physical, mental and social well-being of the people of Cook County.

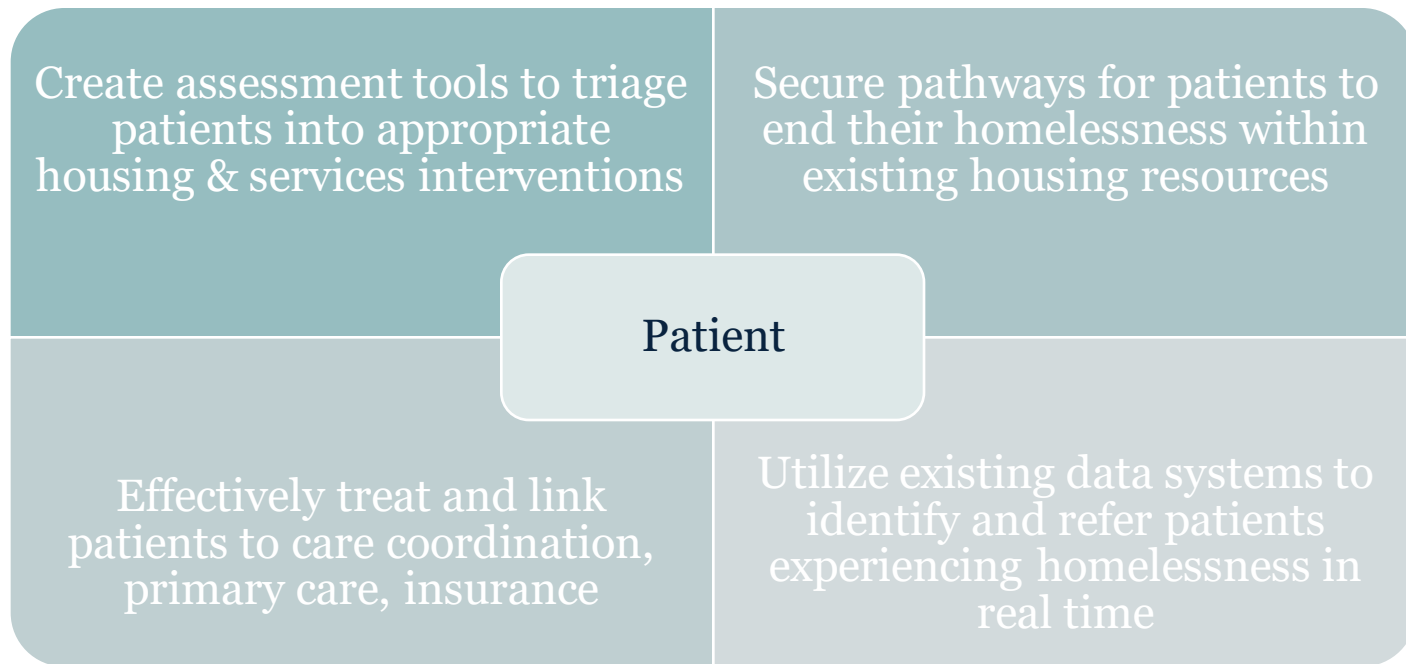


# Cook County Health

Provider	Health Plan	Correctional Health	Public Health
<ul style="list-style-type: none"> <li>• 1M outpatient visits</li> <li>• 140,000 ED visits</li> <li>• 120,000 inpatient days</li> <li>• 1.5M prescriptions</li> <li>• 45% uninsured</li> <li>• 50% of all charity care in Cook County</li> </ul>	<ul style="list-style-type: none"> <li>• 1 in 3 Cook County residents enrolled in Medicaid are members of CountyCare</li> <li>• 320,000 members from nearly every zip code in Cook County</li> <li>• Network includes more than 70 hospitals and 15,000 specialists</li> <li>• Contributed more than \$1B to CCH since 2014</li> </ul>	<ul style="list-style-type: none"> <li>• 50,000+ intake screenings at the Cook County Jail and the Juvenile Temporary Detention Center</li> <li>• 30%+ detainees with behavioral health needs</li> <li>• 5,000 naloxone kits distributed</li> <li>• 6M doses of medication annually</li> <li>• 10,000 detox patients annually</li> </ul>	<ul style="list-style-type: none"> <li>• State and nationally certified public health authority for 2.3 million residents in 125 suburbs</li> <li>• Responsible for the prevention and spread of more than 70 diseases, emergency preparedness and environmental health</li> </ul>

