

Big data, social determinants of health, and health inequities

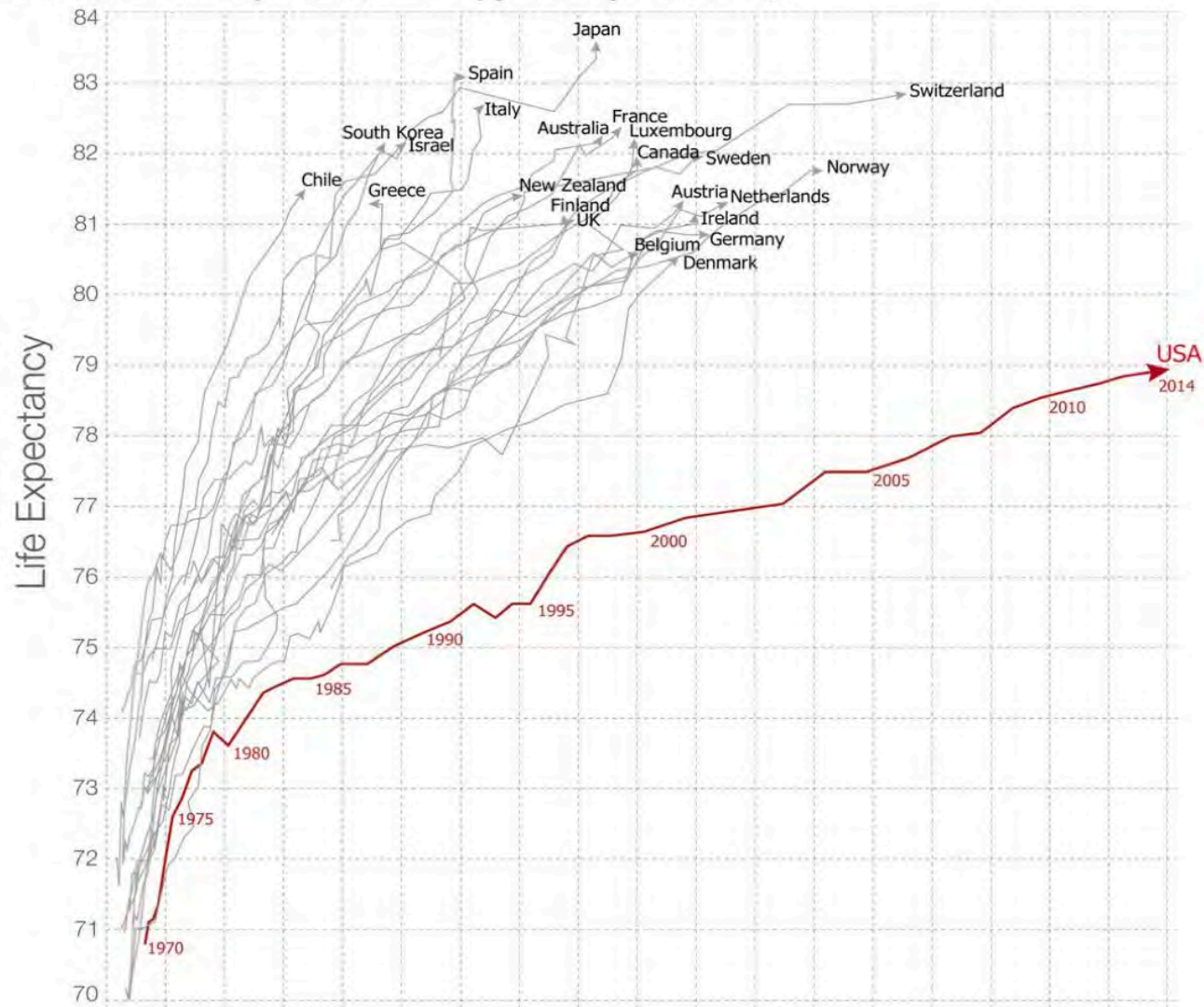
Sandro Galea

1. The trouble with the population's health

Life expectancy vs. health expenditure over time (1970-2014)

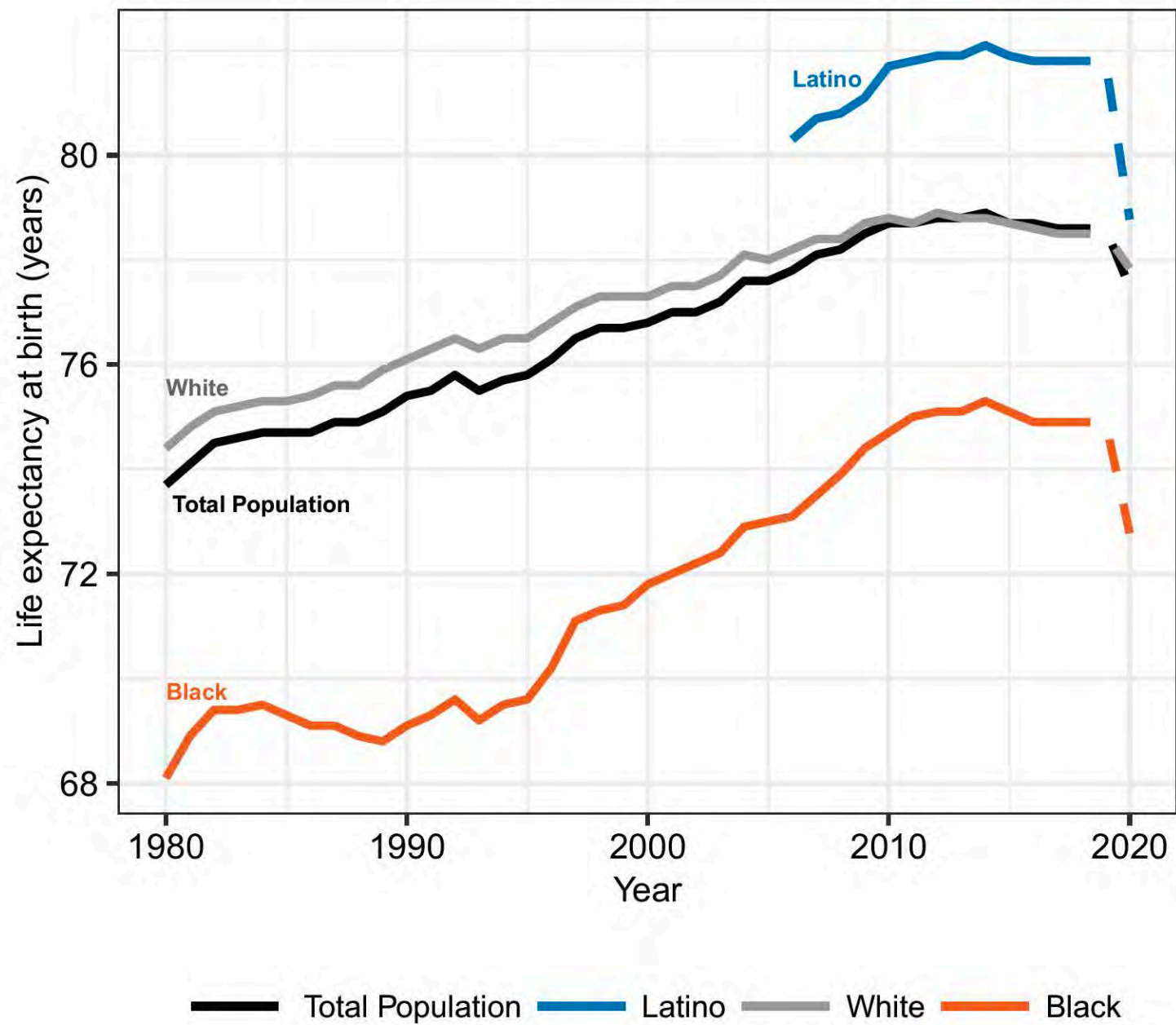
Our World
in Data

Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).



Our World in Data. "The link between health spending and life expectancy: The US is an outlier."

<<https://ourworldindata.org/the-link-between-life-expectancy-and-health-spending-us-focus>> Accessed September 7, 2016

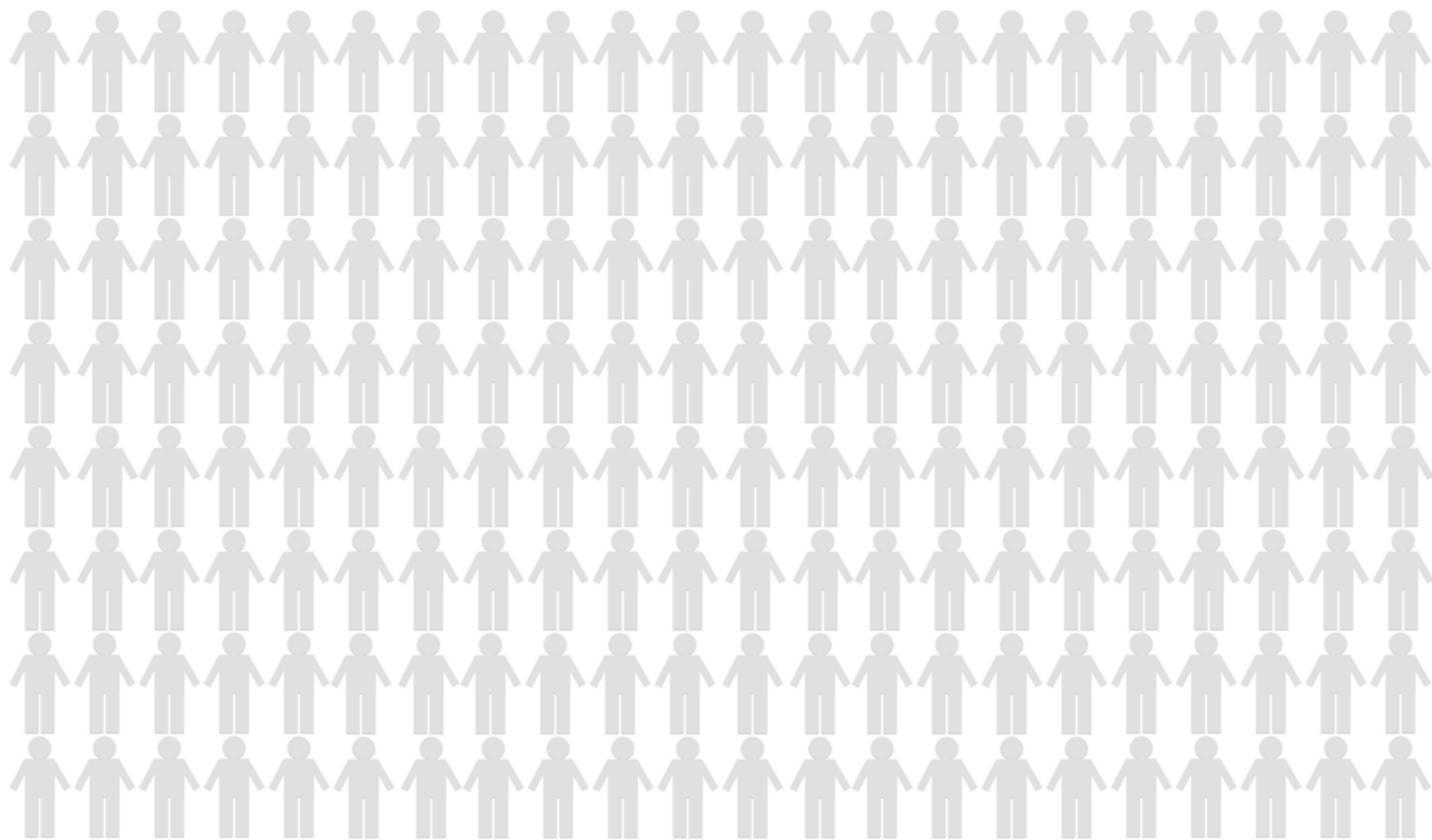


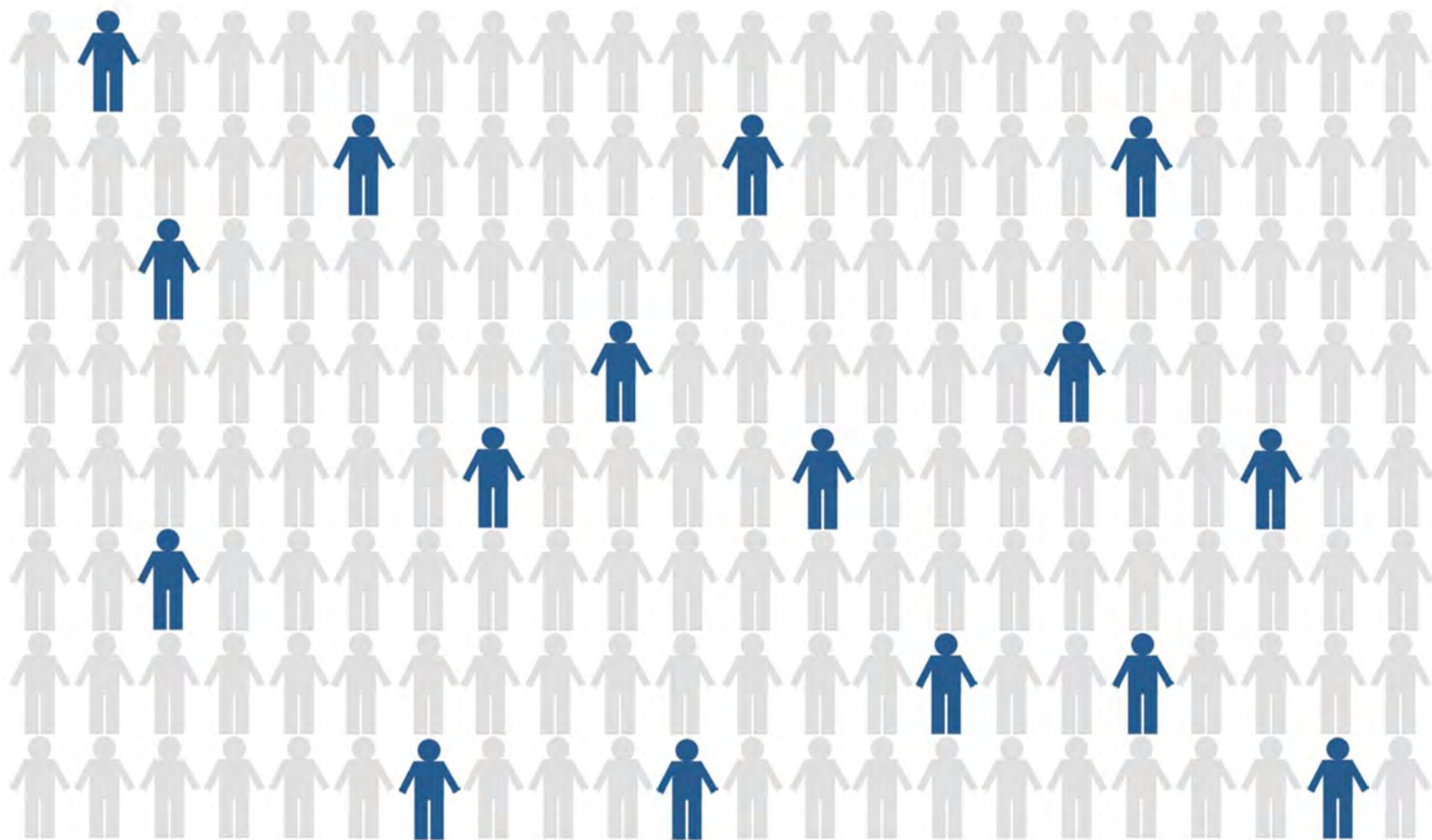
2. Understanding population health

“The health outcomes of a group of individuals, including the distribution of such outcomes within the group”

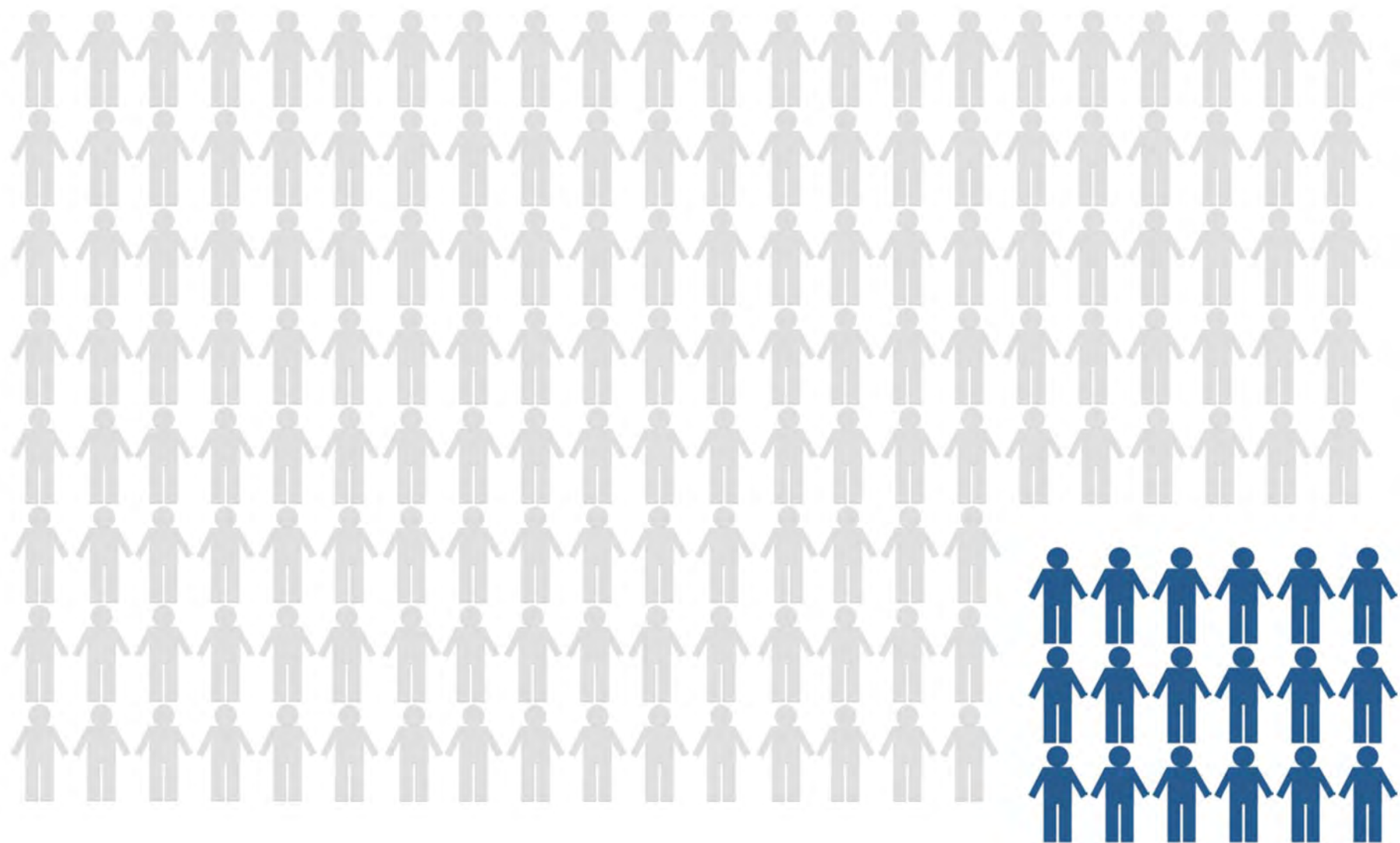
“The health outcomes of a group of individuals, including the distribution of such outcomes within the group”

