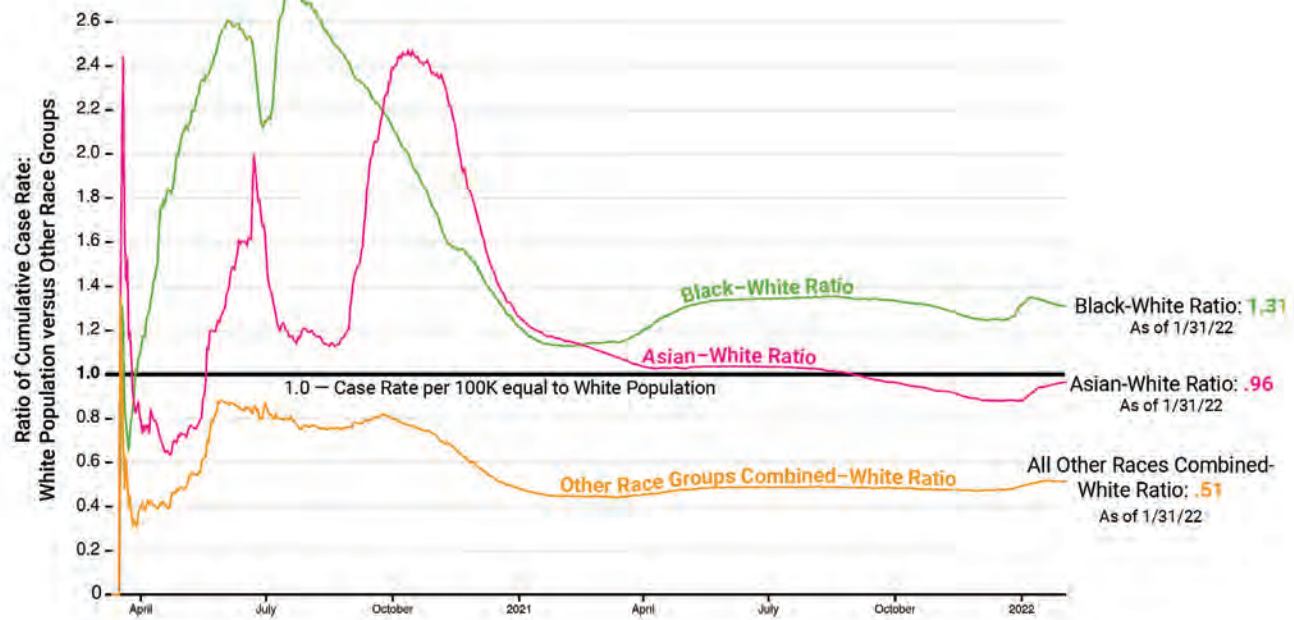


32%

51%

Minding the Gap in Allegheny County



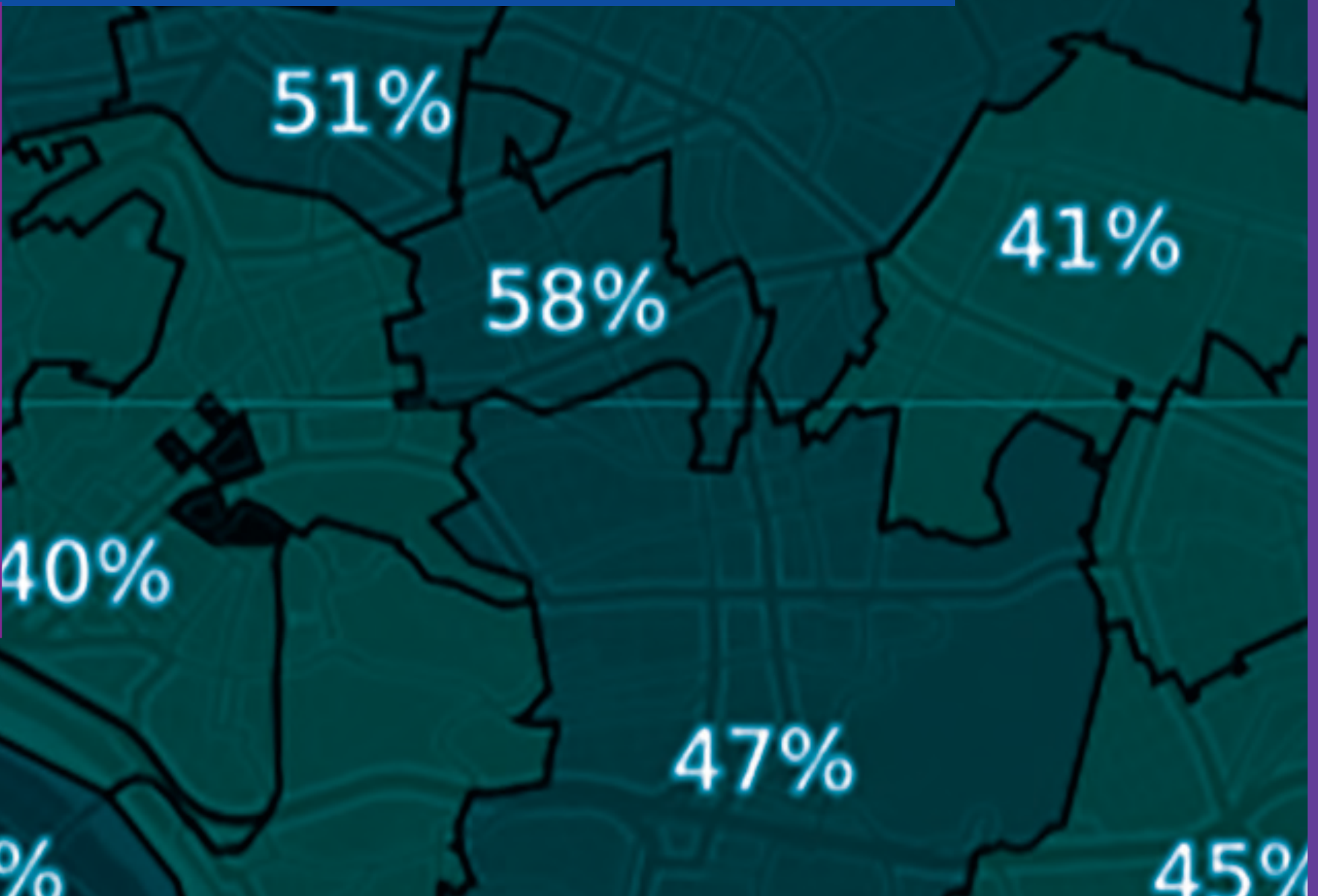
52%

82%

TRANSPARENCY TAKES ON DISPARITY

BY ELAINE VITONE

NOW YOU SEE IT



GRAPH: The Black Equity Coalition has worked to expose and address the racial gap in COVID-19 cases in Allegheny County—and that gap is closing. From July 2020 to January 2021, the ratio of COVID-19 cases in Black to White patients (green line) fell from about 3:1 (or, shown here in decimal form, about 3.0) to 3:2 (or 1.5).

BACKGROUND IMAGE: Among the real-time COVID-19 data on the BEC's data dashboard (covid.createlab.org) is a map of vaccination rates across Allegheny County. Site visitors can hover over a given zip code to compare COVID-19 vaccination rates for Black residents versus the total population.

(Image courtesy: covid.createlab.org)

In the early days of the COVID-19 crisis, jaw-dropping data began trickling out from across the country. “Cities like Milwaukee and St. Louis were saying 75 percent of people dying from COVID-19 were Black,” recalls Pitt’s Tiffany Gary-Webb, a PhD, MHS associate professor of epidemiology in Pitt Public Health.

Concerned about the COVID-19 death rate for Black Pittsburghers, Gary-Webb and a group of scholars in her sphere reached out to public health officials. “We said, ‘What are the rates in our area?’” The answer from the Pennsylvania Department of Health and the Allegheny County Health Department was, essentially, “IDK.” These data were not available to the public at the time.



