







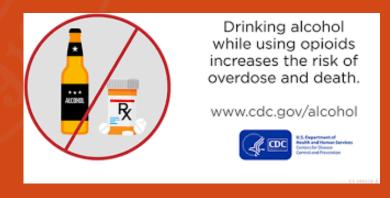
NORWALK SUBSTANCE USE EMERGENCY DEPARTMENT (ED) VISITS OVERVIEW FOR THE NORWALK PARTNERSHIP (TNP) PPT #2

City of Norwalk Health Department



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Epidemiology & Informatics
Division

March 27, 2024



Important!: Disclaimers/Reminders (Please Read)

- <u>Warning</u>: Presentation will contain terminology, topics, or information that may be considered graphic/triggering to some audiences.
- All information and data are up to date as of March 27, 2024 and are provisional/subject to change.
- Only records using Norwalk standard postal zip codes analyzed as all record-level data in EpiCenter anchored by zip code (06850, 06851, 06853, 06854, and 06855) and nothing more geographically granular available. Zip codes may overlap with other towns.
- <u>Counts</u> or <u>Cnt</u> account for only 1 visit per day (i.e., <u>ED Visit Days</u>). Multiple visits by same patient beyond original day attributed 1 visit day per each additional/different day. This is important as a means to reduce skewing/confounding of data for multiple visits by same patient during same day for same reason, which does occur!
- <u>Unique ("Uniq") Patients</u> variable filters for possible repeat ED visit days by patient and interprets each unique patient as a sole individual counted only once for the entire time interval assessed.
- <u>Counts</u> or <u>Unique Patients</u> < 7 not depicted for confidentiality purposes.
- Rates with a count < 20 are considered unstable/unreliable (see green [≥ 20]/red [< 20] font).
- Rates calculated using US Census American Community Survey (ACS) 2021 5-year estimates per 1,000 (i.e., 1k) residents.
- Race/Ethnicity counts and rates depicted as non-Hispanic (e.g., White or Black/African-American [AA] implies non-Hispanic [NH] Whites or non-Hispanic Blacks/AA), unless specified as Hispanic/Latino.
- Given the use of syndromic classifiers/definitions, variability of intake/discharge notes/codes, zip code anchoring, and census estimates in tabulations/calculations, all values presented are estimates and should be interpreted with caution and consideration of a margin of error. As analyses become more granular or specific, this margin of error increases, which decreases accuracy/reliability of the value.
- Data analyzed from EpiCenter Syndromic Surveillance for CT hospitals for Norwalk resident zip codes only.

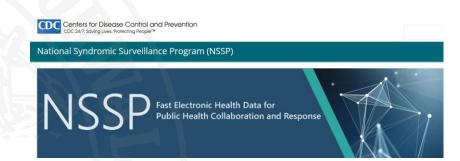




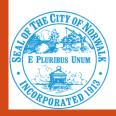
What Is Syndromic Surveillance and Its Purpose?



- Healthcare providers required to report Emergency Illnesses and Health Conditions in accordance with the DPH's annual "List of Reportable Diseases, Emergency Illnesses and Health Conditions" in a format approved by the state Health Commissioner per Conn. Gen. Stat. §§ 19a-2a(9) and 19a-215(b).
- Guidance developed and provided by CDC National Syndromic Surveillance Program (NSSP) in implementing syndromic systems and definitions of illnesses/conditions.
- In CT, no other system supported this type of data in a timely manner for local health departments until EpiCenter.
- Other states use similar systems with differing levels of robustness/capability. One of most common is the Early Notification of Community-Based Epidemics (ESSENCE).











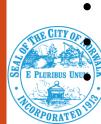
What Is the EpiCenter Syndromic Surveillance System?

- Browser-based application.
- Rolled out to CT local health departments (LHDs) in 2018/2019.
- Developed by the CT Department of Public Health (CT DPH) with vendor, Health Monitoring Systems (HMS), Inc, and local health support.
- Designed for LHDs to receive timely and preliminary ED visit data defined by syndrome and classifier definitions.
- Categorizes emergency department (ED) visits by intake/discharge notes and codes—does
 not use or account for insurance, other code types, physician notes, or other medical test info
 in records.
- Contains pertinent fields for demographic and basic visit data such as age, sex, race/ethnicity, date and time of visit, reason for visit, etc.
- Limited accuracy down to zip code—does not provide identifiable data/information, so no residence street address, phone number, names, etc.
- Can only see detailed data for zip codes associated with jurisdiction (i.e., Norwalk).
 - Close to real-time data compared to other sources for LHDs.

Evaluates ED visits and not hospitalization data!









Alcohol-Associated Syndromic Classifier Definition Example



- Example of some terms/text parsed for the alcohol classifier
- Example ICD codes captured include: F10.0-F10.1
- This is a continually evolving process in the public health practitioner and research community at all levels

Indicators (+)	Co-Indicators	Indicators (-)
1ntox		\bno al
\balch		alcohol screen
\balco		alcohol test
\bintx		alcorn
achoho		non al
acoho		nonal
\balc\b		with\s*out\s*((me
		ntion\s*of\s*) (an
		y\s*))?alc
alcaho		
alchiho		
alcohol		
alochol		
drank to m		
drank too m		
drinking prob		
drinking too		
drunk		
entox		
\betho\b		
ethoh		
ethol		
etoh		
excessive drinking		
heavy drink		
intox		
jello shot		
poss drinkin		
possible drinkin		
too much to dr		









Important Notes

 For following demographic data slides, the color-coded text bubbles are defined as the following:

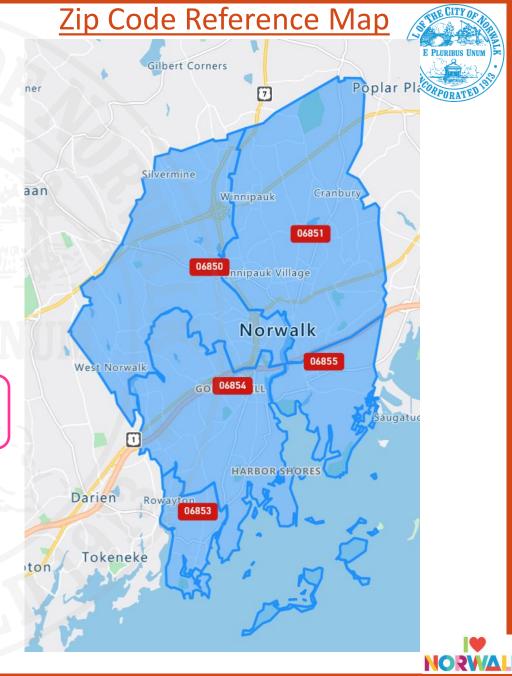
= Highest unique "uniq" patient count for demographic measure evaluated in time interval

= Highest unique patient rate for demographic measure evaluated in time interval

= Both highest unique patient count and rate for demographic measure evaluated in time interval

 All chart visuals depict the unique patient rates and <u>not</u> counts!

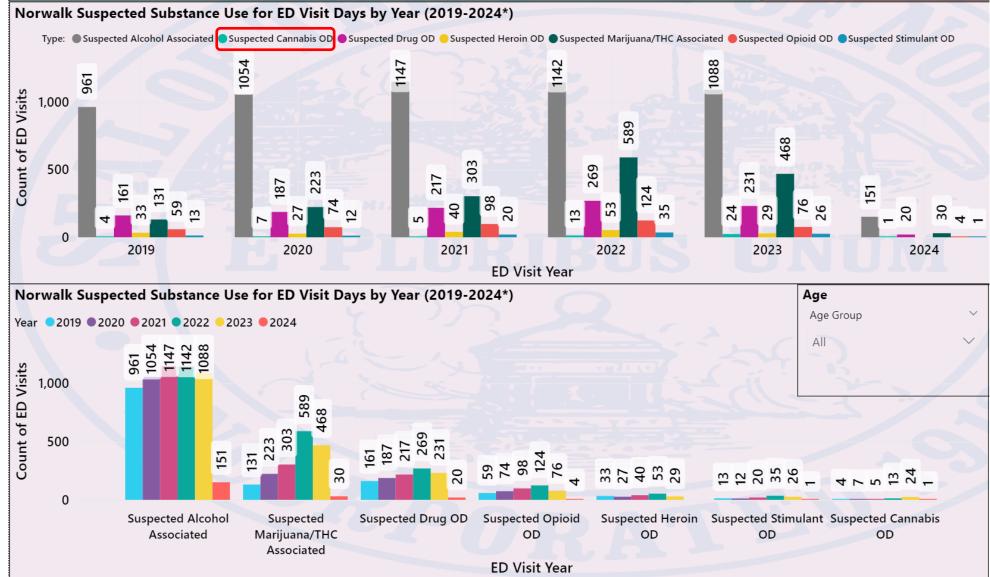
All maps depict the common Norwalk zip codes





Overall Norwalk Substance Use Situation by ED Visit Days by ED Visit Year (2019-Feb 28, 2024)



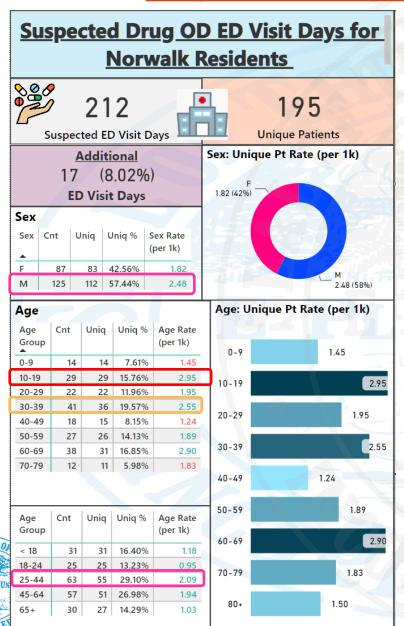


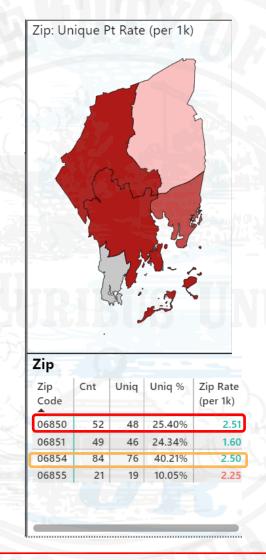


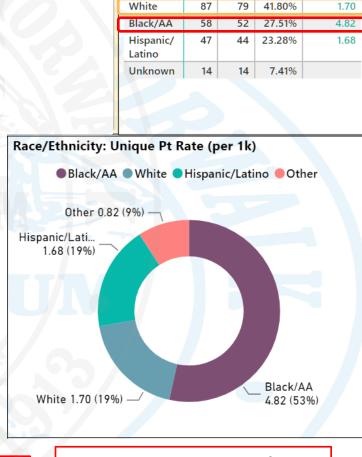




Suspected Drug ODs (March 1, 2023-Feb 28, 2024)







Race/Ethnicity

Race/

Ethnicity

Cnt Uniq Uniq %

Race Rate

(per 1k)

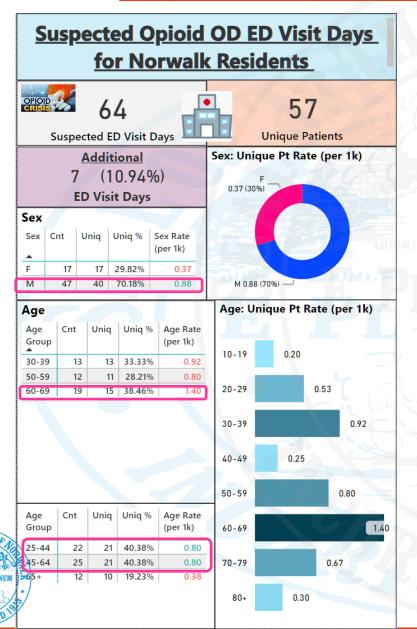
1.4x greater rate for Males and 10-19 and 60-69 y/o highest rates