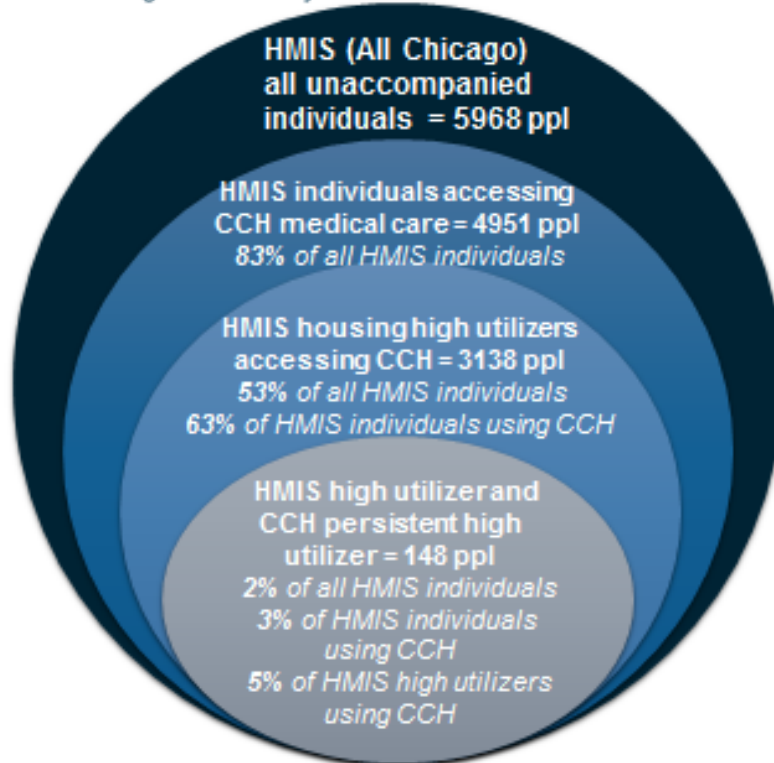


# Housing Department Patient Level Goals

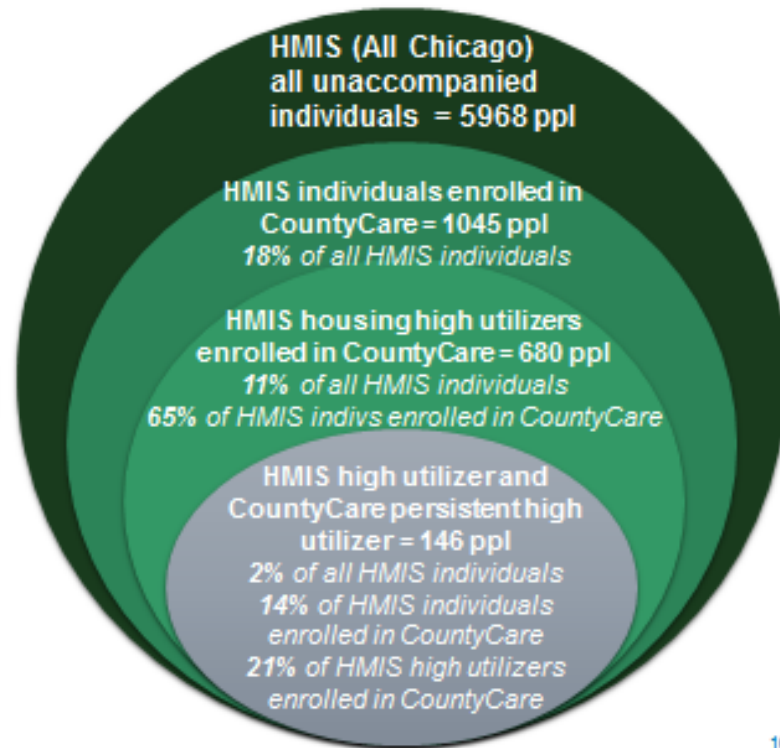


## Housing & Medical Care Data Match, 2018

**Cook County Health Patients**  
including Cook County Jail detainees



**CountyCare Medicaid Members**



16

# Current COVID-19 CCH Activities

- Engaged fully in the work to address the needs of people experiencing homelessness in Cook County
- Care Coordination operation is providing the phone referral system for suburban Cook County housing resources
- Care Coordination operation and the Community Clinics are reaching out to high need patients telephonically to help link patients to resources, including telehealth
- CCH is advocating for patients to ensure they have equitable access to resources
- CCH Flexible Housing Pool & Integrated Care Homeless Prevention & Emergency Assistance Programs actively divert households from shelter
- Standing up a low barrier shelter option on the South side of Chicago

# Thank You



COOK COUNTY  
**HEALTH**



## RE-IMAGINING NEIGHBORHOOD AND HEALTH IN CLEVELAND WITH ECODISTRICTS

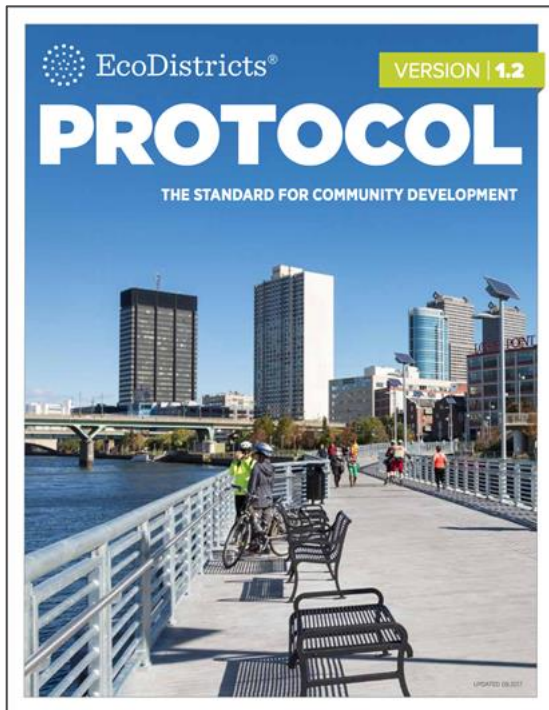
Adam T. Perzynski, PhD  
Associate Professor of Medicine and Sociology  
Center for Health Care Research and Policy

Irwin M. Lowenstein, LEED AP, EcoDistricts AP  
President, ReThink Advisors, Inc.  
Advising University Architect  
Case Western Reserve University

Maria DeRenzo, MPH  
Research Associate,  
Center for Health Care Research and Policy

Kristen Berg, PhD  
Postdoctoral Research Fellow  
Center for Health Care Research and Policy

## WHAT IS ECODISTRICTS CERTIFIED?



1. A **management framework** to help project teams guide long term district and neighborhood investments
2. An **international standard that stands for excellence** in urban and community regeneration



## **WE FACE UNPRECEDENTED CHALLENGES**

Shortfalling the Social Foundation:

- Health disparities
- Peace and justice
- Political voice
- Social equity
- Education
- Housing
- Income and work
- Gender equality
- Networks and social disconnection

