

# HERA - Large-scale characterization of health equity

Noemie Elhadad PhD Columbia University



## Health equity

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible." (RWJF; 2017 report)





## Health disparities

"Race/ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health." (Healthy People 2020)

- Health disparities are multi-factorial
- Intersectionality plays a role

Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. Journal of health and social behavior, Spec No, 80–94. Galea, S., Tracy, M., Hoggatt, K. J., DiMaggio, C., & Karpati, A. (2011). Estimated deaths attributable to social factors in the United States. American journal of public health, 101(8), 1456-1465.

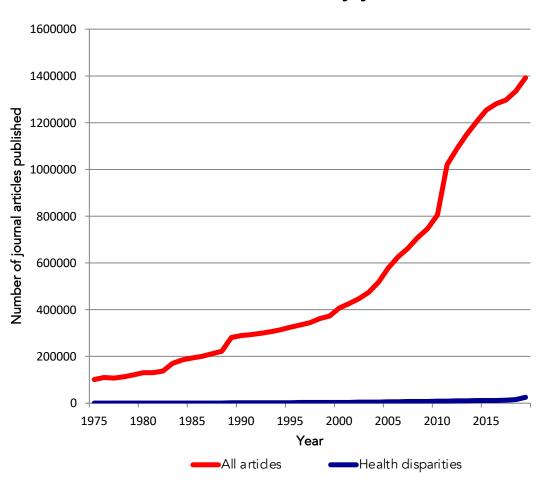
Bartz, D., Chitnis, T., Kaiser, U. B., Rich-Edwards, J. W., Rexrode, K. M., Pennell, P. B., ... & Seely, E. W. (2020). Clinical advances in sex-and gender-informed medicine to improve the health of all: a review. JAMA Internal Medicine, 180(4), 574-583.

Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality—an important theoretical framework for public health. American journal of public health, 102(7), 1267-1273.

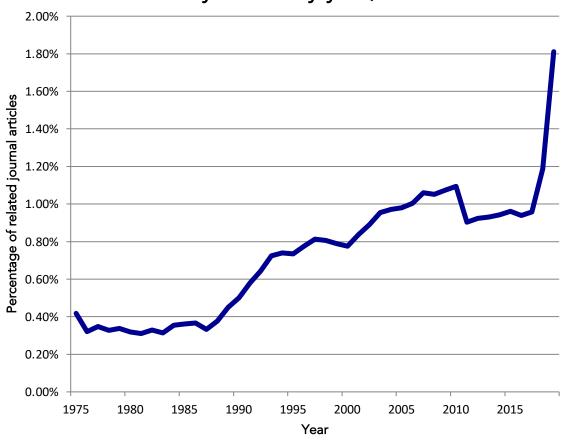


## Health disparities research

Publication count by year, 1975-2019



Percent of articles related to health disparities/ minority health by year, 1975-2019



Graphics: Harry Reyes Nieva, Columbia University



## The opportunity

- Observational health data are a particularly valuable source of information to study disparities
- We'd like to characterize health and healthcare disparities
  - Across different cohorts
  - Across different subgroups
  - Across different outcomes
  - Across databases / countries

Sounds like a large-scale characterization question!



### The vision

- Large-scale characterization is the first step towards advancing knowledge of health disparities and ultimately reducing them
- OHDSI community's input with phenotyping and adding databases to this project, HERA will support
  - Generating hypotheses across a wide range phenotypes and subgroups
  - Identifying conditions under which subgroup differences must be mitigated when building predictive models and causal inference analyses
  - Detangling biological differences from implicit healthcare biases



# Project HERA - Health Equity Research Assessment

- https://data.ohdsi.org/HERACharacterization/
- Gender (Male/Female) and race (Black/White) disparities
- Starting with 10 databases