Gary-Webb

But this was no shrugging matter. Data are the bread and butter of informed policy and targeted interventions, matters of life and death in a pandemic. So, in the ensuing weeks and months, Gary-Webb was part of a collegial huddle working together to put pressure on public health officials. Ultimately, that pressure resulted in the release of those data, warts and all.

Then, they got to work on the warts—or, rather, the gaps.

This was just the beginning for what’s now known as the Black Equity Coalition (BEC), a predominantly Black collective of epidemiologists, social scientists, health care providers, CEOs and assorted data dynamos representing universities and community organizations across Pittsburgh.

The BEC conducted its own analysis of the data and identified weak links in reporting—specific health care providers that, unfortunately, were driving most of the gaps. “We had conversations about improving the information on race and ethnicity at the state level with Dr. [Rachel] Levine,” (then-secretary of health for Pennsylvania), Gary-Webb says. It was this advocacy, the BEC believes, that led to a much stronger health advisory in December 2020 regarding the inclusion of race and ethnicity data in demographics provided with COVID-19 test results.

Through each iteration of the evolving COVID-19 crisis, BEC has continued this pattern of coordinated data-crunching, network leveraging and sustained advocacy. “We’re calling it data-to-action,” says Gary-Webb.

At the start of the vaccine rollout, BEC pointed out a grave flaw in the policy approach. Black residents of the county are younger on average than White residents, the coalition noted in a statement, and older residents were vaccine-eligible first. “We at that time saw higher rates of hospitalization and deaths for Black residents at younger ages,” Gary-Webb says. Further compounding this inequitable approach, a disproportionately high number of frontline health care jobs are performed by Black residents. (Unfortunately, the inequity stood until the state opened up eligibility more broadly.)

When COVID-19 testing sites began appearing, local health plans chose sites well outside of city limits, far from Pittsburgh’s Black neighborhoods. Working in partnership with Pitt’s Western Pennsylvania Regional Data Center, Gary-Webb and her fellow BEC data committee members prepared a report examining Black population distribution, existing testing site locations and sites that they suspected could be extremely valuable in the race to ramp up testing: federally qualified health centers (FQHCs). This deft deployment of data led to a change for the better.

The county health department has since rolled out testing at all FQHCs.

Today, the Allegheny County Health Department website shows testing and case data by race. And on BEC’s public dashboard, data visualizations of deaths, cases, hospitalizations, tests and more provide a bird’s-eye view of disparities and how they change over time. Though there’s work to do, the data hold encouraging news: The racial gap in infections is closing.

“We can see the impact [of our work] on communities. We can see changes in real time,” says Gary-Webb.

What it took to get to this point is a story of elbow grease and what’s possible when a powerhouse collective of more than a dozen executive leaders, health care providers, researchers and community stakeholders join forces.

It’s a cautionary tale, too, on the importance of transparency as a means of checks and balances.

And ultimately, it’s also a case in point that representation matters. Before BEC stepped in, “People weren’t open to knowing we had disparities,” says Gary-Webb.

The BEC includes a host of Pitt people: Tracey Conti, an MD and newly appointed chair of family medicine; Richard Garland, MSW assistant professor and director of the Violence Prevention Project at Pitt Public Health; Noble A-W Maseru, PhD, MPH professor of public health practice and director of social justice, racial equity and faculty engagement for Pitt health sciences; Dara Mendez, a PhD, MPH assistant professor of epidemiology and of behavioral and community health sciences; and Pitt Med alum Jerome Gloster (MD ’92), chief executive officer and chief medical officer for Primary Care Health Services, a system of 10 federally qualified health centers across the Pittsburgh area.

Initially, BEC gathered around the goal of ensuring Black and Brown communities in the county would receive accurate and reliable information about COVID-19. They quickly realized what they were building was something bigger: a forum to tackle health inequities, writ large.

“This has been very fulfilling,” says Gary-Webb. ■