

Hi, I'm Jake Gillberg, and I help organize the health equity workgroup. As you will see in today's presentation, this group has a lot of exciting work happening (that is honestly sometimes hard to keep track of). I'm happy to be the messenger for this great work, and will be speaking for some leaders and experts of this work who couldn't be here today to present.







We are waking up to the fact that there is a lot more that goes into "health" and "healthcare" than doctor's visits and prescriptions. Having stable and secure access to food, housing, transportation, and a nurturing environment, are all important components of health that haven't traditionally been captured in the definition. To widen our perspective requires collaborative advances in data capture, harmonization, and incorporation into our studies. We have been exploring (through collaboration with the NLP workgroup) methods to capture information from unstructured data, and through collaboration with the N3C SDoH Domain Team – a maturity model useful for healthcare institutions to evaluate their capture and coding practices in this domain, and OHDSI-standard concept sets and phenotypes to serve as meaningful abstractions to survey questions, diagnoses, and procedures.

I'm very excited about the discussions we have been having on this topic, and an upcoming joint meeting with the N3C SDoH Domain Team to focus on extending "the work" to the OHDSI community.



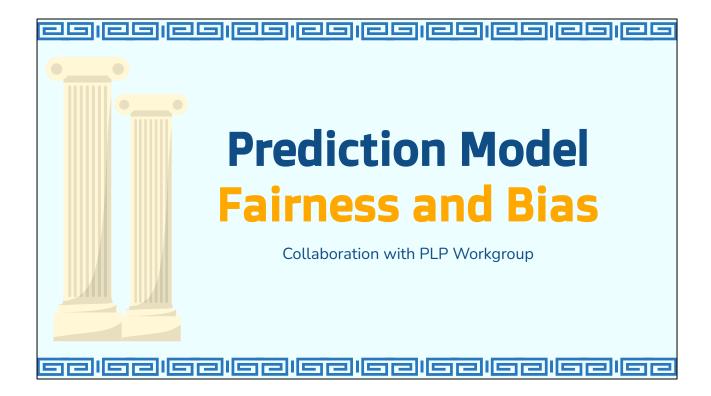
From Tony Sun -

The OHDSI Health Equity Research Assessment is in the process of finishing its first large-scale systematic comparison of condition prevalence across data sources, races, genders, and ages. We are in the final stages of finishing our first manuscript for publication, with a goal of having something in submission before the academic year ramps up – for those that would like to work with us on our second manuscript and onwards (for example, in studying particular disease chapters of interest), feel free to send us an email (tys2108@cumc.columbia.edu)!



From Brianne

"we have a monthly meeting around literature that people from the group find interesting and pertinent to health equity topics. The most recent topics covered were 'Health equity tourism', racism and sexism in documentation, and historical contexts that have shaped our perceptions and stereotypes. We welcome all types of health equity topics to the journal club and hope you can join on the third Wednesday of the month from 12-1."

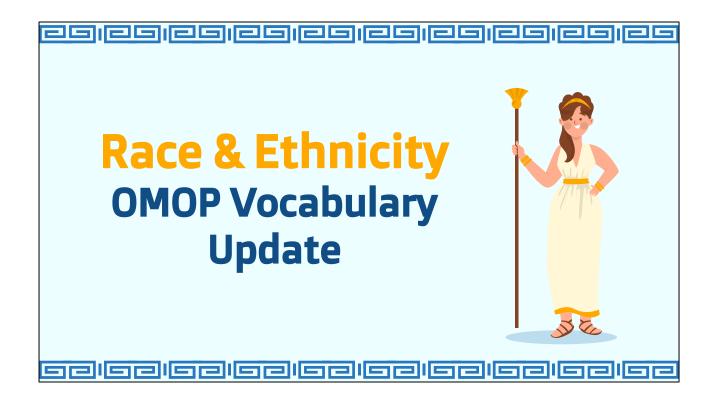


One focus we had in the workgroup this year, was looking at fairness and bias in prediction models and medical algorithms for different sub populations. We explored metrics for measuring fairness and bias of prediction algorithms, and talked with Ross Williams of PLP about enhancements to PLP that would allow sub-group training and evaluation of models. In the future, we hope to encode a standard, best-practice, process into PLP that takes these metrics into account across a standardized set of sub-groups when developing models



Rimma Belenkaya -

Collaboration with Oncology Working Group



Jake Gillberg

The current way of representing race and ethnicity in the OHDSI CDM leaves room for improvement, from a very US-census centric view of ethnicity as either "hispanic" or "non-hispanic", and lack of supported values, and a lack of a standard way to represent multiple races or ethnicities documented. We have been working with the Vocabulary working group on CDM-compatible changes to address these issues, and have a proposal that is starting to stabilize and gain approval.



Tony Solomonides

A little over a year ago, the NIH issued an extraordinary call for an unorthodox line of funding under the heading of "AIM-AHEAD" --- a near-acronym for "Artificial Intelligence/Machine Learning Consortium to Advance Health Equity and Researcher Diversity." Two groups I was involved in, the N3C SDoH WG and the OHDSI Health Equities WG, came together in a heroic effort to meet the incredibly short deadline of the call. I am proud to say that we bonded in a wonderful collaboration that persists to this day, and even though we were ultimately unsuccessful, we put our best face forward in a very well-received panel at the AMIA Summit this year that showcased our ideas for a program like AIM-AHEAD. A key presenter at the panel was Dina Paltoo, an Assistant Director at NHLBI, who outlined the AIM-AHEAD program. Noemie Elhadad and Arash Shaban-Nejad deserve a huge amount of credit and our gratitude for leading the collaboration together in that first phase.

Two tireless colleagues, Charisse Madlock Brown and Jim Phuong, have continued this and additional work in the N3C SDoH WG, so we now stand ready for the next challenge, again in association with the OHDSI Health Equities WG. We are proposing an R01 application to the funding opportunity PAR-22-145 "Leveraging Health Information Technology (Health IT) to Address and Reduce Health Care Disparities (R01 Clinical Trial Optional)". We have a particular focus on Disability. A leading expert and disabilities advocate, Dr. Bonnie Swenor from Johns Hopkins, is playing a major role in "keeping us honest" in our efforts to address disability inequities as experienced by the diverse communities that make common cause

under the banner of "disability." We take encouragement from the OHDSI Health Equities WG and their continuing engagement with us. We'll keep the OHDSI community updated as we progress.



Atif Adam

