

2021

Intergenerational
Welfare Reform
Commission &
Advisory Committee



Joint Commission & Advisory Meeting | September 28, 2021

IGP Commission & Advisory Committee Meeting

***Tuesday, September 28, 2021
10:00am-12:00pm***

Members of the Public can join in person or via Zoom Meeting Link:

Please click the link below to join the webinar:

<https://www.zoomgov.com/j/1602998651?pwd=MVd1V0Y5Q1gydTVNOXFyMVZRYU9YZZ09>

Passcode: 404830

Webinar ID: 160 299 8651



Today's Agenda

- I. Welcome..... Casey Cameron
- II. Approval of 4/14/21 IGP Joint Meeting Minutes..... Casey Cameron
- I. Trauma Informed Center Update..... Mary Beth Vogel-Ferguson, Sarah Shea
- II. IGP Annual Report 2021..... Britnee Johnston
- III. Longitudinal Research 2021..... IGP Research Subcommittee Leads
- IV. Other Business and Public Comments
- V. Adjourn



Welcome

Member Introductions and Roll Call

*IGP Welfare Reform Commission
IGP Advisory Committee Meeting*



Approval of Meeting Minutes

4/14/2021 IGP Welfare Reform Commission/IGP Advisory Committee Meeting



**TRAUMA-INFORMED
U T A H**

PROJECT UPDATE

Sarah Shea, CSW
Trauma-Informed Utah Initiative
Project Manager, TIU Initiative

Mary Beth Vogel-Ferguson, PhD
Social Research Institute, University of Utah
Former Chair, Resilient Utah Subcommittee

Intergenerational Poverty Mitigation Act

- Enacted by Utah State Legislature in 2012 General Session
- Created: **Intergenerational Welfare Reform Commission**
Chair: (former) Lieutenant Governor Cox



Members: Executive Directors of DWS, DOH, DHS, State Sup. of Public Ed, State Juvenile Court Admin.

Initiated: "Trauma Subcommittee" → Resilient Utah Subcommittee

The charge:

"Make Utah a Trauma-Informed State"



Resilient Utah - Statewide Survey (2018-2019)

Survey Focus:

- Current trauma – informed activities; support needs
- Explore prevention work of the agency/organization



Scope: Statewide, multiple sector

Sample: **644** surveys completed / **209** partially completed

Findings:

- 76.1%** want to participate in trauma-informed collaborations
- Specific support needs identified:

Education; Training; Networking; Organizational change



Resilient Utah - Concept Proposal (August 2019)

Resilient Utah, a subcommittee of the Intergenerational Welfare Reform (IGWR) Commission, **recommends that the IGP Commission support the creation of the “Center for Resilient Utah (CRU).”**



This statewide, state supported CRU would provide **coordination and technical assistance** critically needed to move Utah toward becoming a trauma-informed state.

CRU would be dedicated to **improving the well-being and productivity of all current and future generations of Utah families** by implementing trauma and resiliency informed approaches.



A shift in leadership:

Trauma as a IGP issue . . .

. . . to a Public Health issue



With DOH support: *The Trauma-Informed Utah Initiative is launched!*



TRAUMA-INFORMED U T A H

Est. September 2020



TIU Planning Committees

CENTER DEVELOPMENT

- Entity "type"
- Staffing structure
- Potential partnerships
- Budget outline

CENTER SCOPE

- Service domains
- Indicators/metrics
- Strategic planning for service domains

CENTER RESEARCH

- Assessment tools
- Evaluation metrics
- Local research partnerships / projects



Over 80 community partners participated!



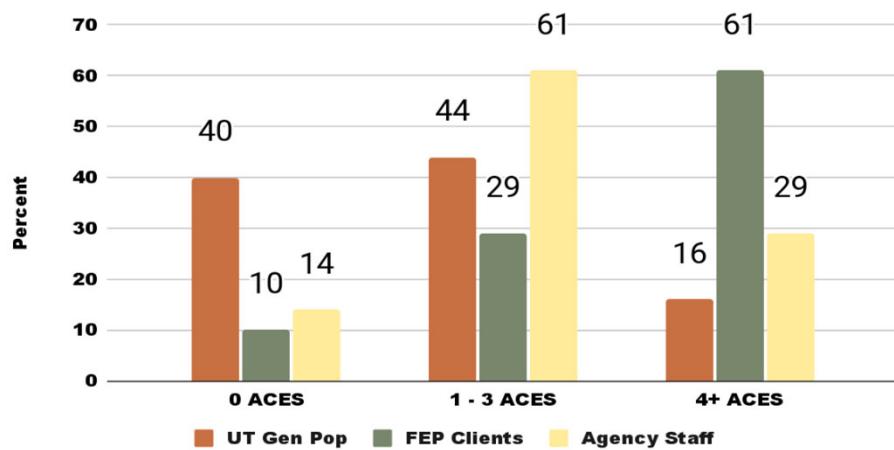
Over 80 community partners participated:

- BYU (2)
- Canyons School District
- Casey Family Programs
- Church of Jesus Christ of Latter-Day Saints
- Davis County Health Dept.
- Davis County School District
- UT Dept. of Public Safety
- UT Dept. of Workforce Services
- Div. of Child & Family Services
- UT DSAMH (2)
- Friend of the Children, Utah
- Huntsman Mental Health Inst.
- Intermountain Healthcare (2)
- Trauma Survivor/ Advocate (2)
- Journey of Hope
- NAMI Utah (2)
- UT Office of Domestic & Sexual Violence
- Pacific Island Knowledge 2 Action
- Park City School District
- Rape Recovery Center
- Ret. Pediatrician/Advocate
- Rural Utah Child Development
- SL Co. District Attorney's Office
- San Juan School District
- Survivor/Child Advocate
- The Children's Center
- The Family Place
- The Sojourner Group
- United Way of Salt Lake
- United Way of Utah County
- University of Utah (6)
- University of Utah Health
- University of Utah Pediatrics (2)
- Utah Community Action
- Utah Community Builders
- Utah Department of Health (5)
- Utah Dept. of Human Services (5)
- UT Dept. Juvenile Justice Services
- UT Office for Victims of Crime (3)
- Utah State Board of Education (3)
- Utah State Courts
- UT State Legislature, House of Representatives
- Utah State University, Logan
- Utah State University, Moab
- Volunteers of America
- Westminster College
- YWCA Utah



Why It Matters...

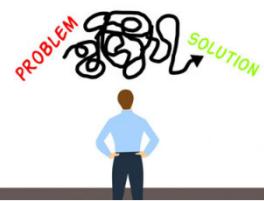
Utah ACEs Data - 2018



Framing the Issue: What we know (need)

Utahns are a **strong** and **resilient** people, **AND**:

- We have not escaped the impacts of adversity, toxic stress and trauma
 - High rates of suicide and opioid misuse
 - 60% of adult Utahns report one or more ACE (BRFSS, 2018)
- The human and economic costs of traumatic experiences are high
- Systems can unintentionally re-traumatize clients
- Service providers across Utah are seeking help



Why It Matters...

- **Trauma has significant economic and human costs**
 - The average total charges per year for ED visits and hospitalizations for suicide attempts were \$34.8 million for Utahns.
 - Each substantiated case of child maltreatment costs an estimated \$830,928 over the victim's lifetime.
- **Service providers want help** - statewide survey '18-'19
- **This effort builds on strong initial efforts:**
 - Governor and First Lady Cox
 - Utah State Legislature
 - State Agencies



SAMHSA's Trauma-Informed Approach

A program, organization, or system that is trauma-informed:

- *realizes* the widespread impact of trauma **AND** understands potential paths for recovery (and prevention);
- *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *responds* by fully integrating knowledge about trauma into policies, procedures, and practices,
- and seeks to actively *resist re-traumatization*.

(SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014)



Impacts of COVID-19

- **Increased need to develop & enhance leadership skills**
 - Enhance peer support network for decision-makers
 - Enhance policy / community approaches in response to crisis
 - Enhance program-level supports to ensure organizational health
- **Increased need to support frontline staff**
 - Address impacts of personal, individual stress levels
 - Address impacts of demand from clients
 - Address impacts of secondary trauma

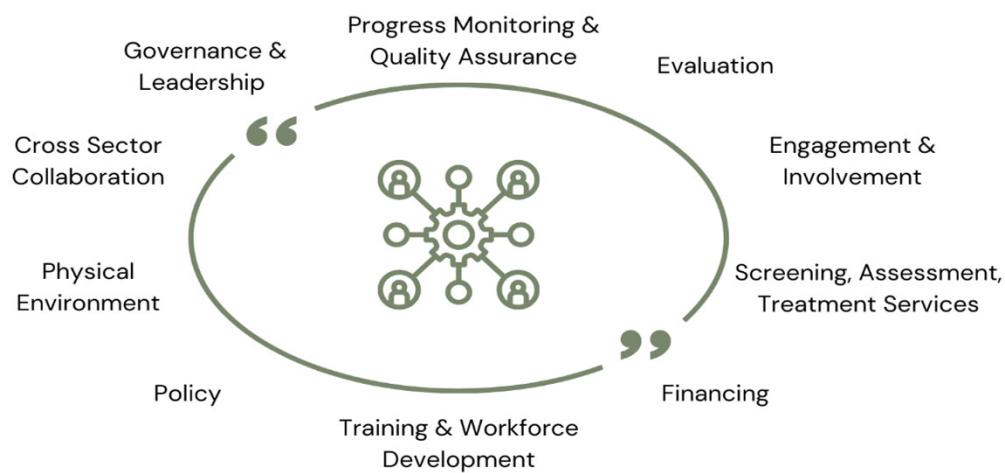


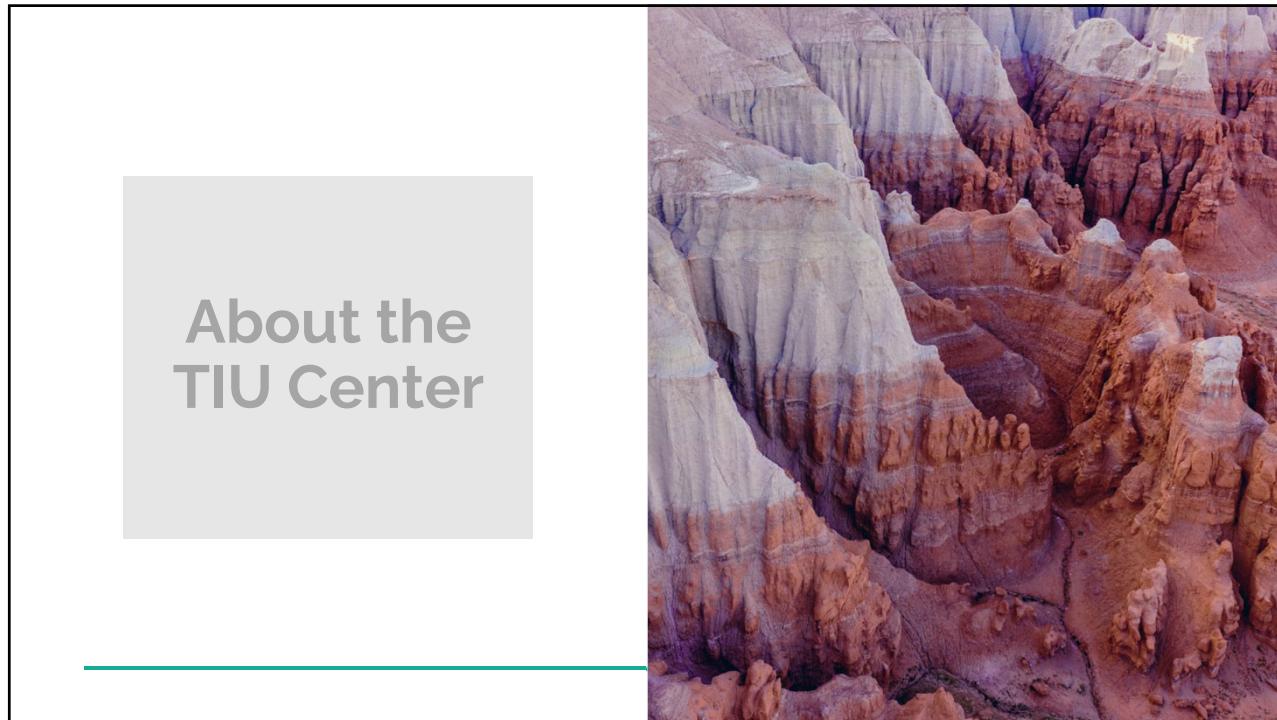
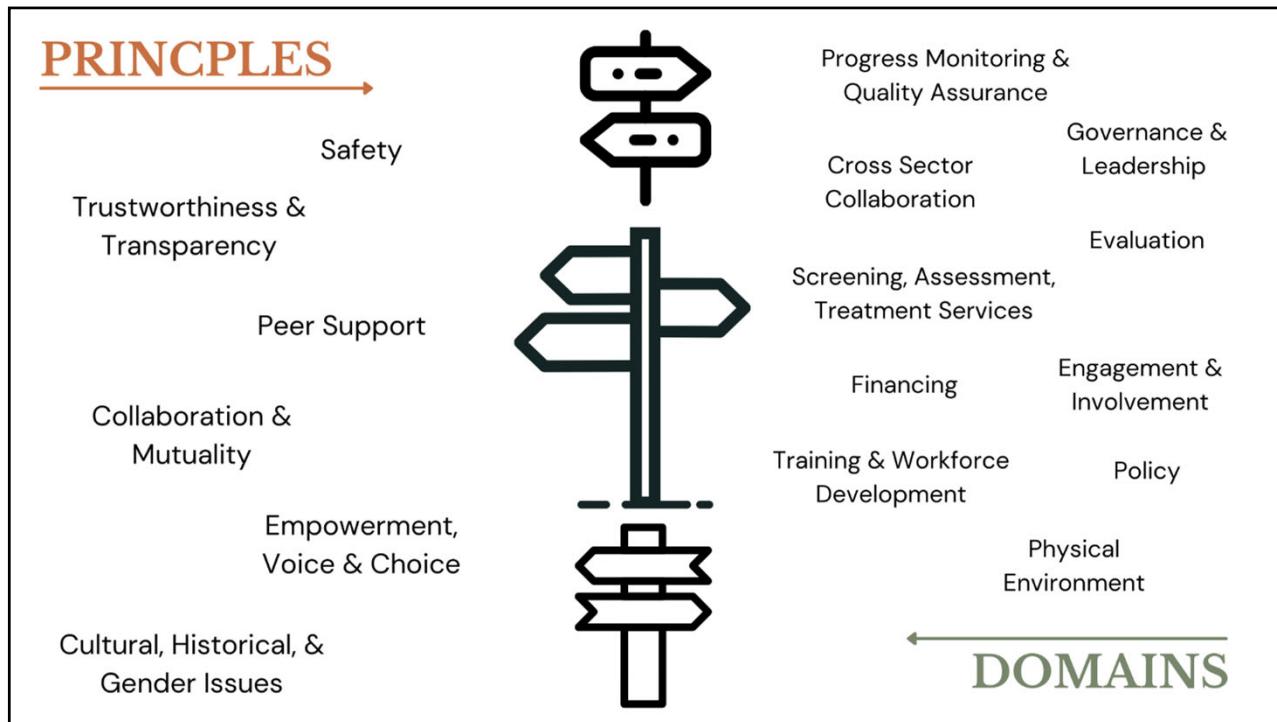
RESPONDS by fully integrating knowledge about trauma into policies, procedures, and practices;

Six Key Principles of Trauma-Informed Approach



10 Implementation Domains of the Trauma-Informed Approach





Purpose

- **Respond to requests** for services and community needs
- Connect sectors and entities **across Utah**
- **Reduce duplication of effort** for agencies and organizations seeking to integrate trauma-informed approaches
- **Partner with and support existing prevention efforts** aimed at reducing adversity and increasing community resilience.

TIU Center is **NOT** designed to provide direct services to individuals or families! Instead, the TIU Center will help organizations who serve them!