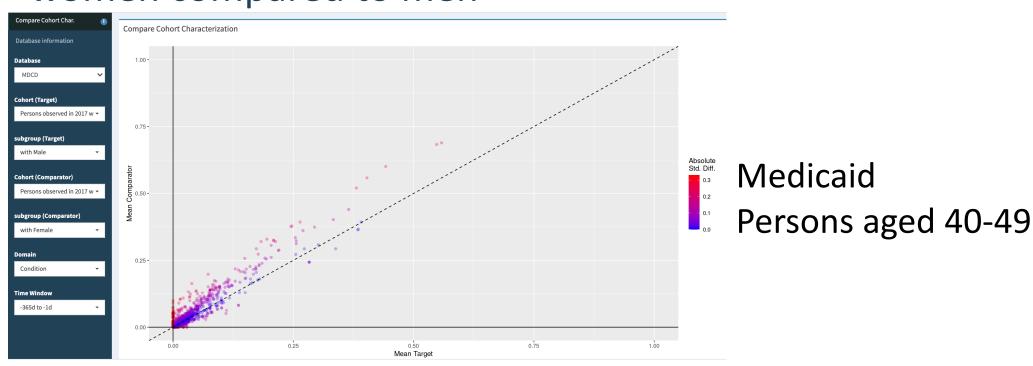
#### Two stories

- Characterize population-level race/gender differences in crosssectional analysis of individuals in 2017 with 3+ years of prior data
- Focusing on a specific cohort (patients with Crohn's disease),
  compare burden of disease across different subgroups



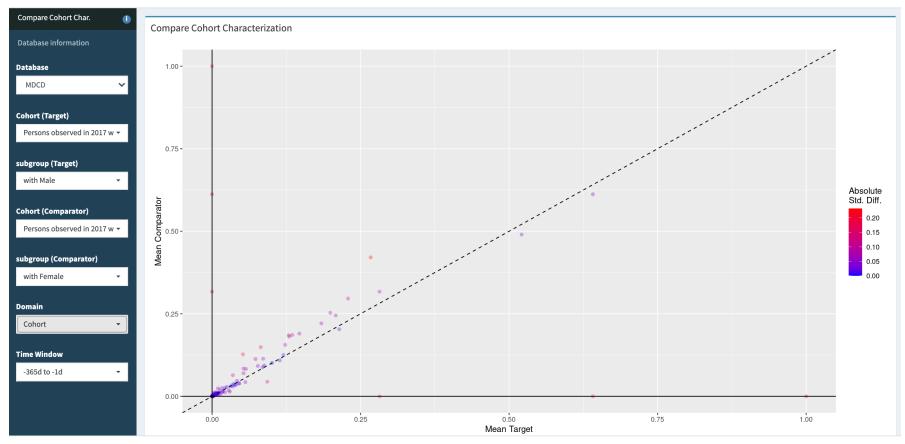
# Story 1 - Population-level analysis

- Across 12 databases, 23M+ patients
- Wide majority of diagnosis codes are more prevalent for women compared to men





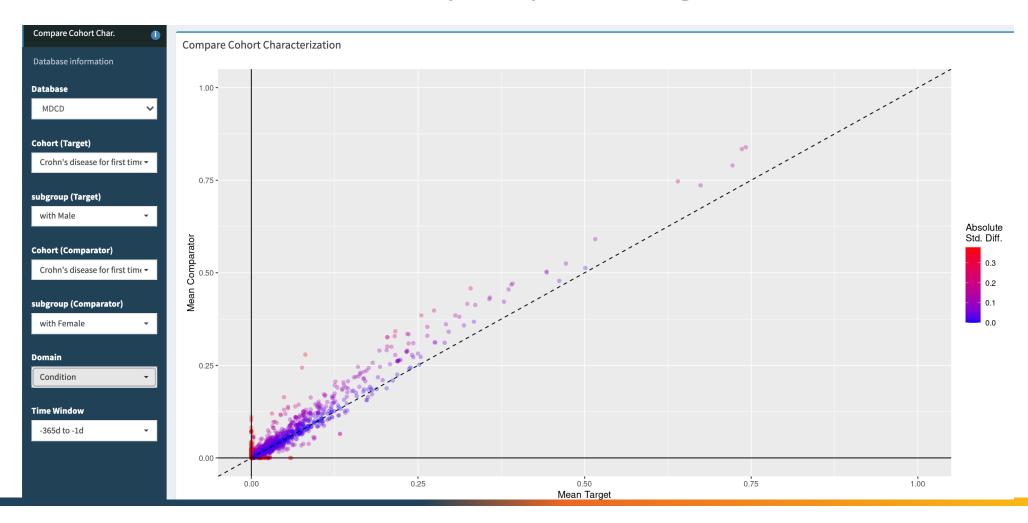
 Same pattern when looking at prevalence of specific, validate phenotypes from the phenotype library





