

# Digital Twin Neighborhoods

*Forecasting the Value of Health Equity Initiatives*

## Adam Perzynski, Ph.D.

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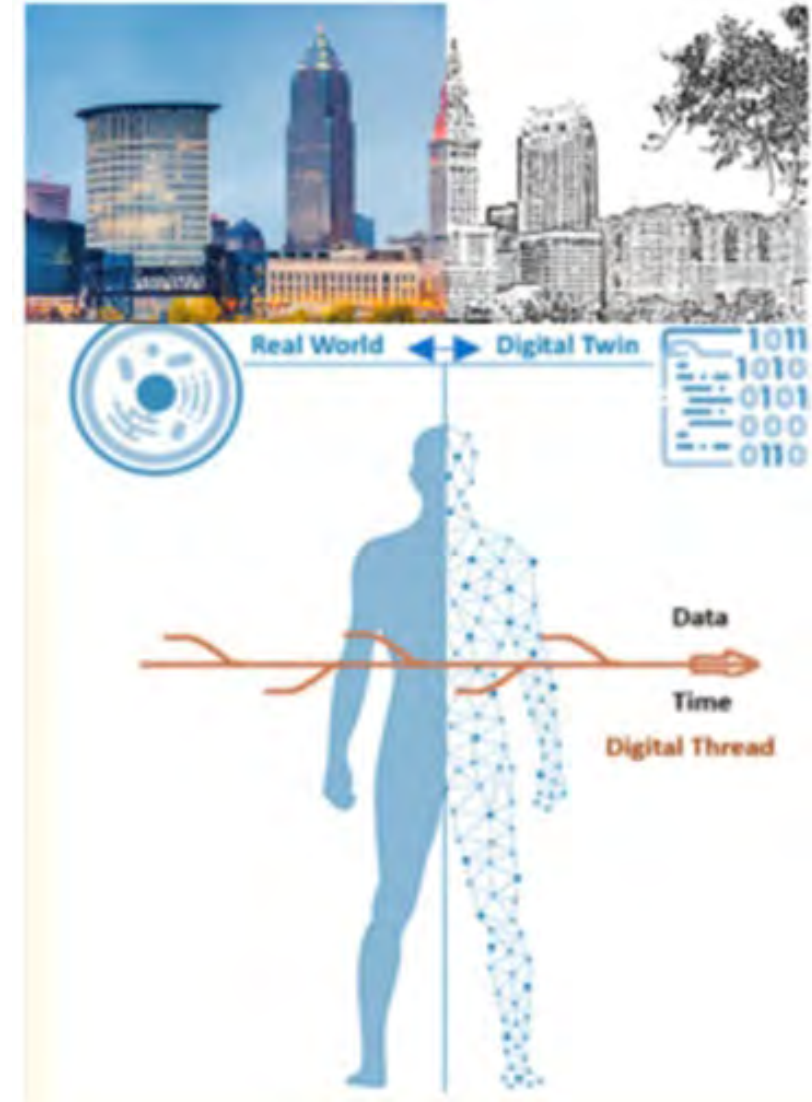
atp5@case.edu

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# DTN Team

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Abolade Oladimeji

Manpreet Kaur

Morgan Whaley

>80 Community Experts

# Overview

- Neighborhood health equity is among the most significant public health challenges ever identified.
- Massive data can be made massively more useful with digital twin and synthetic population approaches.
- We are meeting a critical and growing need for forecasts of health outcomes in neighborhoods that are (1) Valid (2) Equitable (3) Adaptable (4) Hyper-Local.



An aerial photograph of a suburban neighborhood. The image shows a grid of streets with houses, many of which have solar panels on their roofs. There are green spaces, trees, and a central area that appears to be a park or a large lawn. The text "Neighborhoods have critically important influences on health." is overlaid on the image in a white font on a dark green background.

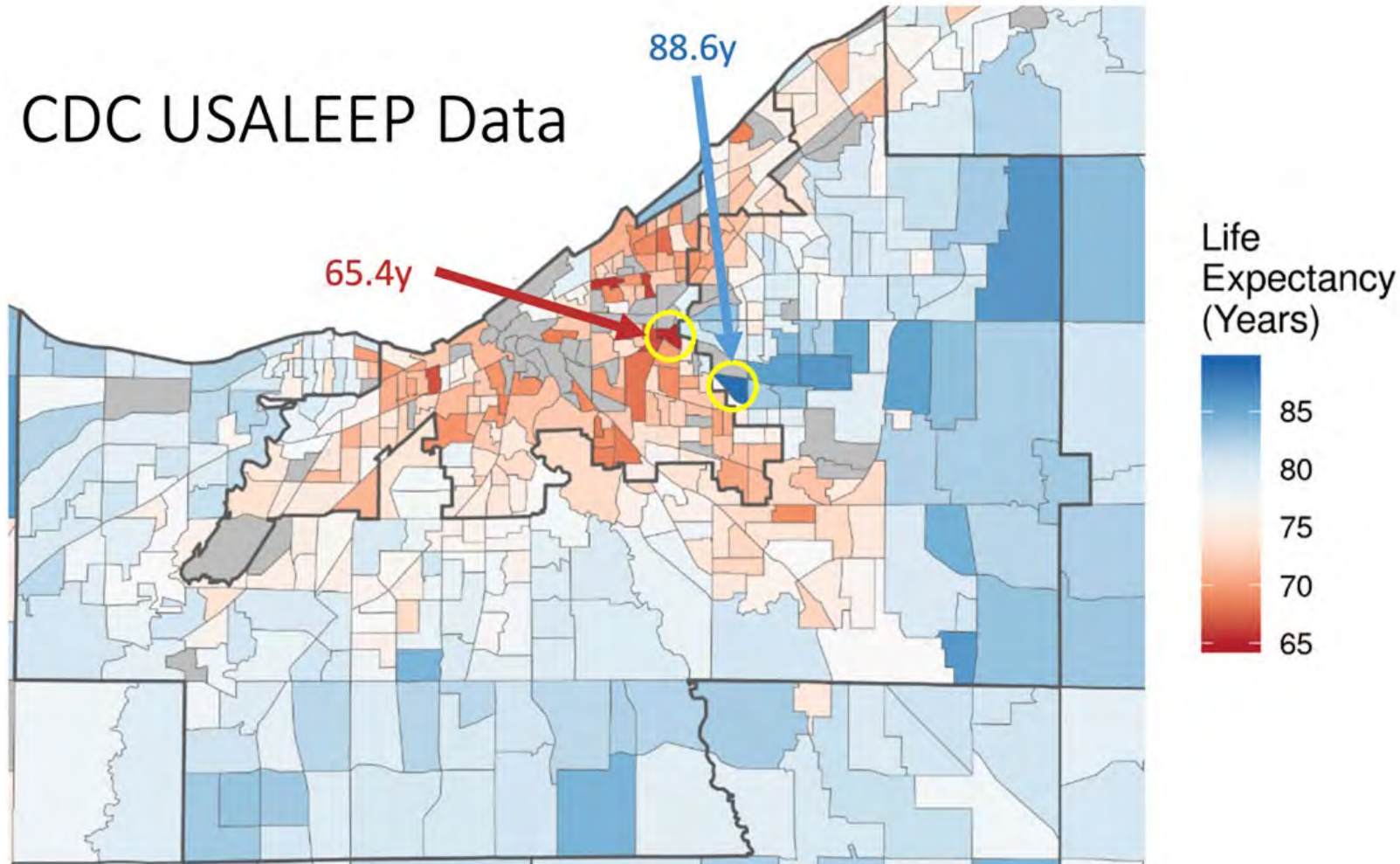
Neighborhoods have critically important influences on health.





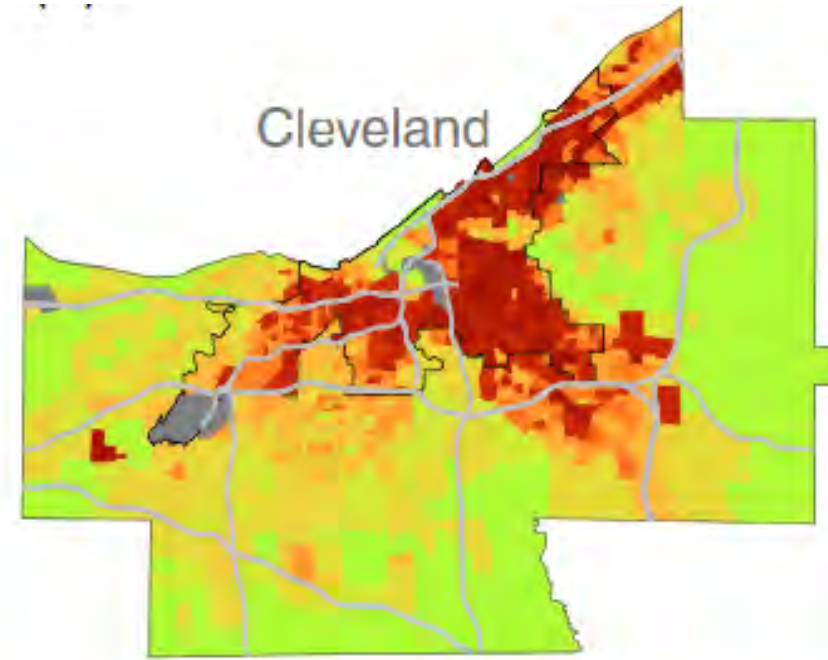
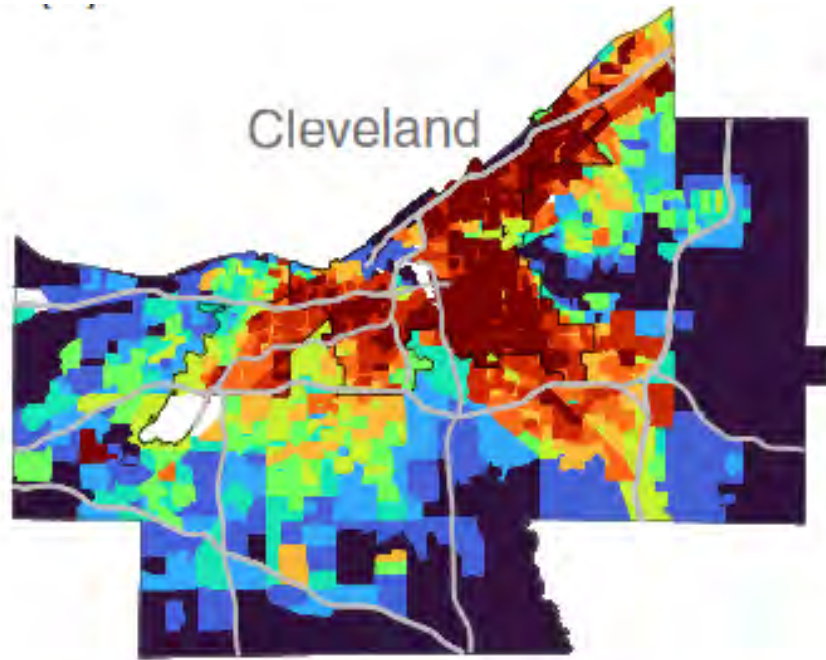


In our region, like much of the United States, there are drastic inequalities in health and life expectancy at the neighborhood level.