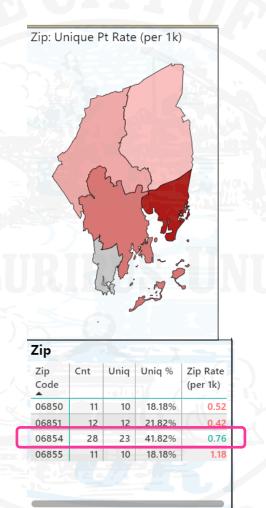
2.8x greater rate Black/AA vs Whites





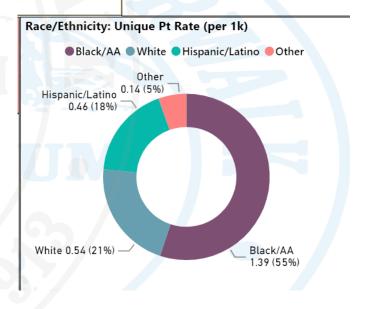
Suspected Opioid ODs (March 1, 2023-Feb 28, 2024)





Males largest volume

Race/Ethnicity								
Race/ Ethnicity	Cnt	Uniq	Uniq %	Race Rate (per 1k)				
White	29	25	48.08%	0.54				
Black/AA	18	15	28.85%	1.39				
Hispanic/ Latino	12	12	23.08%	0.46				

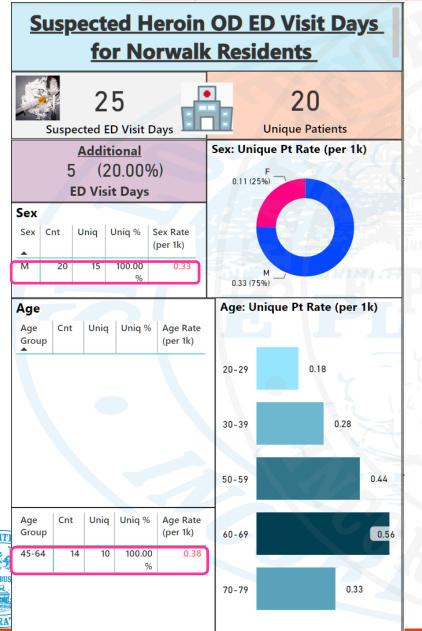


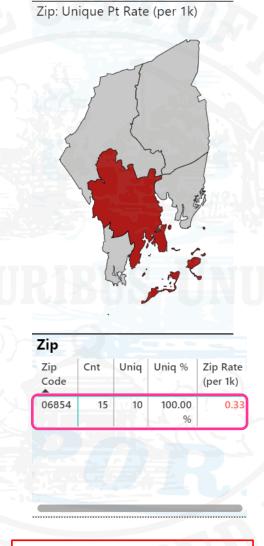
06854 highest reliable rate

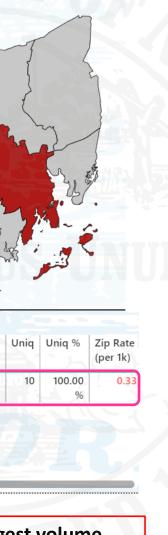




Suspected Heroin ODs (March 1, 2023-Feb 28, 2024)

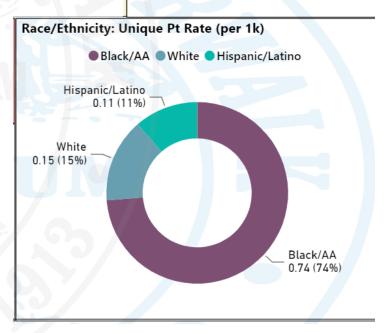






Males largest volume

	Race/Eth	nicity	y		COL
	Race/ Ethnicity	Cnt	Uniq	Uniq % ▼	Race Rate (per 1k)
ı	Black/AA	10	8	53.33%	0.74
	White	10	7	46.67%	0.15

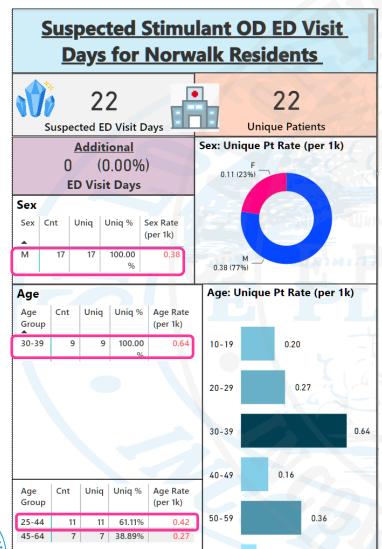


06854 highest volume

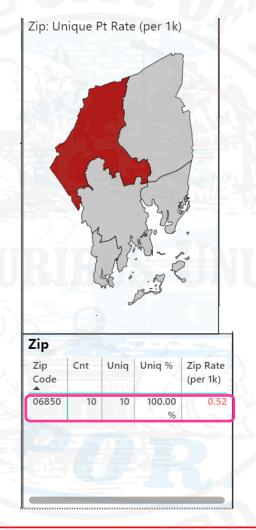


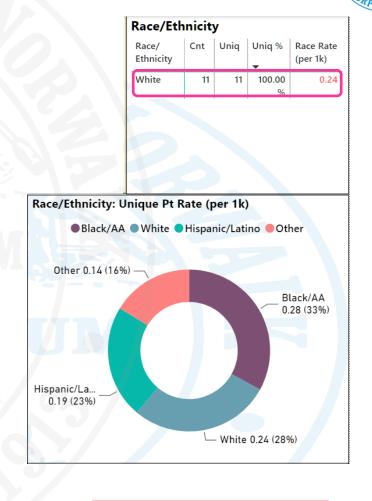


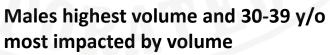
Suspected Stimulant ODs (March 1, 2023-Feb 28, 2024)