Why? So that we may intervene







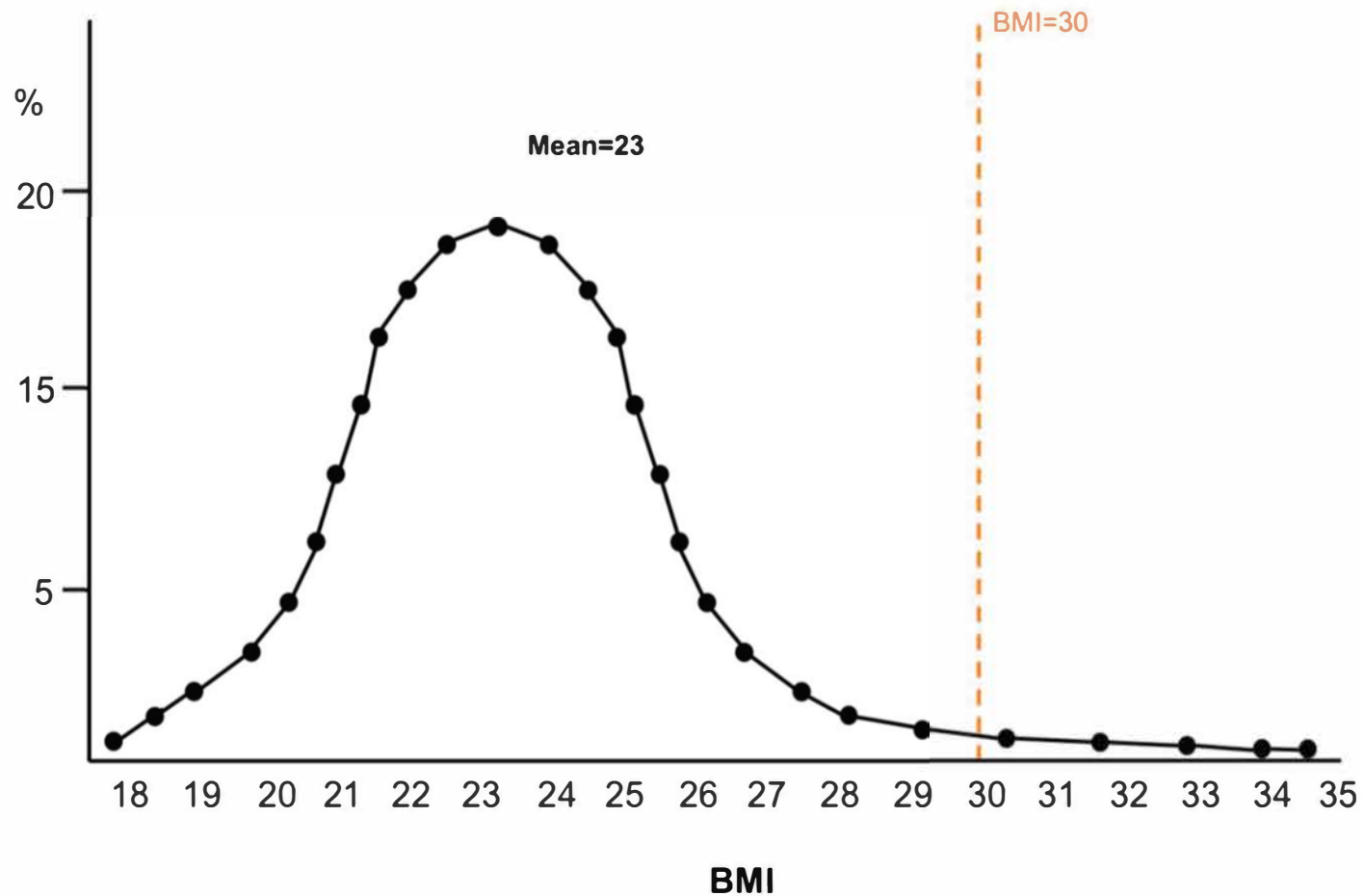


3. Four principles that can help

a. Population health data as continuous, not binary

Figure 1. Distribution of BMI in two populations illustrating health as a continuum in the population

Panel A



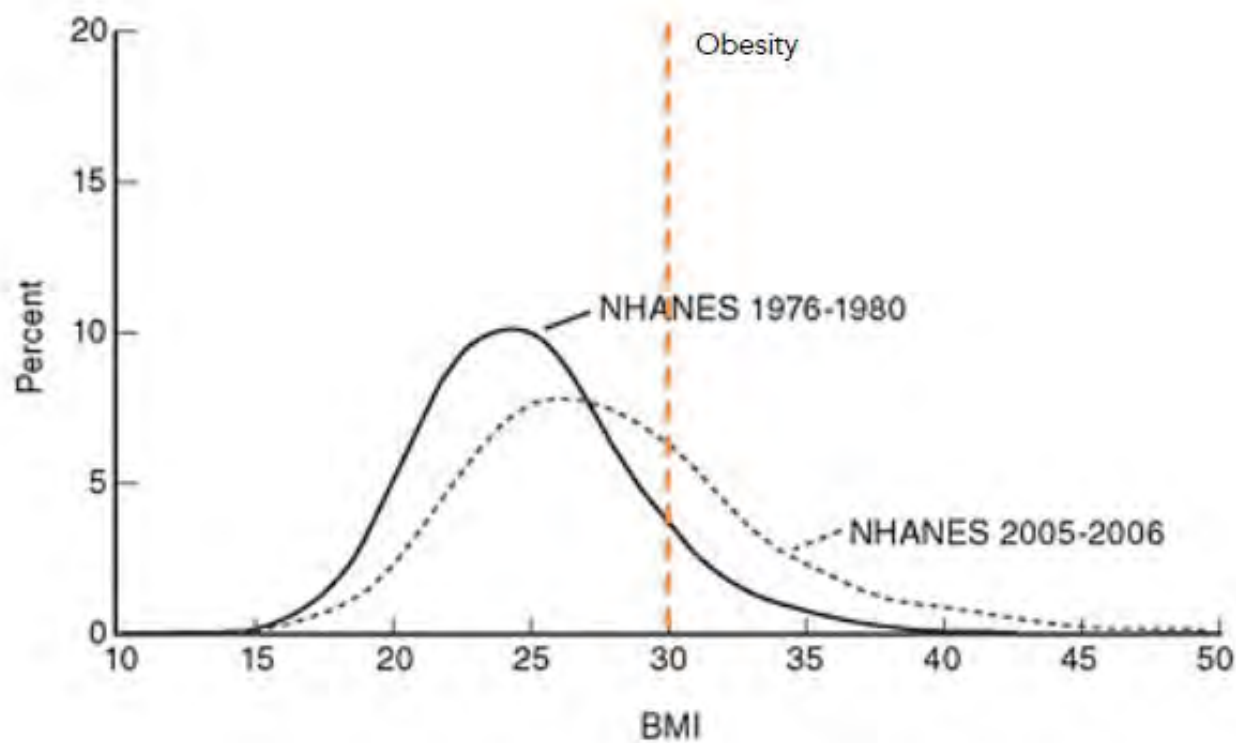


FIGURE 1-1 Changes in the distribution of body mass index (BMI) between 1976-1980 and 2005-2006 among U.S. adults aged 20-74. NOTE: NHANES = National Health and Nutrition Examination Survey, a continuous program of studies designed to assess the health and nutritional status of a nationally representative sample of children and adults in the United States. SOURCE: Ogden et al., 2007. <https://www.nap.edu/read/12847/chapter/3#24>

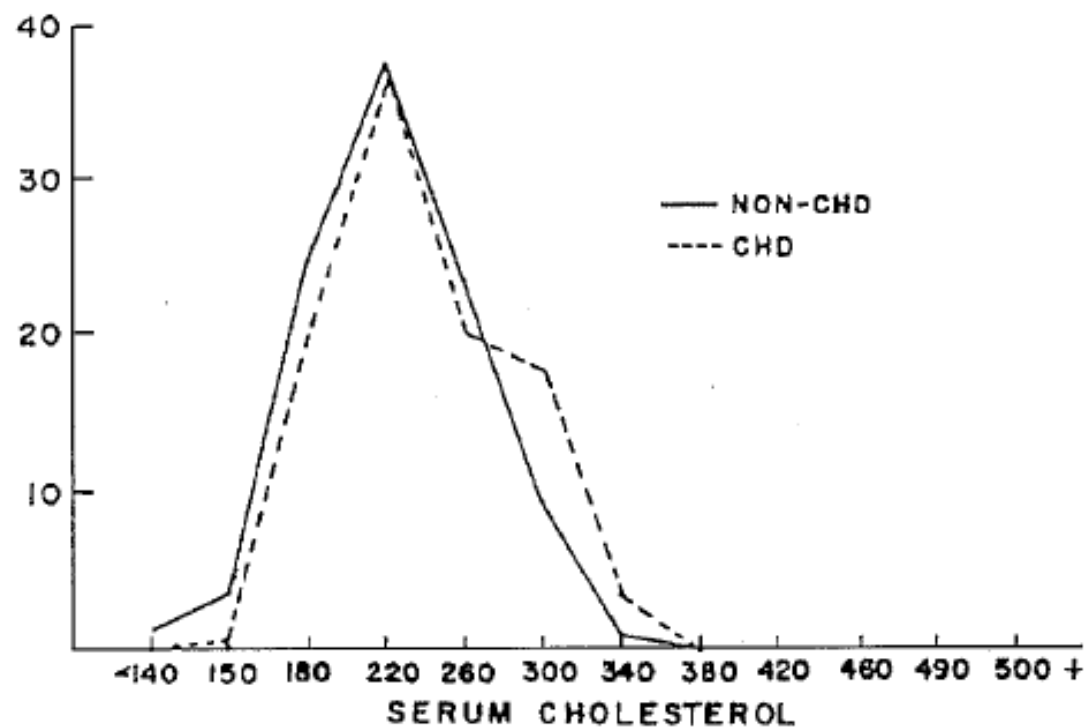


Figure 3 Percentage distribution of serum cholesterol levels (mg/dl) in men aged 50-62 who did or did not subsequently develop coronary heart disease (Framingham Study⁵)

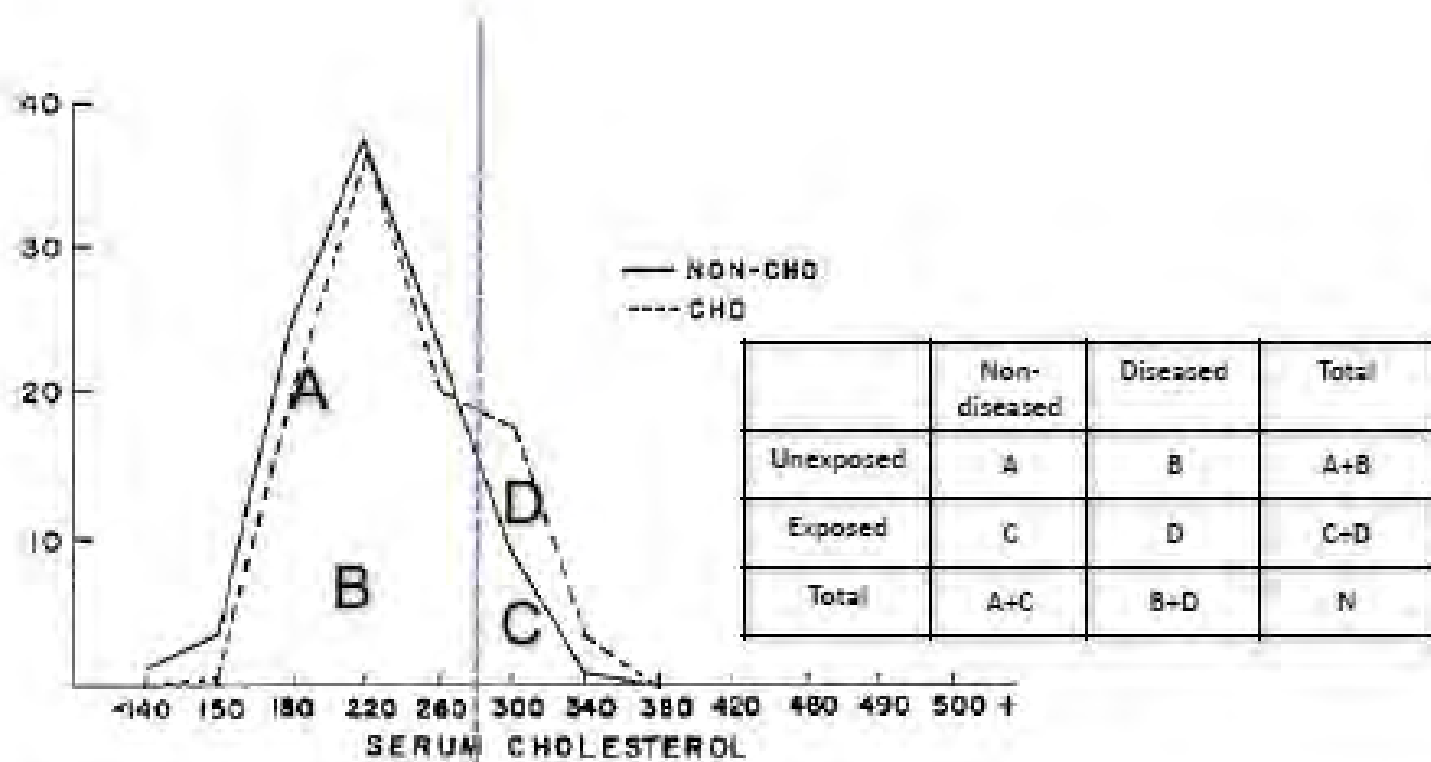


Figure 3 Percentage distribution of serum cholesterol levels (mg/dl) in men aged 50-62 who did or did not subsequently develop coronary heart disease (Framingham Study³)

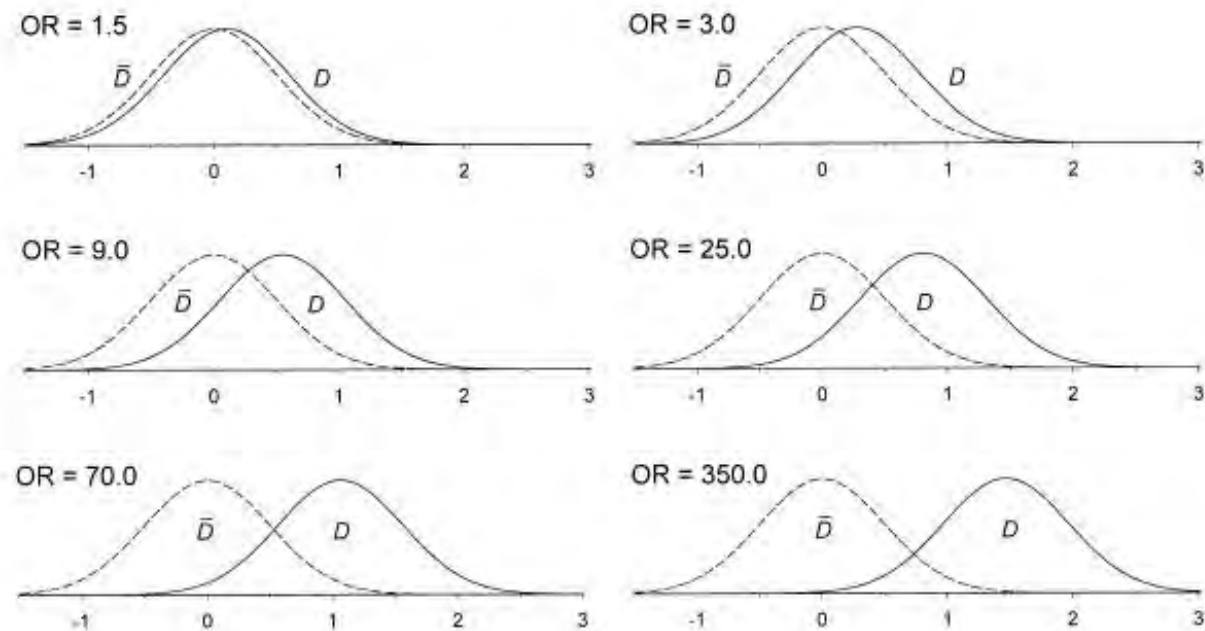
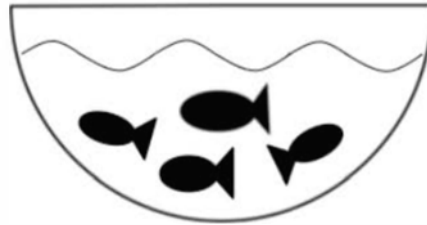


FIGURE 2. Probability distributions of a marker, X , in cases (solid curves) and controls (dashed curves) consistent with the logistic model $\log P(D = 1|X) = \alpha + \beta X$. It has been assumed that X has a mean of 0 and a standard deviation of 0.5 in controls so that a unit increase represents the difference between the 84th and 16th percentiles of X in controls. The marker is normally distributed, with the same variance in cases. The odds ratio (OR) per unit increase in X is shown.

b. Illuminating ubiquitous causes

Figure 1. A metaphor for ubiquity



The goldfish are surrounded by water and everything they do is influenced by the quality of the water in which they live; therefore, water is a ubiquitous factor influencing the fish and needs to be taken into consideration every time we may want to improve the lives of the fish.

