



Joanne Belanger  
Director of Health and Human Services

## MEMORANDUM

**TO:** Eileen Donoghue, City Manager *EMD*

**FROM:** Joanne Belanger, Director of Health and Human Services

**DATE:** May 26, 2020

**SUBJECT:** **Motion by C. Chau, 4/14/20** Req. City Mgr. Incorporate The Standardized Covid-19 Information Provide By The Commonwealth Of Massachusetts Into A Comprehensive Neighborhood Report Regarding Covid-19 Cases

The City of Lowell and the Health Department are dedicated to providing detailed and up-to-date information to the public regarding the status of COVID-19 and its spread in the City. Beginning on April 2, the City has released a weekly enhanced data report providing a breakdown of confirmed cases by age, gender and neighborhood. Though preparing these reports has at times been an intensive task, the Department has recognized that there is significant public health value associated with these metrics and have remained committed in our efforts to ensure the public's awareness of them.

Data reflected in these reports is garnered through a variety of sources. Some data is gathered at the point of testing by laboratories or health care providers and conveyed to the City through MAVEN, the system used for Communicable Disease surveillance. In instances where data is missing at the point that a case is reported to the City, our public health nurses work to fill in the data while conducting interviews that are standard for all cases. Additional analysis is conducted in order to breakdown confirmed cases by neighborhood. In that category, reports contain a category listed as "unknown." Cases in this category could include those who are homeless, those with PO boxes that an address cannot be identified or incorrect addresses yet to be corrected through tracing. It is worth noting that certain neighborhoods could have long term care/nursing homes, congruent living facilities, or housing density that would cause an increase in case reporting.

The Department of Public Health's daily COVID-19 dashboard provides statistics on confirmed cases of COVID-19 according to race and ethnicity. This data is valuable in understanding where the burden of illness is falling and determining if certain racial and ethnic groups are disproportionately impacted by the virus. While the Health Department has worked diligently to be able to incorporate race and ethnicity information into the City's weekly data report, a number of factors have inhibited our ability to produce data that we are confident in the validity of.

In the early weeks of COVID 19, tracing was predominately focused on travel history and symptoms in order to try and appropriately isolate or quarantine people. As such, gathering certain demographic data, including race and ethnicity was not prioritized in early tracing efforts. As the situation evolved, it became apparent that more information was needed from people with a positive diagnosis in order to try and contain the disease. Ethnicity is a data field in the MAVEN system that we use for Communicable Disease surveillance, but it is a data set that is dependent on how the person self identifies. They could identify with one or more ethnicities or choose to not answer the question at all. Because the data was answered sporadically and without any consistency (in other words, there wasn't a drop-down menu of choices it was free text) there was no clear way to statistically report the data in any meaningful way. It would not be a true and complete picture of the variety of ethnicities represented throughout the Commonwealth. The State has since removed the question from the MAVEN system. Race is a question still included in the MAVEN system however, there remains a significant amount of missing data either from the question not being asked or the person refusing to answer. While this data is more complete and is reviewed by the Health Department for the purpose of identifying possible racial disparities, it is not currently in a form from which meaningful public health inferences can be drawn.

These issues are reflected in the state's reporting on race and ethnicity data as well, which showed over 42% of cases as "unknown/missing" as of May 20.

It is the understanding of the Health Department that the Massachusetts Department of Public Health is engaged in efforts to improve the accuracy of race and ethnicity data. Similarly, the Health Department is continuing to review and attempting to improve the validity of this data with the aim of including it in public data reports in the near future.