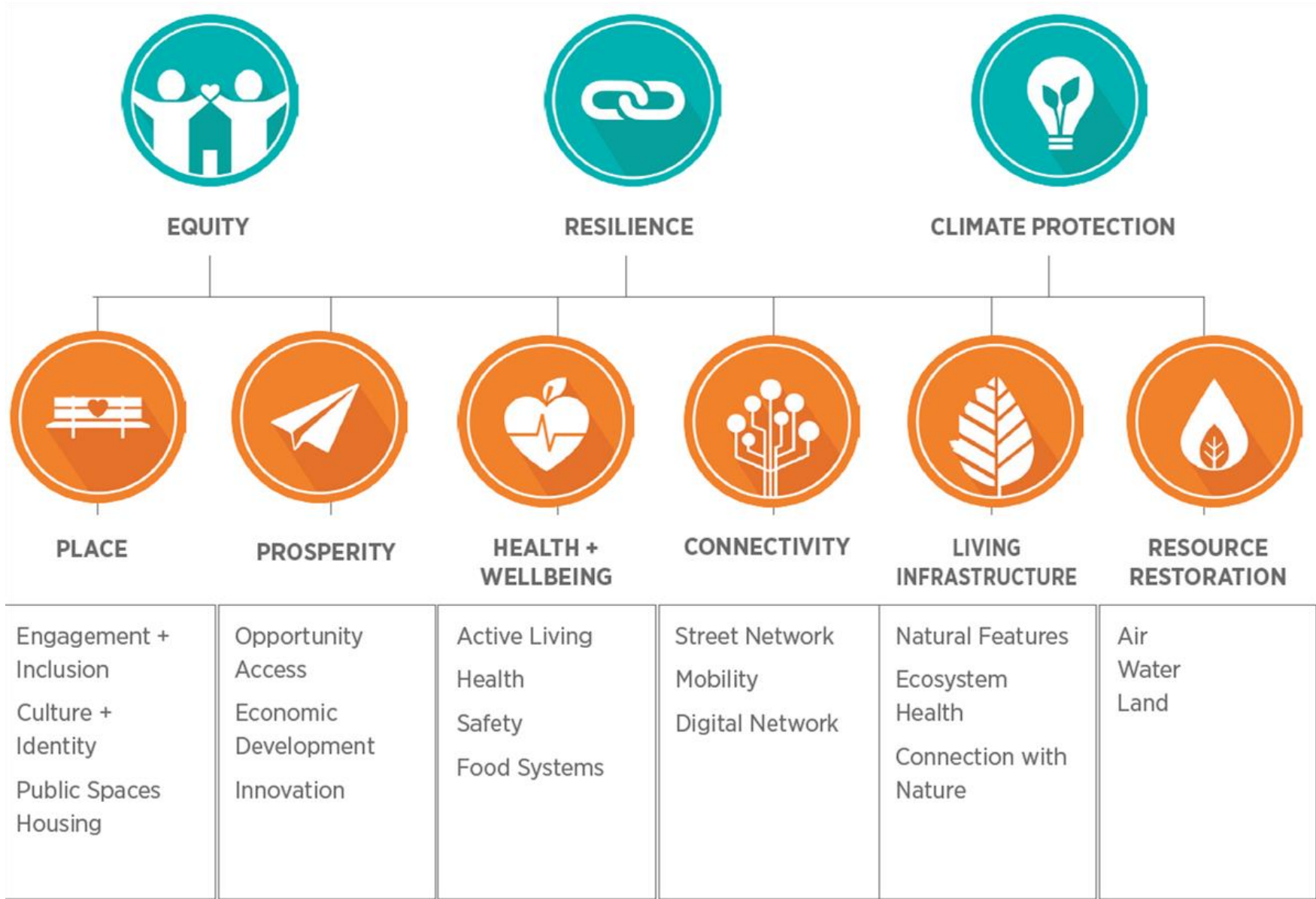




## **WE NEED NEW MODELS**

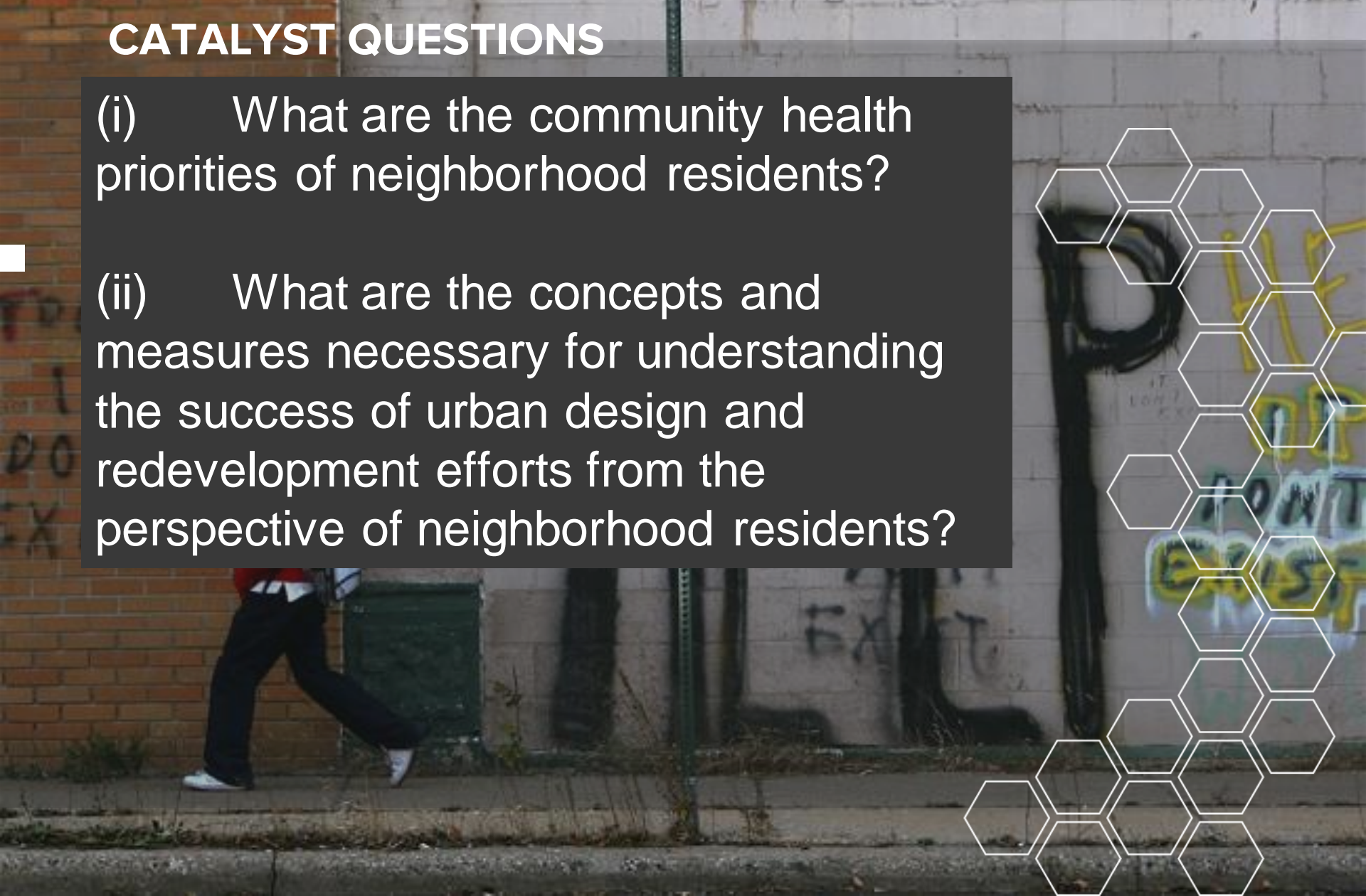
- Systems Thinking
- Root cause-focused
- Collective Impact framework leads to forming a Backbone Organization
- Performance-focus/Data-driven
- Neighborhood scale

# ECODISTRICTS CERTIFIED



## CATALYST QUESTIONS

- (i) What are the community health priorities of neighborhood residents?