Multi-sector Reach



Industry



Faith



Business



Education



Government Agencies



Healthcare

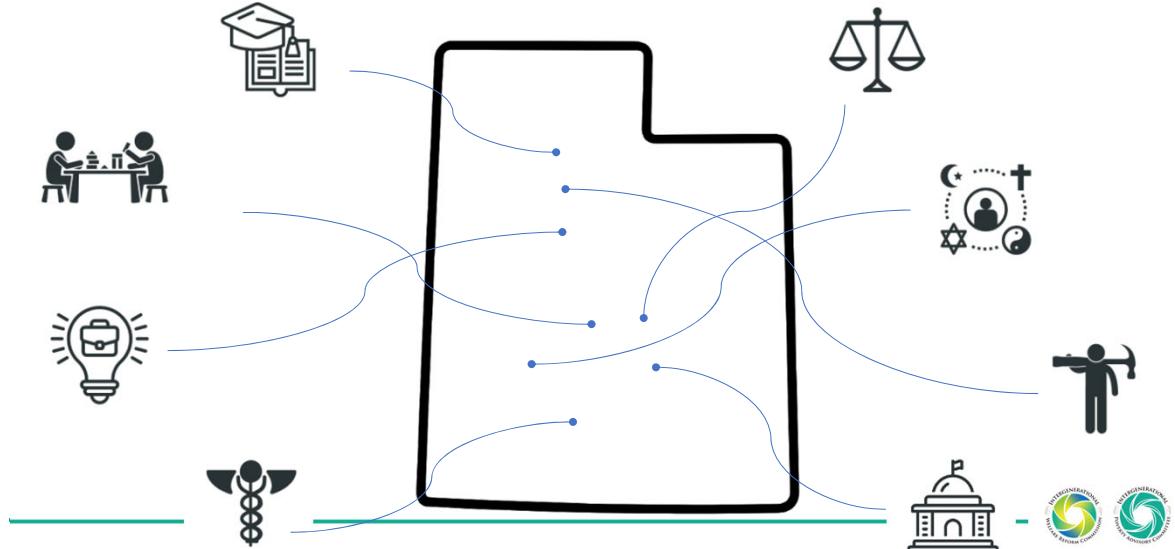


Childcare



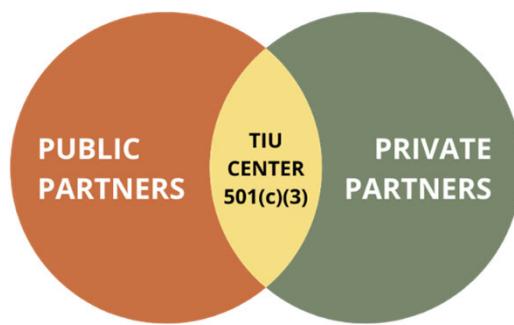
Criminal Justice

.... Statewide Reach



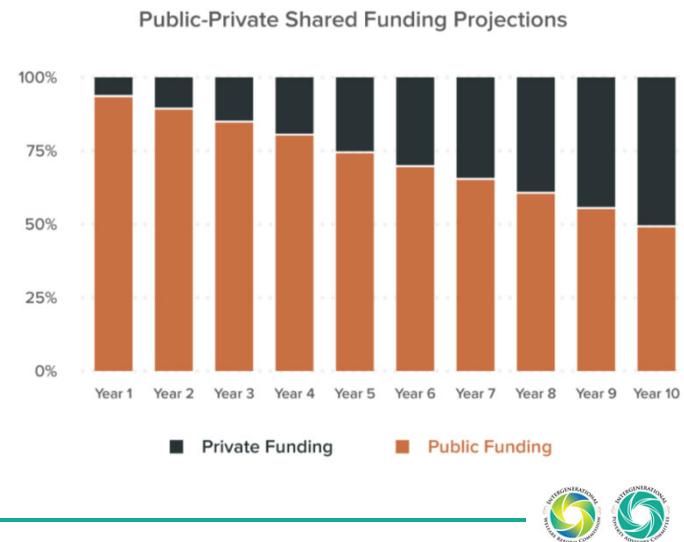
Structure

- **Public-private partnership model**
- Administrative body = **independent 501(c)(3) corporation**
- Structure Benefits
 - Independent mission
 - Supports sustainability
 - Maximize access to services *and* financial partnership



Shared Funding Model

- State dollars support initial development phase
- Ultimately, public-private partnership reflected in 50-50 shared funding model
- Shared funding reflects public and private commitment to this work



Four Service Areas



Education



Community Networking



Technical Assistance

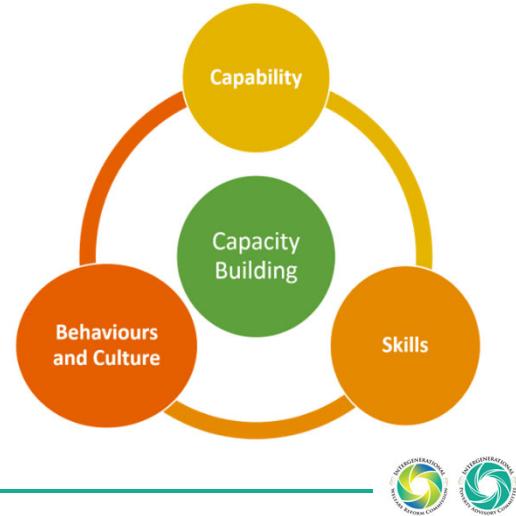


Research



PRACTICAL APPLICATION: Trauma-Informed Champions Academy

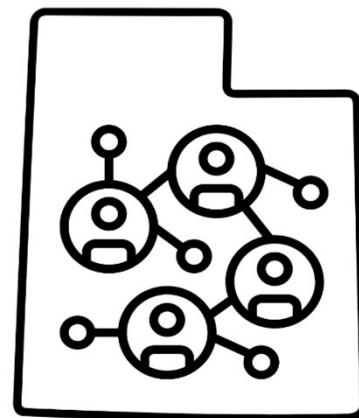
- Provide training to increase capacity for implementing trauma-informed approaches within agencies/organizations
- Goal is for organizations to be self-sustaining and supported by expertise from within



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PRACTICAL APPLICATION: Trauma-Informed Community Chapters

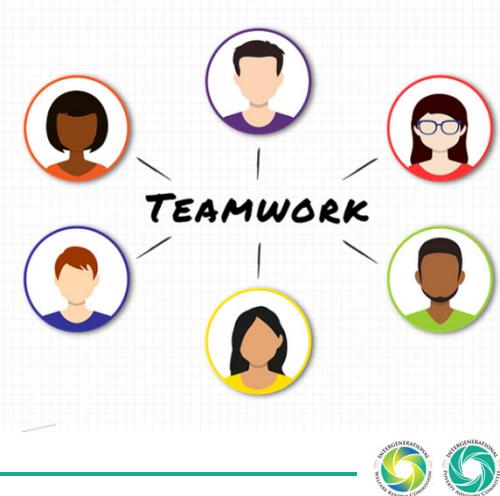
- Partner with existing local coalitions OR establish local networking groups to increase TIU service capacity
- Technical assistance and education can be tailored to communities and, ultimately, be locally self-supported



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PRACTICAL APPLICATION: Sector Workgroups

- Sector-specific workgroups will further support TI implementation
- Long term goals:
 - Increase self-sustaining capacity of ongoing TIA implementation
 - Develop peer networks to reduce need for TIU staff support



PRACTICAL APPLICATION: Research Subcommittee

- Multi-disciplinary approach to research, data gathering, resource sharing, material vetting, etc.
- Expand capacity to understand impact of TIA in community and organizational systems



utah department of
human services



Current Status of Initiative

Registered Utah domestic not-for-profit corporation

Submitted Application for federal 501(c)(3) tax exempt status

Continued Community Engagement

- Sharing proposal with community stakeholders
- Ongoing TIU Task Force meetings

Reconnect with IWRC!!!



For Your Consideration:

1. Do you support Utah in becoming a more trauma-informed state?
2. Do you support the idea of moving forward with the development of the Trauma-Informed Utah Center?
3. What suggestions do you have regarding the most effective ways to move the effort forward?





IGP Annual Report 2021

Britnee Johnston
Utah Department of Workforce Services
Workforce Research & Analysis Division



What does the cycle of poverty look like in Utah?

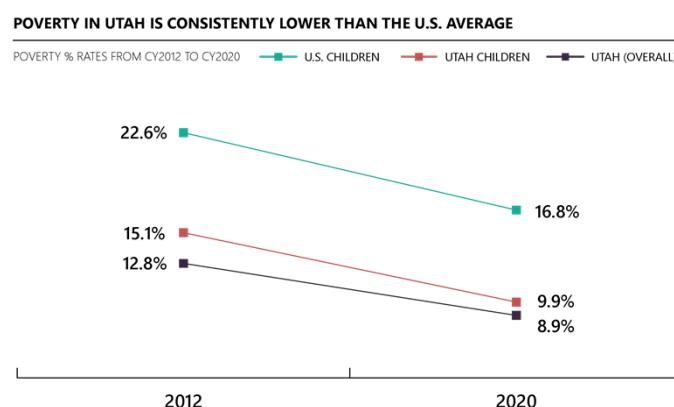
To better understand the cycle of poverty, we must **first understand poverty in general and the opportunity available** in Utah.

Utah has one of the lowest poverty rates in the country. It is also known as one of the **best places to live in the U.S. for upward mobility**, and it also ranked 4th for child well-being.

Utah is in the best position to help individuals escape poverty and climb the economic ladder.



1 in 10 Utahns are experiencing poverty



Source: U.S. Census Bureau, 1-Year ACS data, 2012 and 2020



What is intergenerational poverty (IGP)?



Situational poverty is temporary that is usually caused by divorce, job loss or death of a family member.

In Utah, **IGP is defined as multiple generations of participation** in any one of the following public assistance programs:

- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid/CHIP
- Child Care subsidies
- Financial assistance (TANF)

IGP is experienced by all types of people, of all ages, and is found throughout the state.