# Neighborhood Disparities in Dementia Risk

*Cleveland/Cuyahoga County, OH*



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**Original Investigation** | Equity, Diversity, and Inclusion

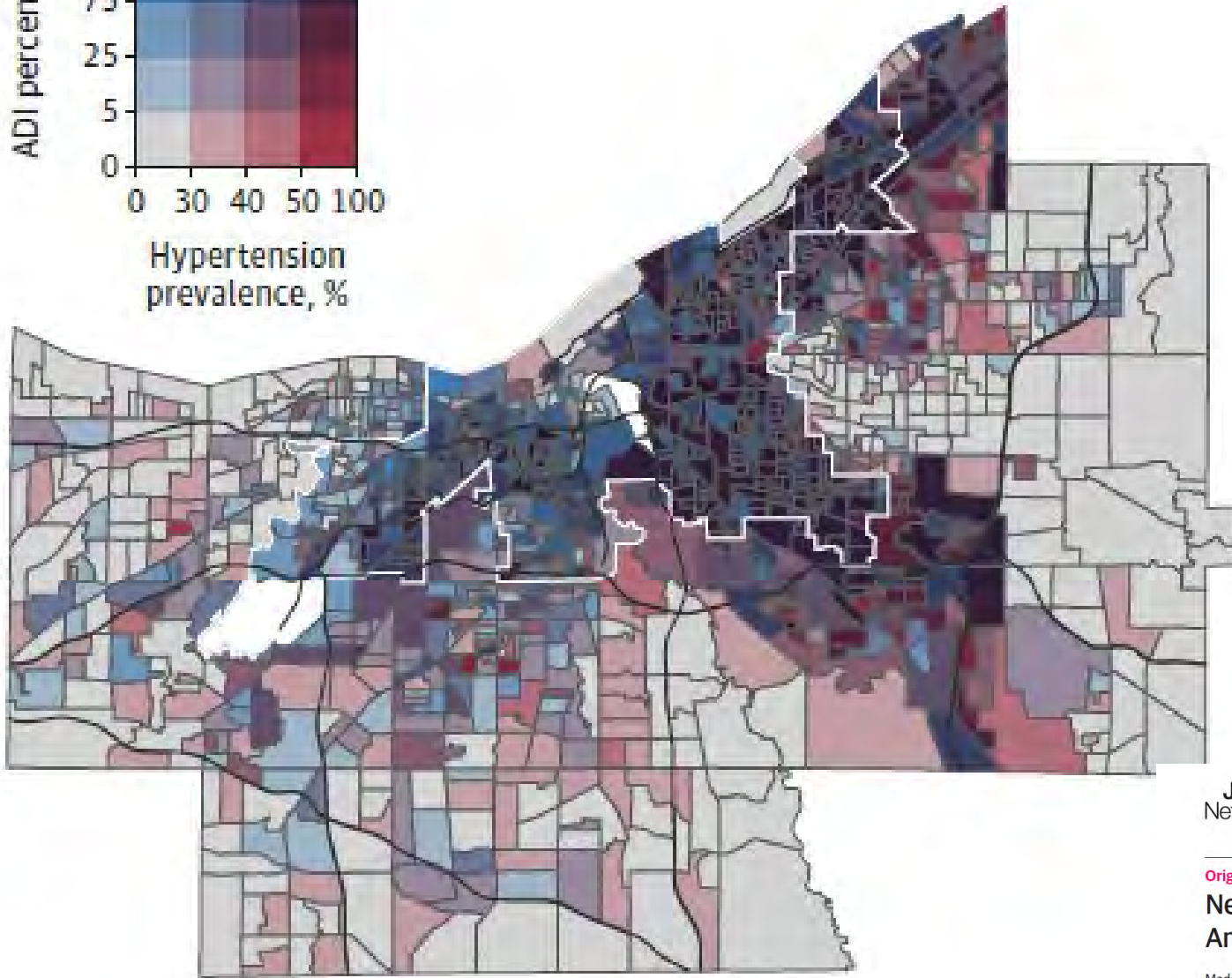
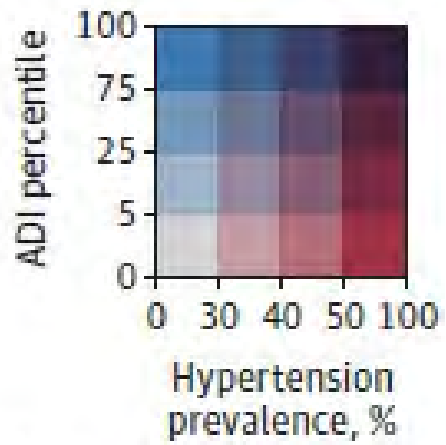
# Neighborhood-Level Disparities in Hypertension Prevalence and Treatment Among Middle-Aged Adults

Madeleine M. Blazel, BS; Adam T. Perzynski, PhD; Paul R. Gunsalus, MS; Lyla Mourany, MS; Douglas D. Gunzler, MA, PhD; Robert W. Jones, MD; Elizabeth R. Pfoh, MPH, PhD; Jarrod E. Dalton, PhD

- We examined hypertension diagnosis among adults patients aged 35-50 (60,546 MetroHeath and Cleveland Clinic patients).
- Seen at least once in outpatient settings in 2019.
- Patients lived in 1,156 Cuyahoga county block groups