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother] demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by his mother.

September 17, 1989

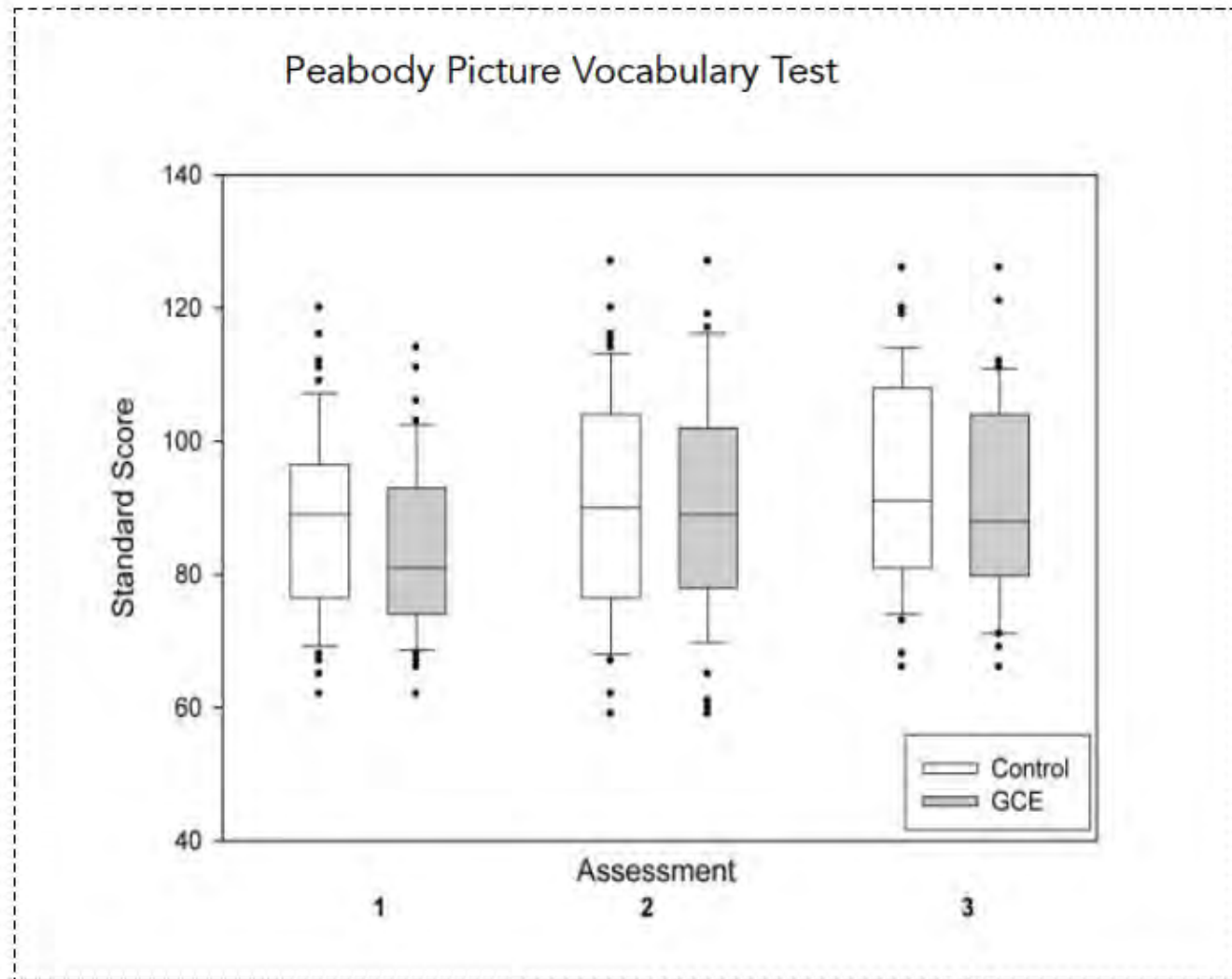
Crack's Toll Among Babies: A Joyless View

September 6, 1988

Cocaine: Litany of Fetal Risks Grows



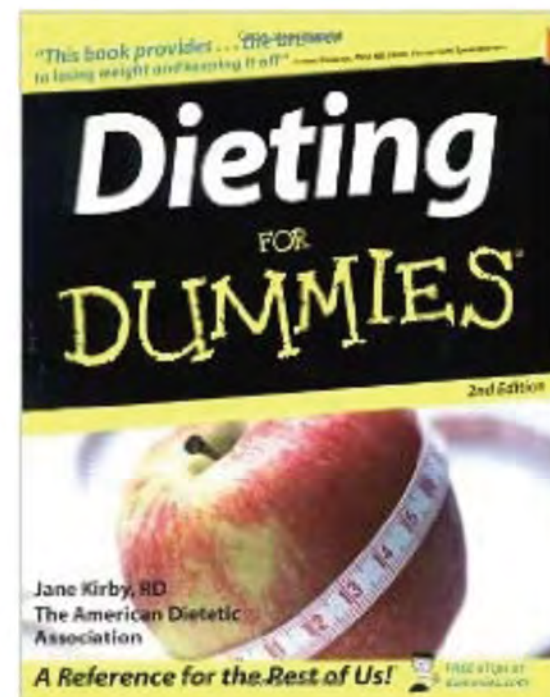
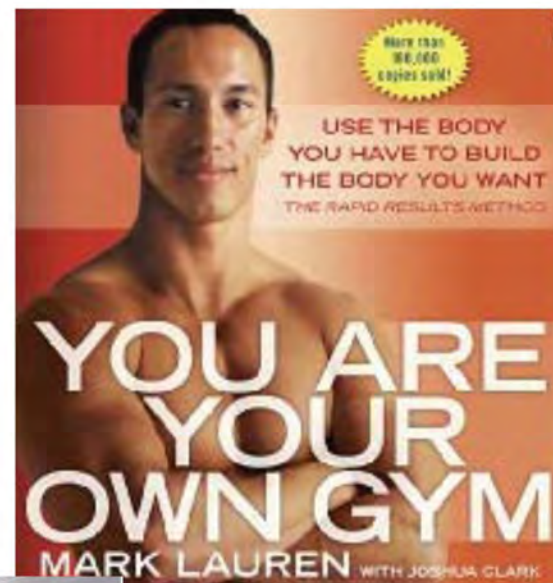
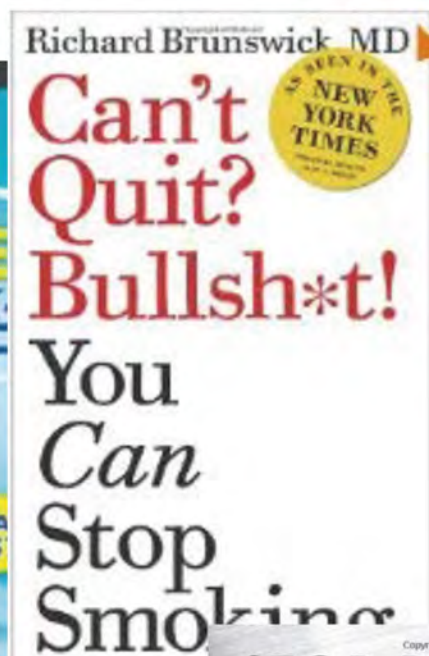
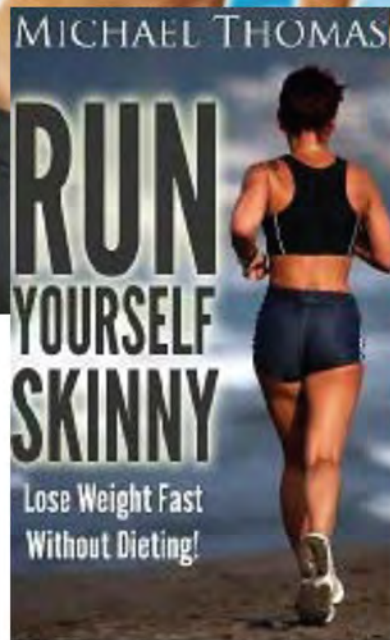
CHILDREN OF COCAINE (By Charles Krauthammer)



Betancourt LM et al. Adolescents with and without gestational cocaine exposure: Longitudinal analysis of inhibitory control, memory and receptive language. *Neurotoxicol Teratol* 2011; 33(1): 36-46.

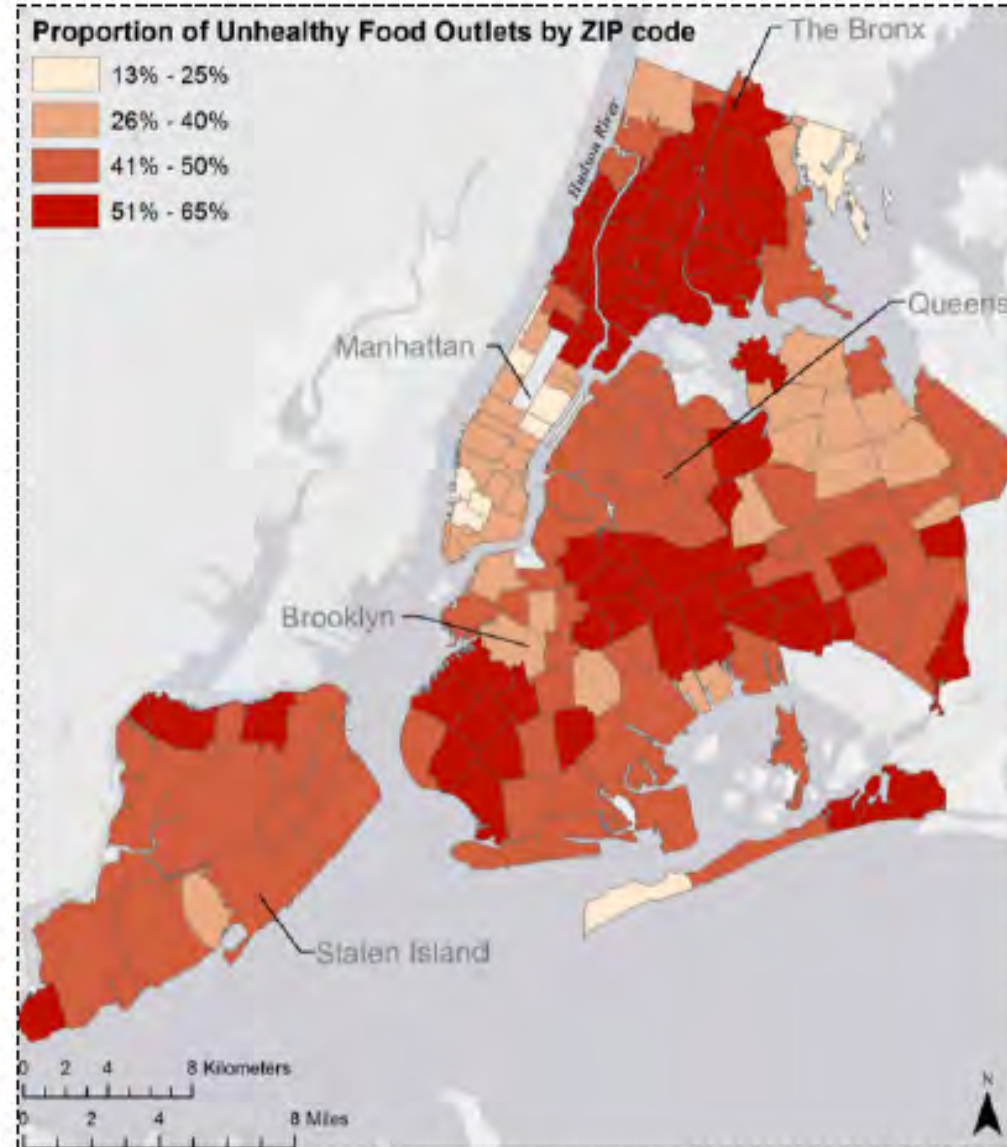
Predictor for Peabody Picture Vocabulary Test score	Coefficient	P-value
Gestational cocaine exposure	-2.89	0.26
Assessment no.	2.72	<0.001
Gestational cocaine exposure x assessment no.	0.58	0.51
Age at 1st assessment	-0.36	0.76
Female gender	-4.93	0.058
Parental nurturance	-0.31	0.89
Environmental stimulation	5.91	0.039
Caregiver BDI-II depression score	0.03	0.84

Betancourt LM et al. Adolescents with and without gestational cocaine exposure: Longitudinal analysis of inhibitory control, memory and receptive language. *Neurotoxicol Teratol* 2011; 33(1): 36-46.



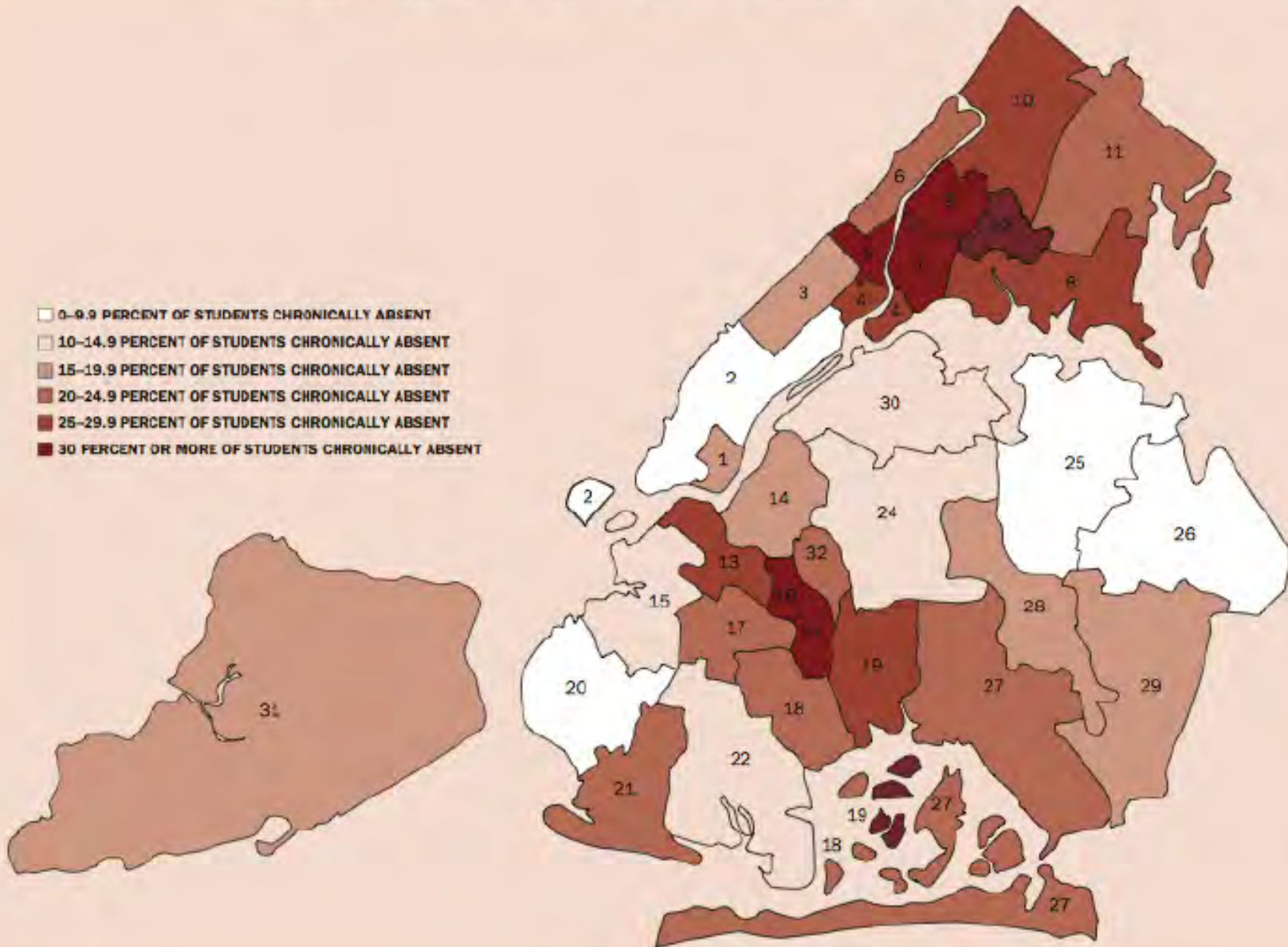
Food		20 Years Ago	Today
Bagel		140 calories (3" diameter)	350 calories (6" diameter)
Muffin		210 calories (1.5 oz)	500 calories (4 oz)
Cheeseburger		333 calories	590 calories
Pasta (Spaghetti & Meatballs)		500 calories	1025 calories
French Fries		210 calories (2.4 oz)	610 calories (6.9 oz)
Soda		85 calories (6.5 oz)	250 calories (20 oz)
Theater Popcorn		270 calories (5 cups)	630 calories (1 tub)
Turkey Sandwich		320 calories	820 calories
Pizza		500 calories (2 slices)	850 calories (2 calories)