Public assistance participants experiencing IGP



29% Adults

who are public assistance participants
were IGP adults
(Same as 2019)

24% Children

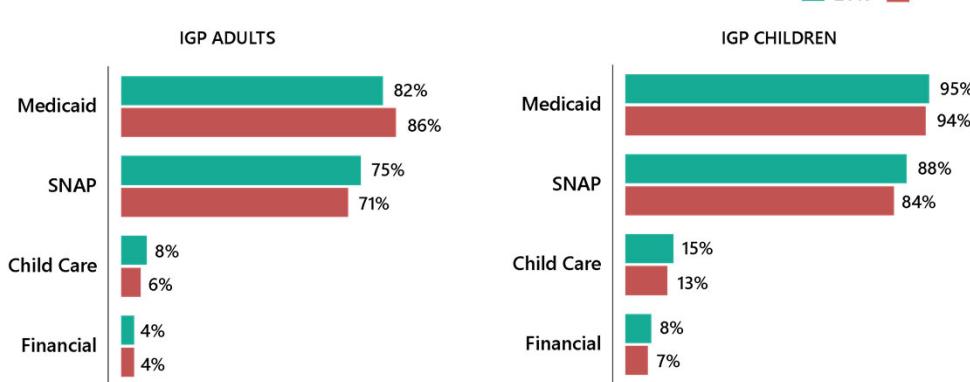
who are public assistance participants
were IGP children
(Slightly higher than 2019)

Data Source: IGP Annual Report 2021



PUBLIC ASSISTANCE PARTICIPATION AMONG IGP INDIVIDUALS

PARTICIPATION % RATES FROM CY2019 TO CY2020



Source: Utah Department of Workforce Services



How many Utahns are experiencing IGP?



48,838 IGP Adults
(4% of Utah adults)

12 months of public assistance as a child
and 12 months as an adult
At least one month in 2020



56,508 IGP Children
(6% of Utah children)

Parent is an IGP adult
At least one month of public
assistance in 2020

Data Source: IGP Annual Report 2021



IGP by Zip Code

- Ogden had zip codes with the highest counts of IGP for both adults and children.
- Other city zip codes with high counts of IGP included West Valley City, Clearfield, Tooele, Vernal, Rose Park/Fairpark and Kearns/Taylorsville.

UTAH'S ZIP CODES / CITIES WITH THE HIGHEST COUNTS OF IGP INDIVIDUALS

COUNT OF IGP ADULTS AND IGP CHILDREN IN THE 15 HIGHEST ZIP CODES IN CY2020

IGP ADULTS

Rank	Zip code	City	Count of IGP Adults
1	84404	Ogden	1,759
2	84401	Ogden	1,660
3	84119	West Valley City	1,507
4	84015	Clearfield	1,290
5	84120	West Valley City	1,209
6	84074	Tooele	1,086
7	84116	SLC (Rose Park & Fairpark)	1,074
8	84078	Vernal	1,028
9	84118	Kearns & Taylorsville	984
10	84403	Ogden	957
11	84115	South Salt Lake	943
12	84041	Layton	922
13	84123	Taylorsville & Murray	875
14	84107	Murray	872
15	84047	Midvale	851

IGP CHILDREN

Rank	Zip code	City	Count of IGP Children
1	84404	Ogden	2,151
2	84119	West Valley City	1,743
3	84015	Clearfield	1,669
4	84120	West Valley City	1,629
5	84401	Ogden	1,498
6	84078	Vernal	1,406
7	84118	Kearns & Taylorsville	1,283
8	84116	SLC (Rose Park & Fairpark)	1,237
9	84074	Tooele	1,236
10	84041	Layton	1,140
11	84044	Magna	1,035
12	84721	Cedar City	975
13	84047	Midvale	964
14	84123	Taylorsville & Murray	964
15	84067	Roy	961

Source: Utah Department of Workforce Services



Who is at risk of remaining in poverty as adults?

1. IGP Children

- They have an IGP parent, which indicates their family is already in the cycle of poverty

2. Children who received public assistance for at least 12 months at any time as a child

- They are already fulfilling half of the definition of an IGP Adult

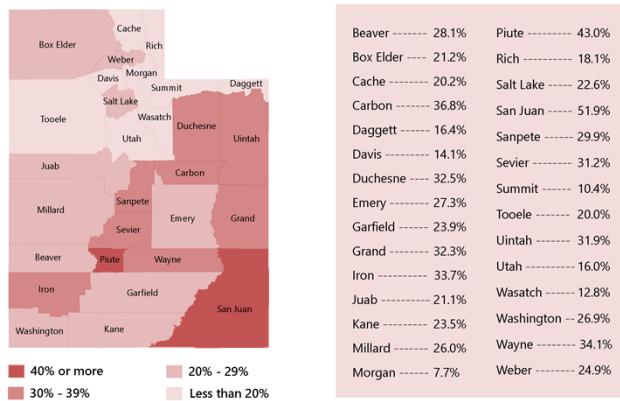
21%
of Utah children
are at risk of
remaining in
poverty as adults



Children at risk of becoming IGP adults by county

UTAH CHILDREN WHO ARE AT RISK OF BECOMING IGP ADULTS

% OF COUNTY'S CHILD POPULATION CONSIDERED AT-RISK CHILDREN IN CY2020



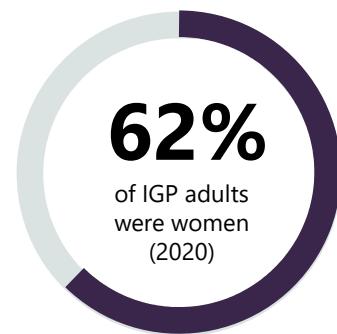
Source: Utah Department of Workforce Services



IGP by Gender

The majority of IGP adults were women in 2020.

- A single working mother may be **the sole provider for her family**, or unable to work full time because of her full-time responsibility as a parent.
- Working women earn less than men. **Narrowing the wage gap would help with poverty reduction.** Predicted reduction in poverty rate if women received equal pay:
 - **Utah working women:** 8.5% to 5.4%
 - **Utah working single mothers:** 25.2% to 15.1%



Data Source: Institute for Women's Policy Institute, 2021



IGP by Race



Data Source: IGP Annual Report 2021

American Indians have the highest rates of experiencing IGP out of all racial groups.

- Out of Utah's general population, **American Indian adults (16%) and children (27%) experienced the highest rates of all racial groups.**
- **San Juan County** has the most tribal members, and highest incidences of IGP out of any county (7% of adults) and (32% of children).
- A national study shows that **more employment opportunities** are a significant factor to poverty reduction for American Indians.



IGP by Ethnicity

1 in 4 young adults (ages 18-20) who are experiencing IGP are of Hispanic descent.

- **24% of all IGP young adults are of Hispanic descent**, which is overrepresented relative to the state's Hispanic young adult population of 18%.
- Nationally, Hispanic young adults entering the workforce are **less than half as likely as White young adults to have a postsecondary education**.
- Hispanic head of households with a postsecondary education **earned 2x the income and 4x the net worth** than those without one.

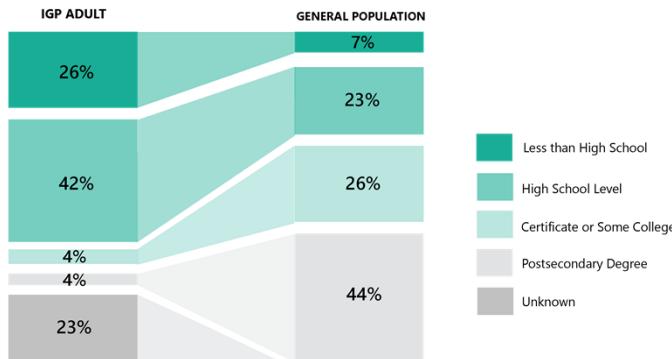
Data Source: IGP Annual Report 2021



IGP by Education & Employment

IGP ADULTS ARE DISPROPORTIONATELY LOWER EDUCATED THAN THE STATE'S AVERAGE

DISTRIBUTION OF EDUCATION LEVELS AMONG IGP ADULTS (CY2020) AND UTAH'S GENERAL POPULATION (CY2019)



Source: Utah Department of Workforce Services; U.S. Census Bureau ACS 1-Year Estimates 2019

68% of IGP adults lack an education beyond high school.

Only 1 in 3 IGP adults had year-round employment.

