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March 4, 2020

Re: Title 17 – Reportable Disease – COVID 19’

Dear Dr. Sonia Angell,

The California Conference of Local Health Officers (CCLHO) strongly recommends OSHPD expand the data elements reported by hospitals and ambulatory care facilities to include complete patient street address. As you know, our work at the local level requires us to look at smaller areas, or micro-environments, that may influence health outcomes, so that we can better understand and speak to the root causes of health inequities.

By law (California Code of Regulations Section 1276), local health officers are required to provide for:

- “The collection, tabulation and analysis of all public health statistics, including population data, natality, mortality and morbidity records, as well as evaluation of service records.
- “Services in chronic disease, which may include case finding, community education, consultation, or rehabilitation, for the prevention or mitigation of any chronic disease.”

Street address is an important piece of patient information that allows geographic analysis of illness and injury in the population at a level more meaningful than zip code. For purposes of public health surveillance, street addresses allow us to geographically locate patients with health outcomes we are interested in.

The OSHPD data has long been an important source for local health departments’ understanding of the relative burden of illness and injury in the population. And while we must be careful with our interpretation due to the inherent limitations of administrative billing codes, we continue to rely on it for both an understanding of the epidemiology of illness and injury but also the excess utilization that results from lack of access to high-quality primary care.

Using address-level (point) data allows us to build up to any geography, making health outcome data useful for action at the local level. For instance, we can assign census tracts and block groups, matching cases up against appropriate denominators of ‘population at risk’ of various outcomes. Census tracts were developed to be “as homogeneous as possible with respect to population characteristics, economic status, and living conditions” (US Department of Commerce, Bureau of the Census, *Geographic Areas Reference Manual*, November 1994). Rates of health outcomes can then be examined for census tracts in relation to hundreds of kindred population variables to be pulled from the U.S. Census Bureau’s American Community Survey (e.g., poverty and housing cost burden).

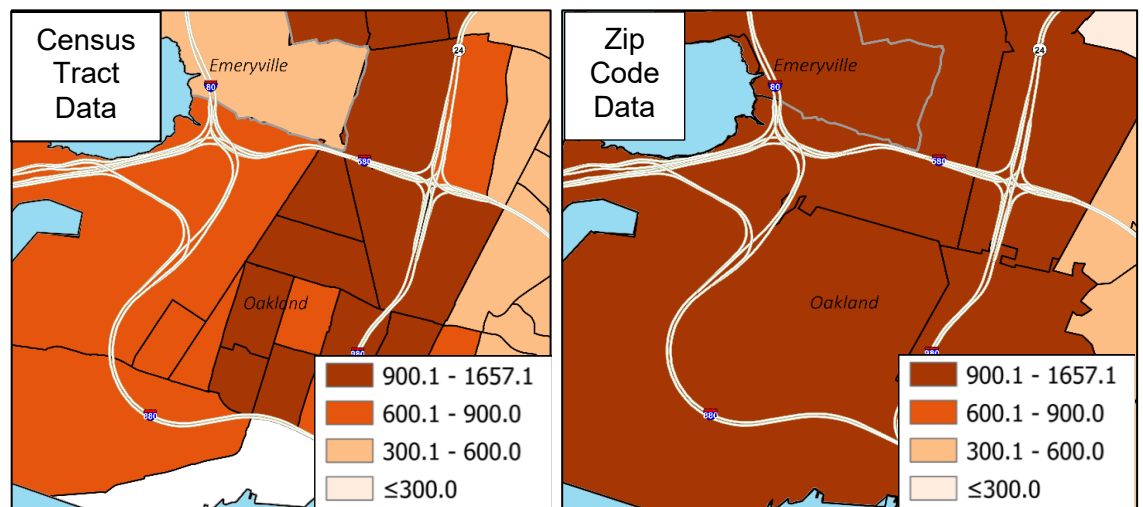
As an added bonus, address-level data can be used for spatial analyses. For example, one can detect and quantify patterns with hot spot analysis, make predictions with spatial regression, find the best locations and paths with network analysis, and use non-standard geographies (e.g., within 500 feet of a freeway). All of these can be done without any violation of confidentiality standards.

In mapping health outcomes to census tract or smaller geographies, we can know something about how micro-environments or neighborhood conditions might be associated with specific diseases. For instance, being able to determine if children who live in one neighborhood are more likely to have an asthma hospitalization than children who live in another neighborhood provides some important clues to environmental and socioeconomic conditions that may be co-factors in morbidity.

All of these analyses can be done without violating disclosure practices. For instance, rates and counts for any geographic area can be masked for presentation on maps or tables in accordance with CDPH and NCHS standards. In addition, there are tools such as MapMasq (<https://info.gisinc.com/mapmasq>) that can randomly offset individual points so reverse geocoding is made impossible; these are HIPAA compliant and even offset more in rural areas and less in urban areas. In spatial analyses, such as computing patient catchment areas for clinics, no rates or counts are presented whatsoever.

In the maps below, rates of asthma ED visits among children 0-4 years are shown by Census tract on the left and by zip code on the right (data from 2008 pilot study). The granularity in the census tract map shows a wide variation in rates as well as a concentration of higher rates within the 980-80-24 freeway interchange, an area near the Port of Oakland characterized by transit-related poor air quality and high poverty. These are details that we cannot get from the zip code map at right. Additionally, the smaller geographies result in a wider variation of rates—the highest rate in the county by Census tract was 1657.1/100,000, while the highest by zip code was only 1387.3/100,000.

Rates of Asthma Emergency Department Visits, Children 0-4, West Oakland, Alameda County



The map on the right illustrates the disadvantages of zip code as the sole geographic element in the current OSHPD data. Zip codes can contain large numbers of people, in some places over 100,000, a number too large and heterogeneous for meaningful analysis. Similarly, some zip codes contain just a few people, and are too small to use for analysis. In addition, zip code boundaries change frequently (the post office controls zip code boundaries, which are changed to meet their mail routing requirements) making the validity of trend analyses questionable. Finally, zip codes are set up for efficiency of mail delivery and do not reflect administrative units such as cities or counties. They especially do not represent Census-designated places well.

In summary, CCLHO wholeheartedly encourages a move to include patient street address in the OSHPD data reporting elements and to make this information available in the Model Data Set for local health jurisdictions.

CCLHO was established in statute in 1947 to advise the California Department of Health Services (now the California Department of Public Health), other departments, boards, commissions, and officials of federal, state and local agencies, the Legislature and other organizations on all matters affecting health. CCLHO membership consists of all legally appointed physician health officers in California's 61 city and county jurisdictions.

Thank you for your consideration. Should you have any questions, please contact me by email at karen.relucio@countyofnapa.org or by phone at (707) 253-4566.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen Relucio', with a long, sweeping horizontal stroke at the end.

Karen Relucio, MD
President, California Conference of Local Health Officers