Poor food environment in New York City



LEVELS OF ELEMENTARY SCHOOL CHRONIC ABSENTEEISM BY DISTRICT

- 0-9.9 PERCENT OF STUDENTS CHRONICALLY ABSENT
- 10-14.9 PERCENT OF STUDENTS CHRONICALLY ABSENT
- 15-19.9 PERCENT OF STUDENTS CHRONICALLY ABSENT
- 20-24.9 PERCENT OF STUDENTS CHRONICALLY ABSENT
- 25-29.9 PERCENT OF STUDENTS CHRONICALLY ABSENT
- 30 PERCENT OR MORE OF STUDENTS CHRONICALLY ABSENT




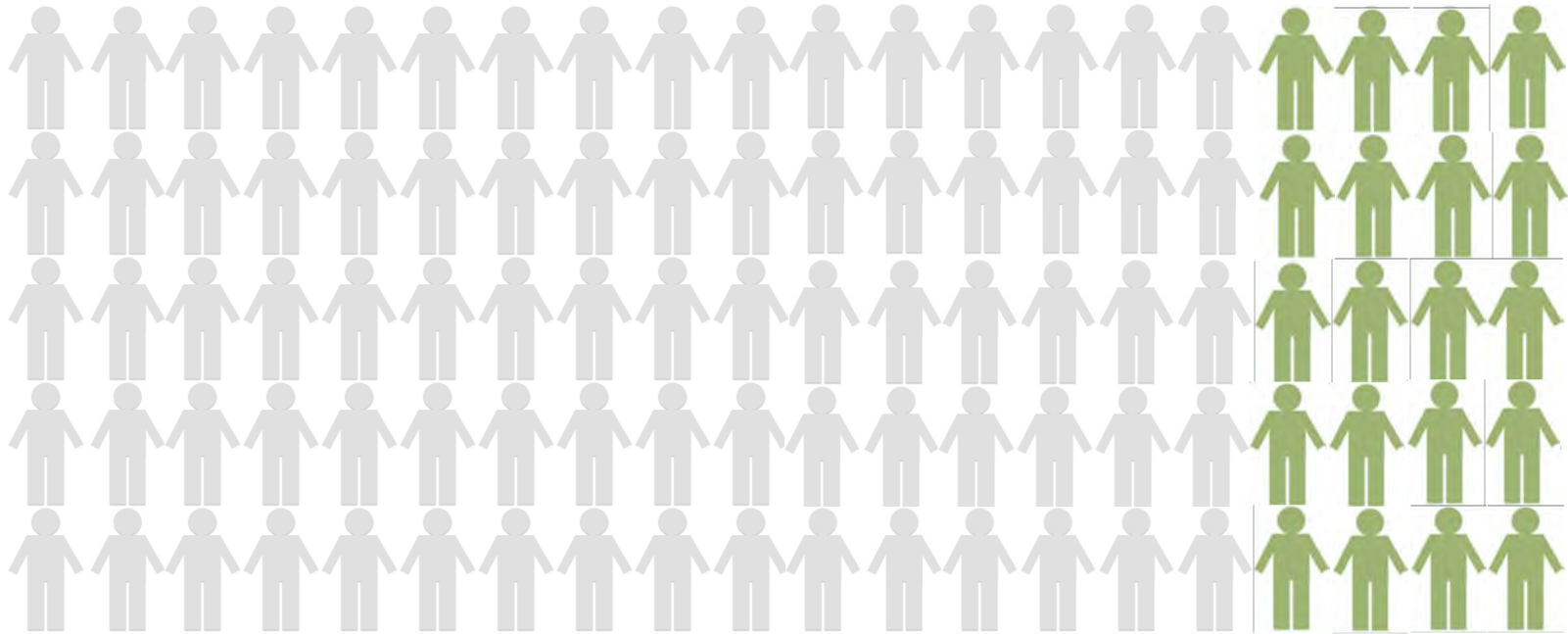
c. The role of co-occurring causes


How much of our obesity risk is determined by our genes?