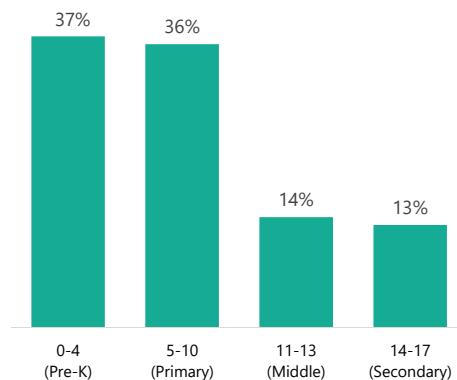
Educational attainment has a strong correlation with employment and income individuals in general. **The higher an individual's education level, the lower their participation in public assistance.**



IGP by Age Groups

Distribution of Age for IGP Children (CY 2020)

- **Children up to age 10 have the highest rates of IGP (73%) than other youth.**
- For adults, **IGP was found mostly in younger age groups** with 86% in their 20's or 30's.



Data Source: IGP Annual Report 2021



IGP by Household Composition

- 71% of IGP adults are parents with children in the household. **62% of IGP children are raised in single parent households.**
- For Utah's IGP population, **the single parent rate is three times higher** relative to the general population.



Data Source: IGP Annual Report 2021



Areas of Child Well-Being

Annually, Utah tracks four areas of child well-being that influence the progress of those experiencing IGP.

These were selected for their interconnected nature contributing to a child's well-being and their impact on breaking the cycle of poverty.

1. Early childhood development
2. Education
3. Family economic stability
4. Health



Progress: Areas of Child Well-Being



Data Source: IGP Annual Report 2021

Positive annual changes:

- Participation in enhanced kindergarten increased
- Expenditure >30% of income on housing decreased
- Public health insurance coverage for adults increased

Minimal to no annual changes:

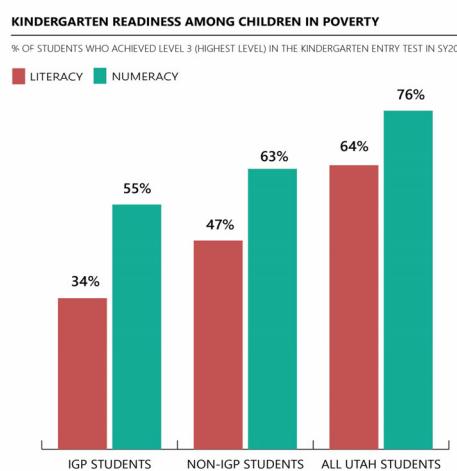
- Kindergarten readiness slightly decreased
- High school graduation rate slightly increased
- Moving more than once slightly increased

Negative annual changes:

- Behavioral health services for children decreased
- Dental visits for children decreased
- Year-round employment decreased



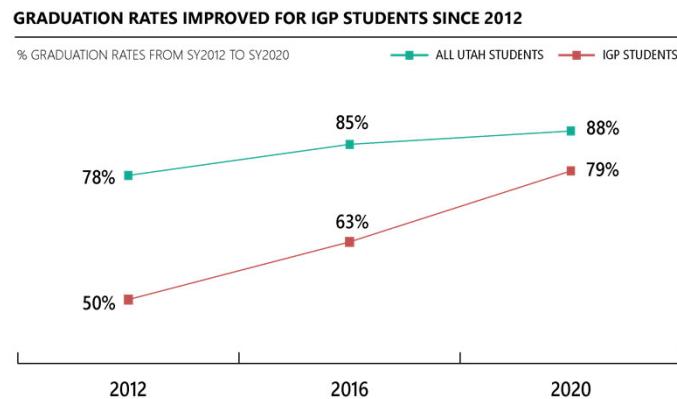
Kindergarten readiness remains low



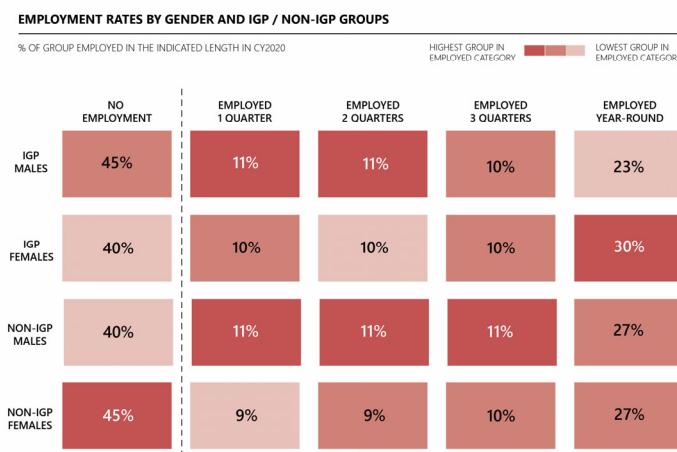
Source: Utah State Board of Education; Utah Department of Workforce Services



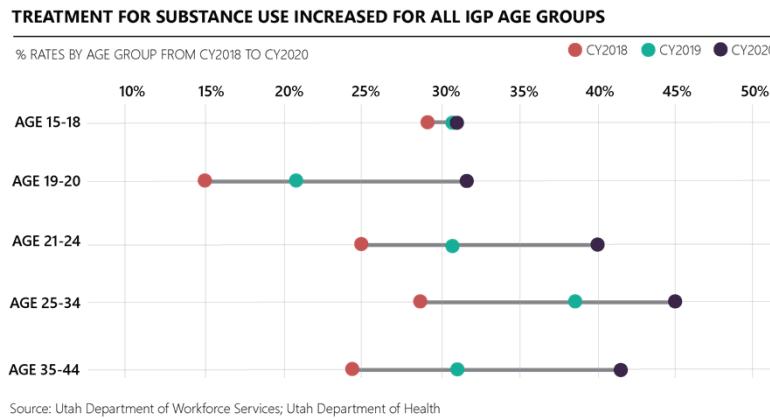
High school graduation continued to increase



Employment rates by gender (IGP & Non-IGP)



Treatment for substance use increased



How did COVID-19 impact IGP individuals?



Domestic Violence
25% of child protective service cases for IGP children had domestic violence-related child abuse.



Internet Access
San Juan, Piute and Wayne counties had the most households without broadband internet and the highest rates of children at-risk of becoming IGP adults.



Returning Students
Enrollment
6% of "missing students" were IGP children who were expected to return in 2020-21 but did not.



COVID-19 Health
The IGP population experienced higher COVID-19 case rates, yet experienced lower hospitalizations, deaths and case fatality rates.

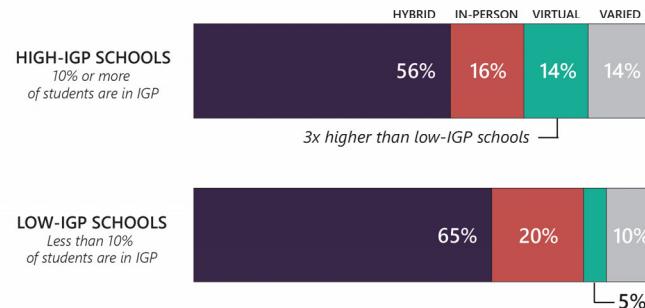
Data Source: IGP Annual Report 2021



Hybrid learning was common for High-IGP schools

LEARNING DELIVERY MODELS AT SCHOOLS DURING THE PANDEMIC

% OF MAIN LEARNING DELIVERY MODELS BY SCHOOLS WITH IGP (AUGUST TO DECEMBER 2020)



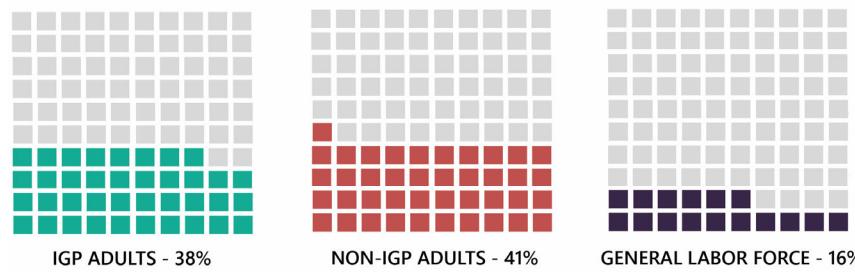
Source: Utah State Board of Education; Utah Department of Workforce Services



IGP adults experienced higher rates of job loss

UNEMPLOYMENT TRENDS BY POVERTY GROUP DURING THE PANDEMIC IN 2020

% OF EMPLOYED ADULTS BY POVERTY GROUP WHO EXPERIENCED A JOB LOSS OR INTERRUPTION IN CY2020



Source: Utah Department of Workforce Services



Income increased for IGP individuals

The average monthly income for an IGP SNAP recipient **nearly doubled from \$1,122 to \$2,016** from 2019 to 2020.

Regular and federal pandemic **unemployment benefits may have boosted their reported income**. Stimulus checks were never counted as income for SNAP eligibility.