- (ii) What are the concepts and measures necessary for understanding the success of urban design and redevelopment efforts from the perspective of neighborhood residents?





## RE-imagining Neighborhoods and Health

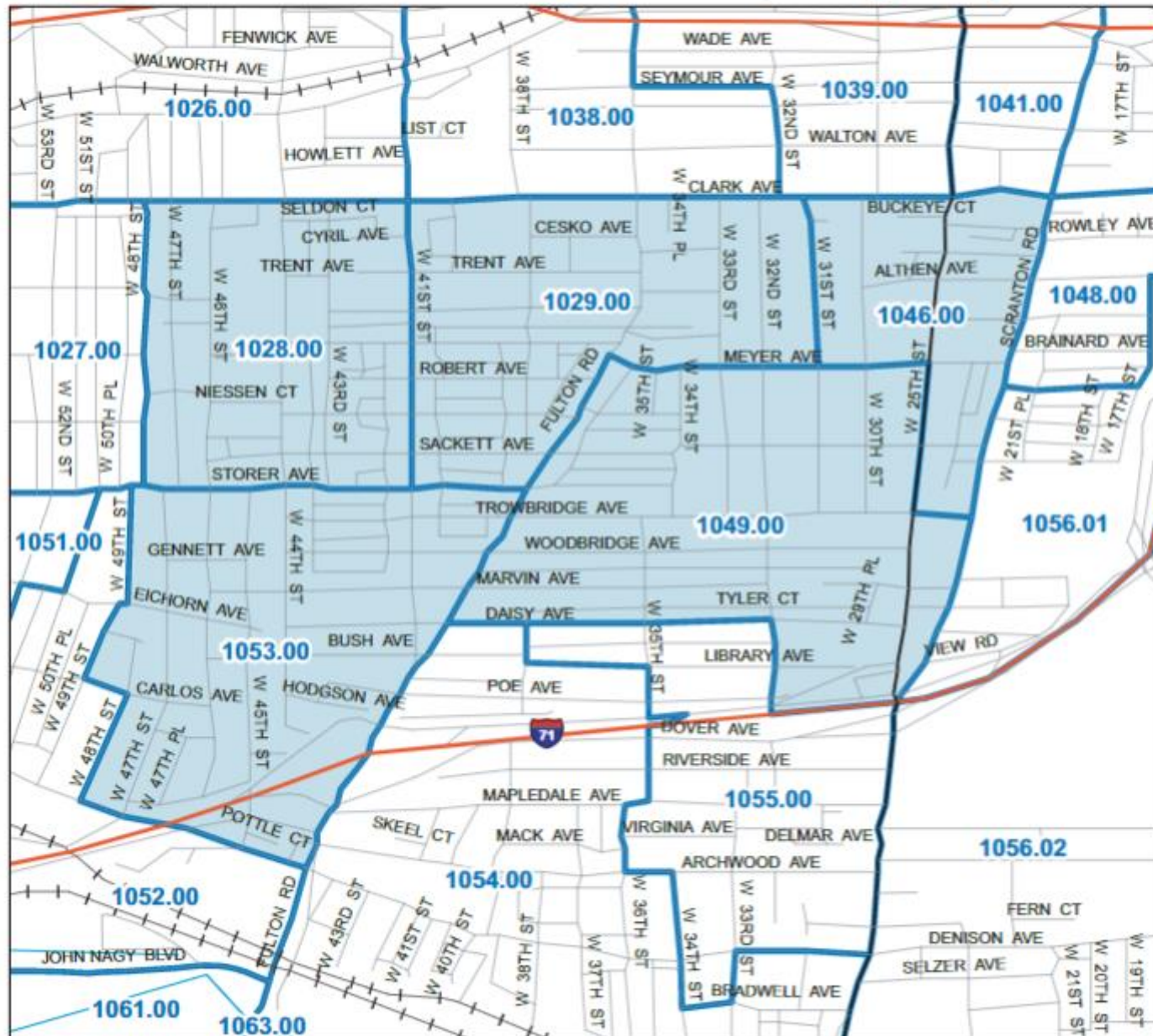
For 80+ years, health experts have focused largely on has been on individual behavior and genetics.