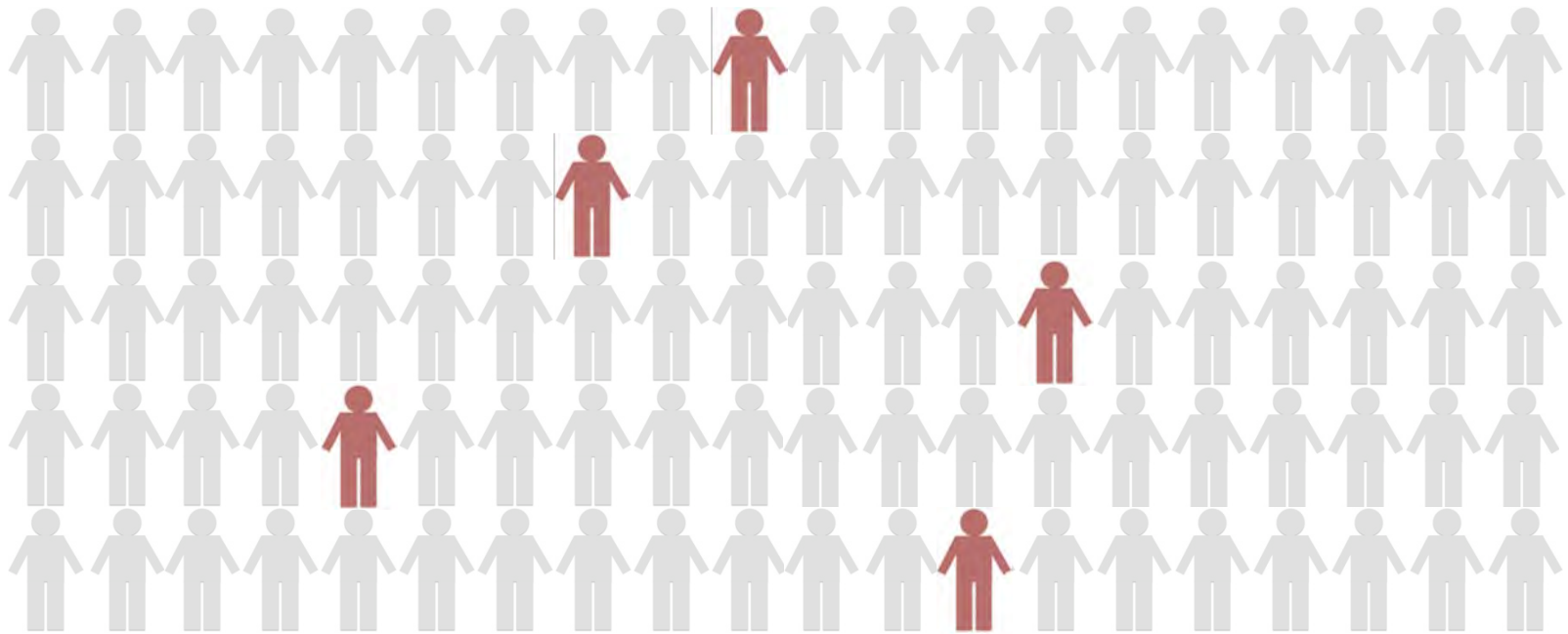





 = GE+

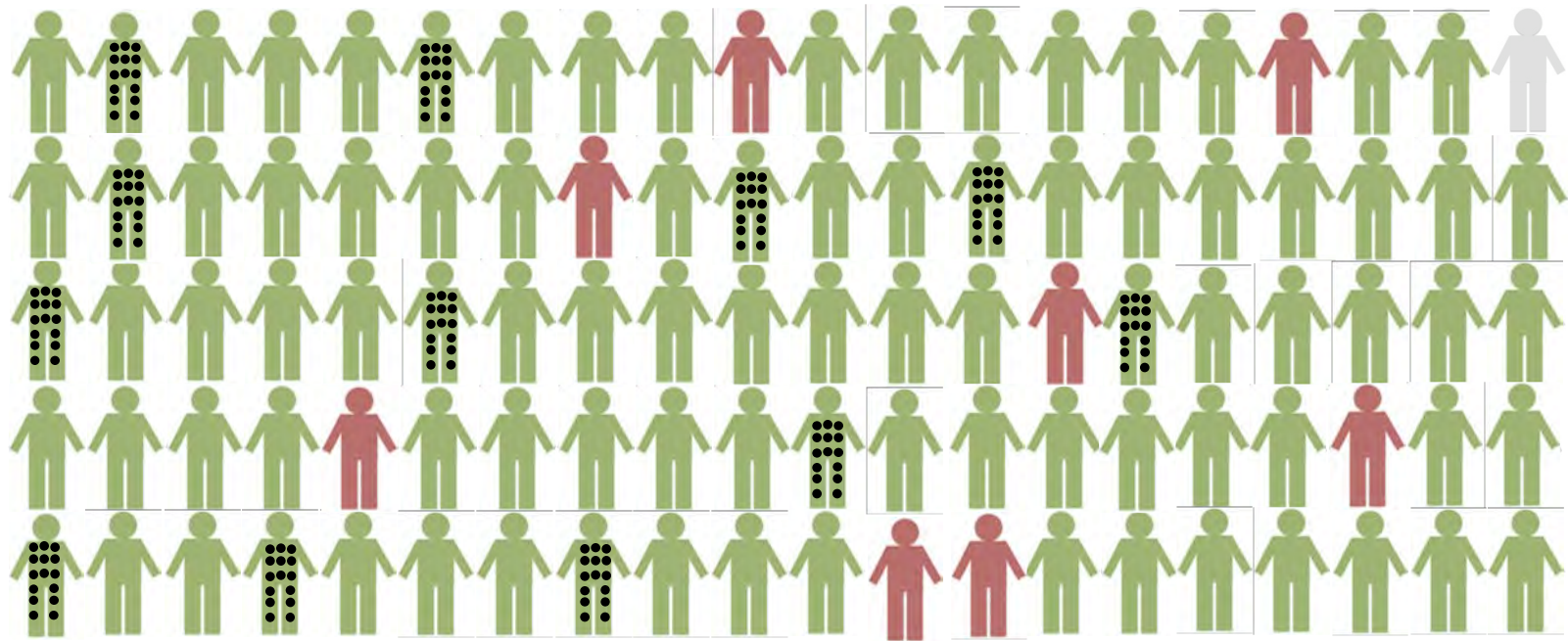



 = ENV+





 = OB+

Scenario 1

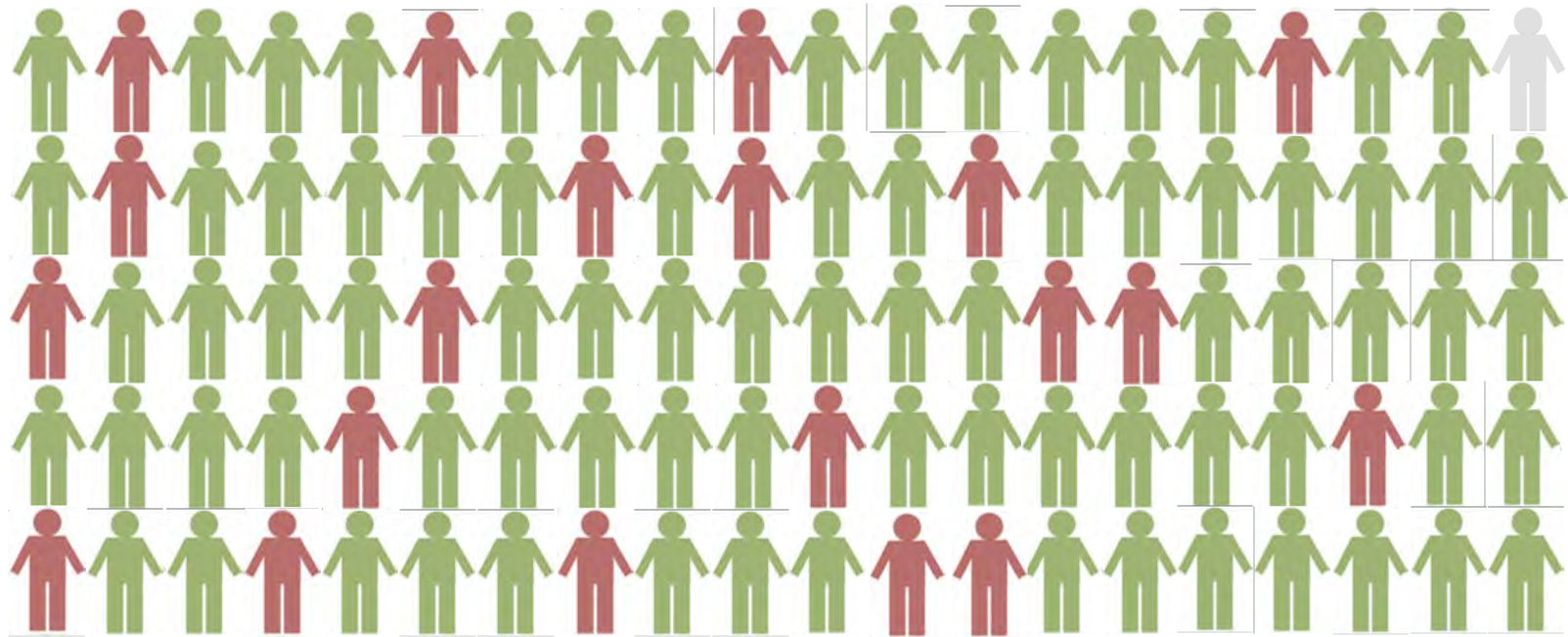



 = GE+


 = OB+


 = ENV+

Scenario 1

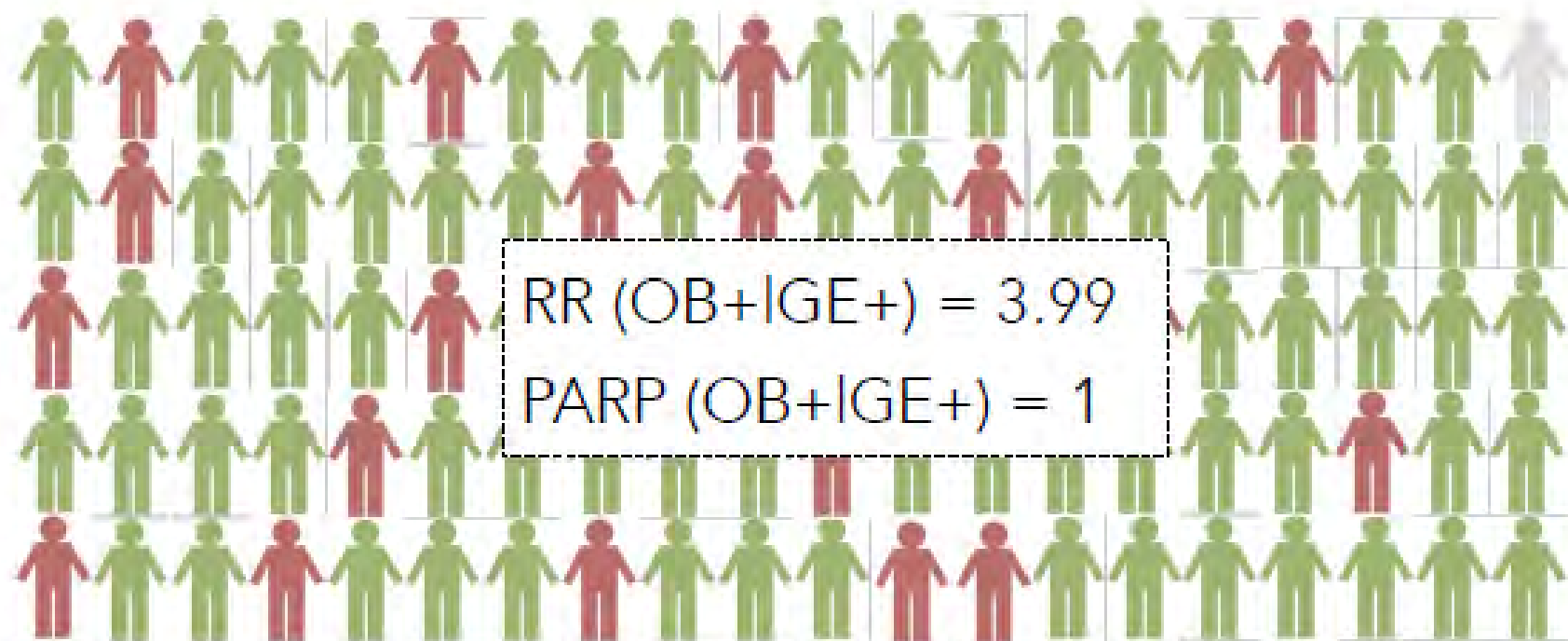



 = GE+


 = OB+


 = ENV+

Scenario 1

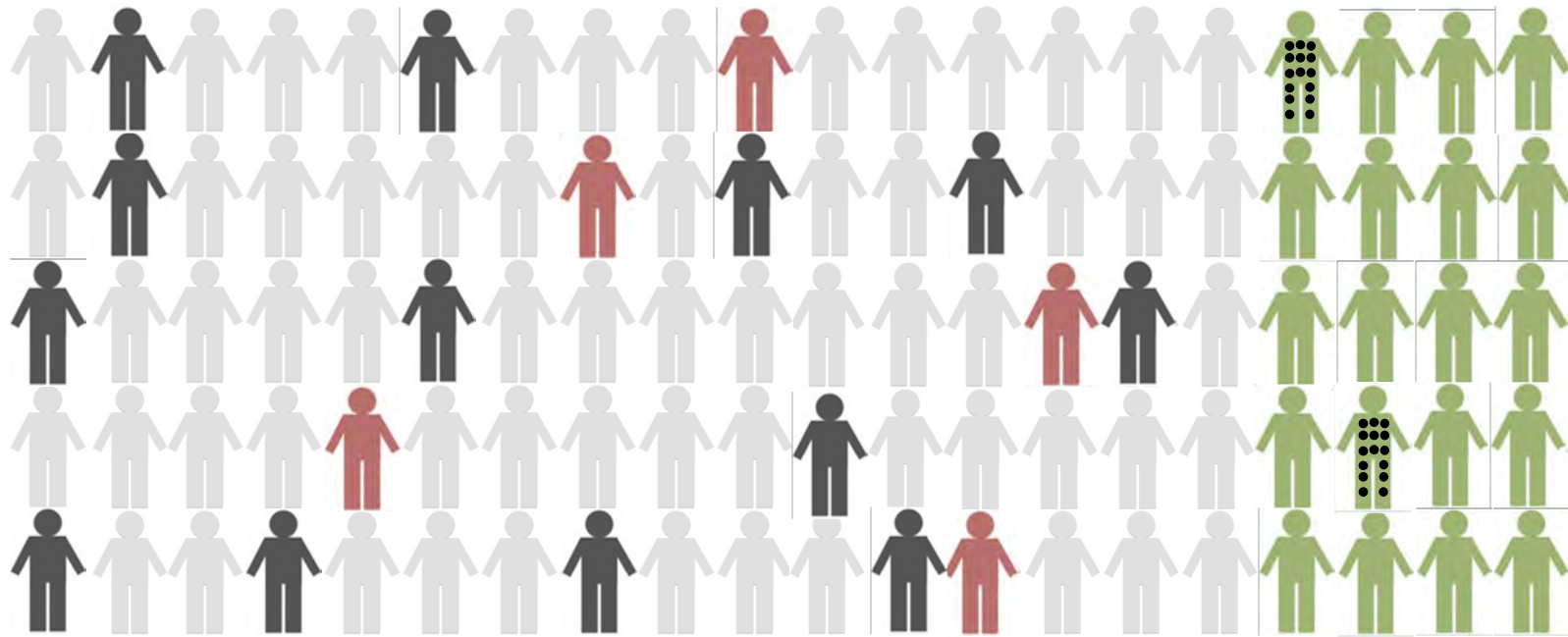



 = GE+


 = CA+


 = ENV+

Scenario 2

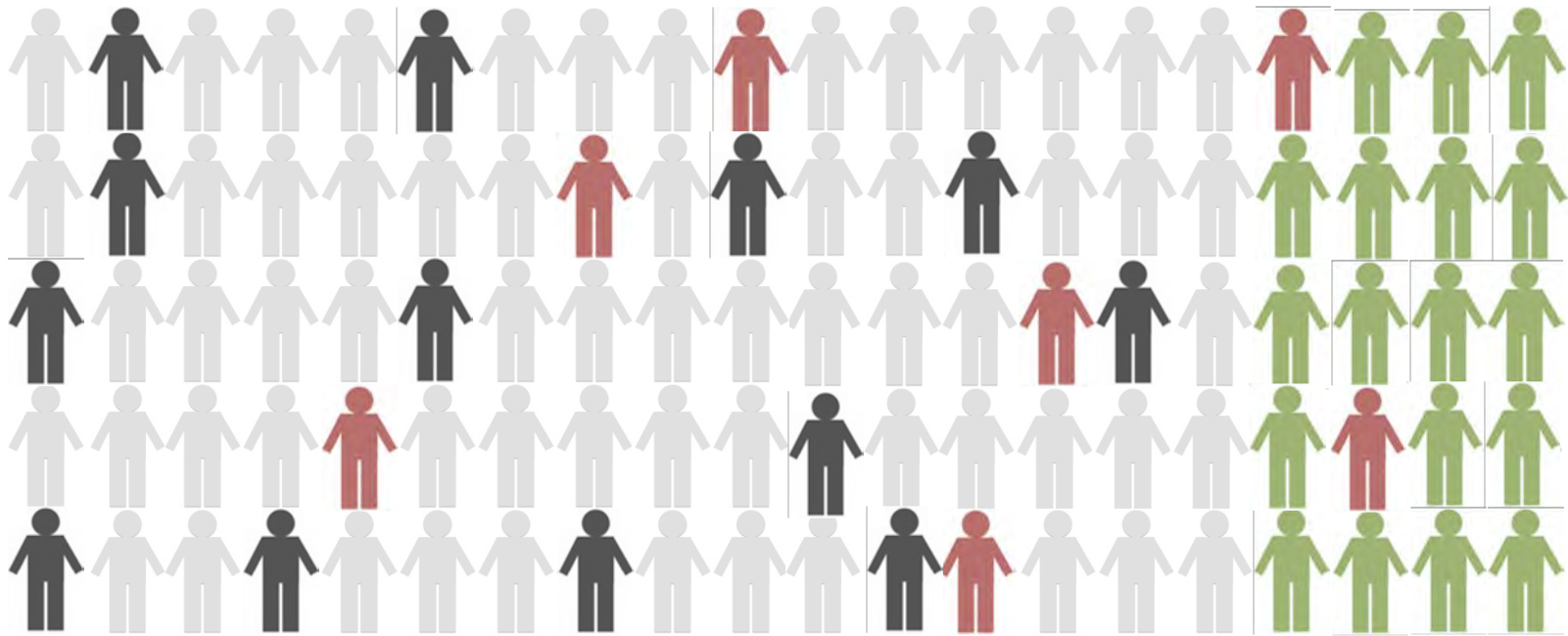



 = GE+


 = OB+


 = ENV+

Scenario 2

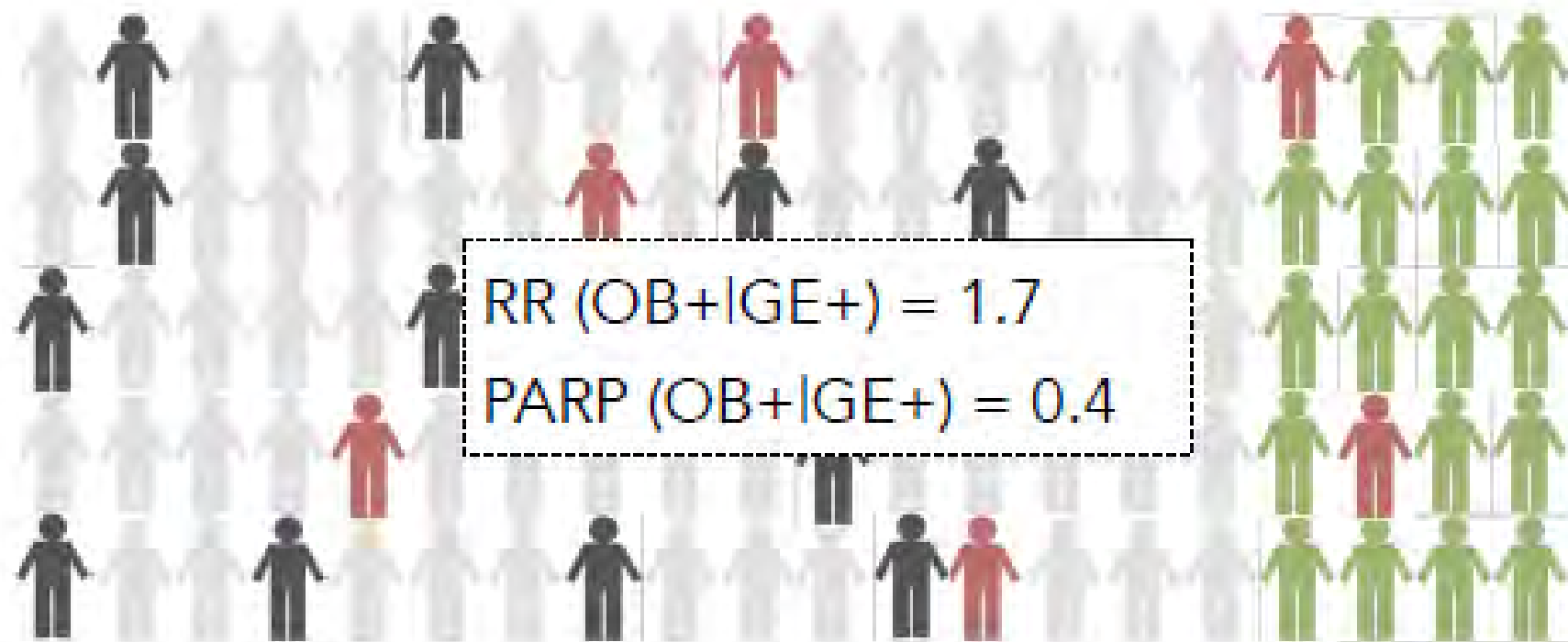





 = GE+

 = OB+

 = ENV+

Scenario 2



 = GE+  = OB+  = ENV+

Therefore under a very plausible assumption of co-occurring causes, the gene-obesity association can only be understood if we understand the urban factors that create the conditions for disease

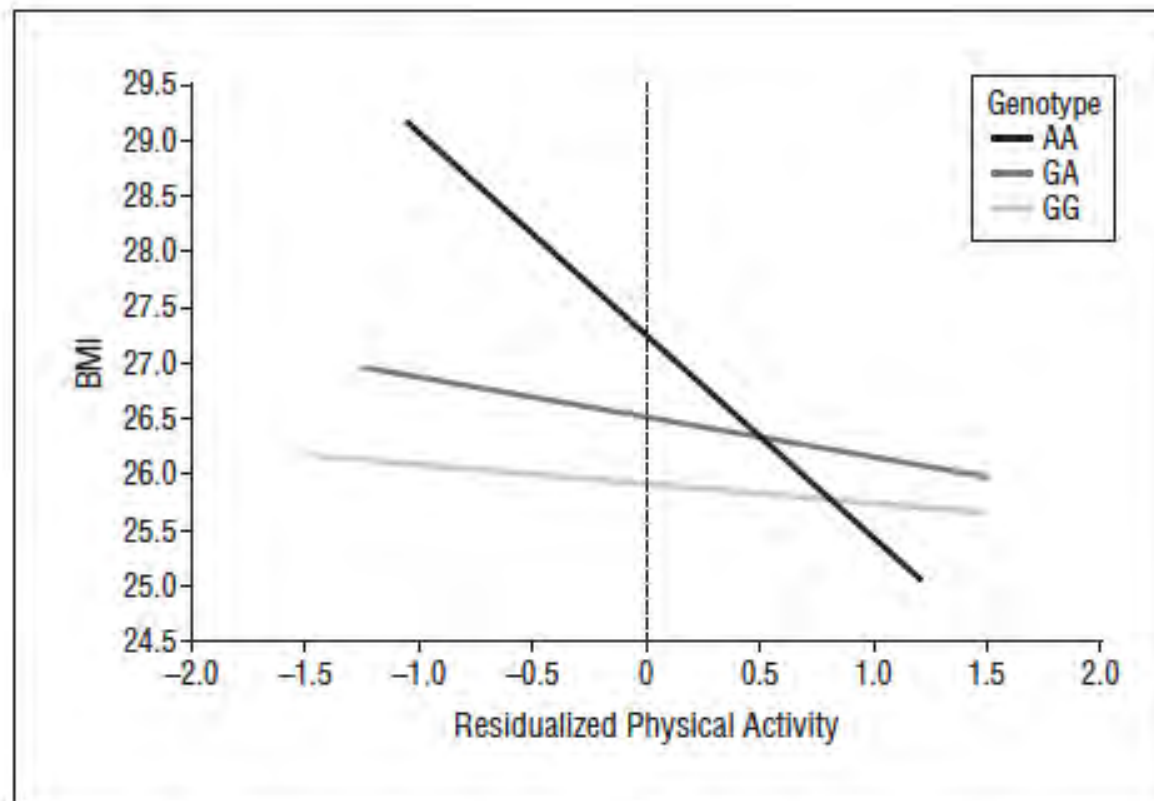
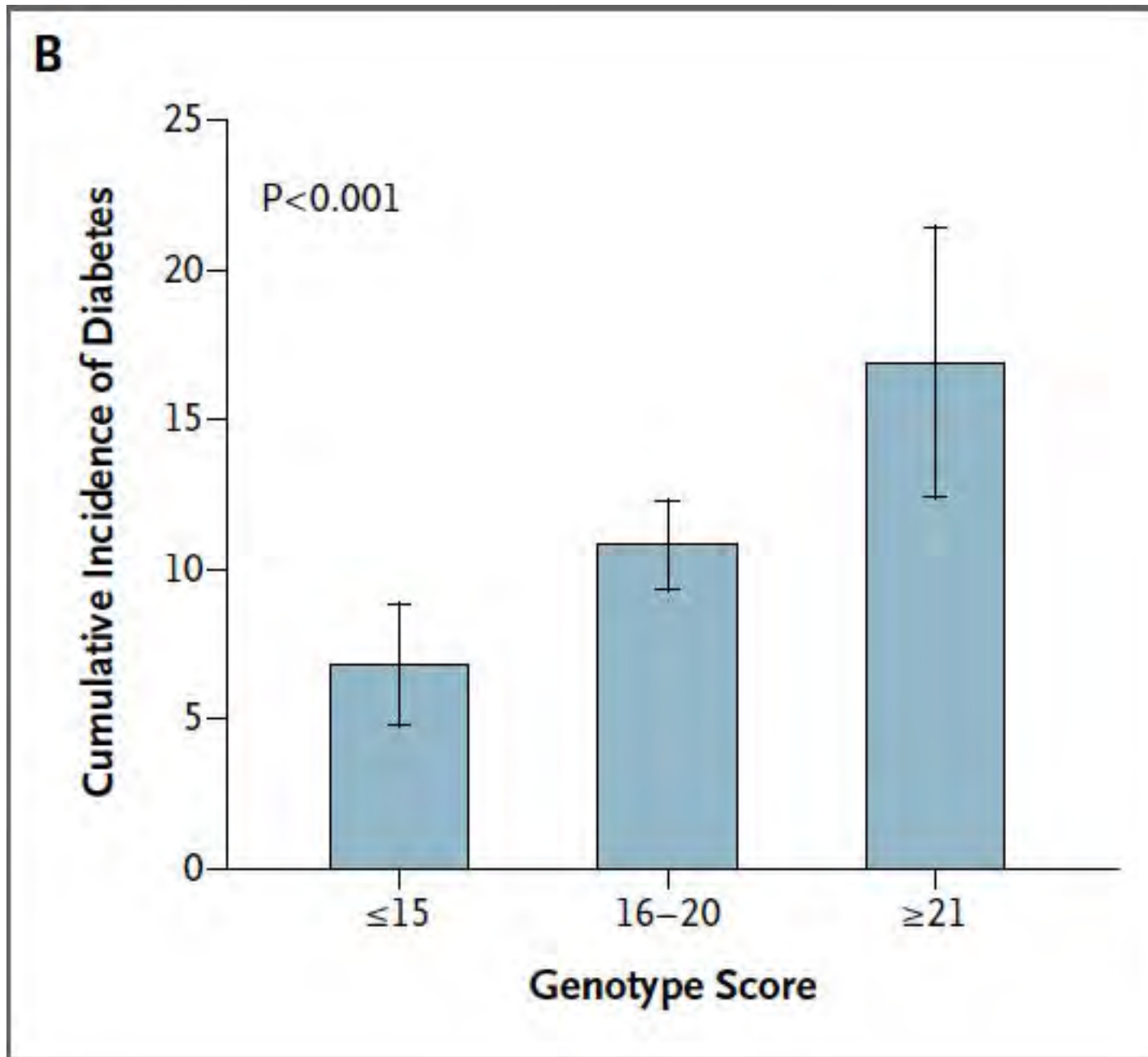
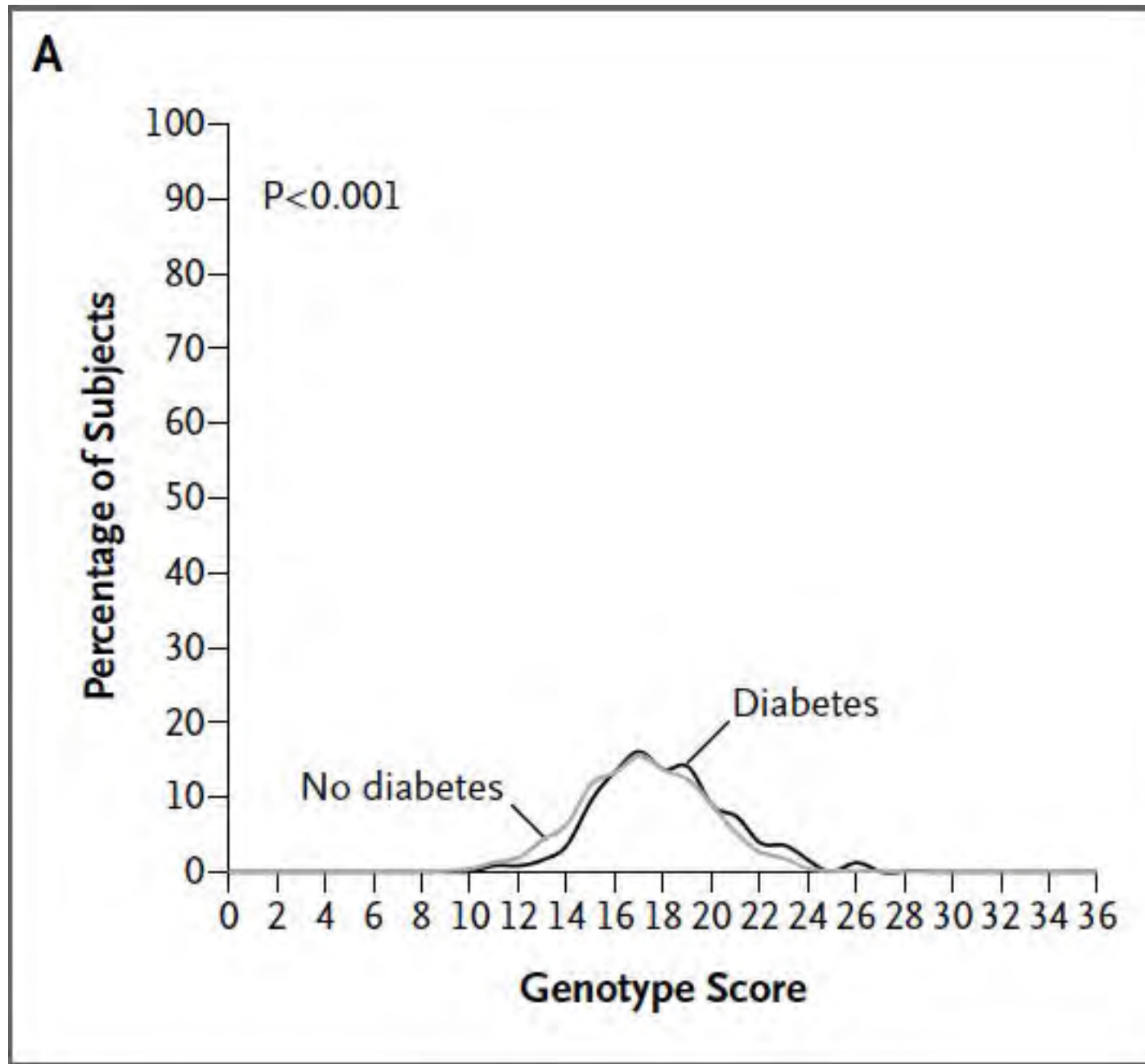


