Data Chats: Neighborhood Health Conditions and COVID-19


March 2021
Health “Data Chats” with Neighborhood Residents

Purpose

• Discuss COVID related data with residents and neighborhood organizations

• Ground-truth the data and promote data literacy at the neighborhood level

• Generate resident explanations and solutions to health-related problems

(2 Socially-distanced and 9 Virtual)
September 2020– January 2021
Average of **17 years** living in the neighborhood!!

- **11** neighborhoods
- **112** residents
- **1,897** years of collective resident experience
- **16** data points
- **162** suggestions and recommendations!

- **52%** African American
- **34%** Latino
- **13%** White
- **1%** Asian
- **71%** female
- **29%** male

- **2%** under age 25
- **55%** 25-54
- **42%** 55 +

- **3** Saturday mornings
- **8** early evenings
- **3** bi-lingual

- **9** virtual meetings
- **2** socially distanced
The Process:

Looking at neighborhood level data:
- Basic demographics
- Neighborhood and resident characteristics
- Prevalence of underlying health conditions

We asked:
- How are these related to COVID?
- How do the numbers reflect your reality?
- What should be done?
1. Age-related data generated stories of different burdens and intergenerational conflict.

- Original messages focusing on older adults were misleading.
- Multi-generational households are especially challenged.
- Seniors are caring for children while parents work.
- Stress of homeschooling hits all ages.
- Youth don’t heed warnings.
- Older adults have different understanding of immunity and vaccines.
- Elderly residents are especially isolated and challenged to connect virtually.

![A look at age](chart.png)

- 13% Age 55+
- 36% Age 25-54
- 51% Children/Young 0-24
2. Data on employment sector and access to transportation brought conversations of concern and inequity.

- Essential workers more likely to be exposed to risk.
- Many in their neighborhoods don’t have the “luxury” of working from home or social distancing.
- Taking public transportation and carpooling lead to greater exposure and increased frustration:
  - People are late for work because of bus rider limits
  - Mask wearing is not enforced on public transportation
- There are added challenges managing children’s schooling/childcare
- Service workers are called “heroes” but not paid as such or even prioritized for vaccine.
3. Residents were disturbed--but not surprised--by the prevalence of underlying health conditions in their neighborhood. When they compared it to their reality, they felt the numbers were low.

- In most neighborhoods, prevalence of high blood pressure and diabetes were above the city average.

- Prevalence of these underlying conditions was higher among their identified neighbors and friends than the data suggested.

- There were simple practical suggestions for improving health in their neighborhoods.
4. All conversations raised the issue of mental health, but the emphasis was greater in the more recent data chats.

- Residents raised cultural beliefs and norms associated with the stigma of mental illness, and reluctance to talk about it.
- Isolation causes additional challenges for:
  - those with addiction issues
  - people returning from prison and
  - those not connected to the internet.
- Many work environments are not safe, but people cannot give up their jobs.
- Other sources of anxiety and depression were:
  - Stressors of homeschooling for children and caregivers
  - Lack of health insurance
  - Increased scrutiny from child protective services
  - The grief of losing loved ones and being unable to afford funerals or mourn with social support.
- Challenges are compounded by neighborhoods already stressed by poverty, the pandemic, and structural racism.

Source: US Census Household Pulse Survey, September 2020. Data are collected at the state level and represent the national average.
Resident Suggestions and Recommendations

Short term
- Check on neighbors—phone bank, mutual aid, distribute information and resources
- Continue to be vigilant with masks, handwashing, social distancing
- Recognize residents as resources
- If you are sick, stay home, call your doctor
- Get reliable sources of information—CDC and Health Department
- Watch nutrition and increase exercise
- Increase intergenerational programming
- Reduce the stigma of mental health
- Get the vaccine when its available

Long term
- Learn more about prevention, and holistic care.
- Increase exercise and good nutrition.
- Create health clinics in the neighborhood with accessible hours and non-intimidating screenings
- Establish an ongoing relationship with a trusted primary care physician or nurse practitioner
- Create jobs with living wage and health insurance
- Vote
- Hold leaders accountable
The Payoff:

➢ Residents and organizations welcomed the opportunity to come together around the data and wanted to continue the conversation and expand in their own networks.

➢ DYCU produced a presentation kit with data digest, slides and script, worksheets, and translated materials as appropriate.

➢ Data digests were used in Public Health planning class and graduate students developed health promotion “pitch presentations” that were shared with neighborhoods.

➢ The project generated requests and support for health data digests and data chats in three additional neighborhoods.

➢ Data and project ideas have been shared with elected officials, funders and health care partners.

“For [residents] to secure COVID testing in the neighborhood was absolutely INCREDIBLE! Everyone was talking about it. Yes, the data has allowed several conversations to be “legitimate.”
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What did neighborhood partners have to say about the Data Chats?

Neighbors felt heard and included

“People commented that they ‘knew’ the information but seeing the data made it seem more real or validated what they knew. It was as if someone finally ACKNOWLEDGED what residents were experiencing…”

“We appreciate the forum to express our concerns. Venting is needed during this time.”

“Continue to offer validation moments...there was a question about what people believed or experienced. THEN the data was shared. That was a great activity. It provided a different feel instead of an expert telling me about the bad things in MY life.”

“Many residents appreciated that the data chat was translated into Spanish.”

Neighbors are eager to learn more

“Please consider having more of these discussions.”

“Neighbors requested links to the data so they could continue learning.”

“Is there a way to present assets too? We don’t spend a lot of time talking about the good things in the neighborhood.”
References


• Covid 19 reports for each neighborhood available at https://www.datayoucanuse.org/covid-19-health-conditions/

• Presentation Kits (please contact Amy@datayoucanuse.org)

• Neighborhood Data Portraits – available at https://www.datayoucanuse.org/reports/download-category/neighborhood-portraits/