**A** ADI percentile



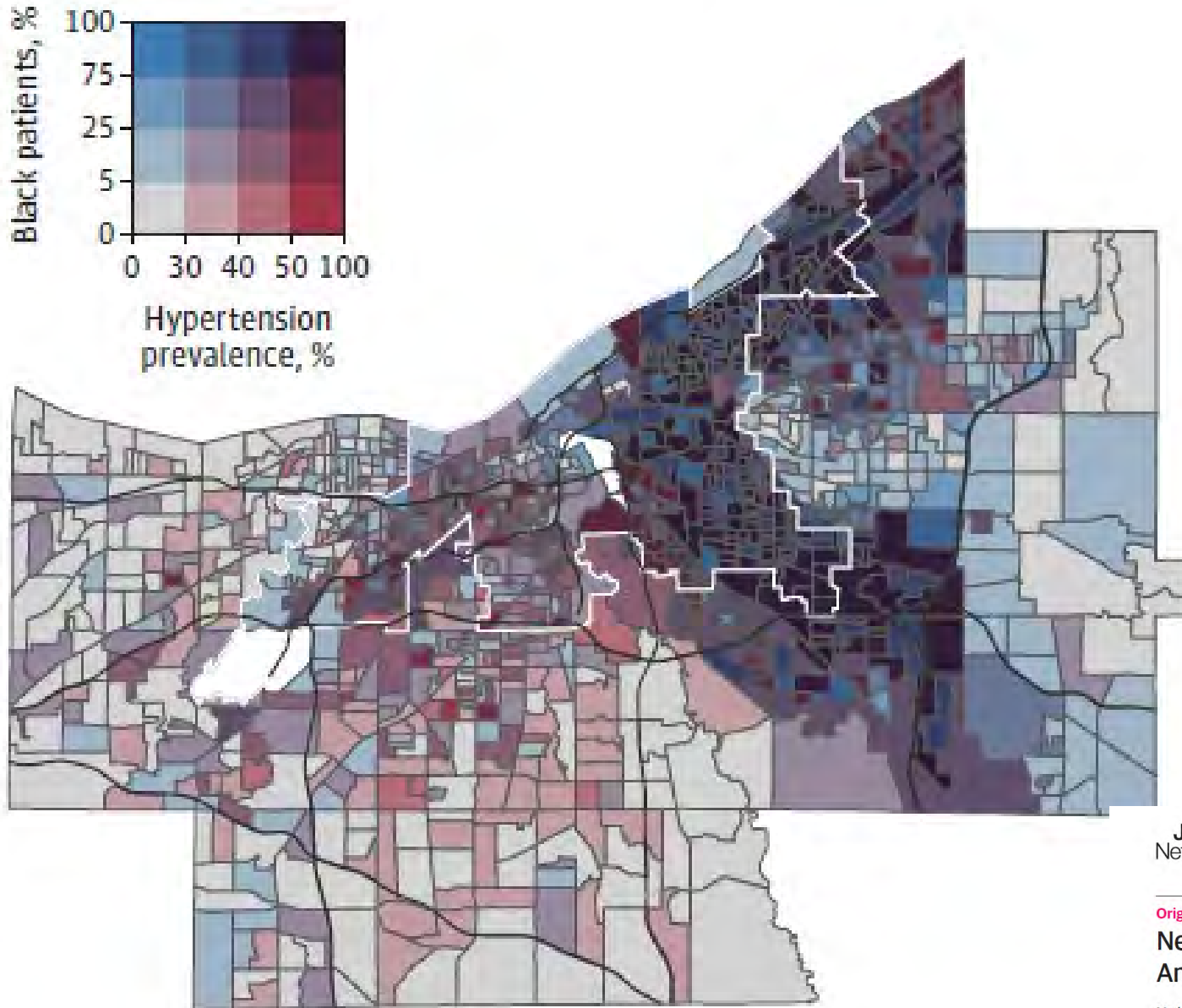
JAMA  
Network | **Open**

Original Investigation | Equity, Diversity, and Inclusion

## Neighborhood-Level Disparities in Hypertension Prevalence and Treatment Among Middle-Aged Adults

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**B** Black patients



JAMA  
Network | **Open**

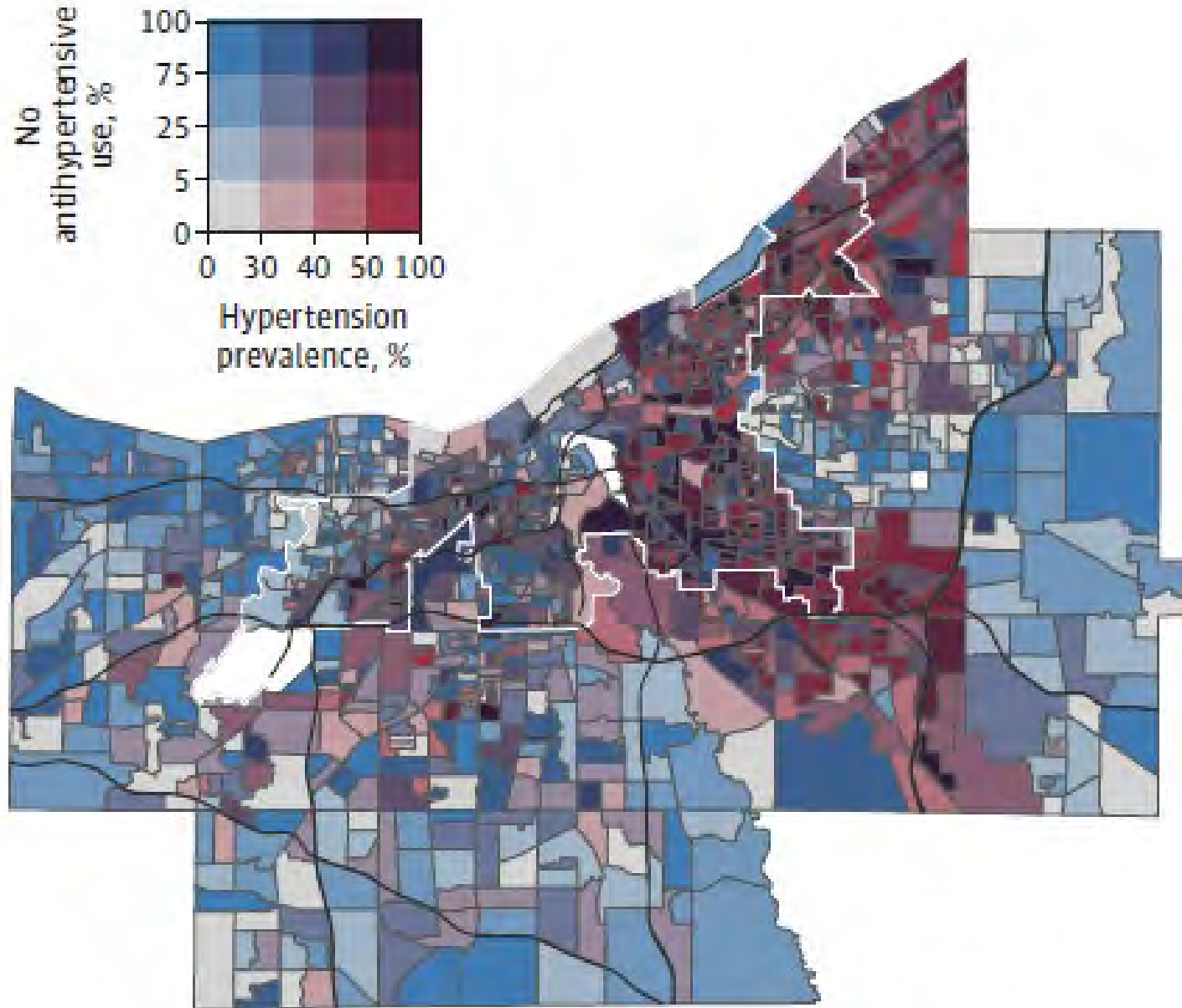
Original Investigation | Equity, Diversity, and Inclusion

## Neighborhood-Level Disparities in Hypertension Prevalence and Treatment Among Middle-Aged Adults

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### C Antihypertensive use



Limited to the 20,863 patients with a hypertension diagnosis.

VA | **Open**  
Ork

Investigation | Equity, Diversity, and Inclusion

Neighborhood-Level Disparities in Hypertension Prevalence and Treatment among Middle-Aged Adults

by M. Blazel, BS; Adam T. Perzynski, PhD; Paul R. Gunsalus, MS; Lyla Mourany, MS; Douglas D. Gunzler, MA, PhD; Robert W. Jones, MD; Elizabeth R. Pfoh, MPH, PhD; Jarrod E. Dalton, PhD

# Depression Prevalence

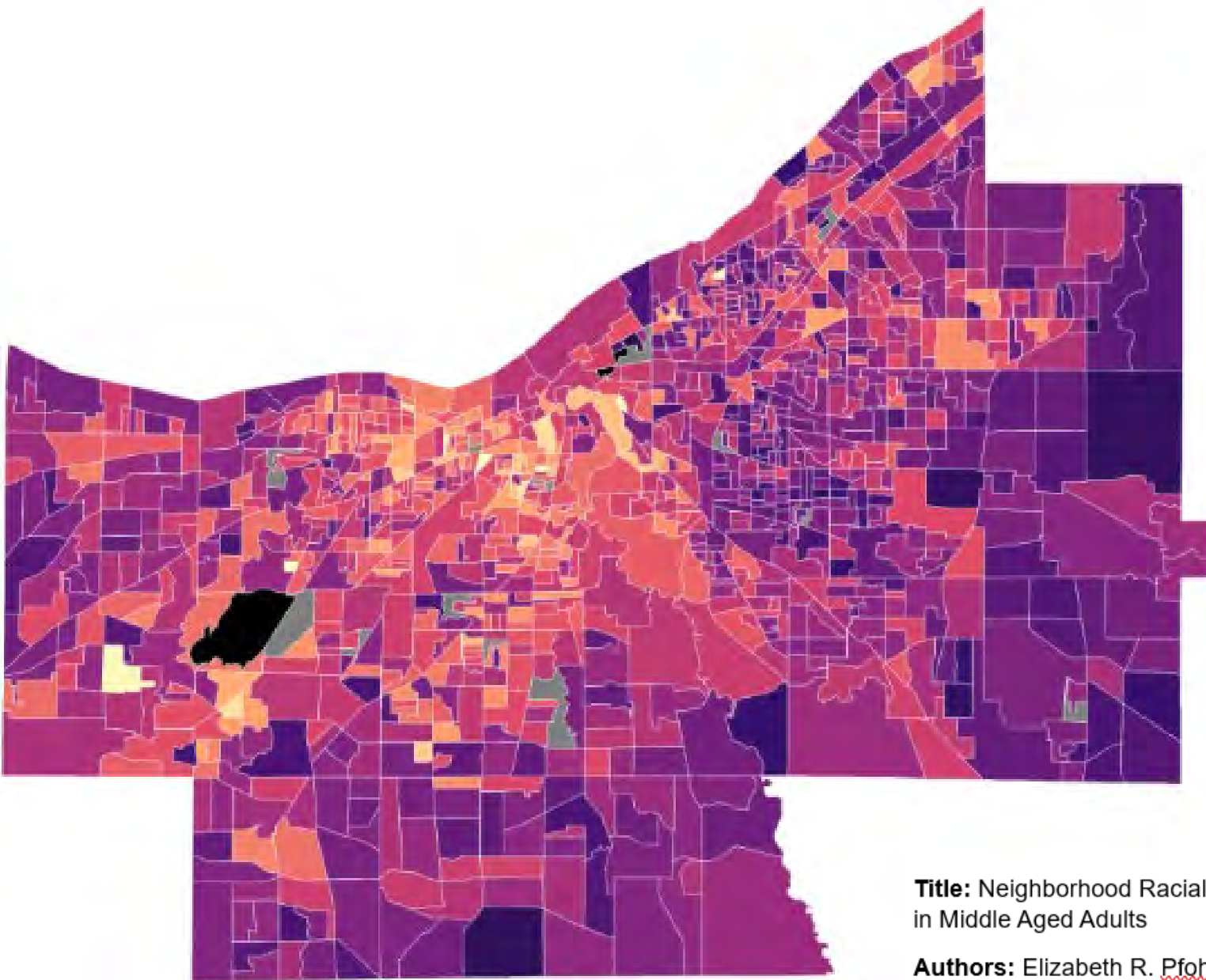
- EHR data on adults 40-55 years in Cuyahoga County, Ohio, who had  $\geq 1$  primary care appointment at the Cleveland Clinic Health System or the MetroHealth System between 2010 and 2016.
- Patients categorized as having a diagnosis of depression by ICD-10 codes
- Generated maps and compared by Race/Ethnicity and Socioeconomic Position
- Compared EHR data against the CDC Places Data for the same time period.