An emerging expert and public awareness has made it clear that the social and physical environment *causally* determine health outcomes.

Poverty, food deserts, lack of childcare, employment, education, social cohesion and housing are suddenly a critical focus.



# Clark-Fulton Cleveland, OH (2000)



 Census Tract Boundary  
 Neighborhood Boundary



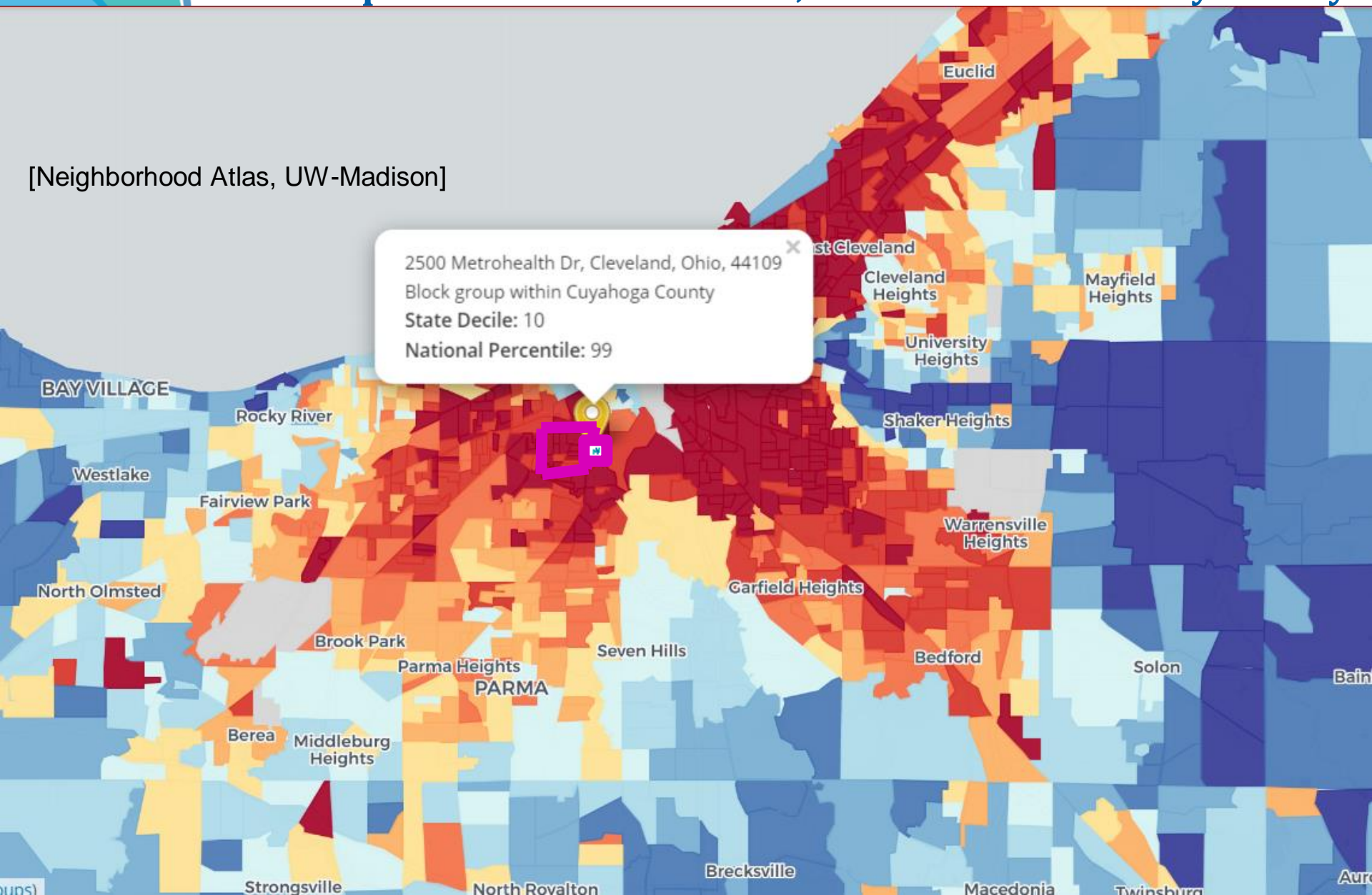
Prepared by: Center on Urban Poverty  
 and Social Change,  
 Mandel School of Applied Social Sciences,  
 Case Western Reserve University  
 Source: ESRI





# Area Deprivation Index in 2013, American Community Survey

[Neighborhood Atlas, UW-Madison]



### Cuyahoga County Coronavirus Cases by Zip Code

**Legend**

- 3 - 10
- 11 - 20
- 21 - 35
- 36 - 63

The map displays the distribution of COVID-19 cases across Cuyahoga County's zip codes. The color scale indicates the number of cases per zip code, with darker shades representing higher case counts. Zip code 44109, located in the central-eastern part of the county, is highlighted with a red rectangle.