60-69





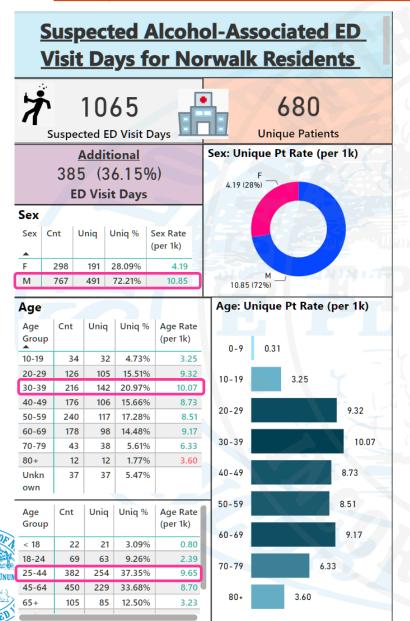


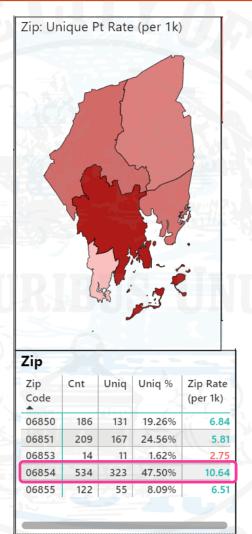
Whites highest volume





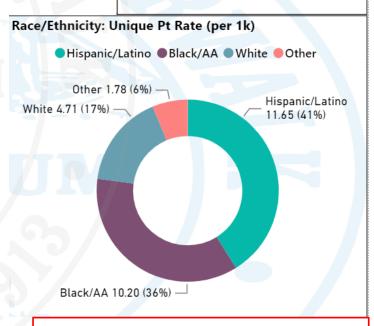
Suspected Alcohol-Associated (March 1, 2023-Feb 28, 2024)





2.6x greater rate for Males and 30-39 y/o highest rates

Race/Eth	CORPOR			
Race/ Ethnicity	Cnt	Uniq	Uniq % ▼	Race Rate (per 1k)
Hispanic/ Latino	485	306	45.00%	11.65
White	354	219	32.21%	4.71
Black/AA	176	110	16.18%	10.20
Unknown	37	35	5.15%	
Other	13	13	1.91%	1.78

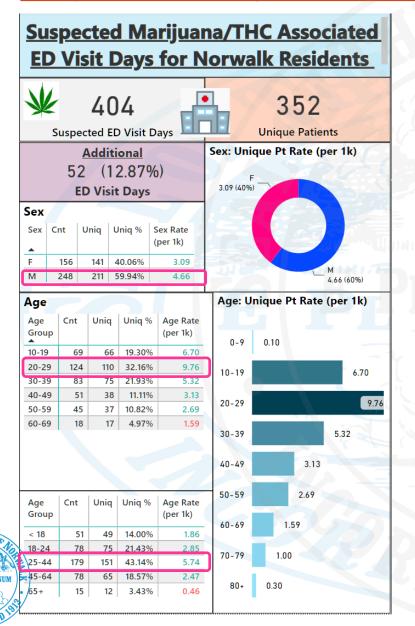


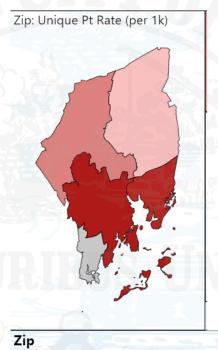
2.5x greater rate Hispanic/Latino vs Whites. Black/AA rate high as well.





Suspected Marijuana/THC-Associated (March 1, 2023-Feb 28, 2024)





Zip Code	Cnt	Uniq	Uniq %	Zip Rate (per 1k)
06850	81	71	20.40%	3.71
06851	99	84	24.14%	2.92
06854	170	152	43.68%	5.01
06855	49	41	11.78%	4.85

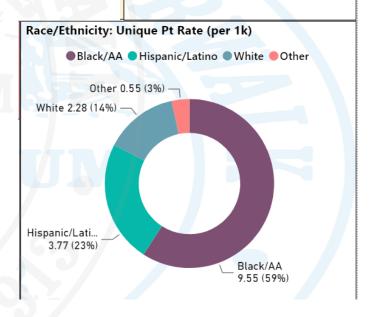
1.5x greater rate for Males and 20-29 y/o highest rate

Kace/Eth	Race/Ethnicity						
Race/ Ethnicity	Cnt	Uniq	Uniq % ▼	Race Rate (per 1k)			
White	121	106	30.46%	2.28			
Black/AA	123	103	29.60%	9.55			
Hispanic/	111	99	28.45%	3.77			

40 11.49%

Daco/Ethnicity

Unknown



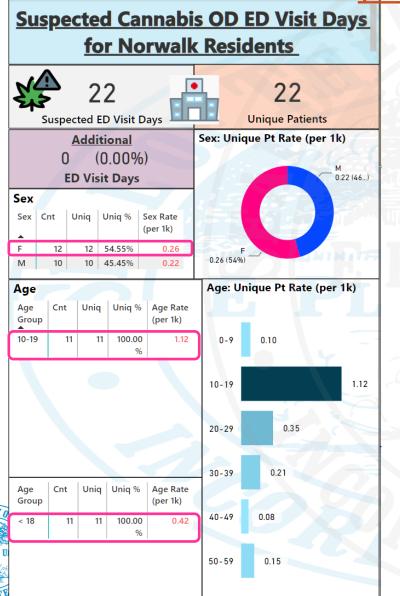
4.2x greater rate Black/AA vs Whites. Hispanic/Latino and Black/AA most impacted.