Table 1. Demographic, health and neighborhood characteristics of the study population by depression status at the index date (N = 150,715)

	Depression at Index	
	No depression N = 128,923 <sup>1</sup>	Yes depression N = 21,792 <sup>1</sup>
<b>Demographics</b>		
Age	47.1 (42.7, 51.2)	47.2 (42.6, 51.2)
Female	54%	70%
Race and Ethnicity		
Non-Hispanic White	56%	63%
Non-Hispanic Black	31%	25%
Other	7.9%	7.4%
Asian	2.7%	0.7%
Hispanic	1.9%	3.3%
<b>Census Data</b>		
ADI Quintile		
Quintile 1	39,755 (31%)	5,390 (25%)
Quintile 2	19,913 (15%)	3,500 (16%)
Quintile 3	18,021 (14%)	3,351 (15%)
Quintile 4	19,335 (15%)	3,473 (16%)
Quintile 5	31,876 (25%)	6,070 (28%)



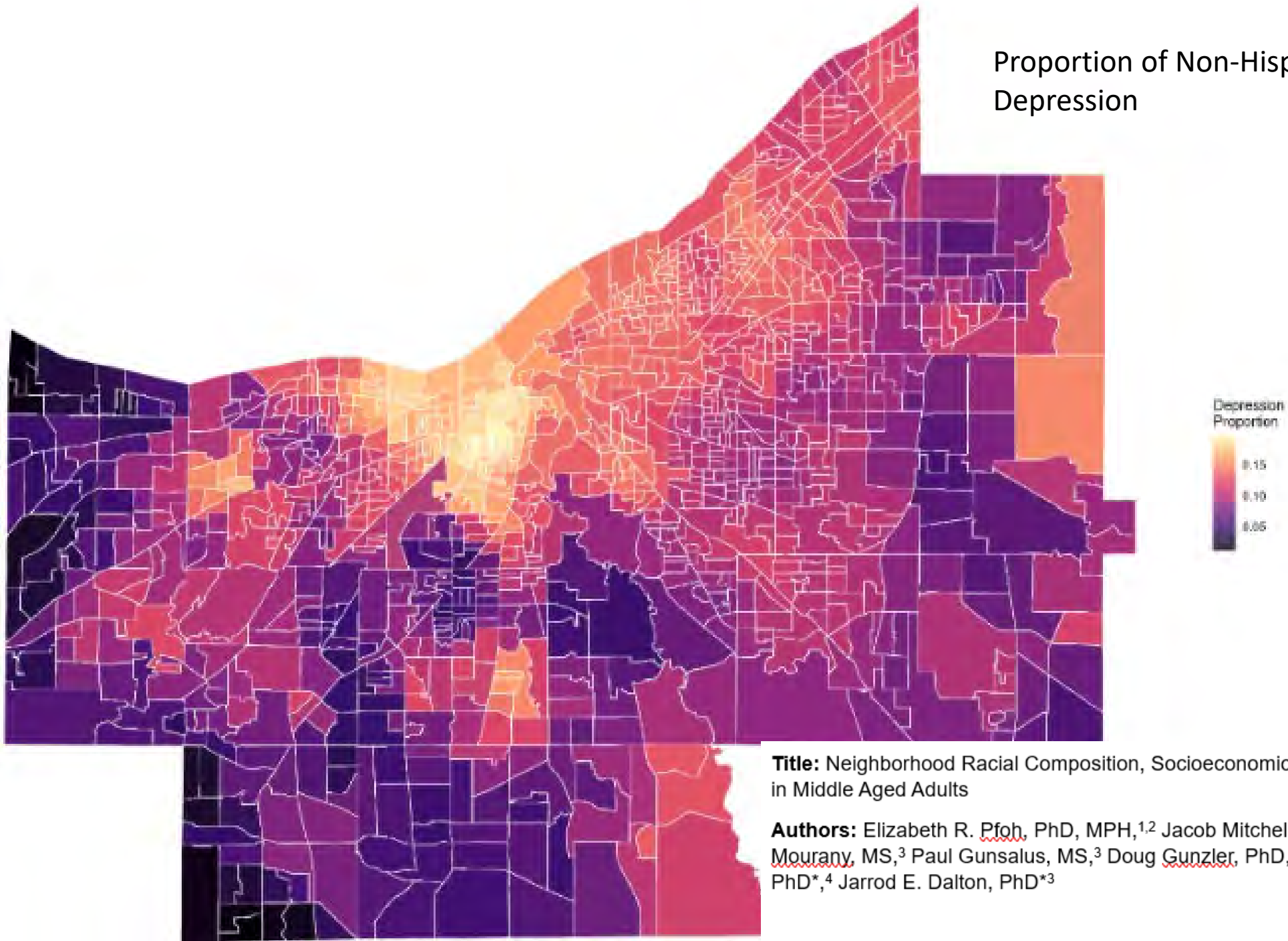
## Proportion of Patients with Depression



**Title:** Neighborhood Racial Composition, Socioeconomic Position and Depression Prevalence in Middle Aged Adults

**Authors:** Elizabeth R. Pfoh, PhD, MPH,<sup>1,2</sup> Jacob Mitchell, MS,<sup>3</sup> Michael Kenyhercz, PhD,<sup>3</sup> Lyla Mourany, MS,<sup>3</sup> Paul Gunsalus, MS,<sup>3</sup> Doug Gunzler, PhD,<sup>4</sup> Kristen Berg, PhD,<sup>4</sup> Adam Perzynski, PhD\*,<sup>4</sup> Jarrod E. Dalton, PhD\*<sup>3</sup>

## Proportion of Non-Hispanic Black Patients with Depression

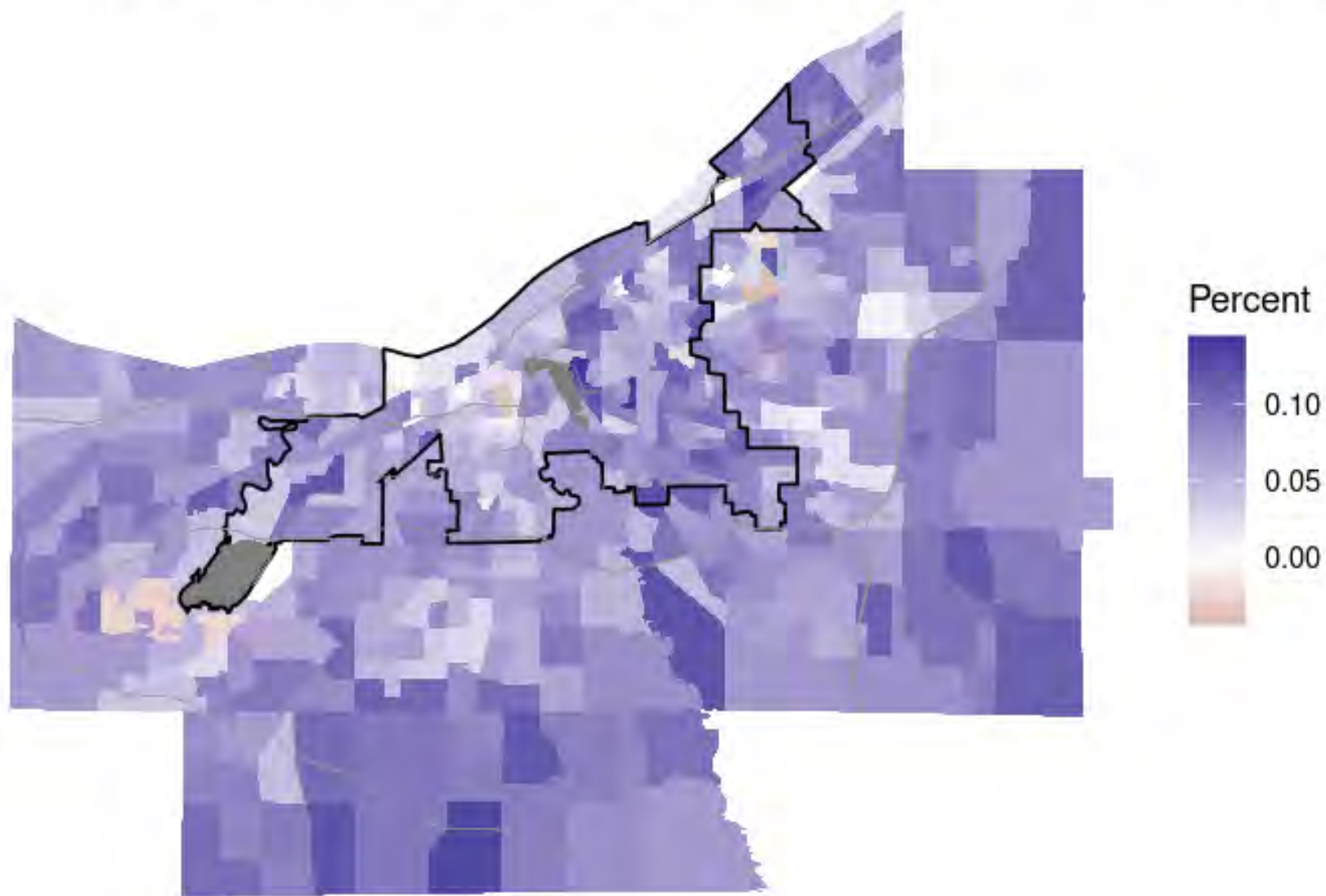


**Title:** Neighborhood Racial Composition, Socioeconomic Position and Depression Prevalence in Middle Aged Adults

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Difference between percent crude prevalence of depression  
by CDC and Depression at Index of patients ages 40-55 in Neocare (2013 ADI)



