



SENTINEL COMMUNITIES INSIGHTS

Spotlight on COVID-19

Emerging themes across communities

July 2020

Table of Contents

Introduction	3
Overview: Cross-Community Findings	3
The Value of a Pre-COVID-19 Focus on Health and Well-Being	4
The Role of Cross-Sector Collaborations for Health and Well-Being	5
Using Data Systems to Monitor the Pandemic	6
The Role of Orientation and Actions Related to Health Equity	7
Conclusion and Insights	9

Cover photo: AP Photo/Mary Altaffer

Since 2016, the [Sentinel Communities project](#) has monitored activities on health, well-being, and health equity across 29 communities.¹ As the nation confronts the impact of the COVID-19 pandemic and the legacy of racial inequities that the disease highlights, it is an opportunity to review how diverse communities across the United States are planning for, mitigating, and recovering from the effects of the pandemic.

This project takes a deeper look at nine of the Sentinel Communities and explores how prior efforts to address health and health equity, along with the relative impact of COVID-19 in each community, have influenced whether and how each community has responded to this pandemic. Information is quickly evolving and findings in this first report and the corresponding nine Sentinel Community summaries describe community responses to COVID-19 through early June 2020. Future reports, developed every few months, will further document the response and recovery of these communities.



Overview: Cross-Community Findings

The responses to COVID-19 detailed in this report summarize how nine of the Sentinel Communities have been affected by the pandemic and how each has handled the challenge presented by the disease. The nine communities include: [Finney County, Kan.](#); [Harris County, Texas](#); [Milwaukee, Wis.](#); [Mobile, Ala.](#); [San Juan County, N.M.](#); [Sanilac County, Mich.](#); [Tacoma, Wash.](#); [Tampa, Fla.](#); and [White Plains, N.Y.](#)

Previous [Sentinel Communities reports](#) have already provided insights about the state of health in each of these communities and the investments that each was making to promote health and well-being. A challenge as catastrophic as a pandemic invokes questions about how pre-investments mattered in the early days and months of the COVID-19 response in either mitigating the effects of the disease or exacerbating health inequities.

While it is too soon to conclude anything about the disease trajectory and its long-term impacts in each community, the activities between March and early June 2020 provide a first glimpse into community actions and what those choices may mean for the community's ability to recover over the next several months.

A challenge as catastrophic as a pandemic invokes questions about how pre-investments mattered in the early days and months of the COVID-19 response in either mitigating the effects of the disease or exacerbating health inequities.

¹ The Sentinel Communities are: Adams County, Miss.; Allegheny County, Pa.; Baltimore, Md.; Butte, Mont.; Danvers, Mass.; Finney County, Kan.; Granville County, N.C.; Harris County, Texas; Louisville, Ky.; Maricopa County, Ariz.; Midland, Texas; Milwaukee, Wis.; Mobile, Ala.; Monona County, Iowa; New Haven, Conn.; North Central Nebraska, Neb.; Oklahoma; Oxford County, Maine; Rexburg, Idaho; San Diego County, Calif.; San Juan County, N.M.; Sanilac County, Mich.; Stockton, Calif.; Tacoma, Wash.; Tampa, Fla.; Tennessee; Toledo, Ohio; Vermont; White Plains, N.Y.

In reviewing the impact of and response to COVID-19 in nine communities, a few themes have emerged that differentiate community response:

- Value of a community's interest and focus on health and well-being before COVID-19
- Role of cross-sector collaborations for health and well-being in response efforts
- Use of data and systems to effectively monitor and track the course of the disease
- Role of a community's perspective on and actions to address health equity and meet the needs of historically underserved populations.

This is the first of four reports that examine COVID-19 impacts across these nine communities. Because communities have had different experiences with COVID-19 (e.g., differing numbers of cases, faster or slower spreads, different health and economic impact), how communities have responded must be viewed in that light. The type of response can change with changing community impacts and these reports will track such changes over time.

The Value of a Pre-COVID-19 Focus on Health and Well-Being



Communities that prioritize the promotion of health and well-being often adopt a holistic approach to health, inclusive of the social determinants of health (e.g., affordable housing, access to healthy food, safe neighborhoods) and a broader understanding of the interconnection of physical, emotional, and social well-being. These nine Sentinel Communities varied considerably in their pre-pandemic approaches to health, which were reflected in how leaders talked about health, the extent to which businesses and other sectors worked together to improve health, and how resources were allocated.

- For instance, while **Sanilac County** has invested in improving access to health care, one of the community's long-standing challenges has been a lack of resident engagement and activism around broader issues of health, well-being, and equity.
- On the other hand, **Milwaukee** has fostered dialogues and discussions around these issues, working to ensure that health is broadly conceived. For example, Milwaukee focuses on lifting up the voices of traditionally underserved populations and has linked conversations of collective trauma with health.
- **White Plains** has demonstrated a relatively strong understanding of the broader drivers of health and the value of linking stakeholders across sectors (e.g., business, social services) to promote health and well-being across the city.

