NYSGIS Association: Regional Committee, COVID Bi-Weekly Conference Call

July 22, 2020

Attending:

Doug Schuetz, Rockland County
Eileen Allen, Clinton County
Ross Baldwin, Suffolk County
Ana Hiraldo, Westchester County
Alan Leidner, NYC GISMO

The meeting today was taken up by a general discussion of the difficulties experienced in trying to apply GIS technology and spatially enabled data to COVID – 19 Operations.

Alan Leidner announced that a Workshop is being organized for August 19th 2pm to 4pm to include presentations about the application of precision location data to support COVID operations. All regional committee POC's will be invited and should receive invitation within a week.

Doug Schuetz (Rockland) noted that he has had success geocoding COVID case data for the Rockland DOH. The data to be geocoded has had names and other personal information removed. Over more than twenty years Doug has developed a trust relationship with Rockland DOH originating in work done on West Nile Fever. Doug says Rockland DOH has only a small GIS staff and relies upon his GIS team for higher volume work.

Concerns were voiced that much of the public was still spatially illiterate. The reason why ZIP code may be the best way to aggregate COVID information for public consumption is because it is a unit of geography the public understands. Community and municipal boundaries, and census tracts which would give you better granularity, are much more difficult to fathom by the public.

There was acknowledgement that GIS professionals in NYS county and municipal governments were having a difficult time having an impact (with some

exceptions) on COVID operations which are almost exclusively being run by Health Departments. HIPAA was identified as a big obstacle even though HIPAA rules allow personal health information to be used for public health purposes as long as it is not released. This has allowed DOH's to say no to collaboration with GIS units that have potentially useful capabilities. There was speculation that this logjam could only be broken if the Governor's Office would make a statement identifying the forms of data sharing, allowed under HIPAA.

Everyone acknowledged that digitizing and geocoding COVID case data at its origin point (testing stations, hospital intake locations, testing laboratories) would support rapid identification of evolving hot spots making it possible to take remediation activity early in an outbreak or a flare-up. This could save lives. However, the "data supply chain" is largely broken. Poor quality information is collected manually and often never digitized, geocoded or analyzed. The result is that it is impossible to establish a real-time common operational picture of how and where the disease is spreading so that prompt containment action can be taken. Contact tracing operations are also going forward without good GIS support, and so key location information is not being created, integrated or analyzed. It would have been helpful if pandemic exercises could have been run to identify many of these problems and needs prior to an actual disease outbreak.

All agreed that there were technologies that could easily allow citizens presenting themselves at test locations to have personal ID information captured digitally, including pre-geocoded address information. (e.g. car registration stickers, easy pass sensors, ID cards, or matrix bar codes on a smart phone generated from the State's geocoding application) While this is easily within the capabilities of many County and Municipal GIS divisions, many DOHs never asked for assistance, and have been rejecting most forms of collaboration.

Much comes down to HIPAA. It would be good to have NYS attorneys spell out exactly how GIS support can be given to DOHs without violating HIPAA. Everyone thought that if there was sharing and collaboration for public health purposes under strict DOH guidelines, there should be no problem with HIPAA. That this was explicitly allowed by HIPAA legislation. If the Governor could issue a statement or executive order about collaboration between DOHs and GIS units,

this would clear the way for better cooperation and trust. Right now many GIS professionals are walking on pins and needles, nervous about challenging DOHs refusal to work collaboratively, concerned that any cooperative work they are now being allowed to do could be taken away.

In general, it was felt that GIS was being used less than it should be because it was not well understood and was in a poor institutional position. There should be public policy requiring the engagement of GIS experts in new computer systems and the design of most government operations. Many people in government still do not understand the power of GIS and how it is essential to most everything that government does. And GIS capabilities keep expanding so that the gap between what could be done and what is being allowed gets larger and larger.

There was agreement that the GIS community needed to do a better job of public relations and public communications. We need national GIS leadership to become more outspoken. We need the different GIS organizations to work together on a common strategy that better explains GIS to the public. We also need a better media strategy. For example: we need to encourage and support the media's efforts to let the public know that GIS can be a highly effective tool in winning the battle against COVID.