**CUYAHOGA COUNTY PUBLIC HEALTH COLLABORATIVE**

CUYAHOGA COUNTY BOARD OF HEALTH  
YOUR GOVERNMENT FOR PUBLIC HEALTH PROTECTION

0 2.5 5 Miles

Sources: Cleveland Department of  
Public Health & Cuyahoga County  
Board of Health.  
Spatial Reference: NAD 1983  
StatePlane OH North FIPS 3401 (Feet)  
Classification: Manual  
Created by: R. Stacklin, M.Ed  
Date 4/16/2020  
v1

CUYAHOGA COUNTY PUBLIC HEALTH COLLABORATIVE

CUYAHOGA COUNTY  
BOARD OF HEALTH



A horizontal scale bar with a black segment from 0 to 2.5 miles and a white segment from 2.5 to 5 miles. The word "Miles" is at the right end.

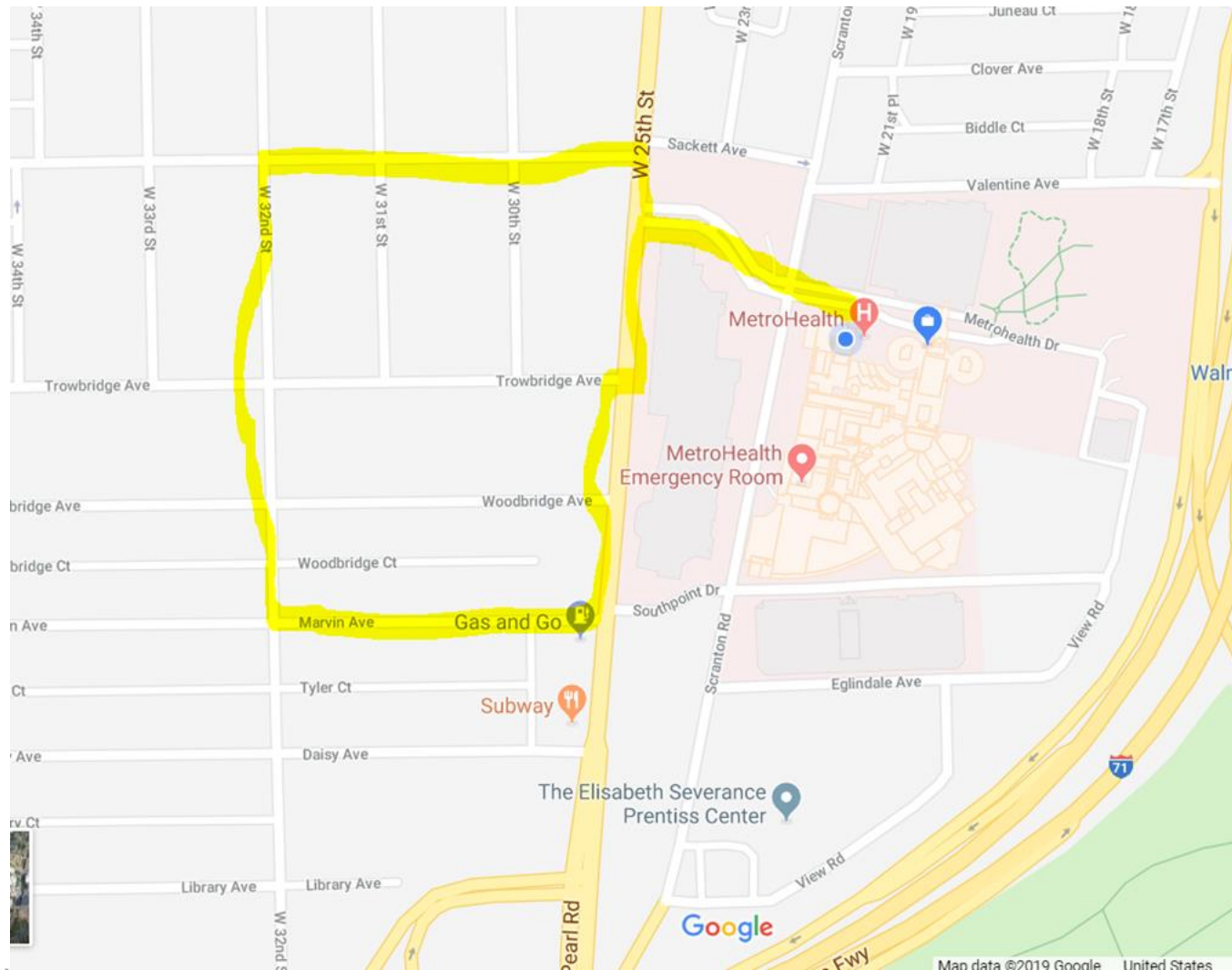




## “Go-Along” Interviews

- Community-based recruitment with collaboration from:
  - **Metro West Community Development Corporation**
  - **The Family Ministry Center**
  - **Scranton Road Ministries**
- 19 interviews conducted: 15 in English and 4 in Spanish
- Average length was about 30 minutes
- Unique route for each participant
  - Some began at MetroHealth, some began at home
  - Older participants did not walk as far
- If it rains, interview in a car or reschedule

## Route from a “Go-Along” Interview



CENTER FOR  
**HEALTH CARE**  
RESEARCH AND POLICY



If you grow up in a community where everyone you've ever met has told you that it's a bad neighborhood to live in, or it's a bad community, you're going to inherently feel like you're less of a person.







