

# Some Interpretations of Data Equity

## Representation Equity

“...testing remains sparse in many low-income and minority neighborhoods, and race and ethnicity information is missing for about half of reported COVID-19 cases nationwide.”

## Feature Equity

Bill Howe (UW), HV Jagadish (Mich), Julia Stoyanovich (NYU)

<https://midas.umich.edu/fides/>



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Complete data from COVID-19 testing sites in low-income areas, such as this one at Interbay Village in Seattle, are crucial to fighting the pandemic. DAVID RYDER/REUTERS

## ‘Huge hole’ in COVID-19 testing data makes it harder to study racial disparities

By [Kelly Servick](#) | Jul. 10, 2020, 6:25 PM

TECH

## Britain gave Palantir access to sensitive medical records of Covid-19 patients in £1 deal

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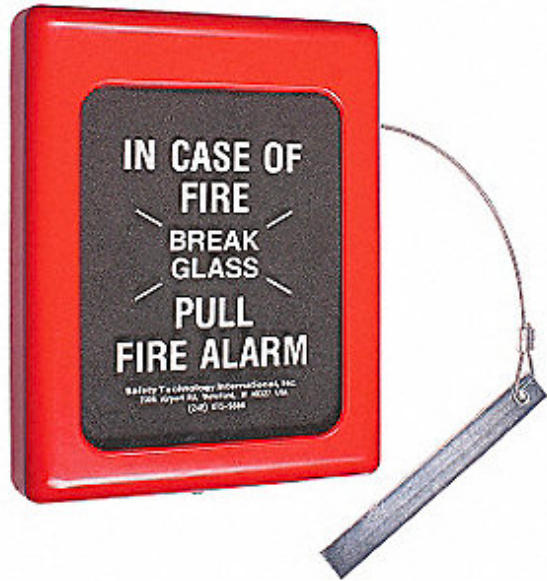
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*“...the companies involved, including Faculty and Palantir, were originally granted intellectual property rights (including the creation of databases), and **were allowed to train their models and profit off their unprecedented access to NHS data***”

### KEY POINTS

- The U.K. Government gave Peter Thiel’s Palantir access to sensitive NHS patient data.
- A contract published online on Friday shows that Palantir is charging the NHS just £1 for its services.

# Outcome Equity



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## Viewpoint

April 15, 2020

# COVID-19 and African Americans

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JAMA. 2020;323(19):1891-1892. doi:10.1001/jama.2020.6548



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*In Chicago, more than 50% of COVID-19 cases and nearly 70% of COVID-19 deaths involve black individuals, although blacks make up only 30% of the population.*

*This infection rate is more than 3-fold higher than that in predominantly white counties.*

*Need accountability policies:  
If you pull the fire alarm to release data, you'll be scrutinized and you accept responsibility for outcomes*

Much has been published in leading medical journals about the phenomenon of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. The resulting condition, coronavirus disease 2019, has had a societal effect comparable only to the Spanish flu epidemic of 1918. As the flow of clinical data has shaped the contemporary narratives, more is being learned about which individuals and communities are at most dire complications. Researchers have emphasized older age, male sex, hypertension, and preexisting comorbid cardiovascular diseases (including coronary artery disease and heart failure), and these are important risk factors associated with worse outcomes; specifically, case-fatality rates vary widely. Data sourced from China and Europe have not been replicated in the US, but the US experience represents similarly distressing outcomes in these highest-risk phenotypes.