



Lessons Learned: Using Data to Support Population Health

**Division of Data Management and Strategy
September 2020**

Objectives

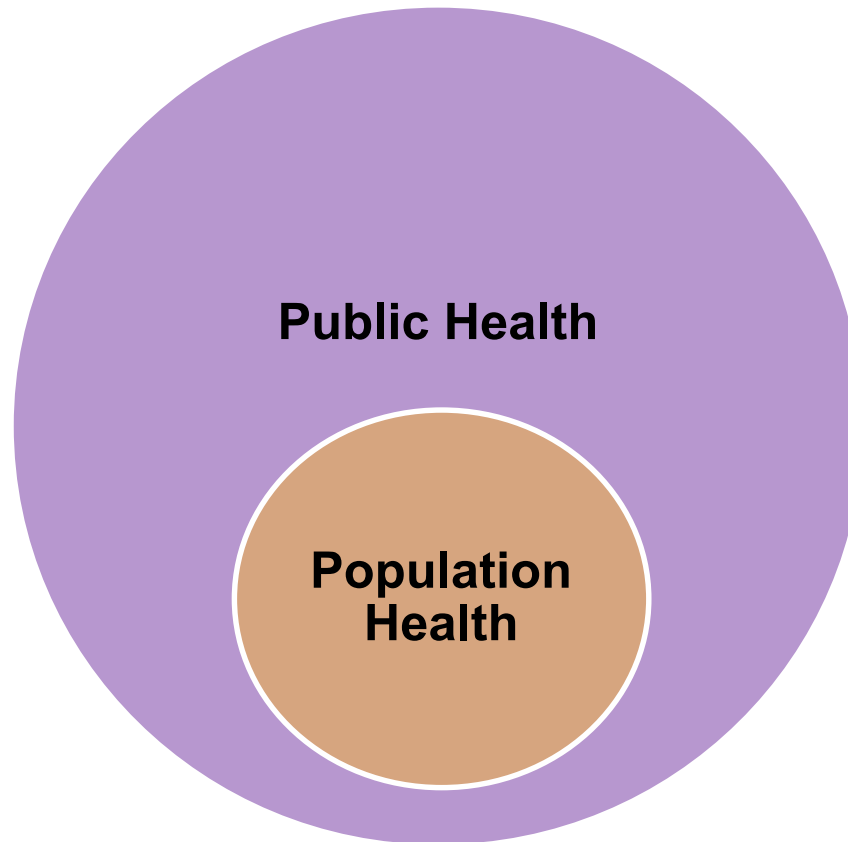
- Provide an overview of the meeting purpose and goals
- Discuss Center of Disease Control (CDC) considerations for using data to inform public health strategies
- Review OPWDD's efforts toward public health surveillance
- Understand the risk profile for individuals with developmental disabilities in New York

Overview

- The foremost concern regarding the recent COVID-19 public health emergency is the possibility of a resurgence in new infections after an initial decrease
- It is anticipated that the second phase may occur in various ways, including regional surges, isolated clusters or an overall increase across the population
- Due to the fact that there is less predictability of how cases will occur, there is greater importance on using experience and lessons learned to shape best practices and inform future policy decisions

Working Together: Public Health and Population Health

**Ensuring
health and
safety for
the
population
at large**



**Assessing,
understanding
and treating
individuals in a
population
group**

Center for Disease Control (CDC) Framework

Strategies and outcomes should be based on the best available data

Mitigation Strategies

- Promote behaviors that prevent spread
- Maintain health environments
- Maintain healthy operations
- Prepare for when people get sick

Outcomes

- Reduce exposure among individuals
- Reduce transmission
- Reduce burden on the health care system and enhance access to testing and tracking
- Minimize COVID-19 morbidity and associated mortality

Source: <https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluating-community-mitigation-strategies.html>



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OPWDD Data Focus

Using Data to Support Health and Safety and Preventing Transmission for Individuals with Developmental Disabilities

CDC Priorities

- 1 Inform decision-making about strengthening, focusing, and relaxing mitigation strategies
- 2 Understand individual and community factors that support or hinder mitigation behaviors

Source: <https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluating-community-mitigation-strategies.html>.

Also see New York data at:
<https://covid19tracker.health.ny.gov/>

OPWDD Actions

Trends

Public Health
Surveillance

Data-Informed
Decisions

Policies and
Guidance

Safety
Protocols



OPWDD Actions to Ensure Public Health Oversight

- OPWDD has been committed to reducing rates of infection and has engaged in several initiatives in response to this public health crisis, including:
 - Contact tracing
 - Expansion of crisis respite capacity
 - Risk stratified enhanced oversight for state and voluntary operated programs
 - On-site evaluation of PPE and safety protocols to ensure infection control procedures are being implemented
 - Monitoring of discharge planning by Regional Office, Care Coordination Organizations and providers
 - Ongoing daily data collection and reporting of confirmed COVID-19 positive cases and fatalities through the statewide incident management process
 - Issuing evidence-based guidance to the field consistent with the Department of Health guidelines

CDC Considerations for Second Wave

- Monitor disparities and social determinants of health and understand how different populations participate in and are affected by community mitigation strategies
- Effectively communicate information to the public based on culturally and linguistically appropriate strategies
- Ensure that the needs of disproportionately affected populations are met
- Strengthen community factors and outcomes related to epidemiology, healthcare capacity, social services, and public health capacity
- Disseminate lessons learned

Source: <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html>



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CDC Disability and Risk

- People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
- People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
- People who may not be able to communicate symptoms of illness

Source: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>



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Lessons Learned: Risk Factors for COVID-19

Using Descriptive Data and Frequencies to Support Population Health

- Four factors have emerged in potentially increasing risk based on data for individuals residing in certified group home settings:
 - Presence of any of ten high-risk medical comorbidities identified by the NYS Department of Health, with each additional comorbidity magnifying potential risk
 - Being 50 years of age or older
 - An Individual Services Planning Model (ISPM) score of 5 or 6
 - Higher health and adaptive needs (i.e., direct support need)
 - Residence or program located in an area of active community spread

Lessons Learned: Other Findings

Using Descriptive Data and Frequencies to Support Population Health

- Additional preliminary findings regarding potential risk based on data for individuals residing in certified group home settings:
 - Housing size and type of setting seem to impact COVID-19 positives cases and fatalities, but age revealed to be the likely underlying factor
 - Level of intellectual functioning (LOF) does not seem to be risk factors for COVID-19
 - No observable disproportionate impact in trends related to gender and race

Lessons Learned: Other Findings

Using Descriptive Data and Frequencies to Support Population Health

- Limitations of preliminary findings:
 - Reflects only individuals living in certified group home settings
 - Relies on descriptive data
 - Further statistical analysis is needed to assess the relationship between variables and identify conclusive findings regarding risk factors and to be able to generalize results
 - Further exploration is needed to examine the impact of the level of intellectual functioning versus adaptive functioning as well as potential population health disparities regarding gender and race

DISCUSSION