Figure 3. Predicted body mass index (BMI), calculated as weight in kilograms divided by height in meters squared, as a function of residualized age- and sex-specific ln-transformed physical activity accelerometer counts according to *FTO* rs1861868 genotypes. On the left side of the plot (low physical activity), BMI levels are strikingly dissimilar between rs1861868 genotypes. In contrast, on the right side of the plot, similar BMI levels can be seen across genotypes, particularly in subjects with very high levels of physical activity.



Meigs JB, Shrader P, Sullivan LM, McAteer JB, Fox CS, Dupuis J, Manning AK, Florez JC, Wilson PW, D'Agostino RB Sr, Cupples LA. Genotype score in addition to common risk factors for prediction of type 2 diabetes. N Engl J Med. 2008 Nov 20;359(21):2208-19



Meigs JB, Shrader P, Sullivan LM, McAteer JB, Fox CS, Dupuis J, Manning AK, Florez JC, Wilson PW, D'Agostino RB Sr, Cupples LA. Genotype score in addition to common risk factors for prediction of type 2 diabetes. N Engl J Med. 2008 Nov 20;359(21):2208-19

d. The centrality of health equity

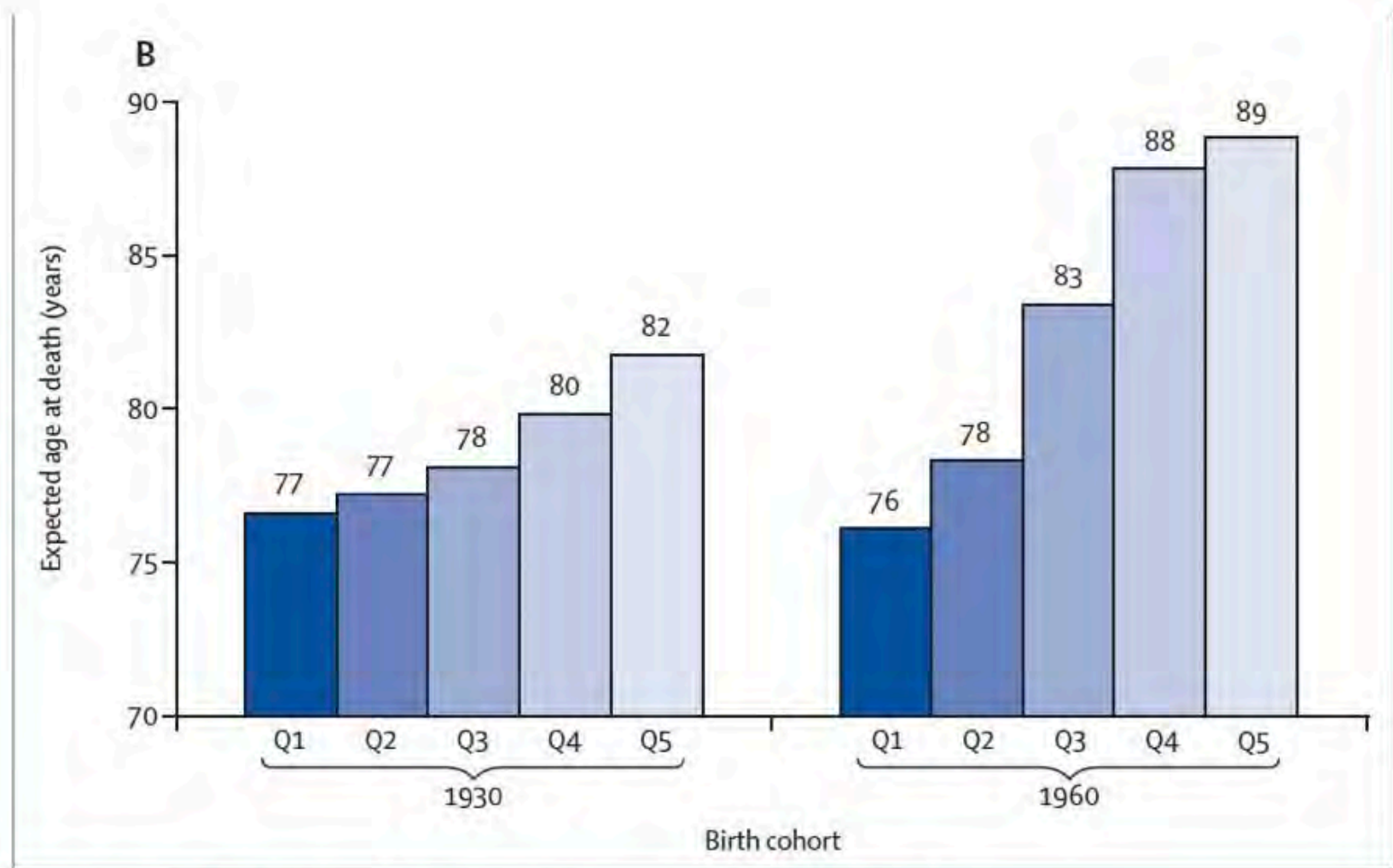
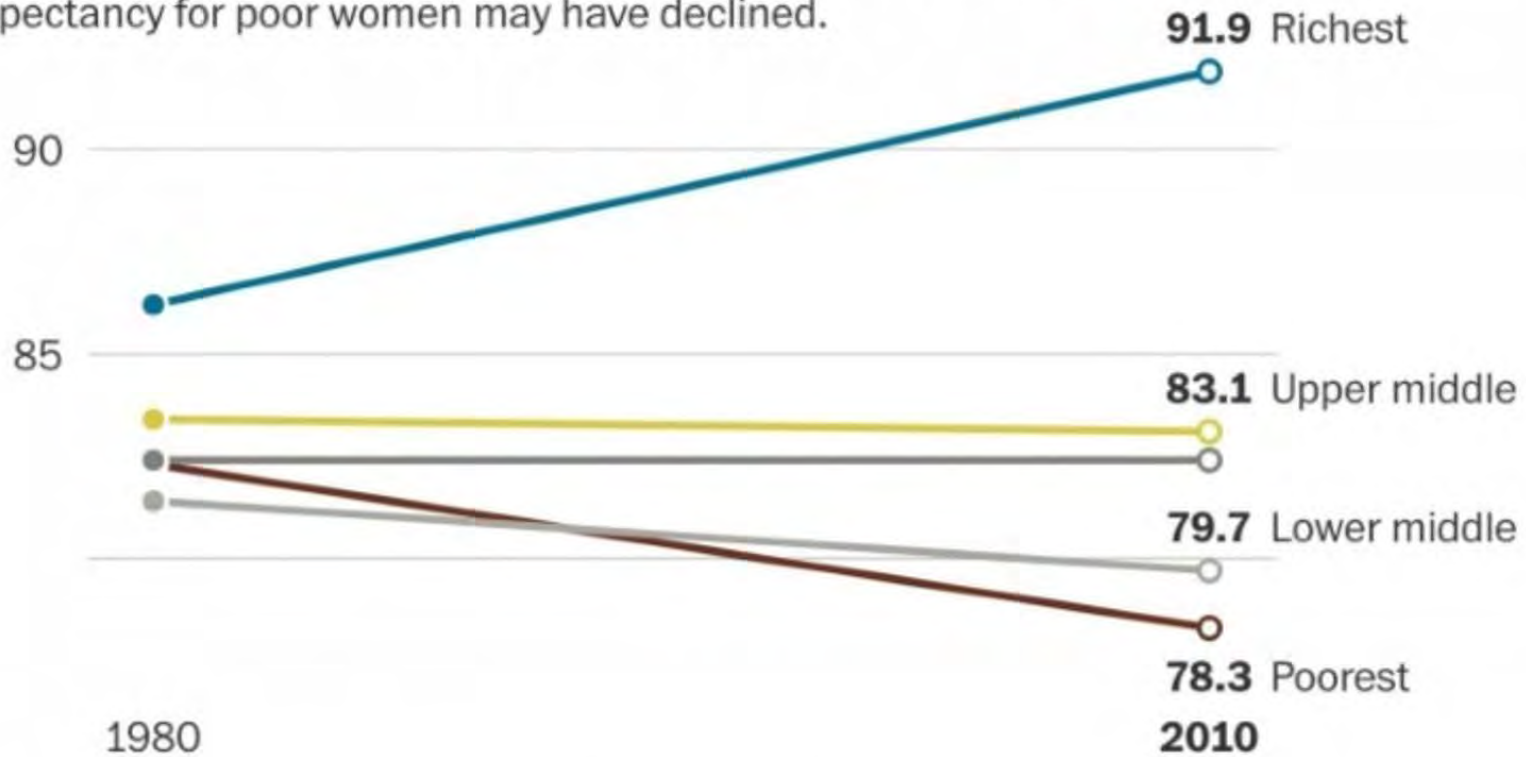


Figure 5: Widening income-related inequalities in survival across birth cohorts

Inequality in life expectancy widens for women

Wealthier women can expect to live longer than their parents did, while life expectancy for poor women may have declined.



Life expectancy for 50-year-olds in a given year, by quintile of income over the previous 10 years

Source: National Academies of Science, Engineering and Medicine

Figure 1. Gaining overall population health while increasing health inequity

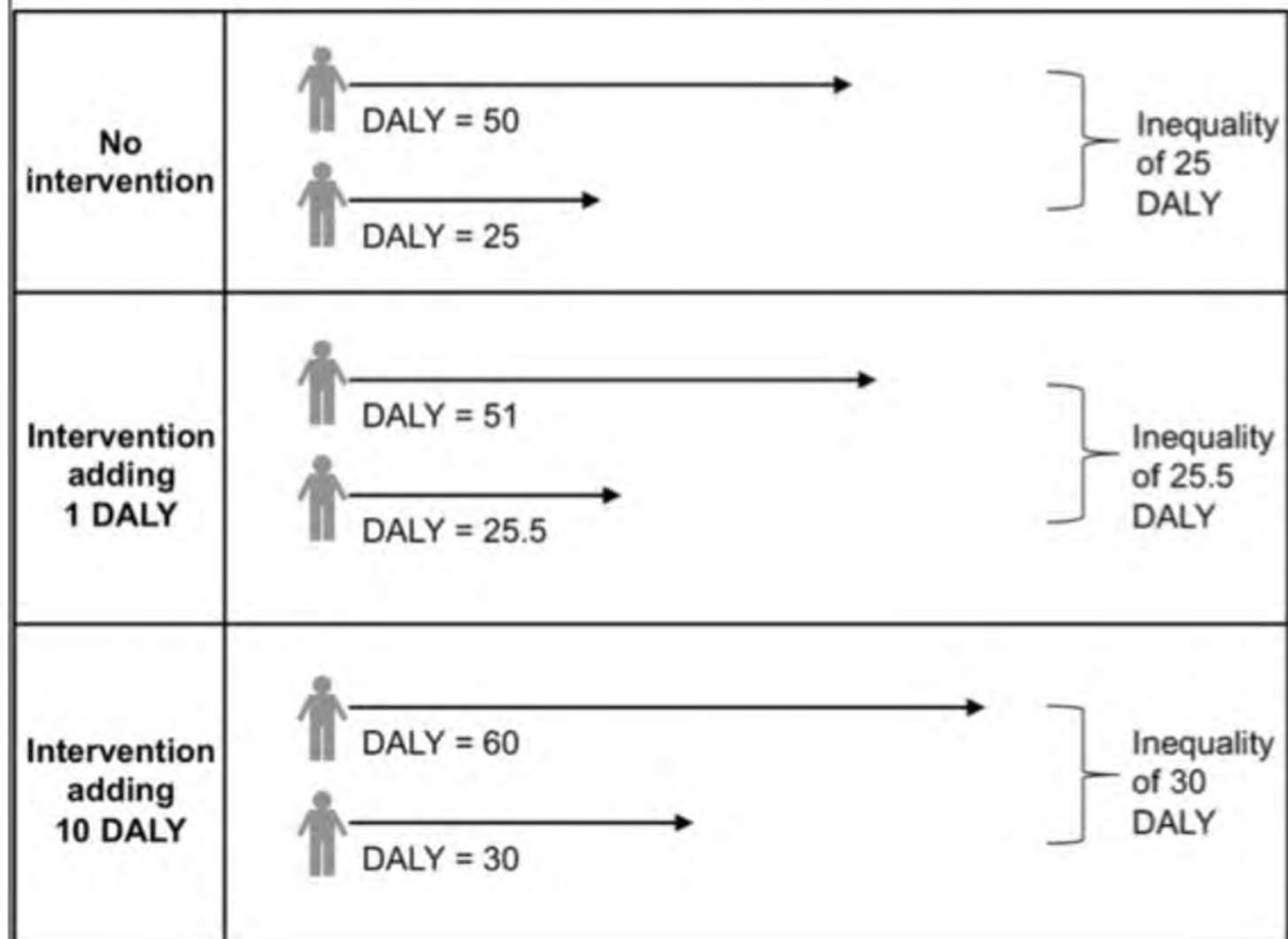
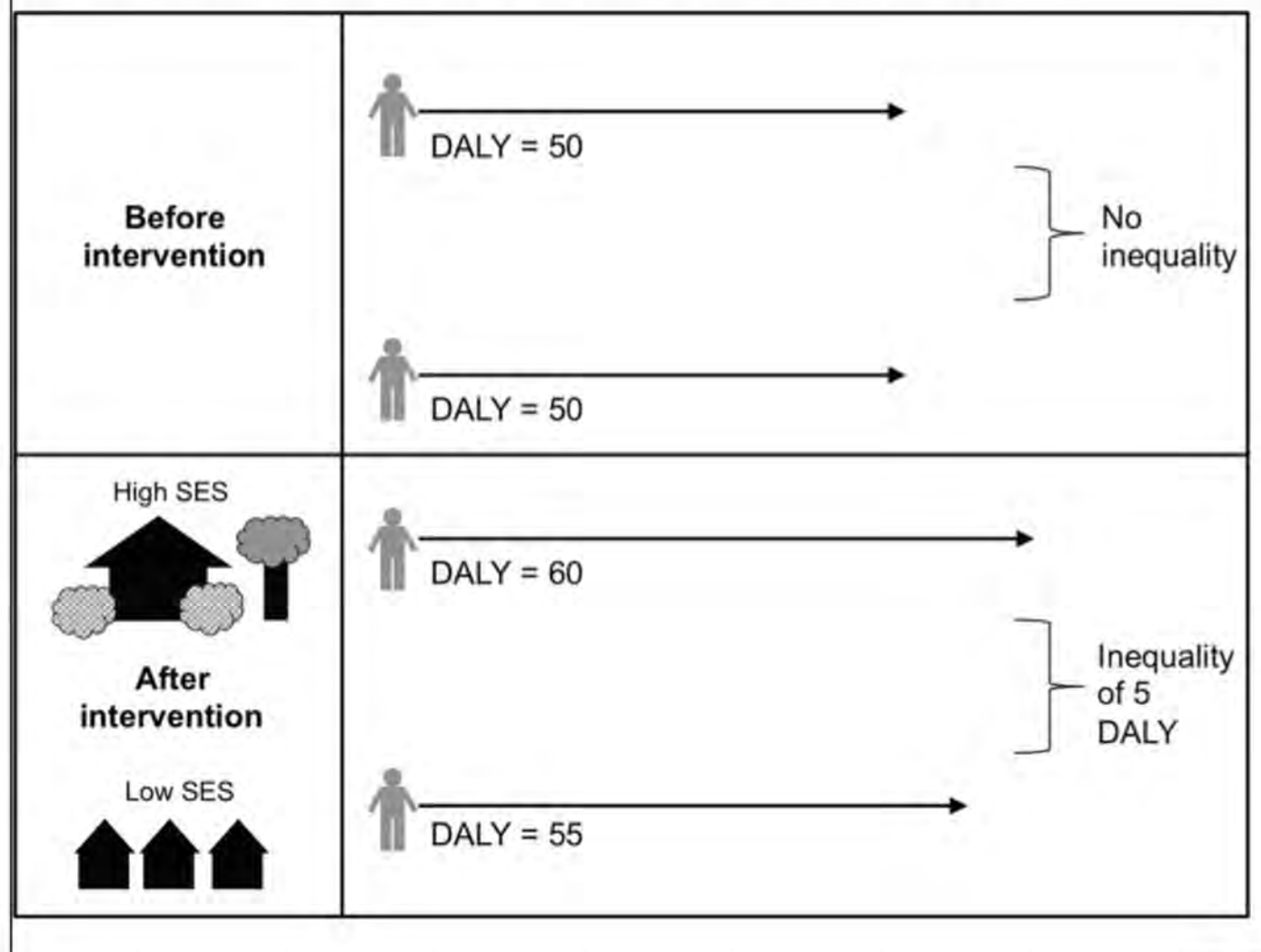
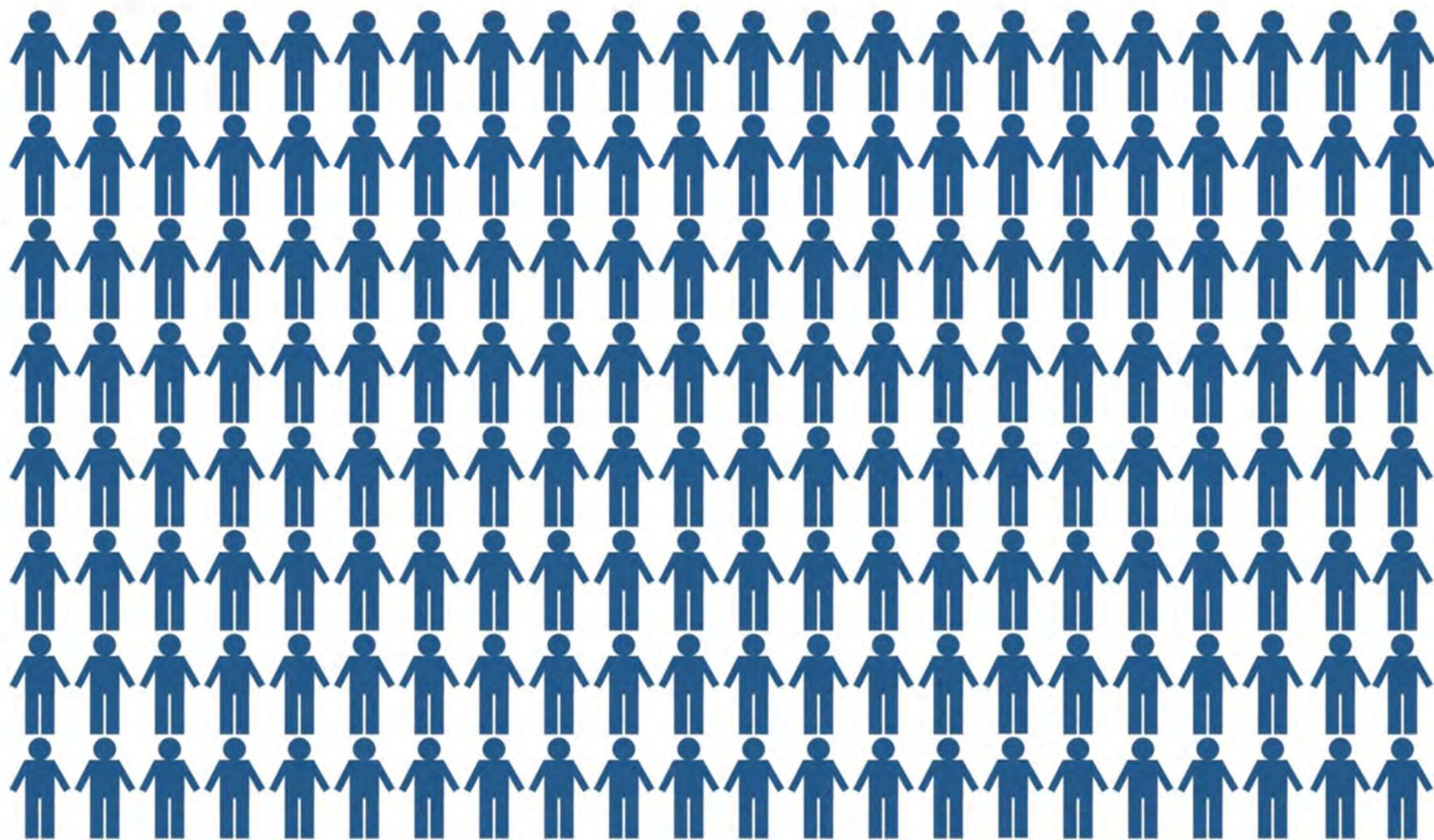