# Digital Twin **Neighborhoods** have multi-sector value.

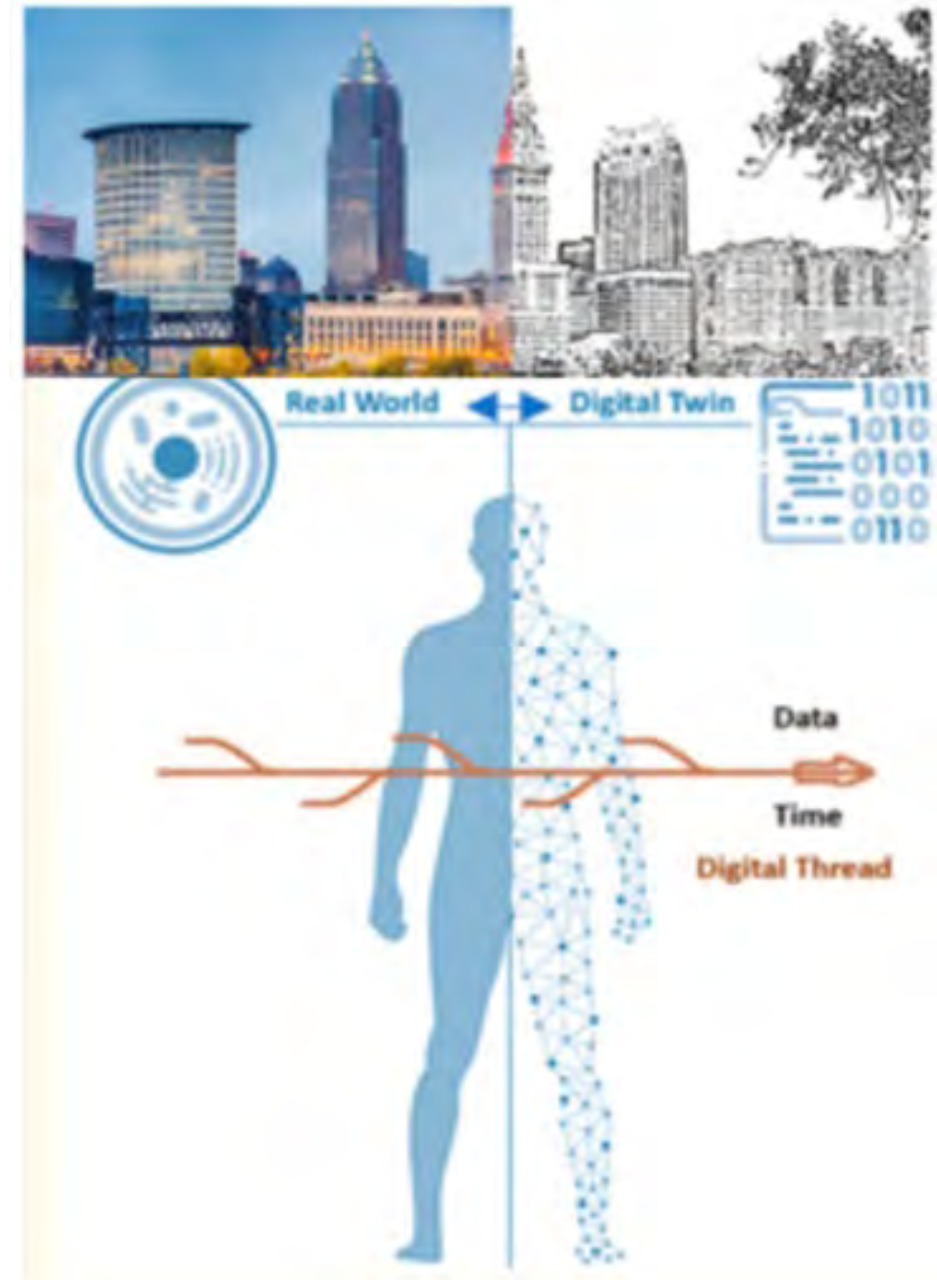
Health care systems and payers

Civic and local non-profit decision makers

State and federal policy making

Hyper-local community value to residents

***Our community partners informed us about  
how we should conduct our work.***



# Digital Twin Neighborhoods

## Platform and Approach to Decision-Making in Population Health

- Integrates state-of-the-science GIS, static and longitudinal modeling technologies with EHRs
- Research funded by \$3.14M NIH grant to Cleveland Clinic and MetroHealth
- Builds on 10-year academic collaboration for place-based health disparities

## Community Engaged Development

- NIH grant supports iterative design via community engagement studios (45 participants in Year 1)

## Privacy-Preserving, Interoperable and Scalable Solution

- Enable fully synthetic analyses and embedded spatial AI resources across health systems
- Develop a flexible digital architecture supporting multisector collaboration for health equity

## Approach to Forecasting Impact of Population Health Interventions

- Health systems, payers, public health agencies, and community organizations
- Model effects of operational strategies and policy changes at high resolution



A useful  
analogy  
comes from  
the Auto  
Industry



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## POPULATION HEALTH NEWS

**TRENDING:** HealthLeaders' Patient Experience Week! Leaders Talk Patient Experience  
Podcast: Efficient, Easy Patient Care

# Cleveland Clinic to Leverage Digital Twins for Health Disparity Research

Cleveland Clinic and MetroHealth will use a \$3.14 million NIH grant to develop digital twin technology and tackle health disparities.



Source: Getty Images

By **Shania Kennedy**

February 22, 2023 - The National Institutes of Health (NIH) has **awarded** researchers from Cleveland Clinic and MetroHealth a \$3.14 million grant to use digital twins to better understand and address health disparities.

healthleaders TOPICS EVENTS RESOURCES SUBSCRIBE

## DIGITAL TWIN TECH IS SET TO RESHAPE HEALTHCARE DX

ANALYSIS | BY **ERIC WICKLUND** | OCTOBER 25, 2023



### TOPICS

AI  
Data Analytics  
Diagnosis  
Digital Health  
Forecasting Models  
HIT  
Innovation  
Physicians  
Technology  
Treatment

Health systems are just beginning to develop digital models of everything from organs to people to whole neighborhoods to improve and personalize patient outcomes.

### KEY TAKEAWAYS

- Digital twin technology was developed in the 1960s by NASA to model spacecraft and test out the moon landing; it has only shown up in healthcare in the last decade.
- The technology focuses on the creation of a digital model of organs and bodies, to be used to test new treatments, map out complex surgeries, create personalized recommendations for patients, and plot how outside factors affect health outcomes.
- Experts say digital models can help health systems identify areas of concern, improve treatments, and plan out recovery times and outcomes.

A technology first used by NASA to map out space travel is now giving healthcare providers a better look at how to treat patients.



### RECOMMENDED

Patients worry about  
may be using AI: s

Power your Revenue  
Automation and AI

Humana used alg  
'fraudulent schem  
Medicare Advant  
lawsuit alleges

FDA to review MDMA-assisted  
therapy, a milestone for



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## f FEATURES

# Can Digital Twin Neighborhoods Help Tackle Health Disparities?

Cleveland Clinic and MetroHealth are building digital twins to better understand how patients' neighborhoods impact their health outcomes.



Source: Getty Images



December 13, 2023 - Addressing health disparities and improving patient outcomes are key to achieving health equity, but tackling these issues requires health systems to understand their population's needs and develop strategies to meet them.



Anchoring to  
community  
perspectives is  
critically  
important

- Quarterly Community Engagement Studios throughout the Digital Twin Neighborhood project.
- Neighborhood residents and representatives of community-based organization provide input and shape the project drawing on their local community expertise and experiences.
- Our team conducted community engagement studios with 45 community members and more than 30 agency representatives



General Input & Questions	Research Team Response
Maintaining Privacy	<ul style="list-style-type: none"> <li>• This is a core aim of our funded study.</li> <li>• <b>Create public facing summaries of how we protect privacy</b></li> </ul>
Proper use of DTNs to address social determinants of health	<ul style="list-style-type: none"> <li>• Create limits on what DTNs are used for</li> <li>• Create Terms of Use that clearly detail permitted and recommended ways to use DTN resources.</li> </ul>
Impact of accuracy of diagnostic codes in medical records.	<ul style="list-style-type: none"> <li>• Implement methods from the research literature.</li> </ul>
The potential harms or unintended consequences of the findings and visualizations/Limitations of DTN	<ul style="list-style-type: none"> <li>• Transparency of objectives.</li> <li>• Understand community expectations.</li> <li>• Clarify end-user understanding</li> <li>• Receive community input on visual representations (charts figures etc.) in the DTN resources.</li> <li>• <b>Maintain community oversight</b></li> </ul>

Desired data to be included in DTN Software Systems	Research Team Response
Social isolation vs community togetherness	<ul style="list-style-type: none"> <li>• Ask questions at CES sessions</li> </ul>
Power of culture in marginalized neighborhoods	<ul style="list-style-type: none"> <li>• Include locally relevant community representatives</li> <li>• Discuss social services and resources</li> <li>• Gather resident perspectives</li> </ul>
Residents' perceived neighborhood boundaries	<ul style="list-style-type: none"> <li>• Ask residents at different CES</li> </ul>
Spatial Data: parks, gardens, and green space	<ul style="list-style-type: none"> <li>• Mapping Tools</li> <li>• Local Government Data</li> <li>• City Health Dashboard</li> </ul>
Neighborhood resources & structural racism within grocery stores, healthy housing, libraries, and bus depots	<ul style="list-style-type: none"> <li>• Mapping Tools</li> <li>• Census Data</li> <li>• Connect data to inequitable outcomes</li> <li>• Staying on top of new developments in measuring structural racism</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>• Studying mental health and the mental health consequences of neighborhoods is a core aim of our study.</li> </ul>



# Basically ...

- We take all of the electronic health record data on everyone ...





# And then

- Pull **Census Data** on demographic variables by neighborhood
- Create a **spatially-designated synthetic population** (of digital twins) based on these demographic distributions
- Pull EHR data for specific disease(s) or health conditions
  - Include neighborhood information and demographics
- Apply a **life course disease and mortality prediction model** to project health data from real patients onto their digital twins ↓↓↓
- Assess fidelity to observed data where you have it

# General Simulation Procedure

Generate Population



```
graph TD; A[Generate Population] --> B[Generate Base Case Health Trajectories]; B --> C[Apply Population Intervention(s)]; C --> D[Regenerate Health Trajectories]; D --> E[Analyze Effectiveness];
```

The diagram illustrates a five-step simulation procedure. It begins with a blue box labeled 'Generate Population'. An arrow points down to a teal box labeled 'Generate Base Case Health Trajectories'. Another arrow points down to a green box labeled 'Apply Population Intervention(s)'. A fourth arrow points down to a darker green box labeled 'Regenerate Health Trajectories'. Finally, an arrow points down to the last box, a dark green box labeled 'Analyze Effectiveness'. The boxes are arranged in a descending staircase pattern from top-left to bottom-right.