These nine Sentinel Communities varied considerably in their pre-pandemic approaches to health, which were reflected in how leaders talked about health, the extent to which businesses and other sectors worked together to improve health, and how resources were allocated.

Differences in how leadership and residents think about health and well-being in these three communities have shaped the community responses during the first three months of the pandemic.

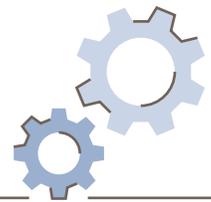
In Sanilac County, concerns about the pandemic largely relate to the financial effects of not having the same level of seasonal and retail traffic to boost the local economy. The community has responded to the immediate needs presented by the pandemic, such as providing assistance to those who do not have access to food. But there has not yet been a larger community push to elevate the importance of COVID-19.

Usually, those priorities are expressed in the language of government and community organizations' websites, statements from leaders, and/or ties to pre-pandemic health initiatives in the community. These types of community conversations and messaging generally underscore a shared sense of health responsibility or impact. Such messaging was more common in Milwaukee and White Plains. Although both communities experienced greater numbers of COVID-19 cases compared to Sanilac County, their community responses also may reflect a pre-pandemic commitment to health and well-being.

- In **Milwaukee**, community organizations, including philanthropies, have been discussing social determinants of health and the need to tie factors such as economic opportunity and criminal justice reform to community health. Those messages appear useful to the current pandemic response because the city is assuming a more holistic response to the impacts of COVID-19 across health, economic, and social outcomes, as evidenced in public officials' and other community leaders' statements.
- **White Plains'** government leadership has been promoting the interconnections of health care and social services that drive well-being, like food assistance, and has been expressing support for efforts that promote social cohesion and health, such as neighbor-to-neighbor connections.

Differences in how leadership and residents think about health and well-being in these three communities have shaped the community responses during the first three months of the pandemic.

The Role of Cross-Sector Collaborations for Health and Well-Being



Communities that prioritize health and well-being also tend to be characterized by the activity of cross-sector collaborations that include hospitals and health providers as well as other organizations, like businesses, schools and universities, and human services agencies. The value of those coalitions and collaboratives pre-pandemic is visible as a facilitator in initiating COVID-19 response.

- For example, **Harris County** has benefited over the past several years from a focus on collaboration among nongovernmental organizations and the active engagement of the business community in support of health.
- In **Tampa**, health and social service agencies have partnered on community health needs assessments. Local institutions—from sports teams to universities—have partnered to invest in a healthy approach to developing the downtown area of the city.

The value of those cross-sector coalitions and collaboratives pre-pandemic is visible as a facilitator in initiating COVID-19 response.

When looking at those two Sentinel Communities through the lens of COVID-19, we observe the potential benefits of those pre-pandemic collaboratives.

- Health agencies in **Harris County** have been using the pre-COVID-19 collaboratives, particularly those that bridged government, nonprofits, and academia, to drive everything from COVID-19 testing to providing mental health and social services support. The multisector collaborations that Harris County boasted prior to the pandemic have been helpful in mobilizing quickly to address the needs of particularly vulnerable populations, including bridging service gaps in neighborhoods where there is limited access to health care providers.
- **Tampa** has also benefited from pre-pandemic collaborations, specifically from anchor institutions such as the University of South Florida, which was able to set up disease surveillance systems to support the community's response. In addition, Tampa has been able to rapidly coordinate a significant community fund from private investment that has helped keep nonprofits in business. Those nonprofits are essential to providing social services (e.g., income assistance, food assistance) to those most in need.



Using Data Systems to Monitor the Pandemic

Data collection and reporting have been critical to addressing two key questions related to pandemic response:

- Can communities monitor cases and associated outcomes to aid timely policy and resource allocation decisions?
- Can communities disaggregate data by factors such as race/ethnicity in order to inform efforts to address those populations that are most vulnerable?

The concern around data capacity and data quality has been a national conversation during the first several months of the pandemic and has exposed weaknesses in local and federal systems. The experiences of these nine Sentinel Communities are exemplar of the challenges across the United States.

Prior to the pandemic, some of the Sentinel Communities had fairly robust epidemiological surveillance activities—like in Milwaukee, Harris County and Mobile—housed within local health departments. Other communities had dashboards or websites that captured data on community needs assessments, like in Tampa.

However, some of the smaller communities—Finney County and Sanilac County—have tracked health outcomes of residents, but not nearly as comprehensively, and not with the reporting capabilities observed in other communities that may have had more resources or more well-established platforms for pursuing the ongoing monitoring and tracking of health and well-being.