Figure 2. Gaining overall population health while creating health inequalities



4. Methods for population health



Populations are

1. Heterogeneous, ie have diversity of agents
2. Characterized by nonlinear dynamics
3. Characterized by contact structure, networks, organization
4. Have feedback, adaptation, learning, evolution
5. Stochastic with important tails
6. Display emergent properties



Populations are

1. Heterogeneous, ie have diversity of agents
2. Characterized by nonlinear dynamics
3. Characterized by contact structure, networks, organization
4. Have feedback, adaptation, learning, evolution
5. Stochastic with important tails
6. Display emergent properties

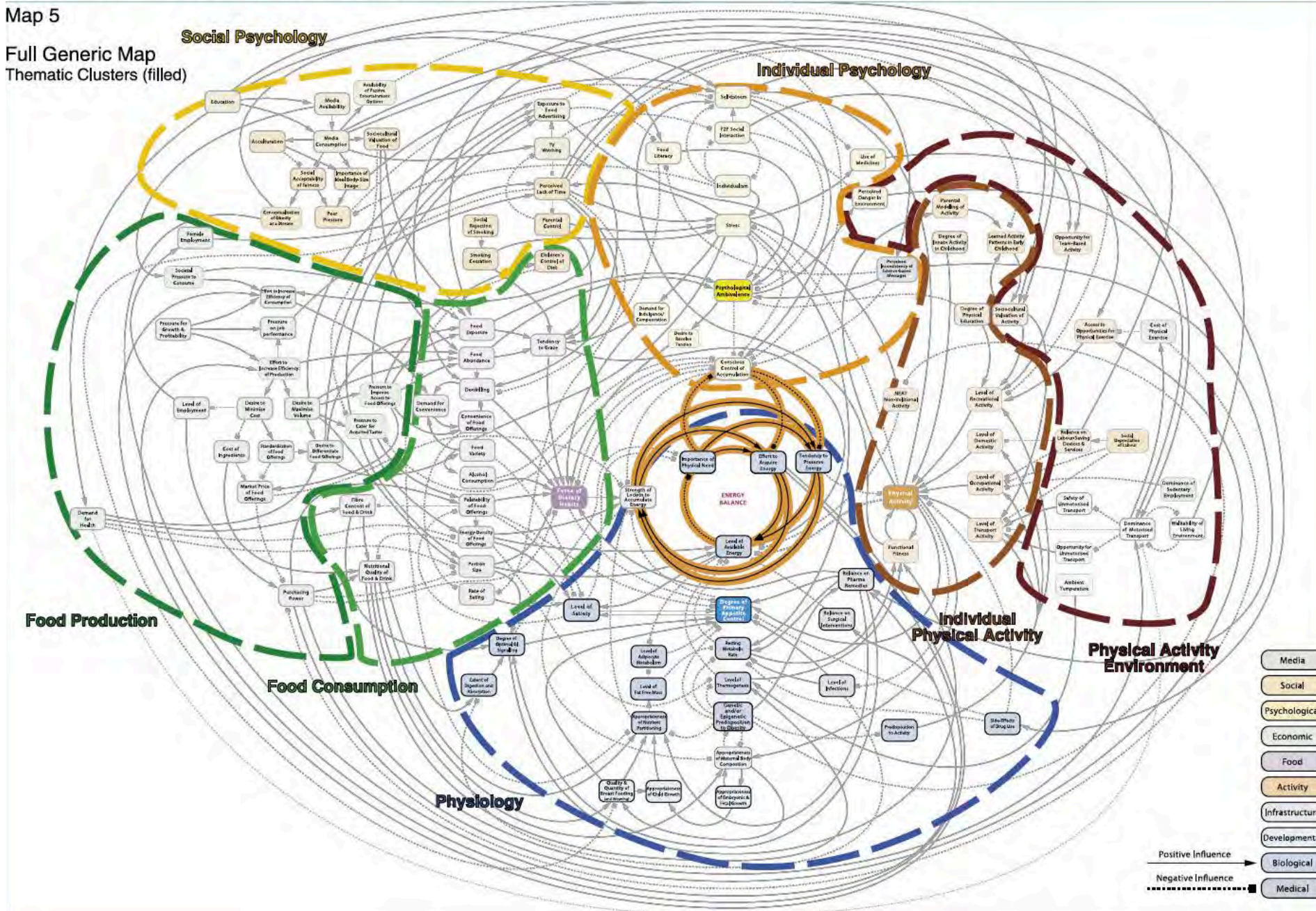


Complex systems

Figure 5.2: The full obesity system map with thematic clusters (see main text 5.1.2 for discussion)^{17,18} Variables are represented by boxes, positive causal relationships are represented by solid arrows and negative relationships by dotted lines. The central engine is highlighted in orange at the centre of the map.

Map 5

Full Generic Map Thematic Clusters (filled)



Causes and counterfactuals

Observed



Counterfactual (parallel universe)



Causes and counterfactuals

Observed



Counterfactual (parallel universe)