# COVID-19 and Shared Data System Insights

- Exposing vulnerabilities
- Opening up opportunities
- Initiation of new and necessary data sharing collaborations and innovations
- Communities with successful *existing* data collaborations in place have a structural, adaptive advantage in times of crisis.
- We are quickly standing up research and infrastructure for surveillance and response across greater Cleveland.
- Core advantage is trust and history of collaboration rather than technology.

# Vulnerability or Potential?

**“The potential that it has ... I can see it like changing in the upcoming years.”**

**There’s definitely potential here and there are people here who care. So those people are going to make sure that it happens. That things change positively.”**



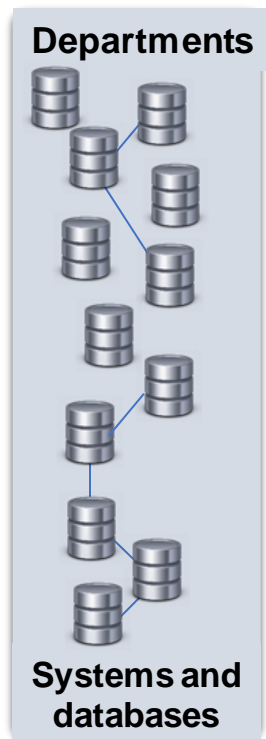
# Office of the Chief Information Officer



## Leveraging Data Linkages in Response to COVID-19: Los Angeles County's Information Hub

Irene Vidyanti, PhD MEng  
Ricardo Basurto-Davila, PhD MSc  
April 28, 2020

# Enterprise Information Predicament



- Too much data, not enough information
- Proliferation of data silos
- Data is difficult to access and use
- Data is not complete, timely, accurate, or consistent
- Lots of resources expended to curate and analyze data





# Value Proposition of Enterprise Information Management

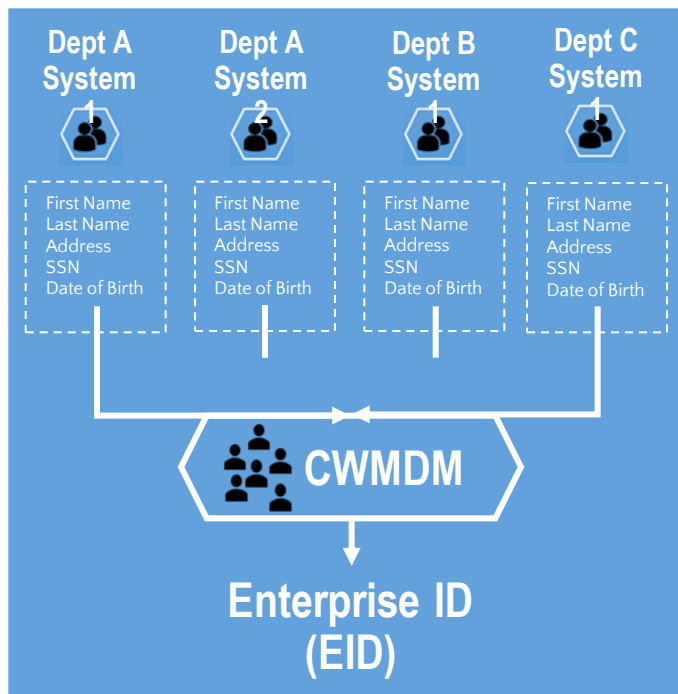
## Enable Service Coordination



## Empower Informed Decision-making

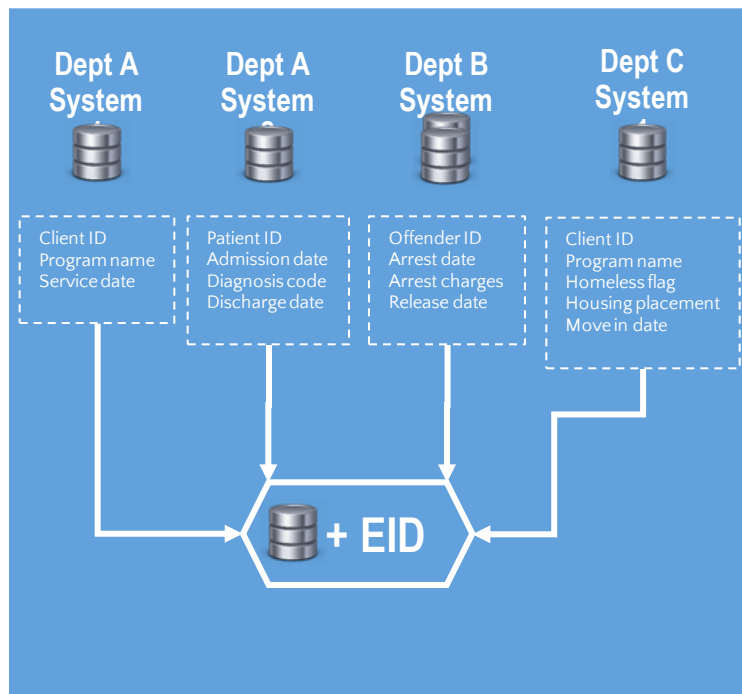


# Countywide Master Data Management (CWMDM)



- Receives personal identifiable information (PII) from multiple County departments and systems
- Resolves identities, identifying unique persons **within and across** systems
- Creates and assigns an enterprise ID (EID) to each **unique** identity

# Service Data Storage



- Receives unidentifiable information on different types of services and encounters
- Using CWMDM, EIDs are attached to service and encounter information
- EIDs allow for analysis and care coordination across systems

# Data Availability in Information Hub

Data Category	DCFS	DHS	DMH	WDACS	LAHSA	Sheriff	Probation	Court	DPSS
Assessment history									
Criminal history									
Education history									
Employment history									
Household history									
Medical history									
Person information									
Placement history									
Probation history									
Program history detail									
Program history									

