# Flexible Models for Elucidating Health Disparities

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## Children's Environmental Health Initiative



#### Focus on children

- Focus on issues of environmental justice
  - Shift to preventive interventions





• Emphasis on spatial analytic approaches





- Overview: "What", "how", and "why" of disaggregation
- Modeling Details
- Computing Details and Issues
- Example: North Carolina Detailed Birth Record Data
- Impact on Policy?
- Future Directions



#### Disaggregation? What, how, and why...

- What:
  - A method that substantially extends inferential possibilities of customary modeling of spatial outcomes data that are areally observed
  - Computationally tractable for large data sets (on the order of 10^5 or more)
  - 'Disaggregated': we disaggregate aggregated counts from usual spatial model into subgroups using individual-level characteristics



#### • Disaggregation? What, how, and why...

- How:
  - Model subgroups in areal unit using individuallevel data
  - Multi-way contingency table for each areal unit
  - Explained with loglinear model in each areal unit
  - Spatially smooth models via random effects
  - All in a multilevel modeling framework



### • Disaggregation? What, how, and why...

- Why?:
  - Other approaches problematic with subgroups
    - Sometimes adjust via covariates or expecteds
    - How to model the subgroups? ANOVA-like approach? Ind. models? Via multivariate CAR priors? Ignore / aggregate?
    - Confined to 'outcome' cond. on 'risk factors'
  - Use available individual-level data..true level?



- Disaggregation? What, how, and why... more why...
  - Flexible inference in multilevel structure
  - Dimension reduction (r << L in general)</li>
  - No need to specify a "response" variable
  - Joint modeling=>arbitrary marginal and cond. probs.
    - Not just conditional probability statements
    - Arbitrary marginal, joint, and cond. statements
    - Flexible aggregation: investigate outcomes/ groups of interest, e.g., racial disparities



#### **Modeling Details**

Cell counts:

$$n_l^{(s)} \sim Po(\lambda_l^{(s)})$$

First level: 
$$\log(\lambda_l^{(s)}) = \mathbf{X}_l^T \beta_{\mathbf{s}} + \log(n^{(s)}) = \sum_{t=1}^r X_{lt} \beta_{st} + \log(n^{(s)})$$

r

Second level: 
$$\beta_{st} = \mathbf{w}_s^T \eta_t + \tilde{\phi}_t^{(s)} = \sum_{u=1}^q w_{su} \eta_{tu} + \tilde{\phi}_t^{(s)}$$

Random effects:  $\tilde{\phi}_t^{(s)}$ 

$$\phi^{(s)} = \phi^0_t + \phi^{(s)}_t$$

And we can plug the second level into the first level for very nice interpretations of the overall model, namely the log counts as...

$$\mathbf{X} oldsymbol{\phi}^0 + \mathbf{X} \mathbf{W}_s oldsymbol{\eta} + \mathbf{X} oldsymbol{\phi}^{(s)} \cdot$$
 (+ offset)



#### Spatial Smoothing -- The phi\_s's



Smoothes county s's beta\_st to be like its neighbors (for selected t's).



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- Can be implemented in WinBUGS ... computationally OK
- Many modeling choices in this flexible framework...
  - Design matrix for loglinear model...
  - Which loglin. model parameters get spatial smooth?
  - Which get areal unit-level covariates? Which covars.?
  - What form for spatial random effects?
    - Independent?
    - Multivariate CAR?
    - Attempt some sort of dimension reduction?
- For the example we'll see, we will detail our choices



- NC Detailed Birth Record
  - · 1999-2003
  - No congenital anomalies

Example

- Singletons
- N=463,639, with 32,437 LBW (~6.996%)
- County-level (though finer resolution available)
  - ZCTA ... alternative state analysis?
  - Census Tract, Block Group, Block...focused analysis?



#### Variables

- X: Maternal race (African Amer. (AA) or white)
- Y: Low birth weight (yes or no)

Example

- Z: Sex of infant (female or male)
- W: Maternal tobacco use (yes or no) "Smoking"
- So  $2 \times 2 \times 2 \times 2 = 16$  subgroups in each areal unit



• Let L denote subgroup, I=1, 2, ..., 16

Example

- Let S=1, 2, ..., 100 index counties in NC
- Model provides  $p_l^{(s)}$  the probability for subgroup I in county s ... not prob. LBW given X,Z,W, but joint prob..
  - Re-combine into cond., marginal, etc., probs.
  - Disparity measures (e.g., odds ratio)
- Model fit: (XYZ, XYW, YZW)
  - So reduce from 16 to 14 ... more reduction in general



## Example: Model

$$\log \lambda_{ijkm}^{(s)} = \gamma^{(s)} + \gamma_i^{X(s)} + \gamma_j^{Y(s)} + \gamma_k^Z + \gamma_m^{W(s)} + \gamma_{ij}^{XY(s)} + \gamma_{ik}^{XZ(s)} + \gamma_{im}^{XW(s)} \gamma_{jk}^{YZ(s)} + \gamma_{jm}^{YW(s)} + \gamma_{km}^{ZW(s)} + \gamma_{ijk}^{XYZ} + \gamma_{ijm}^{XYW} + \gamma_{jkm}^{YZW} + \log(n_{\cdot}^{(s)}).$$



#### Est. LBW%, Overall (center) and Subgroups





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#### Odds Ratio for Race



We can think of this as a (relative) measure of racial disparity.



- Healthy People 2010 (HP2010)
  - "Eliminate Health Disparities"
    - One of two overarching goals
  - HP2010: Health disparities are "differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation."
  - Today's example:
    - (1) gender (i.e., subgroups),
    - (2) race (i.e., subgroups), and
    - (3) geographic location (i.e., spatial)
      - ... and combines, in local disparity measures



- Also, contextual effects via multilevel model framework
  - E.g., does 'individual' effect of race differ in areas w/ different socioeconomic or demographic features

#### Measurement of health disparities

- "Methodological Issues in Measuring Health Disparities", NCHS (2005)
- Work of Harper and Lynch
- "Methodological Issues..." emphasize both <u>absolute</u> and <u>relative</u> measures of disparity.
  - OR for race, shown above, is relative measure...
  - ...but flexible methods such as ours can easily accommodate both in some model
  - Also estimates component rates simultaneously



Helpful to see disparity in the context of the component rates...

#### LBW, all and subgroups

#### OR race





- How might this inform policies?
  - Different priorities might follow from different relative or absolute disparity... which is higher priority?
  - Different "types" of disparity might might suggest different interventions...
    - How does "two subgroups doing relatively well, but disparity high" compare to "both subgroups doing relatively poorly but disparity low"?
    - Focused intervention in area where one group doing relatively well but other relatively poorly?
  - Alternative measures of disparity? Excess deaths?
  - Proper measuring of interventions...what if both groups rate's go down, but disparity worsens?
    Suggests 'disparity only' measures miss something...



- More individual-level data / more categories
  - E.g., maternal education, an ordered categorical variable
  - Logic functions to reduce dimension
- More contextual variables (areal unit covariates)
  - income, demographics, etc., ...
  - interact w/ ind. level variables? Variables "with themselves"...



#### • Spatial scale

- Now: Counties,
- Next: ZCTA and beyond...

• Spatial loglinear modeling for point data...



#### **Future Directions**

#### • Spatial scale

- Now: Counties,
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**Figure 1.** Spatial pattern in percent of low birthweight births in North Carolina.

• Spatial loglinear modeling for point data...





# Thank you very much!