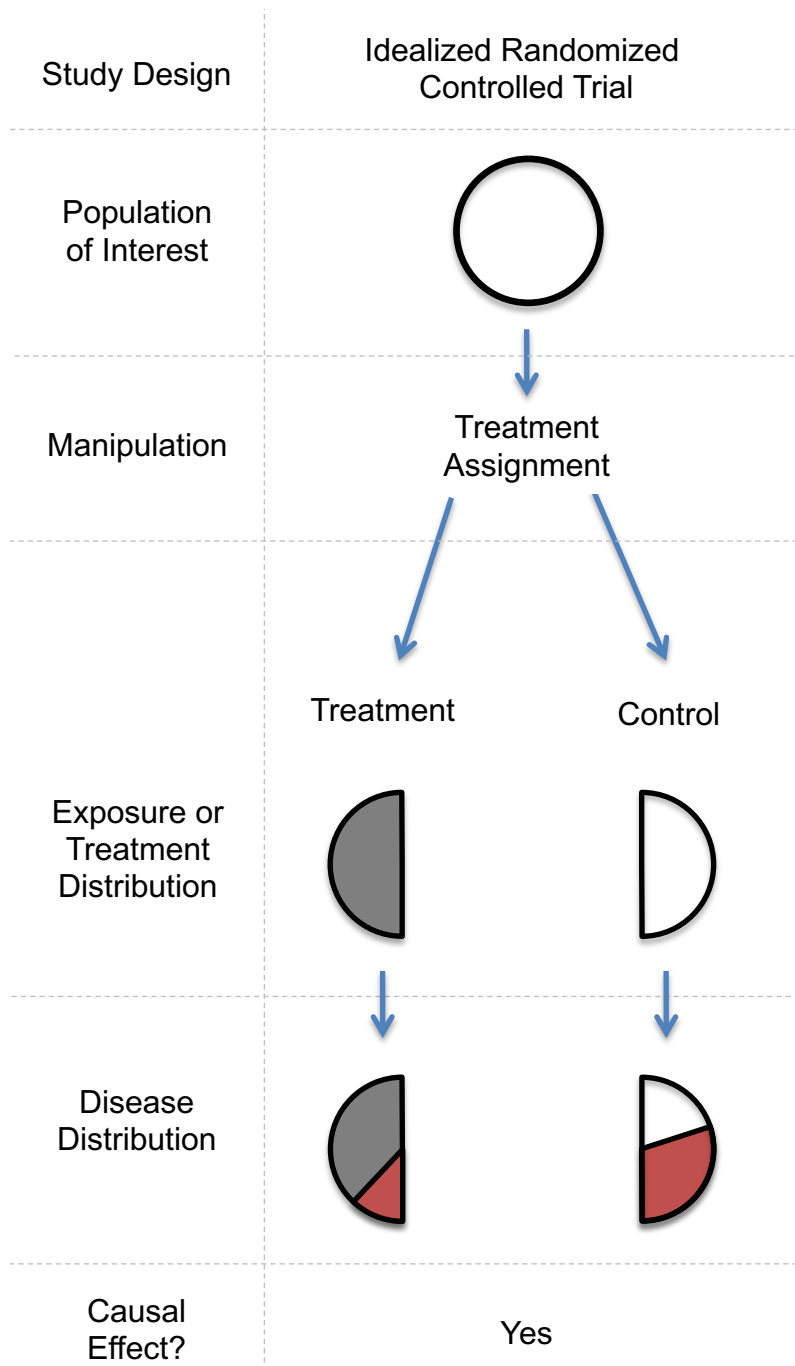
Causes and counterfactuals

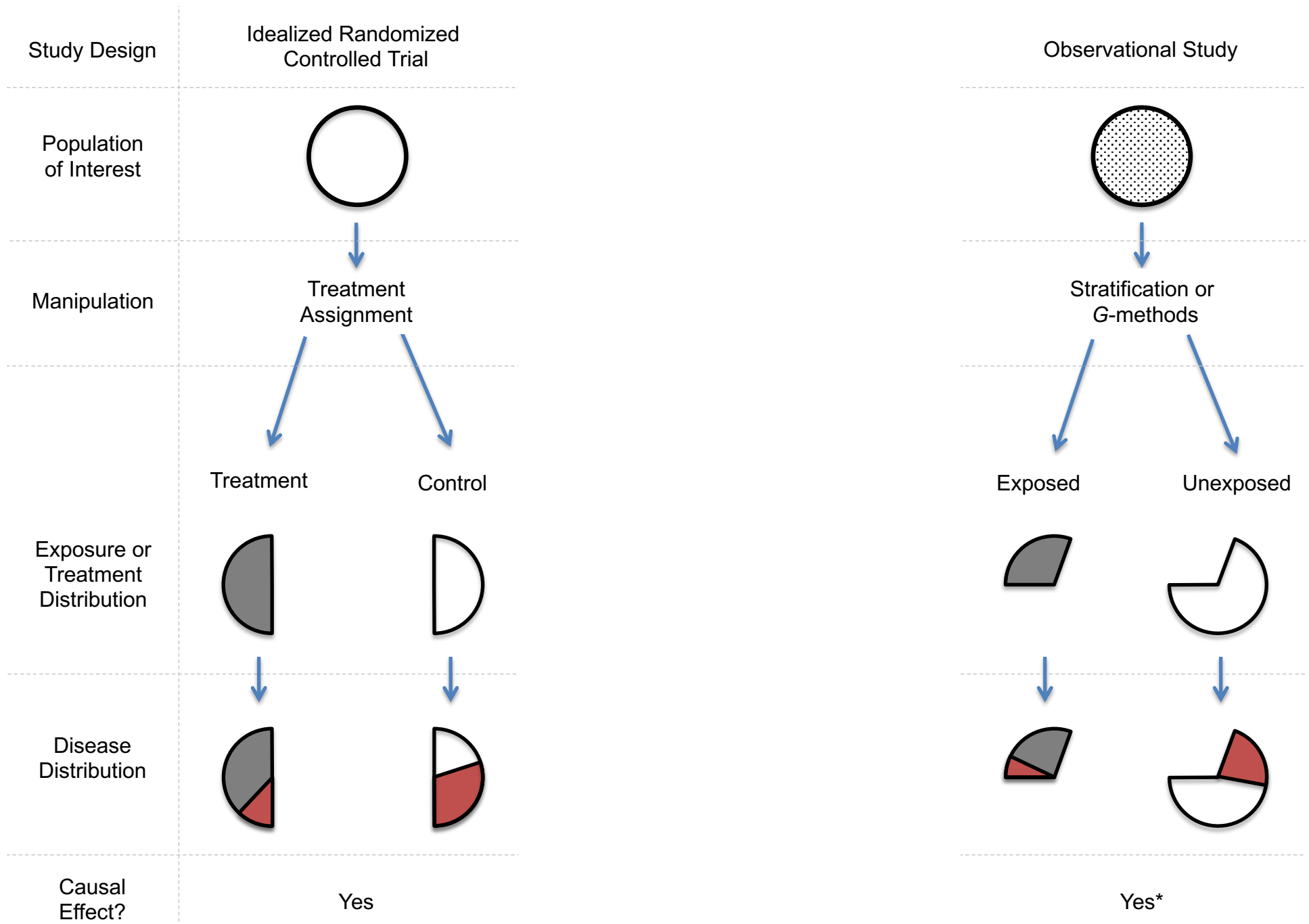
Observed

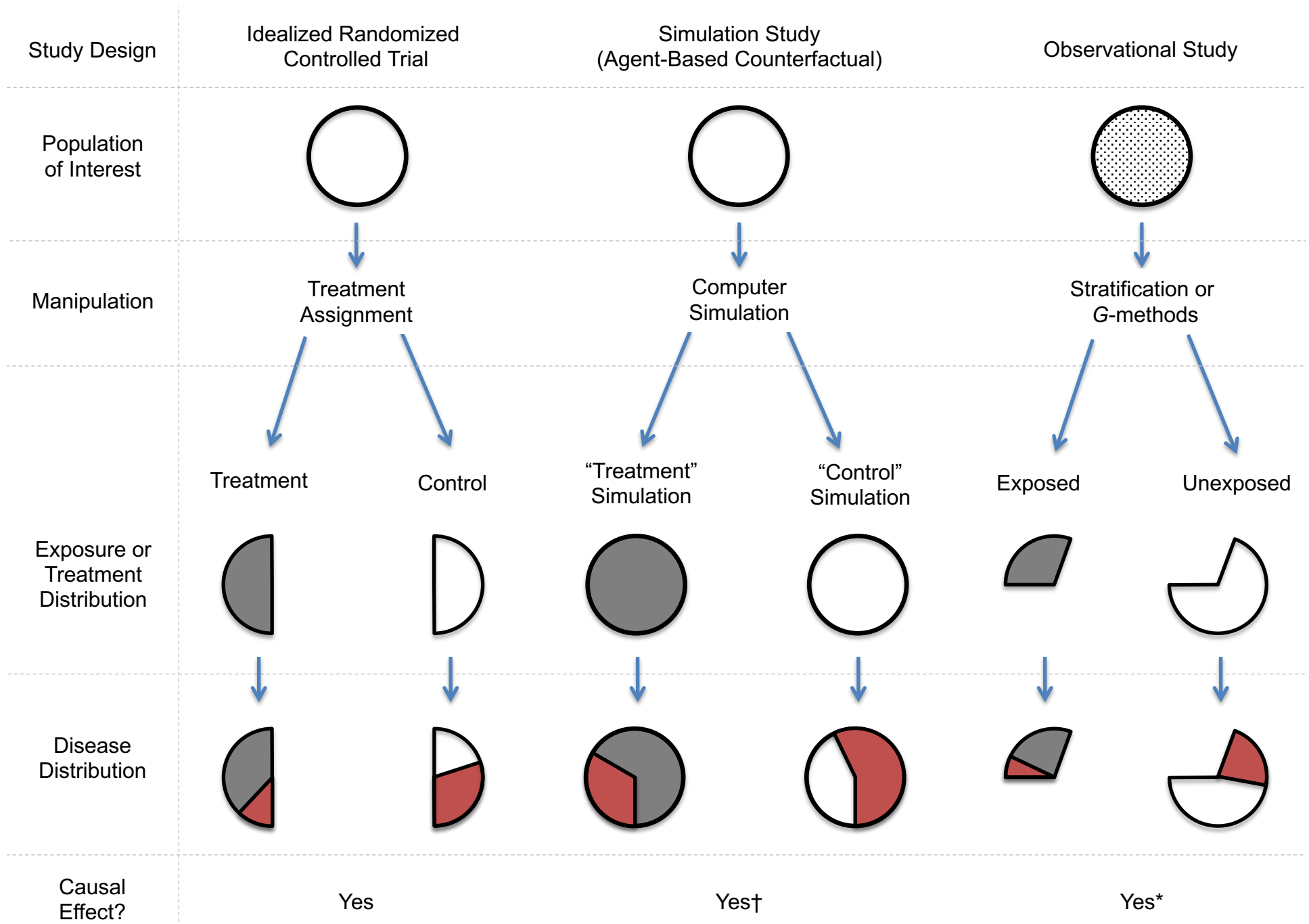


Counterfactual (parallel universe)



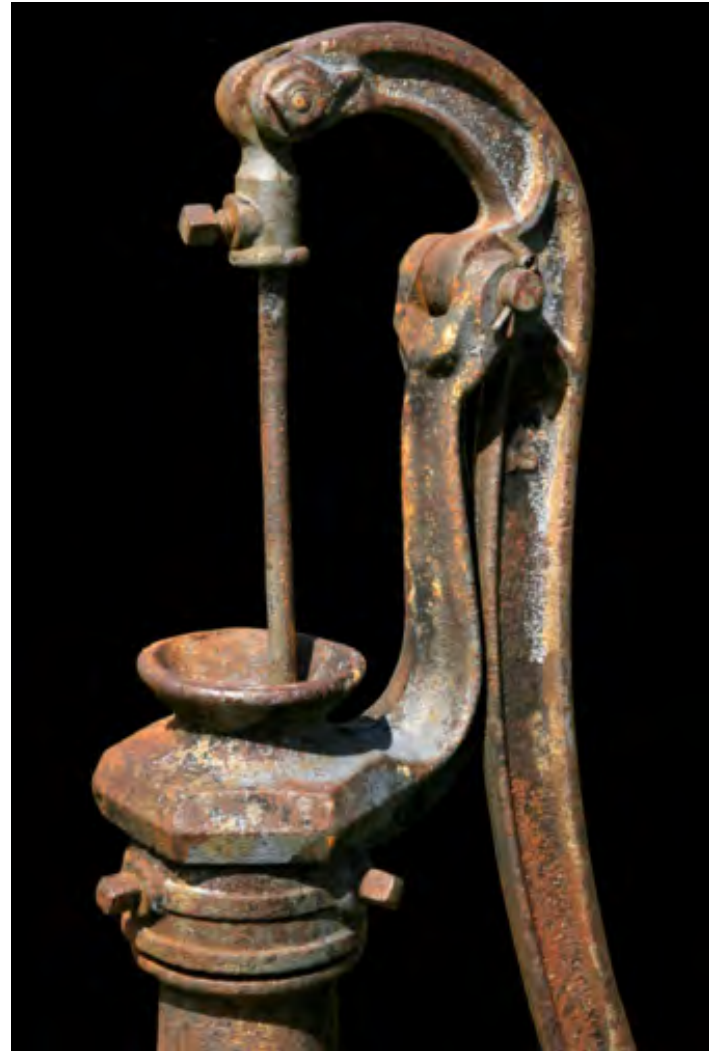




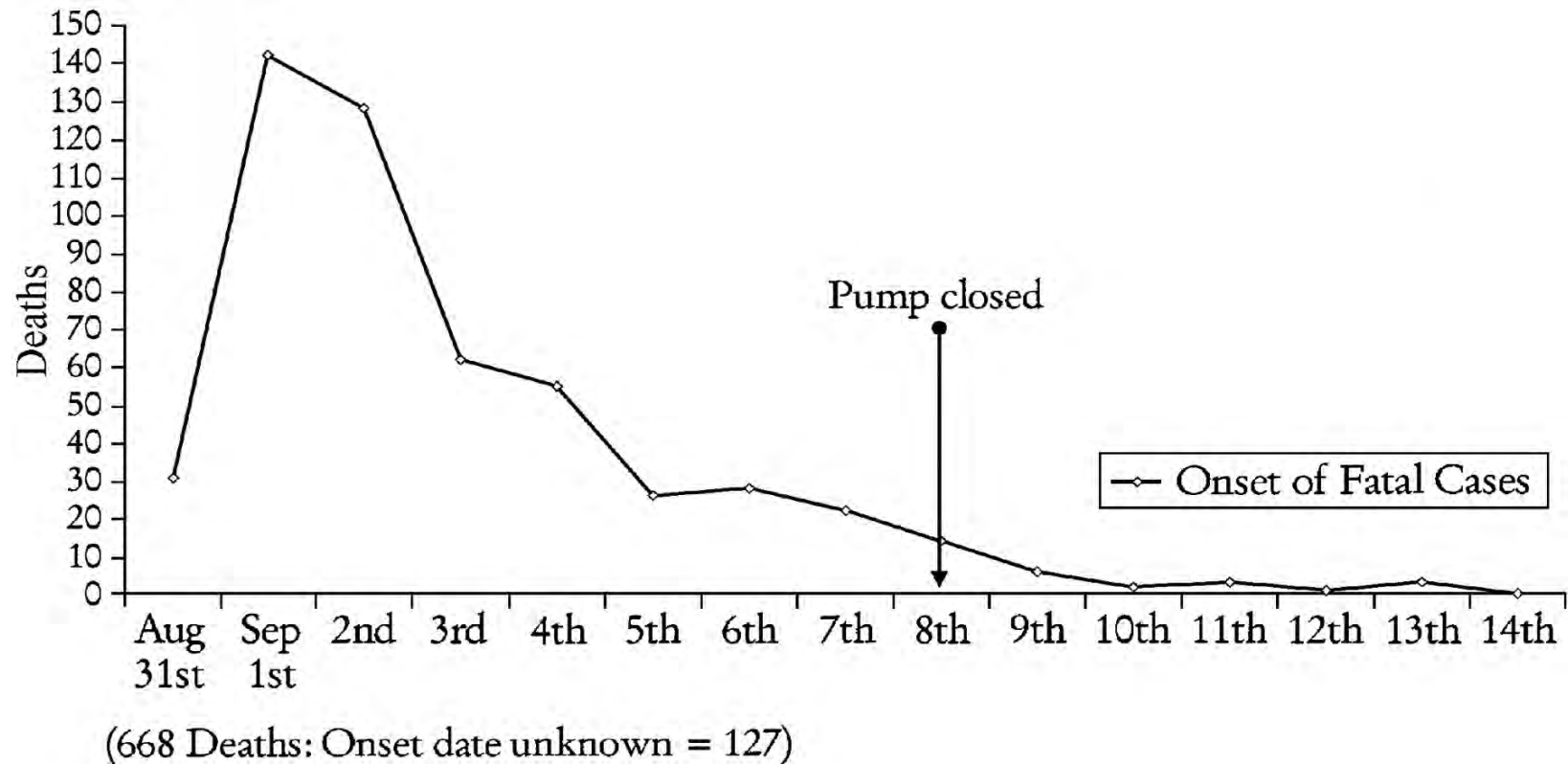


“ Everything should be made as simple as possible, but not simpler ”

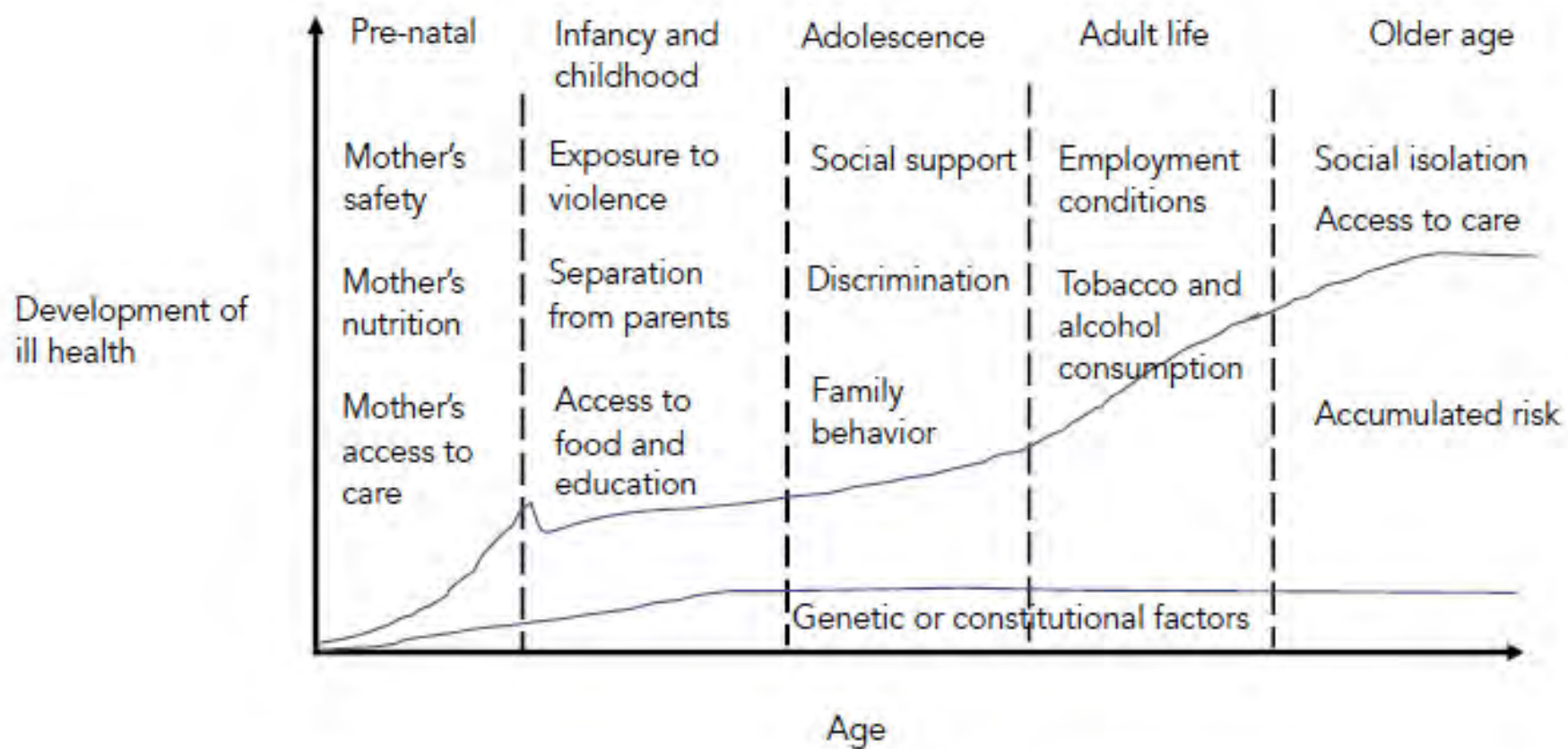
Simple approaches, a foundational myth



The effectiveness of simple approaches?



5. The big picture



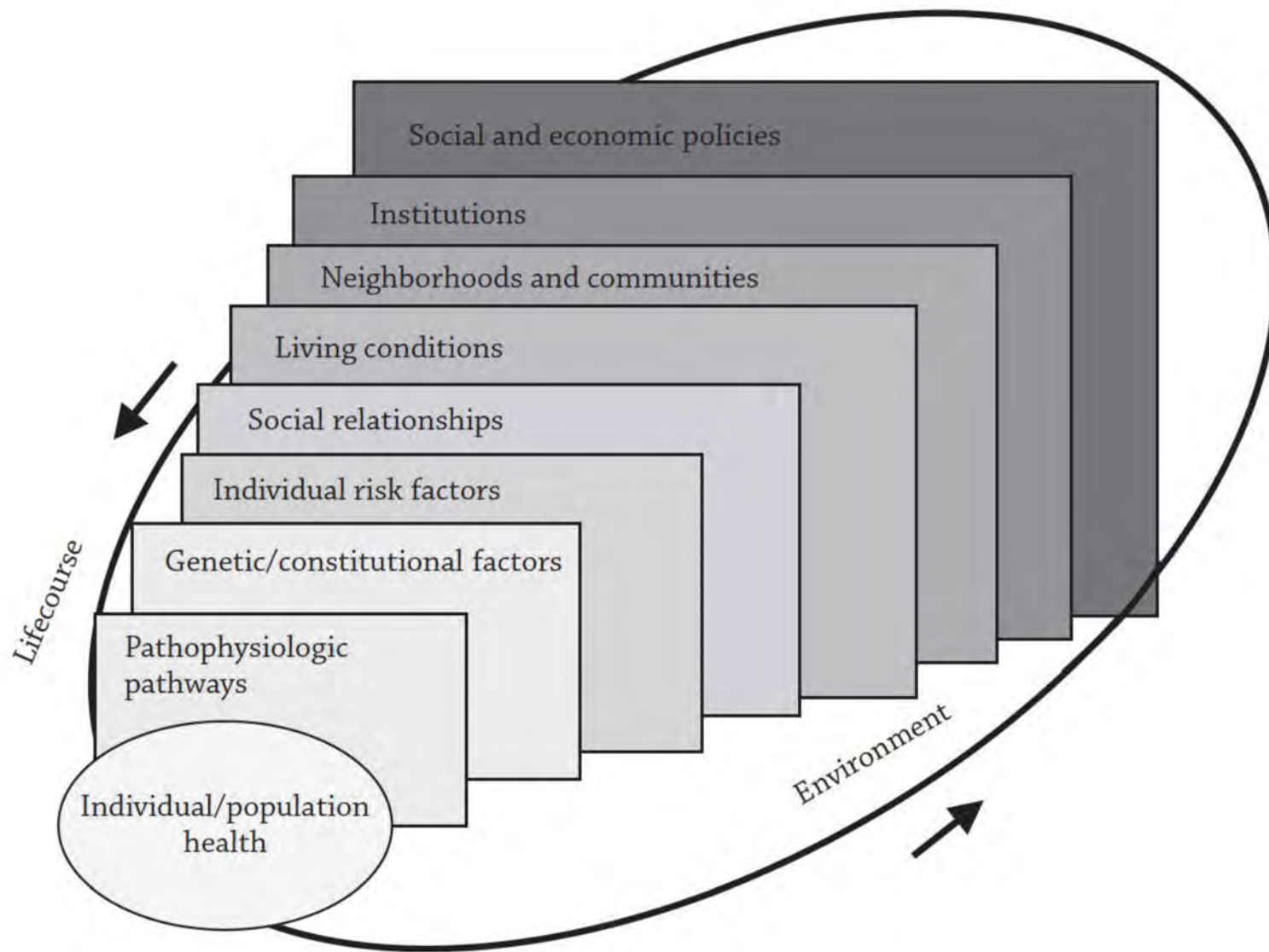


Figure 2.1 Levels of influence on the health of populations. Source: Modified from Kaplan, G. What's wrong with social epidemiology, and how can we make it better? *Epid Rev.* 2004; 26:124–135.



The global decision-maker survey

Learning directly from stakeholders about the best ways to make data on determinants relevant to decision-making is critical to the 3-D Commission's approach. If you identify as a decision-maker, please share your thoughts by taking our short, anonymous survey.

[Take the survey](#)



twitter/@sandrogalea

sgalea@bu.edu