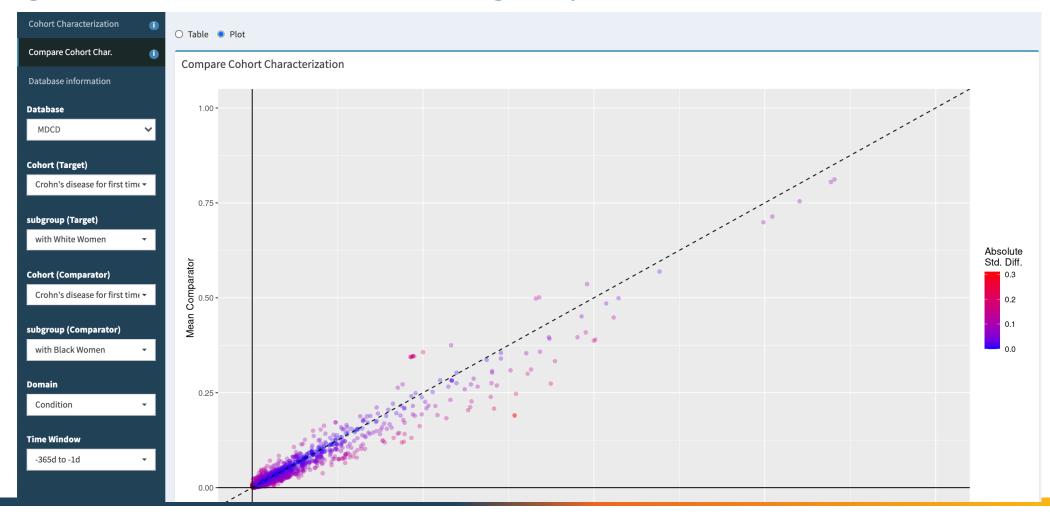
# Story 2 – Patients with Crohn's disease

Male vs Female, window: 1 year prior diagnosis, Medicaid



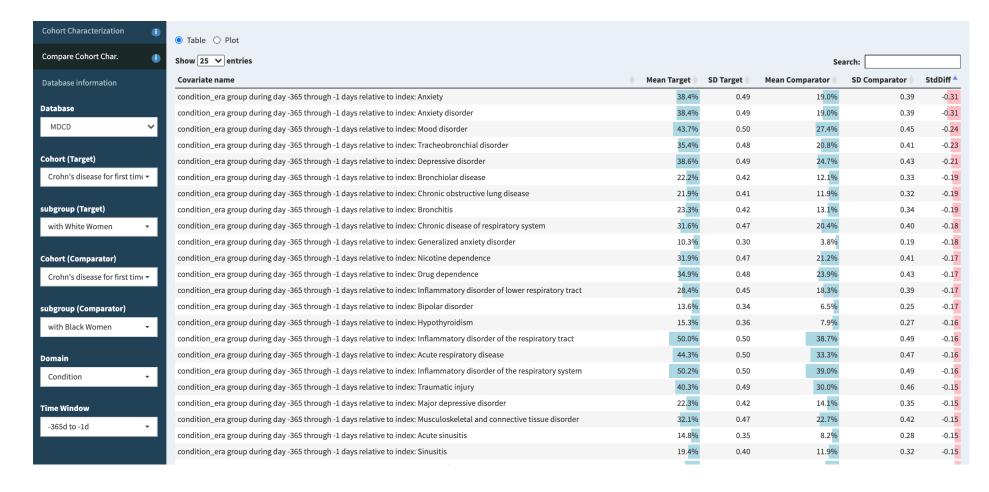


• Significant differences in subgroups





#### Table view





#### The vision

- Large-scale characterization is the first step towards advancing knowledge of health disparities and ultimately reducing them
- OHDSI community's input with phenotyping and adding databases to this project, HERA will support
  - Generating hypotheses across a wide range phenotypes and subgroups
  - Identifying conditions under which subgroup differences must be mitigated when building predictive models and causal inference analyses
  - Detangling biological differences from implicit healthcare biases



Are you in? Join us! We need you! data.ohdsi.org/HERACharacterization/