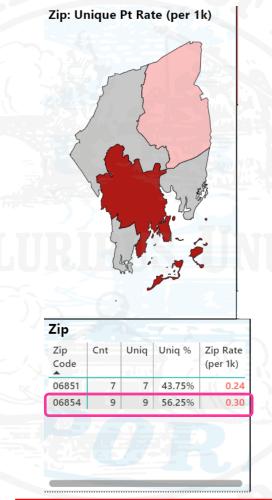




Suspected Cannabis-/Cannabinoid-Associated

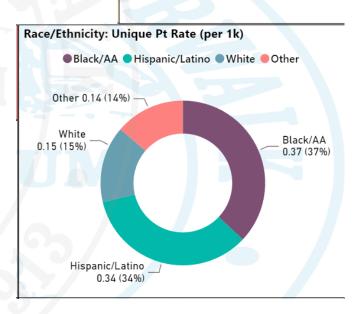
(March 1, 2023-Feb 28, 2024)







Race/Et	hnicit	y		
Race/ Ethnicity	Cnt	Uniq	Uniq % ▼	Race Rate (per 1k)
Hispanic/ Latino	9	9	56.25%	0.34
White	7	7	43.75%	0.15

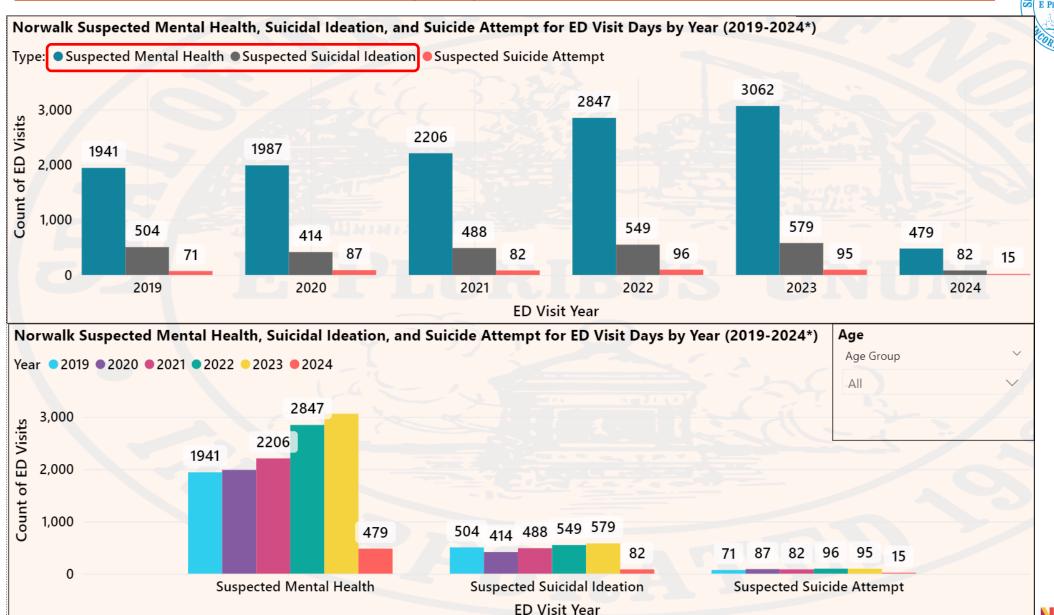


Hispanic/Latino highest volume.





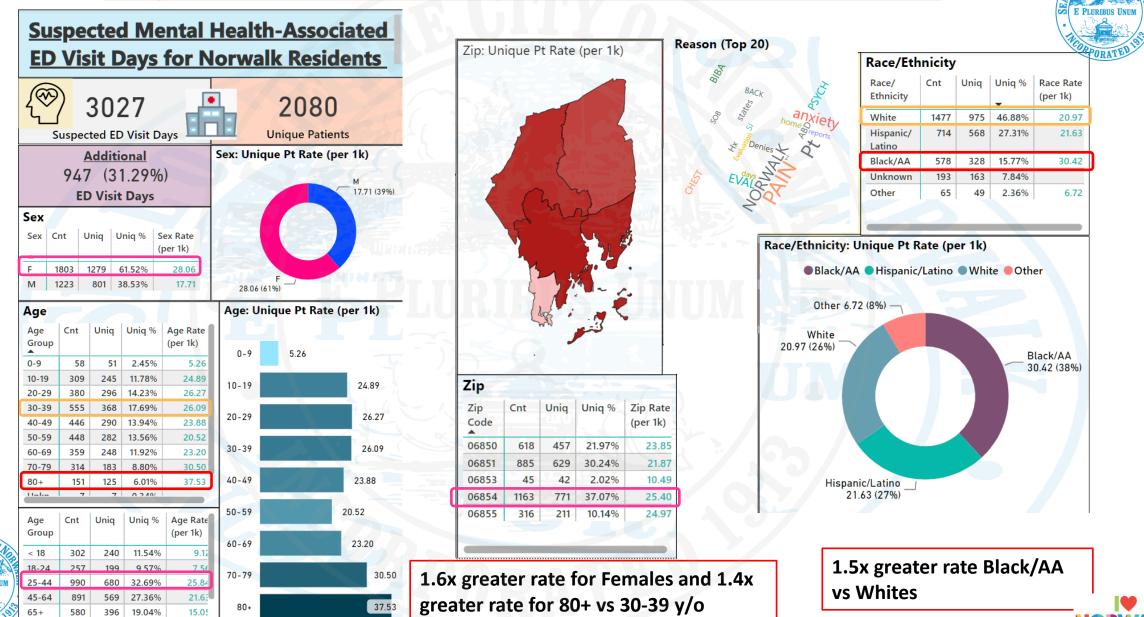
Mental Health ED Visit Days by ED Visit Year (2019-Feb 28, 2024)