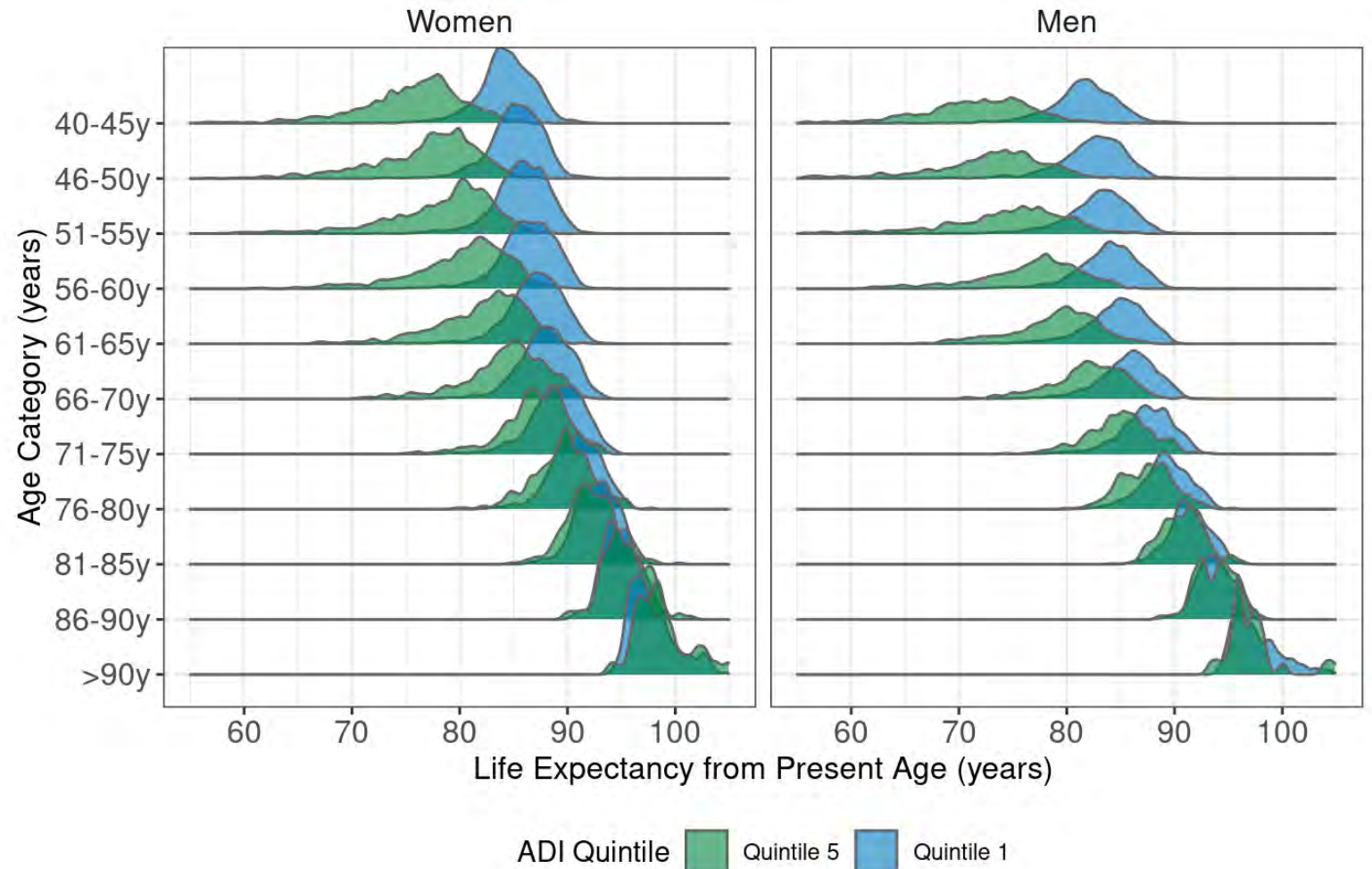
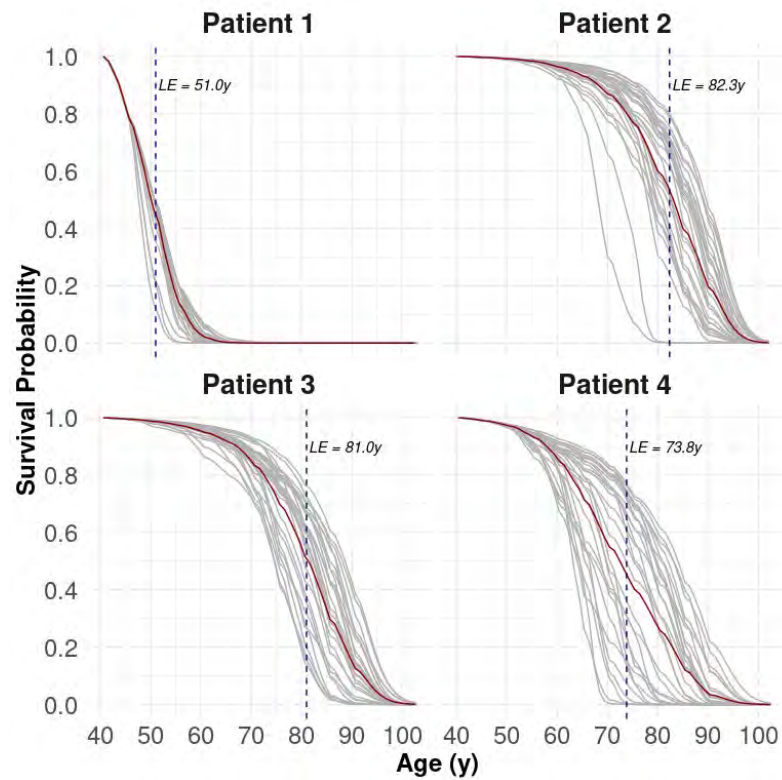
Generate Base Case Health Trajectories

Apply Population Intervention(s)

Regenerate Health Trajectories

Analyze Effectiveness

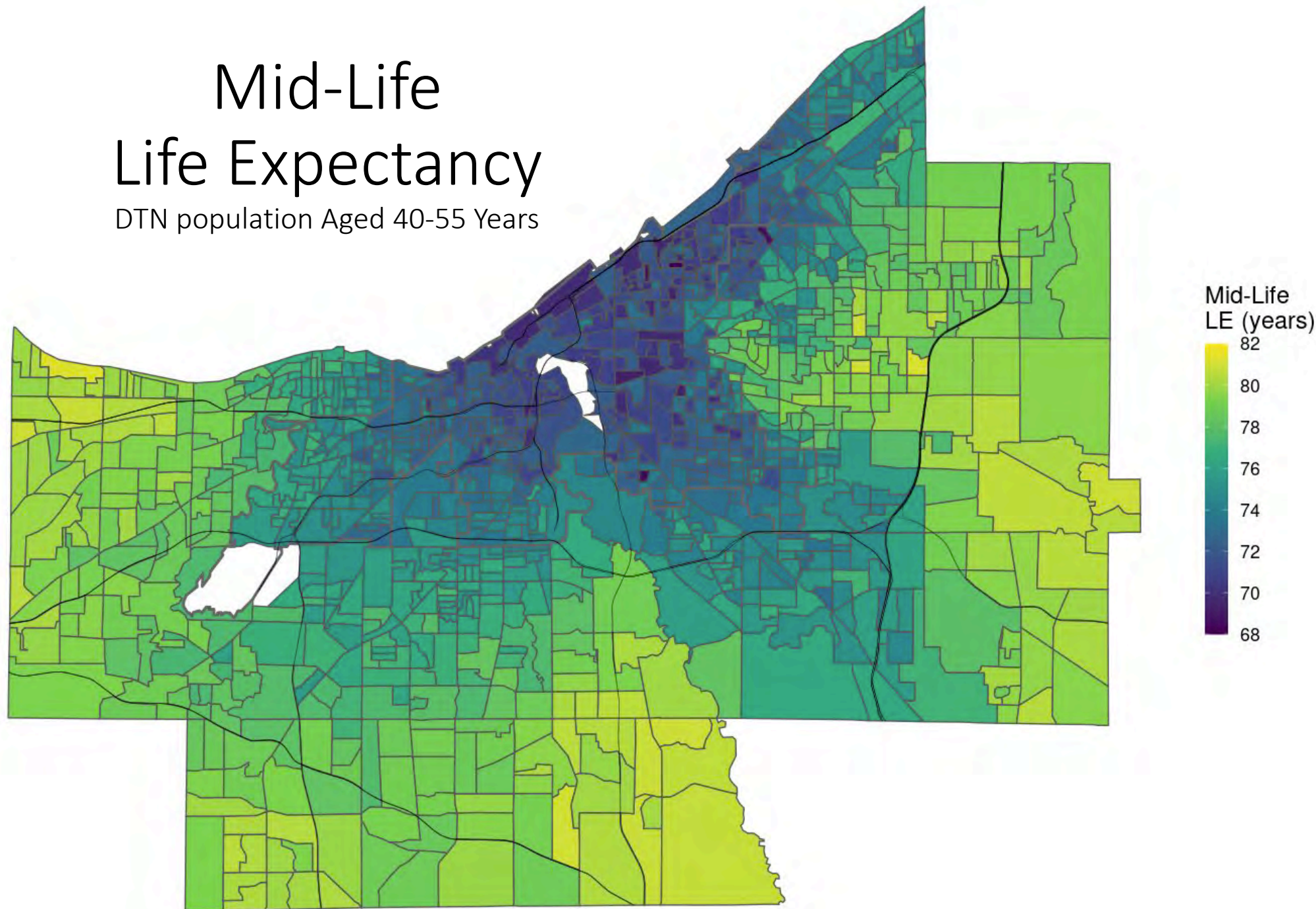
# Life-Course Simulation Model Reproduces Population Health Disparities





