

# HEALTH DATA TRANSFORMATION

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Satcher Health Leadership Institute



**MOREHOUSE**  
SCHOOL OF MEDICINE

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# *Priorities and Aims*

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Health Systems Transformation  
Political Determinants of Health  
Mental/Behavioral Health





**STRUCTURAL RACISM  
IS A CRITICAL BODY OF KNOWLEDGE NEEDED  
FOR GENERALIZABILITY IN ALMOST ALL  
DOMAINS OF HEALTH RESEARCH.**

*Robinson et. al, 2019*

# Dark and Historical Moment



502,000  
COVID-19  
deaths



Communities of Color  
are DISPROPORTIONALLY  
affected

**75%** of COVID-19 deaths in DC  
were Black

only make up  
**45%** of the population

**46%** of deaths in California  
were Hispanic

only make up  
**40%** of the population

**57%** of deaths in Hawaii  
were Asian

only make up  
**40%** of the population



**IN 2020,  
LIFE EXPECTANCY  
IN THE U.S.  
DROPPED BY A  
FULL YEAR**

**BLACK  
INDIVIDUALS LOST  
2.7 YEARS OF LIFE  
EXPECTANCY**

**LATINX  
INDIVIDUALS LOST  
NEARLY 2 YEARS  
OF LIFE  
EXPECTANCY**

American Indian and Alaska  
Native persons are facing  
**1.8 times**  
the mortality rate  
of non-Hispanic Whites

Amongst children,  
**75%** of COVID-19  
deaths have been of color  
**45% hispanic children**  
**29% black children**

**Only One** U.S. State  
has vaccinated at least  
**10%**  
of its black population



*It does not matter which  
region of the country,*

*vulnerable communities **everywhere**  
are being harmed.*



## SHLI Health Equity Task Force

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- Data Consortium
- Dashboard Review
- Ethics & Public Trust
- Marketing & Communications
- Population-Based Strategies
- Policy & Legal Epidemiology

# Equity Forward

Every person deserves equitable opportunities to health.

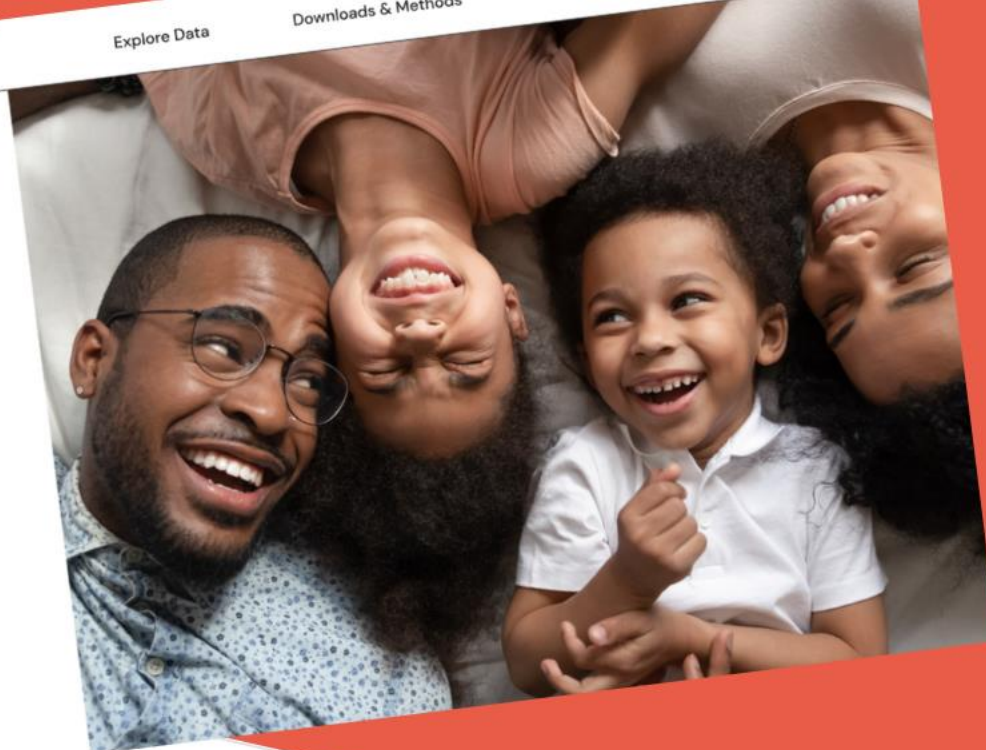
[Explore the data](#)

[Or, learn more about the project](#)

Hi, nice to meet you. We're the Health Equity Tracker.

A product of a groundbreaking collaboration between the Morehouse School of Medicine, Satcher Health Leadership Institute, and public health leaders from around the country

[Meet the Team](#)



## Health Equity Tracker will exist:

- To establish an interactive and comprehensive Health Equity Data platform of the U.S.
- To understand the health equity impact of on mental and behavioral health outcomes
- To examine select social determinants of health as they relate to COVID-19 and other comorbidities
- To examine political determinants of health of jurisdictional policies which either exasperate or alleviate COVID-19 outcomes
- To provide technical assistance and policy recommendations to jurisdictions concerning data collection plans for inclusion of health equity indicators



## Program Objectives

### Identify and Engage Communities



through local, state, territory, tribes and national partners.

### Nurture Existing and Develop New Partnerships



to ensure an active information dissemination network.

### Disseminate Culturally & Linguistically



#### Appropriate Information

In partnership with communities and national, state, local, territory, tribe and government organizations

### Link Communities to Resources with Technology



Connecting communities to community health workers, healthcare and social services.

### Monitor and Evaluate



identifying successes and measuring outcomes to improve the program.

### Comprehensive Dissemination



using mainstream media, white papers, and publications to educate and train the response workforce.



# CHALLENGES



**Lack of  
centralization and  
standardization of  
data**

**Unreliable data  
sources for  
racial/ethnic data  
and lack of access  
to the data, if  
collected**

**Even our Federal  
government data  
partner's most  
restricted data is  
hamstrung by the  
system.**

**Not enough data  
sources analyzing  
both the upstream  
factors as well as the  
"isms" that plague  
our society**



# RACIALLY BIASED ALGORITHMS

THE ALGORITHM  
INITIALLY IDENTIFIED...

ONLY  
**18%** OF BLACK PATIENTS  
NEEDING MORE  
MEDICAL CARE  
AND  
**82%** OF WHITE PATIENTS  
NEEDING MORE  
MEDICAL CARE

THE TRUE PROPORTION OF SICK  
PATIENTS SHOULD HAVE BEEN...

**46%** BLACK  
AND  
**53%** WHITE

health systems

use this algorithm for some

**100 MILLION**

people across the country



# RECOMMENDATIONS

Provide resources to the CDC to assemble and publish comprehensive Covid outcomes and vaccine data

Compile a registry in primary care practice to identify and track patients with detailed demographic, social, and medical history

Create metrics for success and/or failure in vaccination efforts

Mandate requirements for granular race and ethnicity data fields

Establish a national standardization of categories of race/ethnicity data fields and other identifying information

*THERE CAN BE NO RETURN TO*  
***“NORMALCY”***

THANK YOU

Learn more

[satcherinstitute.org](https://satcherinstitute.org)

Contact us

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