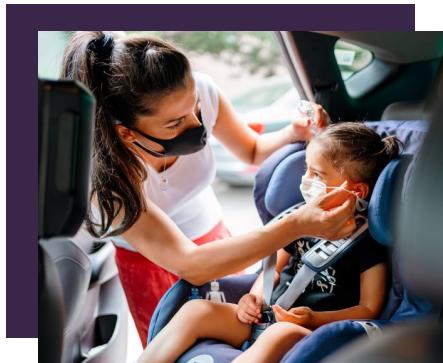
The additional benefits may have helped **IGP families weather the pandemic**.



Data Source: IGP Annual Report 2021



Policies that helped IGP families in 2020



Public assistance policies extended eligibility or increased payments that helped IGP families. Pandemic and regular **unemployment benefits helped IGP families stay afloat**.

Medicaid Expansion helped **more than 16,000 IGP adults receive health insurance coverage** during the pandemic.

There could still be **longer-lasting impacts on academic achievement, economic success and long-term health**.

Data Source: IGP Annual Report 2021



Looking ahead at what may help IGP individuals

1. Consolidation of DHS/DOH to align services
2. Grants for adults who have not completed their postsecondary certificate or degree
3. Postsecondary education for incarcerated youth
4. Federal Child Tax Credit increased payment



Helping IGP families reach their full potential



Through this data, Utah can focus on ensuring **low-income families do not inadvertently fall behind** as unemployment benefits end.

With the help of COVID-19 relief funds, the **state is already taking the initiative to fill service gaps** and address pressing needs for all Utahns.

Work will continue to **improve the quality of life for Utahns experiencing IGP** and ensure they have an equitable opportunity to reach their full potential.



Contact Information:

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Longitudinal Research 2021

IGP Research Subcommittee Leads



The School Discipline Experiences of Students Affected by Intergenerational Poverty

Utah State Board of Education

Wynn Shooter, David Mackay, Malia McIlvenna, Jimmy Hernandez, David Christensen



Purpose

- To determine the extent to which students affected by intergenerational poverty (IGP) received infractions (incidents) and experienced exclusionary disciplines (suspensions and expulsions), relative to other student groups.

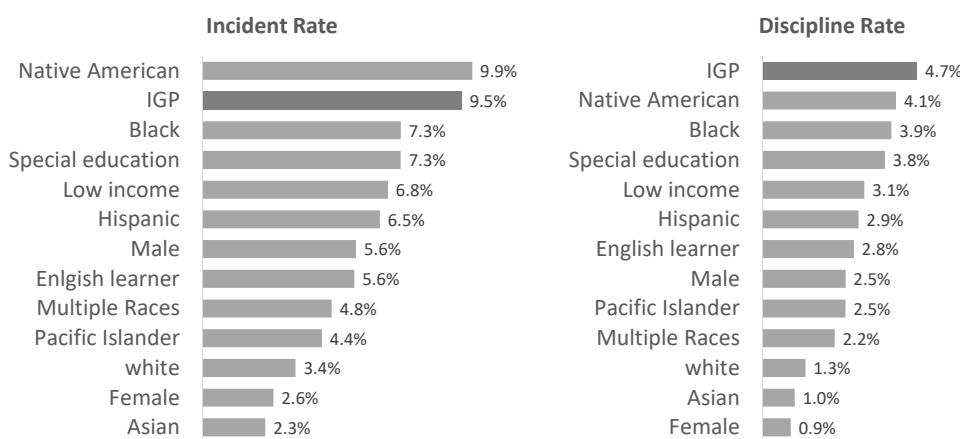


Data and Methods

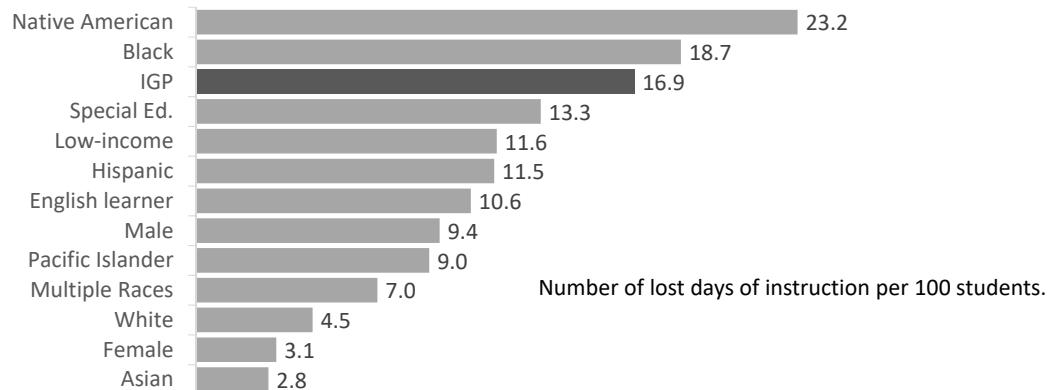
- DWS list of students, USBE Enrollment table, USBE incident and discipline data, and matched comparison group
- Incident rate = count of incidents within group / group count
- Discipline rate = count of disciplines within group / group count
- Lost days = (count of lost days / enrollment count) * 100
- Logistic regression predicted the likelihood that students would receive exclusionary discipline based on poverty status and matched covariates



Which student groups had the highest incident and discipline rates?



To what extent do some student groups miss more days of instruction than others due to exclusionary disciplines?



While controlling for covariates, what is the relationship between students' IGP status and exclusionary disciplines?

- Using a matched comparison group, we found a positive relationship between being identified as IGP and receiving a discipline, such that students who were identified as IGP were 1.78 times more likely than similar peers to receive a discipline.

	Estimate	Std. Error	z value	Exp β	p
(Intercept)	-3.381	0.020	-168.02	0.034	<0.001
IGP Cohort	0.574	0.030	19.42	1.775	<0.001

McFadden pseudo $r^2 = 0.009$



Summary

- Previous studies have reported no evidence that certain student groups misbehave with greater frequency than others (APA, 2008; Huang, 2018; Skiba et al., 2011).
- Certain groups of students experience school incidents and disciplines differently than others.
- Native American students, Black students, students affected by IGP, low-income students, and students who received special education services were especially impacted.



Policy Considerations

- Consider alternative approaches to student discipline.
 - Relationship building, restorative justice, social-emotional learning, and structural interventions such as Positive Behavioral Interventions and Supports
- Use incident and discipline data at the LEA and/or school level to identify potential disparities and work to address those disparities.
- Invest in training for teachers, administrators, and school resource officers.





Intergenerational Poverty & COVID-19 in Utah, 2020

*Utah Department of Health
Srimoyee Bose, Ghazaleh Safazadeh, Navina Forsythe, Brian Roach*



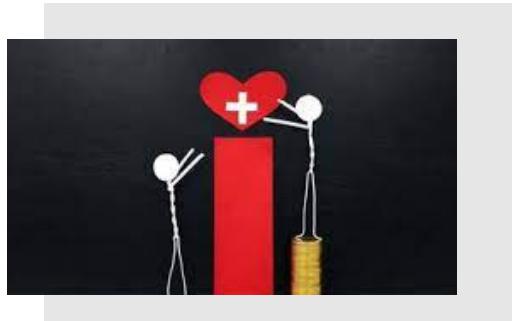
Background

- In 2020, the coronavirus pandemic had disproportionately impacted the most impoverished populations in the U.S.
- The most deprived areas in Utah had evidence of the highest incidence rate and highest hospitalization rate for COVID-19 in 2020.
- Well-established county and zip code-level findings have shown an association between increased COVID-19 incidence, morbidity, and mortality rates and residing in disadvantaged neighborhoods and families living below the federal poverty line.
- However, research has yet to be conducted to identify the effects of Intergenerational Poverty (IGP) on the severity of COVID-19 incidence, hospitalization, and mortality.



Objectives

- Explore the disparity of COVID-19 incidence, hospitalization, and mortality rates among the population experiencing IGP and the non-IGP population in Utah in 2020.
- Identify the total hospital utilization, as measured by submitted claim charges for COVID-19 among the people experiencing IGP and non-IGP.



<https://www.shutterstock.com/search/health+inequalities>



Data

- The intergenerational poverty (IGP) and non-intergenerational poverty (non-IGP) database from the Utah Department of Workforce Services are used to identify unique populations experiencing IGP and not experiencing IGP for 2020 for age <= 50 years.
- The socioeconomic, demographic, health care, incidence, hospitalization, total charges and death data for COVID-19 was extracted from the Utah National Electronic Disease Surveillance System (UT-NEDSS) or EpiTrax data and Utah Facilities Database from the Utah Department of Health for 2020.