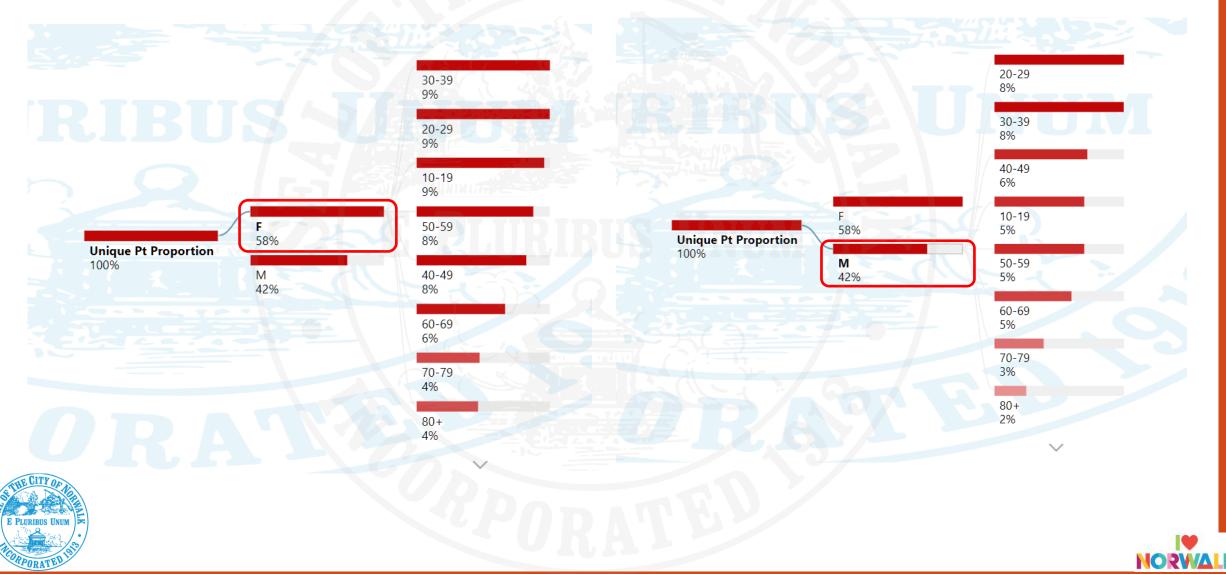


Suspected Mental Health (March 1, 2023-Feb 28, 2024)



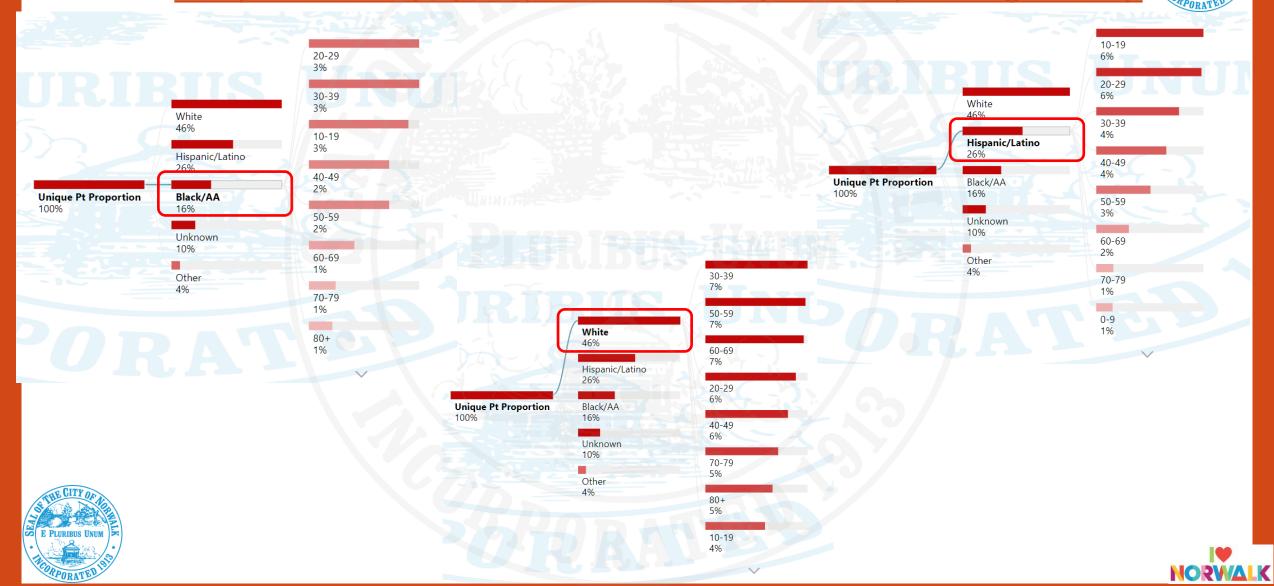


Suspected Mental Health ED Visit Days (March 1, 2023-Feb 28, 2024) Unique Patient (Pt) Proportion by Sex and Age Group



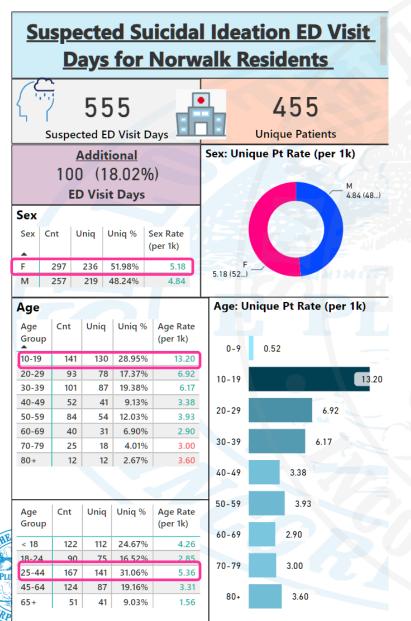


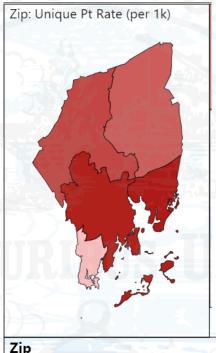
Suspected Mental Health ED Visit Days (March 1, 2023-Feb 28, 2024) Unique Patient (Pt) Proportion by Race/Ethnicity and Age Group