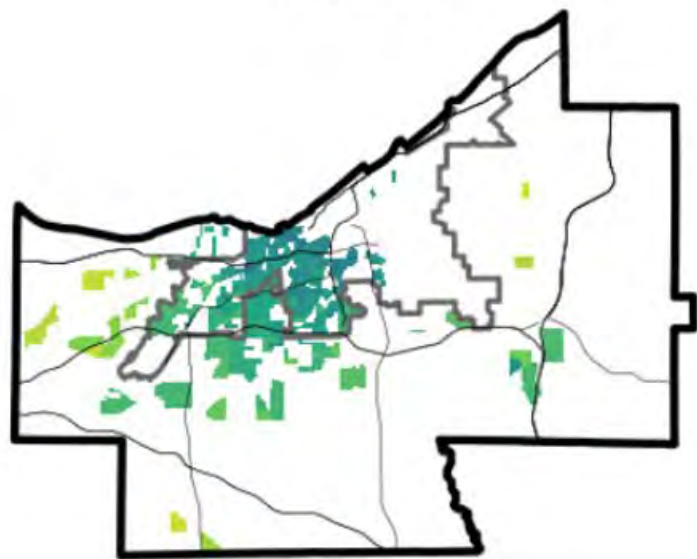
# Mid-Life Life Expectancy

DTN population Aged 40-55 Years

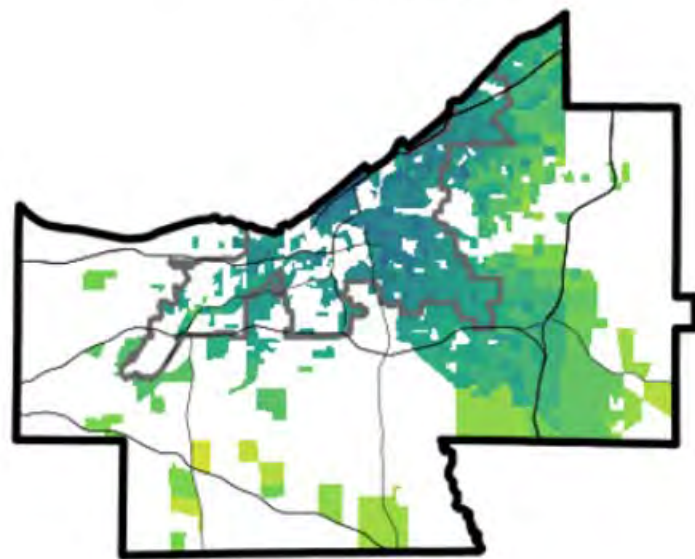


Females

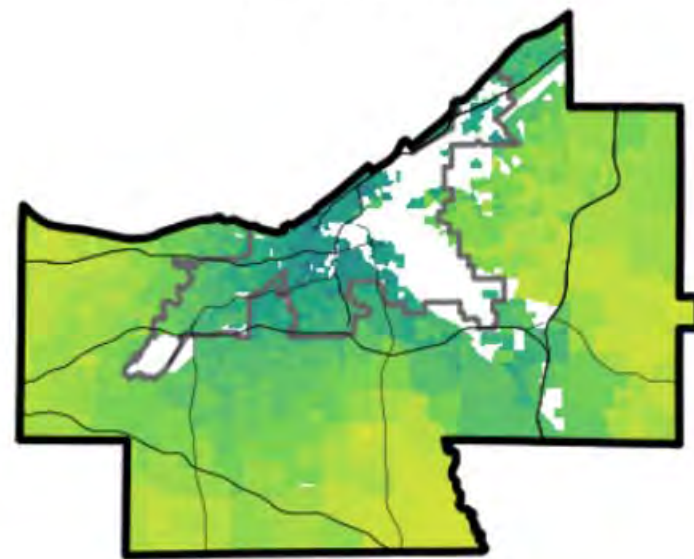
Hispanic



NH Black



NH White



Mid-Life  
LE (years)

84

82

80

78

76

74

72

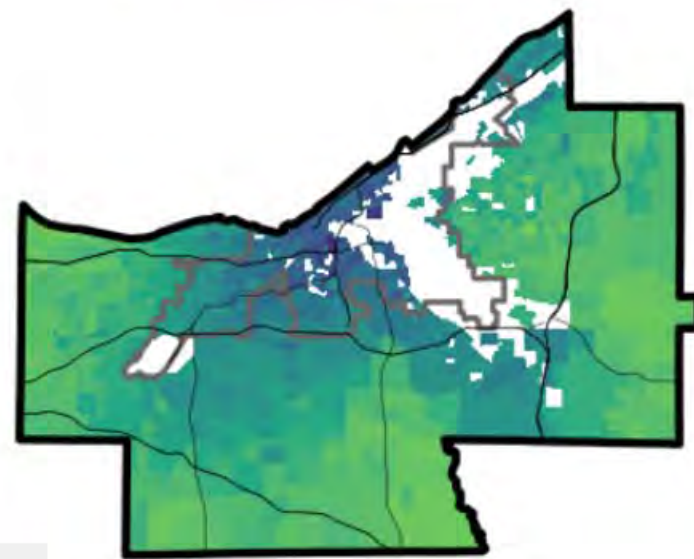
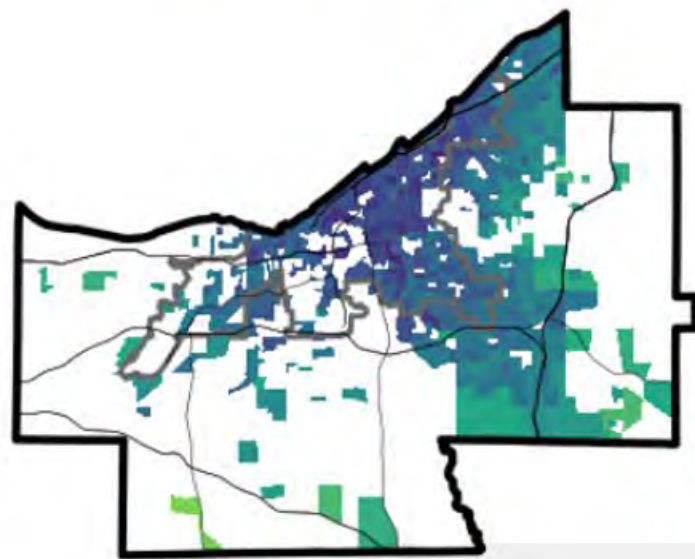
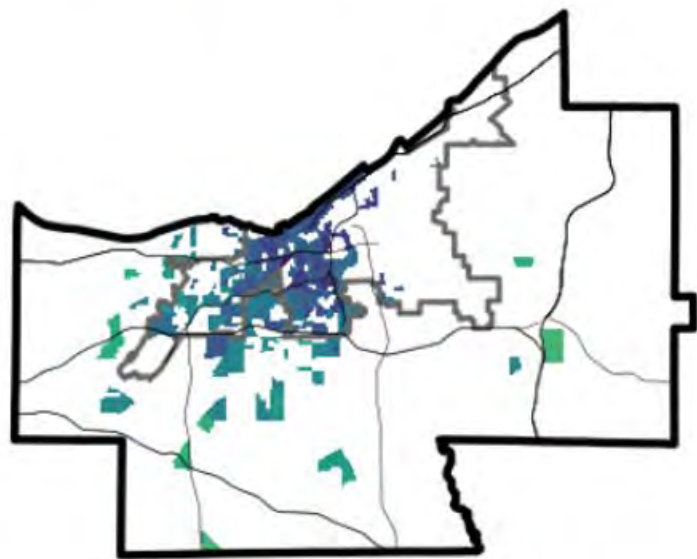
70