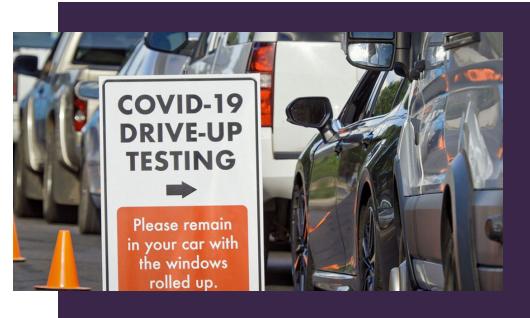
<https://coronavirus.utah.gov/>



Methods



- Descriptive analysis is performed to identify the incidence, mortality, hospitalization rate and total charges for COVID-19 among the IGP and non-IGP cohort for 2020 by demographic, geographic, socio-economic, and healthcare characteristics such as age, race, ethnicity, gender, marital status, comorbidity, smoking status, county and type of insurance coverage.
- The data analysis is performed in SAS software.



<https://coronavirus.utah.gov/>



Summary of Findings: IGP and non-IGP cohort



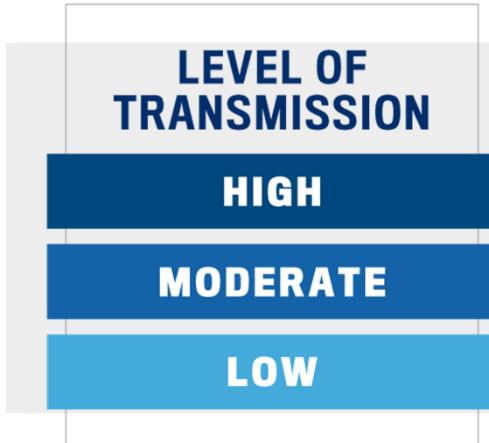
<https://coronavirus.utah.gov/>

- The **IGP cohort** had 111,313 unique observations of which 48.84% of the population was less than 18 years of age and **55.04% were female**. Salt Lake, Utah, Weber, and Davis comprised 68.49% of the cohort.
- In the **non-IGP cohort**, among 252,222 unique observations, 53.31% of the population was less than 18 years old, **52.52% were female** with Salt Lake, Utah, Weber, and Davis making up 72.15% of the cohort.





Summary of Findings : COVID-19 incidence



- Across the US in 2020, there was a **6.16% COVID-19 positive rate**.
- Among all of Utah's population in 2020 there was a **8.61% COVID-19 positive rate**.
- Among 111,313 IGP cohort population, 10,728 individuals tested positive for COVID-19 with a **9.64% of the IGP cohort population with evidence of COVID-19** in 2020.
- Among 252,222 non-IGP cohort population, 25,605 individuals were diagnosed with COVID-19 with a **10.15% of the non-IGP cohort population with evidence of COVID-19** in 2020.
- Females, Blacks, Pacific Islanders, Hispanics, and American Indians had higher COVID-19 positive cases in the IGP cohort than the general population*.

<https://coronavirus.utah.gov/>

*Limitation: The IGP and non-IGP database does not contain data for individuals above the age of 50 years. So it might not be possible to compare the COVID-19 cases, hospitalization and death data across the age groups among IGP, non-IGP and Utah's population



Summary of Findings : COVID-19 hospitalization



- At the national level there was a **0.28% hospitalization rate due to COVID-19 across the population of the U.S** and 4.53% hospitalization rate among COVID-19 positive cases.
- At the state level, Utah had a **0.36% hospitalization rate due to COVID-19** in 2020 and a 4.17% hospitalization rate among all COVID-19 positive cases.
- **368 IGP cohort and 867 non-IGP cohort** patients were hospitalized for COVID-19 in 2020 in Utah. This showed a hospitalization rate of **0.33% among the IGP and 0.34% among the non-IGP cohort**.
- This also estimated a 3.43 % hospitalization rate in the IGP cohort and 3.38% hospitalization rate in the non-IGP cohort among COVID-19 positive cases.
- Females, American Indians, Blacks/African American, Hispanics, never married, and those receiving Medicaid had higher rates of hospitalization for COVID-19 in the IGP cohort than the general population*.

<https://coronavirus.utah.gov/recommendations-for-providers/>

*Limitation: The IGP and non-IGP database does not contain data for individuals above the age of 50 years. So it might not be possible to compare the COVID-19 cases, hospitalization and death data across the age groups among IGP, non-IGP and Utah's population



Summary of Findings: Mortality

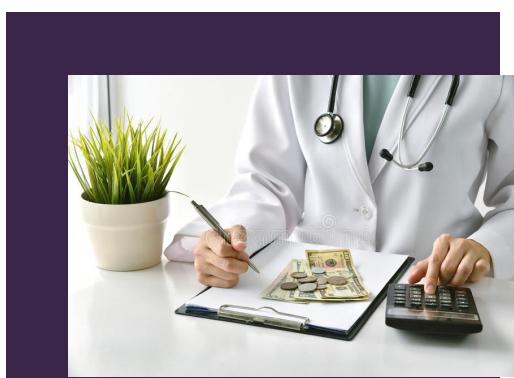


- **There was a case fatality rate of 1.89% and death rate of 0.12% across the U.S. population.**
- There were 1,724 deaths in 2020 in Utah where the primary contributor of death was COVID-19. This showed a **case fatality rate of 0.61% and death rate of 0.05% across the Utah population** caused by COVID-19.
- IGP and non-IGP cohort had 99 deaths caused by COVID-19 among individuals who had tested positive for COVID-19.
- The IGP and non-IGP deaths comprised 5.7% of all COVID-19 deaths in Utah in 2020.
- The **IGP cohort** had 27 deaths caused by COVID-19 (**case fatality rate: 0.25%, death rate: 0.024%**).
- The **non-IGP cohort** had 72 deaths caused by COVID-19 (**case fatality rate: 0.28%, death rate: 0.028%**).
- Females and American Indians had a higher fatality rate in the IGP cohort due to COVID-19 than the general population*.

<https://coronavirus.utah.gov/> Case fatality= Total COVID-19 deaths/Total COVID-19 cases, Death rate= Total COVID-19 deaths/Total population
 *Limitation: The IGP and non-IGP database does not contain data for individuals above the age of 50 years. So it might not be possible to compare the COVID-19 cases, hospitalization and death data across the age groups among IGP, non-IGP and Utah's population.



Summary of Findings : COVID-19 Total charges



- The **average total charge** of hospitalization due to COVID-19 in **Utah** in 2020 was **\$62,300**.
- The average total charges for COVID-19 hospitalization in Utah in 2020 for Medicaid is \$58,890, for Medicare is \$78,150 and for commercial insurance coverage is \$57,420.
- The mean hospitalization charges for COVID-19 in the **IGP group** was **\$43,516** and in the **non-IGP group** was **\$48,287**.
- Native Hawaiian/Pacific Islander population, Female population and Married population among the IGP cohort had the highest average hospitalization charges for COVID-19.
- Other race group, Black or African-American, Females and Unmarried population among the non-IGP cohort had the highest average hospitalization charges for COVID-19.

<https://www.dreamstime.com/photos-images/hospital-charges.html>





Discussion & Conclusion

- The demographic, socioeconomic, behavioral, and healthcare inequalities are more likely to be associated with higher rates of COVID-19.
- The IGP and non IGP cohort contains population aged <=50 years. The age limit excluded the older age groups that was hardest hit by COVID-19 during 2020. So the incidence, hospitalization and death rates might not be an accurate comparison across the cohorts with the general population.
- The IGP cohort have a **higher proportion of females**. This might be the driving factor for the higher rate of COVID-19 positive cases, hospitalization, and fatality rate among the IGP cohort females in comparison to the Utah and the U.S. population*.
- People of color such as African-Americans and Hispanics are at an increased risk due to higher rates of **underlying health conditions**, higher likelihood of being **uninsured**, higher likelihood of living in **vulnerable housing situations**, such as for multigenerational families where it is **difficult to social distance or self-isolate**; and **working in jobs that are not amenable to teleworking** and **require the use of public transportation** that puts them at risk for exposure to COVID-19.

*Limitation: IGP and non-IGP cohort has population aged <=50 years. So it might not show the accurate comparison with the general population.
SAMSHA, 2020



Discussion & Conclusion

- American Indian/Alaska Natives are more likely to live in **overcrowded and multigenerational households**, more likely to live in **food deserts**, a contributory factor to chronic diseases, have a **higher rate of smoking** compared to the general population, high **unemployment rate, low internet access coverage**, and **suboptimal health care** leading to higher rates of COVID-19 incidence, hospitalization and mortality.
- Pacific Islanders are at a high risk of COVID-19 as well. The pandemic highlighted their challenges which existed before the pandemic, including the **need for translation and interpretation resources for Medicaid eligibility**, higher rates of chronic diseases, being uninsured or under-insured, **employed as essential workers and in the service industry or serving in the military** increasing their risk of exposure to COVID-19 and communities living in large, multigenerational households leading to often crowded conditions.