Suspected Suicidal Ideation (March 1, 2023-Feb 28, 2024)

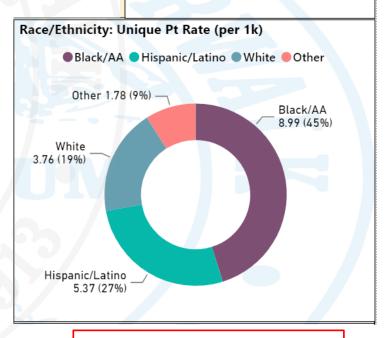




Zıp				
Zip Code	Cnt	Uniq	Uniq %	Zip Rate (per 1k)
06850	111	95	20.88%	4.96
06851	143	127	27.91%	4.42
06853	9	8	1.76%	2.00
06854	225	179	39.34%	5.90
06855	67	51	11.21%	6.04

1.1x greater rate for Females and 10-19 y/o highest rate

Race/Eth	CORPORATE			
Race/ Ethnicity	Cnt	Uniq	Uniq %	Race Rate (per 1k)
White	216	175	38.46%	3.76
Hispanic/ Latino	164	141	30.99%	5.37
Black/AA	126	97	21.32%	8.99
Unknown	33	30	6.59%	
Other	16	13	2.86%	1.78

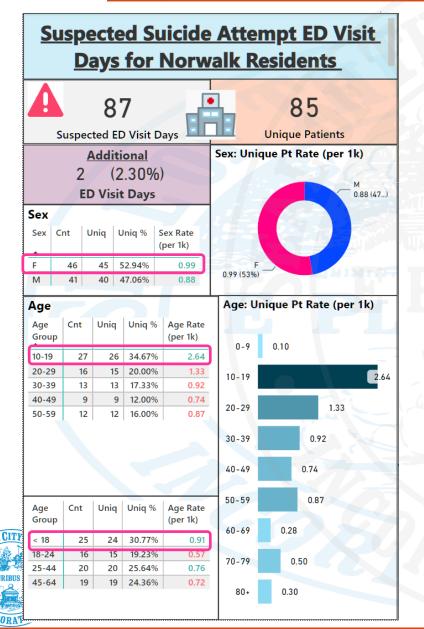


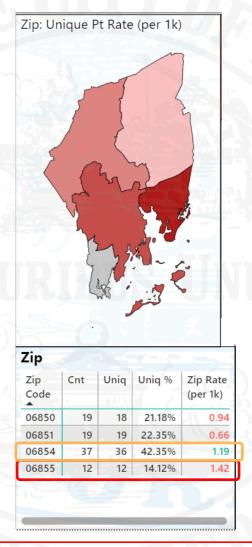
2.4x greater rate Black/AA vs Whites



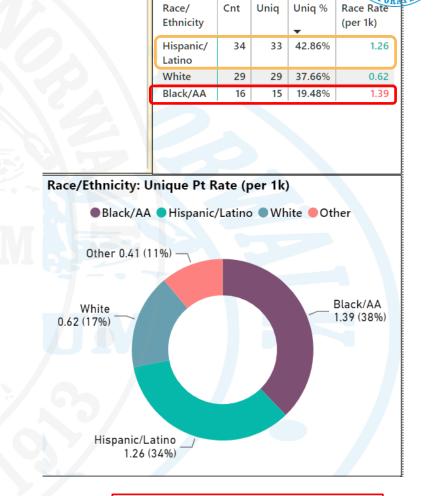


Suspected Suicide Attempts (March 1, 2023-Feb 28, 2024)





1.1x greater rate for Females and 10-19 y/o highest rate



Race/Ethnicity

Race/

2x greater rate **Hispanic/Latino vs Whites**

Race Rate



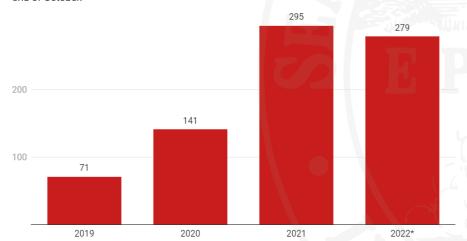


Xylazine in CT Drug Overdose Deaths (2019-2022*)

Fentanyl in Drug Overdose Deaths (2014-2021)

Animal tranquilizer implicated in growing number of overdose deaths

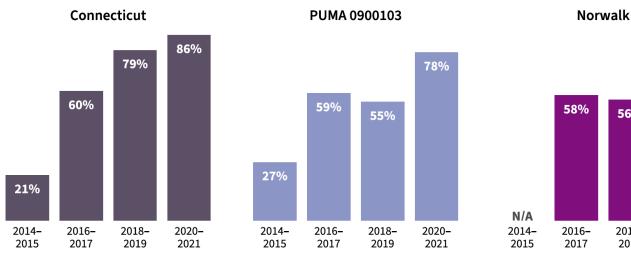
Deadly overdoses involving xylazine, an animal tranquilizer, have reached 279 this year as of the end of October.

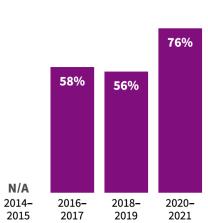


Note: *Data for 2022 ranges from January through October.