During this pandemic, data infrastructure divides are apparent.

- For instance, **Milwaukee, Harris County, and Mobile** have dashboards that draw in information about COVID-19 cases and link to state data. In these communities, information is disaggregated by age, gender, and race/ethnicity, as well as some data by geography within the city, such as by ZIP code, allowing for more granular analyses by other aspects of vulnerability. In addition, there are news releases and/or website updates that highlight and link to the data and data updates.
- On the other hand, **Finney County** is able to track case counts and offer information by age, but there is no information on cases by race/ethnicity, or other demographic factors. This is particularly challenging, given the large immigrant population in the county.
- **San Juan County** has faced related data barriers. The Navajo Nation reservation, situated largely within San Juan County, has been significantly affected by COVID-19. The county tracks some of these cases and the Navajo Nation separately tracks health impacts, making accurate estimates of cases and fatalities difficult to parse, given some discrepancies in information.

Overall, most communities—even those benefiting from pre-existing data platforms—are not tracking health, social, and economic impacts together. This makes it difficult for communities to develop a comprehensive, side-by-side picture of pandemic effects to guide policy decisions, especially when those decisions have to weigh health and economic tradeoffs, such as decisions to reopen sectors of the economy.

Overall, most communities—even in those benefiting from pre-existing data platforms—are not tracking health, social, and economic impacts together. This makes it difficult for communities to develop a comprehensive, side-by-side picture of pandemic effects to guide policy decisions.

The Role of Orientation and Actions Related to Health Equity



Issues around health equity were already resonant before COVID-19 as communities struggled to address differential experiences of health and access to the opportunity to be healthy. The pandemic magnifies those concerns and has been disastrous for some populations, specifically populations of color. The [pre-COVID-19 landscape](#) in the nine Sentinel Communities around health equity is quite instructive for informing community response to these issues during the pandemic.

As noted in a September 2019 Sentinel Communities community insight report on health equity, communities can generally be categorized in three ways with respect to their health equity orientation:

- Those communities focusing on traditional health activities to address health disparities
- Those communities pursuing broad policies to improve economic or educational determinants of health
- Those communities pushing further upstream to recognize historical and systemic threats to health equity.

Given calls in recent months to dismantle systemic racism, these different approaches to addressing health equity remain relevant.

- For instance, before the pandemic, **Tacoma** was pushing aggressively to address upstream, systemic drivers of health equity through the establishment of an Office of Equity and Human Rights to address equity in all city policy decisions.
- **San Juan County** had structures in place to address deep-seated issues of racism and discrimination, particularly related to Hispanic residents and members of the Navajo Nation, though it was making slow progress.

Other health equity efforts were comparatively nascent. Tampa was just getting underway with an Office of Health Equity in its local health department prior to COVID-19. **Mobile** had not explicitly prioritized health equity prior to the pandemic, with no entity taking the lead on community-level change.

As the first few months of the pandemic have played out, these differences have been notable in communities' respective COVID-19 responses.

- For instance, in **Tacoma**, regular updates on COVID-19 cases disaggregated by race/ethnicity, coupled with discussions of inequities related to the pandemic around job loss and access to basic necessities like housing and food, have helped to amplify the call for a greater emphasis on health equity. Compassionate Tacoma charges residents to practice compassion in large and small ways to make Tacoma a more welcoming, resilient, and connected community, which aligns well with the need to address equity concerns related to COVID-19.
- The New Mexico Health Equity Partnership has been calling out many of the structural barriers, like remote populations and infrastructure issues, that may be driving differential access to COVID-19 testing and contact tracing as well as varying experiences of the disease. However, a community-wide commitment to addressing equity specifically within **San Juan County** has not been observed.
- While **Tampa's** Office of Health Equity provides a range of equity-related information on its website, at the time of this report it had not provided guidance or information on its website specific to health equity in the context of COVID-19.
- While there are significant disparities by race/ethnicity in its COVID-19 cases, it is unclear yet if **Mobile** will increase its explicit focus on health equity going forward and what shape that will take.

Conclusion and Insights

Though we are still in the early months of the COVID-19 pandemic, communities are starting to look toward recovery. As the nine communities featured in this report exemplify, strategies for tracking COVID-19 infection rates, responding to impacts on community health and the economy, and addressing the differential burden of the pandemic on vulnerable populations vary significantly across the country.

Pre-pandemic investments in holistic approaches to health, cross-sector collaboratives, data systems, and actions to promote health equity have shaped individual community approaches and early responses. As monitoring continues, future reports—with the next slated to be released in fall 2020—will continue to document the effects of these strategies within the context of each Sentinel Community and what these effects mean for timely and equitable recovery.

Pre-pandemic investments in holistic approaches to health, cross-sector collaboratives, data systems, and actions to promote health equity have shaped individual community approaches and early responses.