CDC, 2021, Burki, 2021, A Report of the Hawai'i Advisory Committee to the U.S. Commission on Civil Rights, 2021





Policy Implications

- It is suggested to focus COVID-19 mitigation policies on supplementing these populations aggressively with necessary resources.
- Policies in reducing intergenerational poverty's intersectional factors can increase resilience to comorbidities and lower the morbidity and mortality of future pandemics such as COVID-19.
- **Better employment opportunities** for population with transgenerational poverty such as option to telework, **access to paid sick leaves**, access to **safe housing**, **quality healthcare services**, access to **healthy food**, **subsidized internet services** and education on healthy living are emphasized for consideration by policymakers.
- A policy for **enhancing the generation of data by demographics at county and zip code levels**. This would help guide state and local health departments in modifying resource allocation to mitigate the social inequities of COVID-19 impact.

Shah et al., 2020; Snowden & Graaf, 2021; Dunn et al., 2020; Duque, 2020; Chen & Krieger, 2021



**Thank you
Questions?**

Contact : sbose@utah.gov



Workforce Impacts of COVID-19 Recession on Adults Experiencing IGP

Workforce Services / Kelsey Martinez, PhD



Data & Methods

- **2019 cohort of adults experiencing IGP** & 2019 control cohort (experiencing situational poverty)
- Matched to Unemployment Insurance wage record to determine employment
- Analyzed: **changes in quarterly wages** from 2019 Q1 to 2021 Q1 for each adults
- Analyzed: **Difference in number of quarters worked** (workforce attachment) between 2019 and 2020 for each adult



Summary of Findings: Change in Wages 2019-2021 Q1

2019 Cohort Wages:

2019 IGP Median Wage		\$8,885
2020 IGP Median Wage		\$9,028
2019 Control Median Wage		\$11,724
2020 Control Median Wage		\$12,681

No statistically significant difference in wage change between those experiencing IGP and those in the control cohort

Median wage remained about the same in 2019 and 2020; however, **67.8% of adults experiencing IGP had wage loss from 2019 to 2021 Q1**

Men (vs women) and older adults experienced statistically significantly more wage loss from 2019 to 2021 Q1



Summary of Findings: Change in Workforce Attachment 2019 to 2020

- No statistically significant difference in change in workforce attachment (2019 – 2020) between IGP and control
- About **1/3 of all adults** in this research experienced a **reduction in workforce attachment** from 2019 to 2020
- Men, older adults, and those identifying as African American/Black or American Indian experienced statistically significant declines in workforce attachment
- Those with a **college degree** experienced a statistically significant **increase in workforce attachment** as compared to those with less education



Discussion & Conclusion

- Individuals in both groups (IGP & control) are likely to have felt negative workforce impacts as a result of the COVID-19 recession
 - About **68% of all adults in this study experienced wage loss** and about **31% of all adults in this study experienced a reduction in workforce attachment from 2019 to 2020**
- **College degrees help**
 - Those with a higher level of education were statistically less likely to experience workforce attachment reduction during the recession
- **IGP cohort and control group are demographically similar**, which may explain why their workforce trends, in this instance, are also very similar



The Service Involvement of Children Facing Intergenerational Poverty in Utah

*Dustin Steinacker
 Management Information Center
 Utah Department of Human Services*



Data & Methods

Research includes 218,753 children ages 1 to 17 as of December 31, 2012, whose parents received at least one month of public assistance during 2012:

- 40,897 children experiencing intergenerational poverty (**"IGP Kids"**) whose parents received at least 12 months of public assistance as an adult and at least 12 months as children, and
- 177,856 children not experiencing intergenerational poverty (**"Comparison Kids"**) whose parents did not receive at least 12 months of public assistance in adulthood or childhood.



Data & Methods

Clients were matched with service records for all participating DHS divisions, with over 3.4 million records retrieved.

Binary variables were created for each child indicating whether they had received services from each of the four divisions, and from each combination of divisions.

Variables were also created identifying the first and second divisions which served each client, and giving a count of days of service received from each division, excluding overlapping services with the same start and end dates.



Data & Methods

Finally, statistical tests were performed to indicate whether disparities found between cohorts were likely statistically significant, as opposed to the result of chance.

Two-tailed Welch's t-tests were performed using all binary variables. Because the cohorts differed in their average age as of the cohort year, **multiple linear regressions** were also performed incorporating age to be sure findings held. All reported findings in this report meet or exceed a 95% confidence level for statistical significance.



Summary of Findings

Children experiencing intergenerational poverty matched at far higher rates with services from **each of the participating divisions** except DSPD. See circled percentages on the table below.

Table 1. Study client counts and match rates with each participating division

Cohort	Client Count	Matched (All DHS)	Matched (DCFS)	Matched (DSAMH)	Matched (DSPD)	Matched (DJJS)
IGP Kids	40,897	17,466 42.7%	8,315 20.3%	11,813 28.9%	205 0.5%	4,984 12.2%
Comparison Kids	177,856	49,245 27.7%	17,788 10.0%	32,820 18.5%	1,935 1.1%	14,974 8.4%
Both	218,753	66,707 30.5%	26,103 11.9%	44,643 20.4%	2,140 1.0%	19,958 9.1%



Summary of Findings

Children experiencing intergenerational poverty were also far more likely to have received services from **two or from three divisions** than the comparison group. The comparison group was slightly more likely to have received services from all four divisions, but this was not statistically significant.

Table 2. Clients served by two or more divisions, by cohort

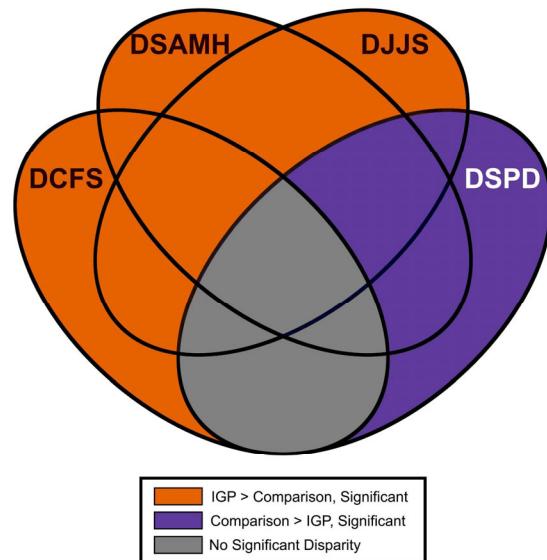
Cohort	Client Count	Matched (Two or More Divisions)	Matched (Three or More Divisions)	Matched (All Four Divisions)
IGP Kids	40,897	6,552 16.0%	1,288 3.1%	21 0.05%
Comparison Kids	177,856	15,184 8.5%	2,953 1.7%	122 0.07%
Both	218,753	21,736 9.9%	4,241 1.9%	143 0.07%



Summary of Findings

The Venn Diagram to the right depicts each of the four participating divisions as an oval and indicates, for each combination of divisions providing services, whether the IGP Kids or Comparison Kids cohort matched at higher rates, or whether no statistically significant disparity was found.

Children experiencing intergenerational poverty were served at **higher rates with every combination of divisions** except for those featuring DSPD.



Summary of Findings

Tests which controlled for age suggest that children experiencing intergenerational poverty:

- **enter services younger on average** (8½ years of age compared to 10 years of age),
- are disproportionately likely to enter services via **the child welfare system**, and
- are more likely to enter these services via **channels associated with court-ordered home-based services or foster removal**, suggesting disproportionate Child Protective Service involvement.



Discussion & Conclusion

Children experiencing IGP **demonstrate broader service needs and demonstrate them earlier** as indicated by division match rates, the proportion of clients served by multiple divisions and age-controlled analysis. DHS now has a strong platform for IGP-centered service study.

Capitalizing on this and further research requires two things:

- Ways of **identifying** clients experiencing IGP early in the service process (matches, automated flags) and incorporating this knowledge into service delivery.
- Targeted research to **develop and evaluate the success of interventions and service packages** on giving clients and families the resources needed to escape poverty.



Other Business and Public Comment



Adjourn

Next Meeting

IGP Welfare Reform Commission Meeting
December 14-10:00am – 12:00pm

Location: 350 State St, Salt Lake City, UT 84103 Capitol, Committee Room 450

IGP Advisory Committee Meeting
November 30, 2021, 1:00 – 3:00pm

Location: 195 N 1950 W, Salt Lake City, UT 84116 Room: DHS_RM-Admin 1020C