Chart: José Luis Martínez · Source: Connecticut Department of Public Health · Get the data · Created with Datay

FIGURE 21: SHARE OF DRUG OVERDOSE DEATHS INVOLVING FENTANYL, 2012–2021







- https://ctmirror.org/2022/12/22/ct-overdose-deaths-xylazine-animal-tranguilizer/
- https://www.ctdatahaven.org/sites/ctdatahaven/files/norwalk_profile_v1.pdf
- https://www.ctdatahaven.org/sites/ctdatahaven/files/norwalk_equity_2023.pdf





Overview of Years of Potential Life Lost (YPLL) and Overdose Mortality

TABLE 7

Years of potential life lost by cause of death

ANNUALIZED YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 PER 100,000 RESIDENTS, 2015-2021

LOCATION	CANCER	POISONING (INCL. OVERDOSE)	HEART DISEASE (INCL. STROKE)	COVID-19	MOTOR VEHICLE CRASH	LUNG DISEASE	FIREARM (INCL. HOMICIDE & SUICIDE)	
Connecticut	1,532	1,303	1,186	599	409	348	267	
Fairfield County	1,245	858	954	542	281	219	222	
Bridgeport	1,547	1,370	1,547	968	521	417	955	
Danbury	1,295	1,154	1,044	637	346	237	78	
Fairfield	1,055	639	600	315	56	137	81	
Greenwich	922	494	470	210	44	82	72	
Norwalk	1,329	818	1,201	916	234	286	89	
Stamford	1,161	526	863	575	284	142	145	
Stratford TABLE 7J	1,718	1,644	1,317	839	291	325	236	

Overdose deaths increased during the pandemic

ANNUALIZED ACCIDENTAL OVERDOSE DEATH COUNTS AND AGE-ADJUSTED RATES PER 1 MILLION RESIDENTS, 2014–2016 TO 2020–2021

	2014-2016			2017-2019			2020 AND 2021		
LOCATION	COUNT	RATE PER MILLION	COUNT	RATE PER MILLION		COUNT	RATE PER MILLION		
Connecticut	2,137	102	3,119	149		2,781	193		
Fairfield County	337	62	463	83		427	112		
Bridgeport	95	107	169	194	4	155	257		
Danbury	35	66	49	91		47	135		
Fairfield	19	59	13	51		19	82		
Greenwich	11	33	10	37		9	41		
Norwalk	28	53	41	70		37	92		
Stamford	22	27	39	46		43	74		
Stratford	39	125	47	153		36	161		

https://www.ctdatahaven.org/sites/ctdat ahaven/files/DataHaven FC2023-web.pdf

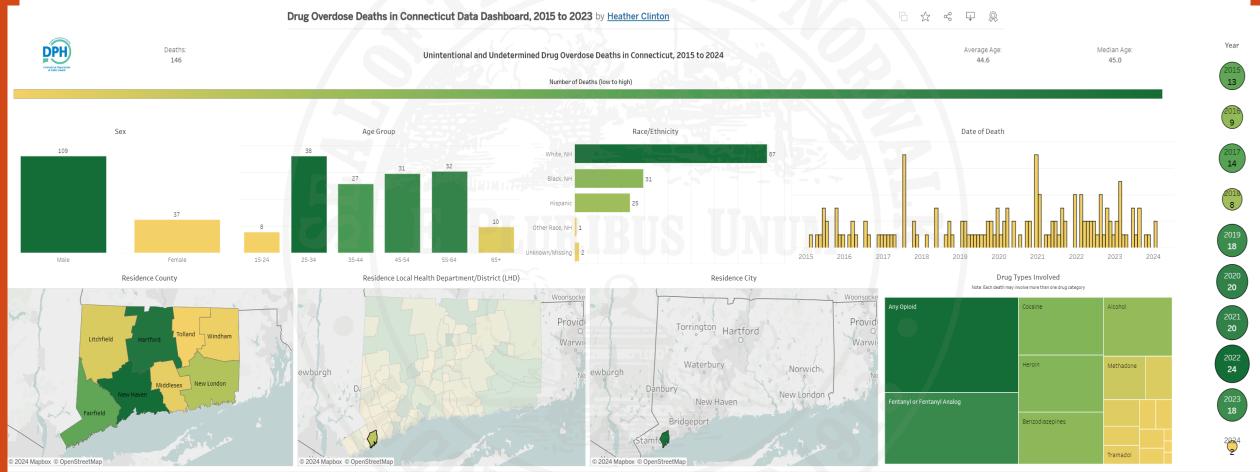






CT DPH Overdose Deaths Dashboard (2015-23): Norwalk







https://public.tableau.com/app/profile/heather.clinton/viz/SUDORS Dashboard final2/OverdoseDashboard





Conclusions/Takeaways

- Since 2019 for the ED syndromic surveillance data, 2022 was worst year for all substances studied so far. 2023 only slightly milder.
- For recent year (March 2023 forward), Mental Health (MH) and Suicidal Ideation (SI) ED visits continue increasing, and Substance Use (SU) can be both a contributor and/or manifestation of these increasing number of events as they often intersect
- Generally, Females remain consistently the most likely candidates to seek/require ED visits for MH/SI/Suicide Attempts (SA); Males remain consistently the highest candidates for SU-related/-associated ED visits studied
- For MH, either Female, 80+ y/o, and NH Black/African-American are the most common demographics by <u>unique</u> <u>patient rate</u>, while either Female, 30-39 y/o, or NH White by <u>unique patient volume</u>.
- By <u>unique patient **rate**</u>, NH Black/AA disproportionately impacted for most substances for ED visits (especially Marijuana/THC)—exception for Hispanic/Latino for Alcohol. Aged 30-39 y/o remains the highest for Alcohol. Aged 20-29 y/o highest for Marijuana/THC.
- Marijuana/THC and Alcohol contribute to/associated with youth (< 18 y/o) ED visits
- The **06854** Zip Code (West Norwalk/SONO) of residence often presents as the highest by rate and an indicator of risk. Conversely, 06853 (Rowayton) often remains the lowest and less concern.
- Feel free to share any comments or questions. These analyses will continue to evolve as we continue to work together to address coordination, need, and equity! Thank you.