 Data already available in Info Hub

 Data expected to be available, but not yet in Info Hub

 Data not currently available in Info Hub

# Examples of Data Elements Within Categories

Assessment history	Criminal history	Data admin	Education history	Employment history (DPSS)	Household history
<ul style="list-style-type: none"> <li>• Acuity score (HMIS)</li> <li>• Needs assessment score (Probation)</li> </ul>	<ul style="list-style-type: none"> <li>• Booking number</li> <li>• Arrest date</li> <li>• Arrest charges</li> <li>• Release date</li> <li>• Conviction and sentence info</li> </ul>	<ul style="list-style-type: none"> <li>• Agency source system</li> <li>• Date on which data was submitted</li> </ul>	<ul style="list-style-type: none"> <li>• Highest education completed</li> <li>• Education completion date</li> </ul>	<ul style="list-style-type: none"> <li>• Employer</li> <li>• Employed start &amp; end date</li> <li>• Income</li> </ul>	<ul style="list-style-type: none"> <li>• Household relationship (parent/child for DCFS)</li> <li>• Household address</li> </ul>
Medical history	Person info	Placement history	Probation history	Program history detail (DPSS)	Program history
<ul style="list-style-type: none"> <li>• Primary care provider</li> <li>• Diagnoses code</li> <li>• Admission date</li> <li>• Funding source</li> </ul>	<ul style="list-style-type: none"> <li>• Race</li> <li>• Citizenship</li> <li>• Language preference</li> <li>• Veteran status</li> <li>• Homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Placement start &amp; end date</li> <li>• Placement type</li> <li>• Placement address</li> </ul>	<ul style="list-style-type: none"> <li>• Probation start and closing dates</li> <li>• Probation violation dispositions</li> <li>• AB-109 flag</li> </ul>	<ul style="list-style-type: none"> <li>• Participation in CalFresh (SNAP)</li> <li>• Participation in CalWORKs (TANF)</li> <li>• Payment amount</li> <li>• Disability status</li> </ul>	<ul style="list-style-type: none"> <li>• Program start &amp; end date</li> <li>• Program name</li> <li>• Program type</li> <li>• Program exit destination</li> </ul>

# Leveraging Data Linkages for COVID-19 Response

Responding to the crisis requires managing:

- **Increased needs** among County clients
  - Who are the clients who are experiencing increased needs in this crisis?
  - How do we improve care coordination to deliver needed services to them?
- **Increased risk** in the **interaction between clients and County workers**
  - Who are the clients / County workers who are at risk of spreading the disease?
  - How do we transform day-to-day interaction and service delivery to minimize risk?

Responding to the crisis requires collaboration across agencies and across sectors, including shared data

# How LA County Utilizes Data Linkages for COVID-19 Response

Identification of **homeless clients with COVID-19** to:

- Target contact / outreach efforts to those individuals
- Contact homeless shelters where they may be residing so they can take steps to prevent outbreaks / slow the spread

Data linked:

- Los Angeles Homeless Services Authority (LAHSA) – to identify homeless clients
- Department of Public Health (DPH) – to identify confirmed COVID-19 positive cases from Public Health laboratory data

# How LA County Utilizes Data Linkages for COVID-19 Response

Identification of **homeless clients with COVID-19** who are especially **vulnerable to complications from the disease** to:

- Intensify efforts for contact / outreach of individuals
- Prioritize care coordination / housing placement / other services for individuals with higher risk profiles

Data linked: LAHSA, DPH, and

- Department of Health Services (DHS) – to identify clients with co-morbidities and prior diagnoses that are risk factors for complications from COVID-19



# Other Potential Use Cases

- Expand current use case of identifying clients with COVID-19 to other sectors (social services, justice, child / family services) to identify clients where there is a need to:
  - Step up frequency of interaction between care managers to check-in with the clients to identify needs and deliver needed services
  - Make the check-in remote where possible
  - Prioritize certain services to contain spread of disease / minimize risk
- Use linked data to identify clients with increased needs for targeted outreach and service delivery

# Considerations in Utilizing Linked Data for COVID-19 Response

- Legal

- What kind of data can be shared in the event of a Public Health Emergency are different from business-as-usual situations:

*A covered entity may disclose PHI to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat, which may include the target of the threat*

- 45 CFR 164.512(j)(1)

- Consult your legal counsel

- Relationship-building

- Still important to build trust across different agencies
  - Trust in the data, trust that the resulting linked data will be leveraged well

# Thank you

Our contact information:

- Irene Vidyanti ([ividyanti@ceo.lacounty.gov](mailto:ividyanti@ceo.lacounty.gov))
- Ricardo Basurto-Davila  
([rbasurto@ceo.lacounty.gov](mailto:rbasurto@ceo.lacounty.gov))

# Q&A: Speakers



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*Director of  
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**Adam Perzynski**  
*Associate  
Professor of  
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**Irene Vidyanti**  
*Data Scientist*  
LA County  
Chief  
Information  
Office

# All In Peer Office Hours – Join Us!

- Save the Date: May 5<sup>th</sup> – 1 – 3p Central Time
  - Register for our first session using this link:  
<https://tinyurl.com/AllInOfficeHours1>
- Which of the following topic areas would be of most interest to at this time?
  - Go to Menti.com, code **83 08 79** to input your selection

# Stay Connected

- » Visit our website: [allindata.org](https://allindata.org) to learn more
- » Create your profile on the online community: [community.allindata.org](https://community.allindata.org)
- » Sign up for an Affinity Group here: <https://www.surveymonkey.com/r/AllInaffinitygroup>

Please fill out the evaluation survey as  
you close out of the webinar.  
Thank you!