Local Public Health & Community Partner Access to Race/Ethnic Data During the COVID-19 Response: An Updated National Picture

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Systems for Action
National Coordinating Center
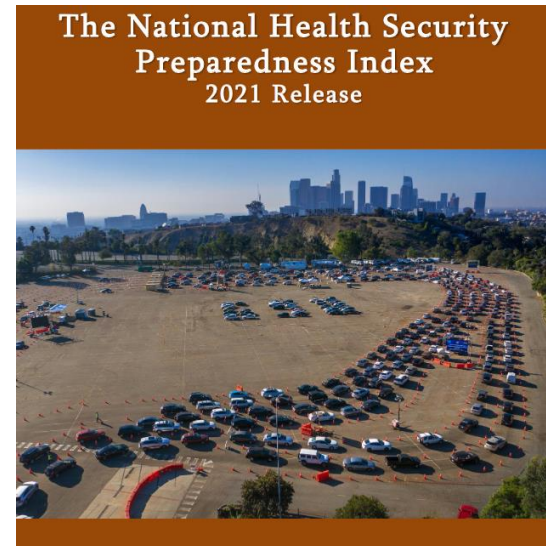*Systems and Services Research to Build a Culture of Health*

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Our Vantage Points on the Problem

- **National Longitudinal Survey of Local Public Health Systems:** national cohort of 600 local public health jurisdictions followed since 1998
  https://systemsforaction.org/national-longitudinal-survey-public-health-systems

- **National Health Security Preparedness Index:** Annual county-level estimates of preparedness & response capabilities in all 50 states.   www.nhspi.org

- **Systems for Action Research Program:** community-level studies of cooperation between medical, social & public health delivery systems
  www.systemsforaction.org

The National Health Security Preparedness Index 2021 Release

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Access to & Use of Race/Ethnicity Data by Local Public Health
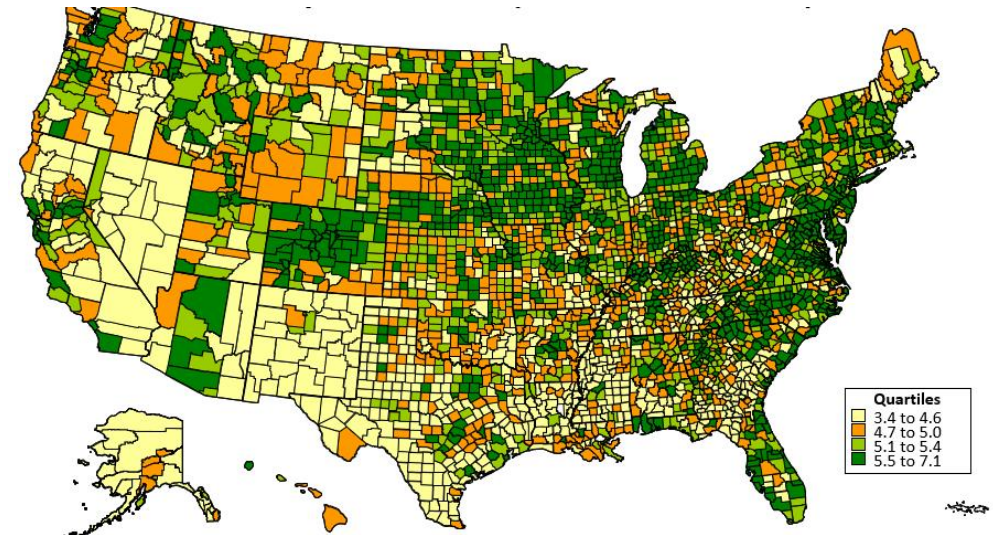
Limited Improvement:

- Large urban jurisdictions report some improved access to state public health surveillance systems & improved completeness of race/ethnicity data
  - More progress: cases, hospitalizations, deaths, vaccinations
  - Less progress: testing, positivity, occupational exposures, unmet social needs

Ongoing problems:

- Missing & incomplete race/ethnicity information in locally collected data: case reports, contact tracing
  - Inadequate staffing for follow up and verification
- Limited access to administrative data sources: all-payer claims, Medicaid, hospital discharge, SNAP, WIC, UI.
  - Incomplete race/ethnicity data and limited staffing for cleaning, linkage
- Limited access to regional **health information exchanges** and **social health information exchanges**

Consequences of Limited Access to Race/Ethnicity Data

- **53%** of local public health agencies report no or limited ability to examine racial equity as part of community health needs assessments

- **63%** report no or limited ability to allocate public health resources based on analyses of racial equity in priority health needs

- Rural jurisdictions are **17-21%** more likely than urban areas to report limited ability to consider racial equity in assessments & resource allocation

- COVID-19 death rates were **13-21%** higher in jurisdictions with limited ability to consider racial equity in assessments & resource allocation

Quartiles
- 3.4 to 4.6
- 4.7 to 5.0
- 5.1 to 5.4
- 5.5 to 7.1

Source: preliminary analyses of National Longitudinal Survey of Public Health Systems & NHSPI

Strategies for Improving Local Public Health Access

- **Expanded staffing**: local public health workers with data science training
- **Expanded training** for local public health workers: collection, access, use
- **Improved data infrastructure supporting local access** to state and regional data systems: secure portals, data marts, etc
- **Expanded state capacity** to fulfill local data requests: staffing, protocols

Robert Wood Johnson Foundation Commission Releases Roadmap for an Equity-Centered Public Health Data Infrastructure, Provides $50 Million in Funding to Encourage Action

Commission calls for all sectors to contribute to transform data systems, which currently impede progress in addressing structural racism and improving health equity.

October 19, 2021

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https://www.rwjf.org/en/library/articles-and-news/2021/10/rwjf-commission-releases-roadmap-for-an-equity-centered-public-health-data-infrastructure-provides-50-million-in-funding-to-encourage-action.html?cid=xrs_rss-nr

For More Information

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National Program Office

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