68

66

64

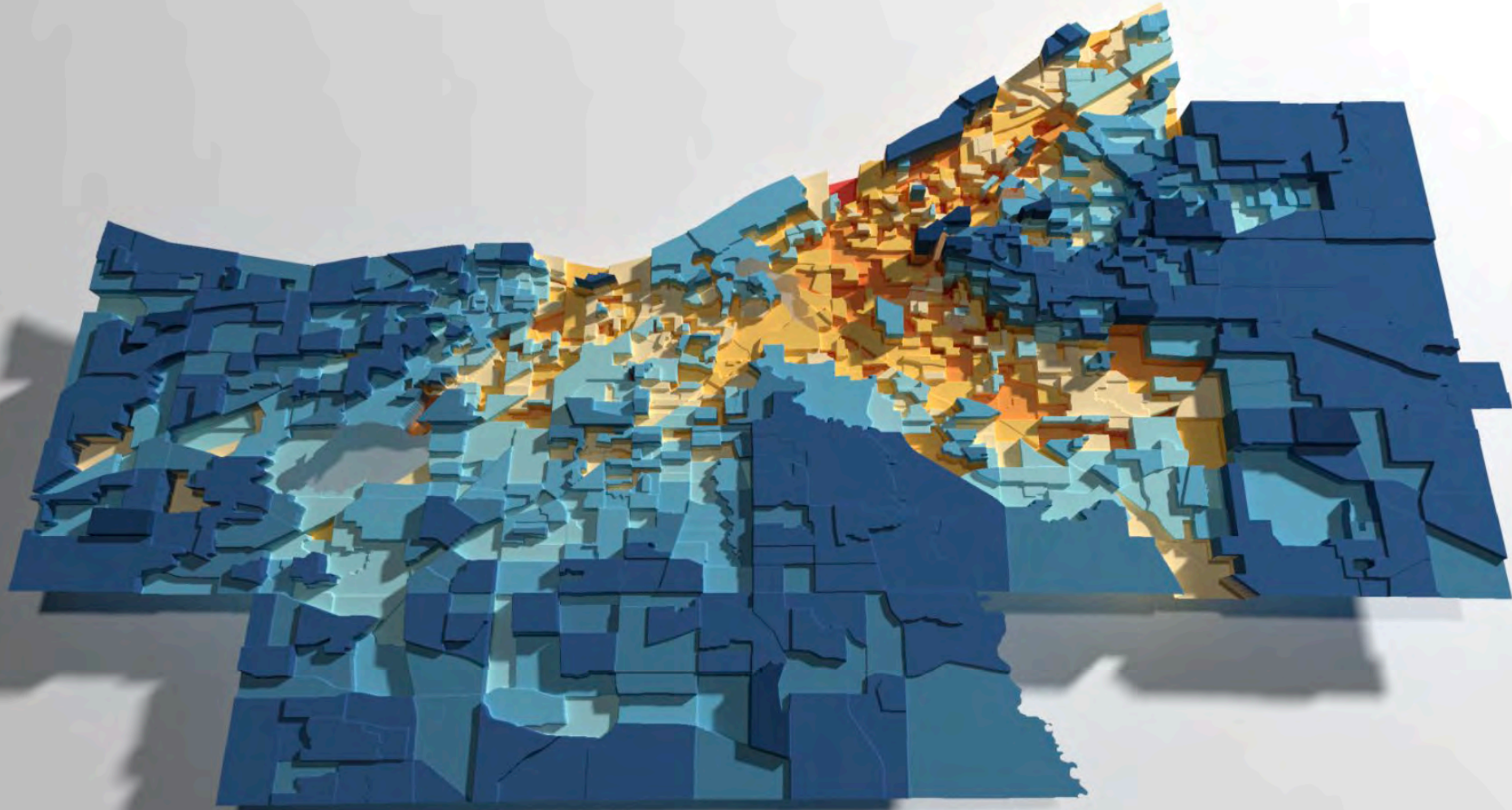
Males





# Cuyahoga County

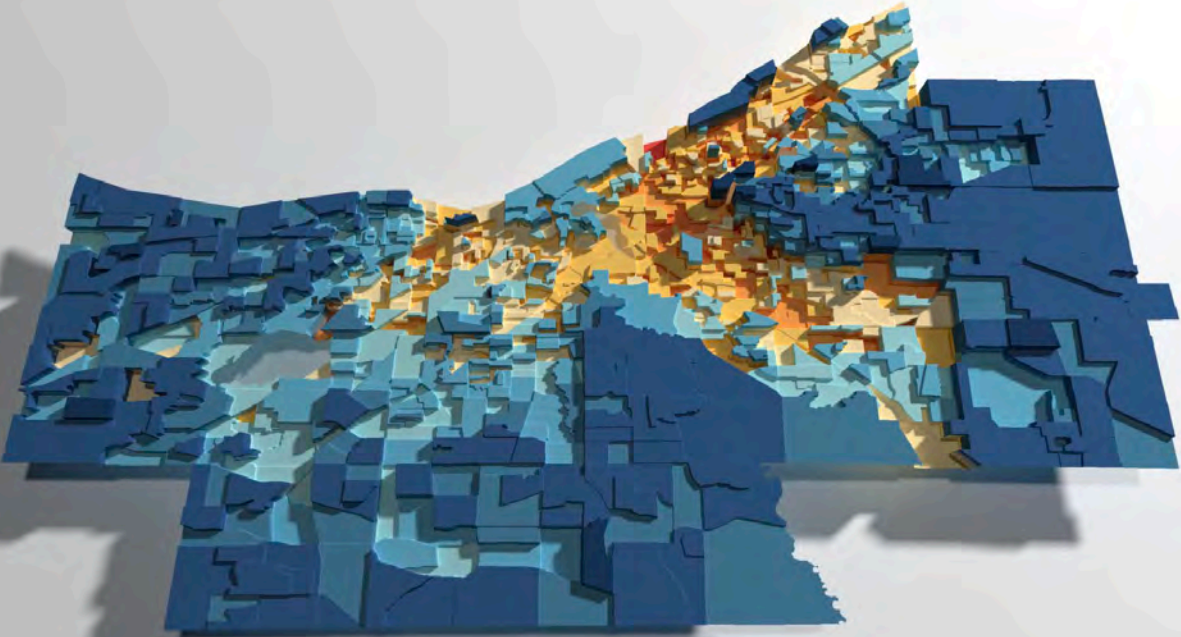
Life Expectancy Estimates for Individuals Aged 45-54 Years: Simulated Model at Block Group (left) | CDC Model at Tract (right)





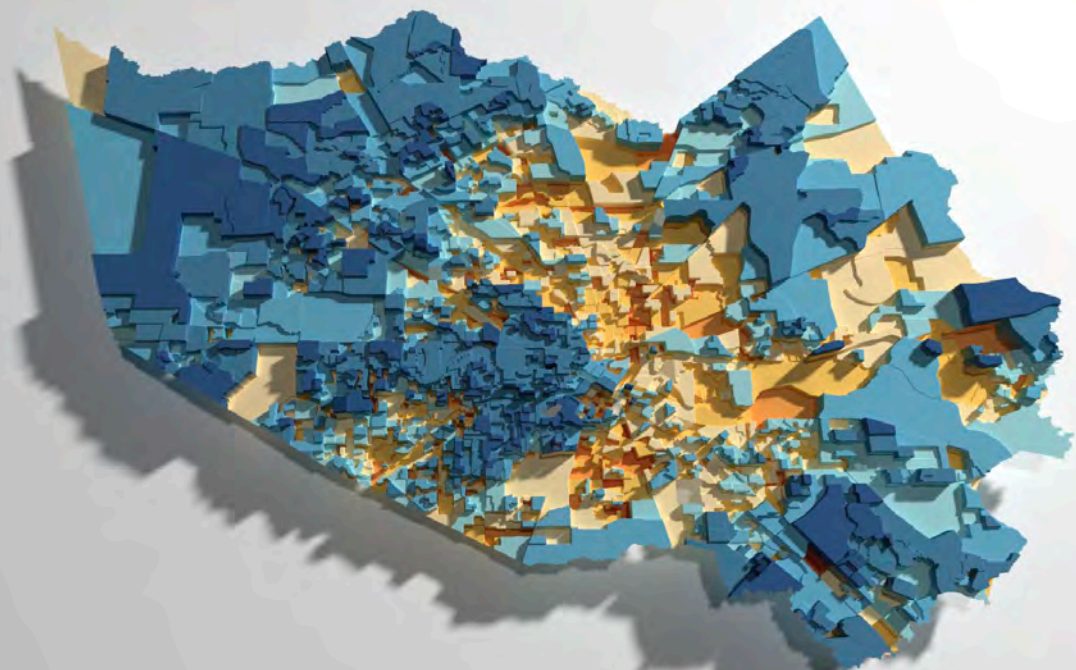
# Cuyahoga County

Life Expectancy Estimates for Individuals Aged 45-54 Years: Simulated Model at Block Group (left) | CDC Model at Tract (right)



# Houston

Life Expectancy Estimates for Individuals Aged 45-54 Years: Simulated Model at Block Group (left) | CDC Model at Tract (right)





# Synthetic Ohio Population

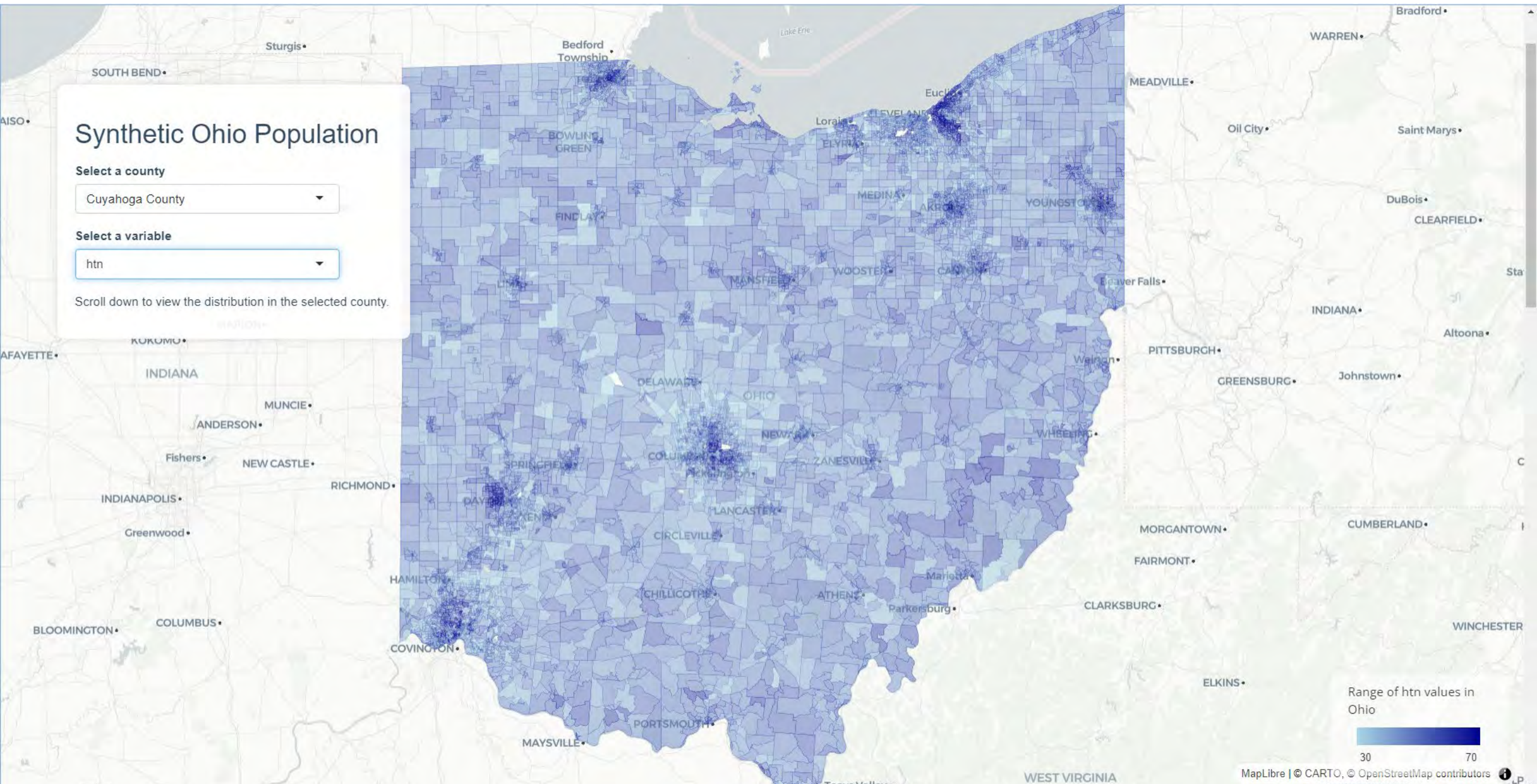
Select a county

Cuyahoga County

Select a variable

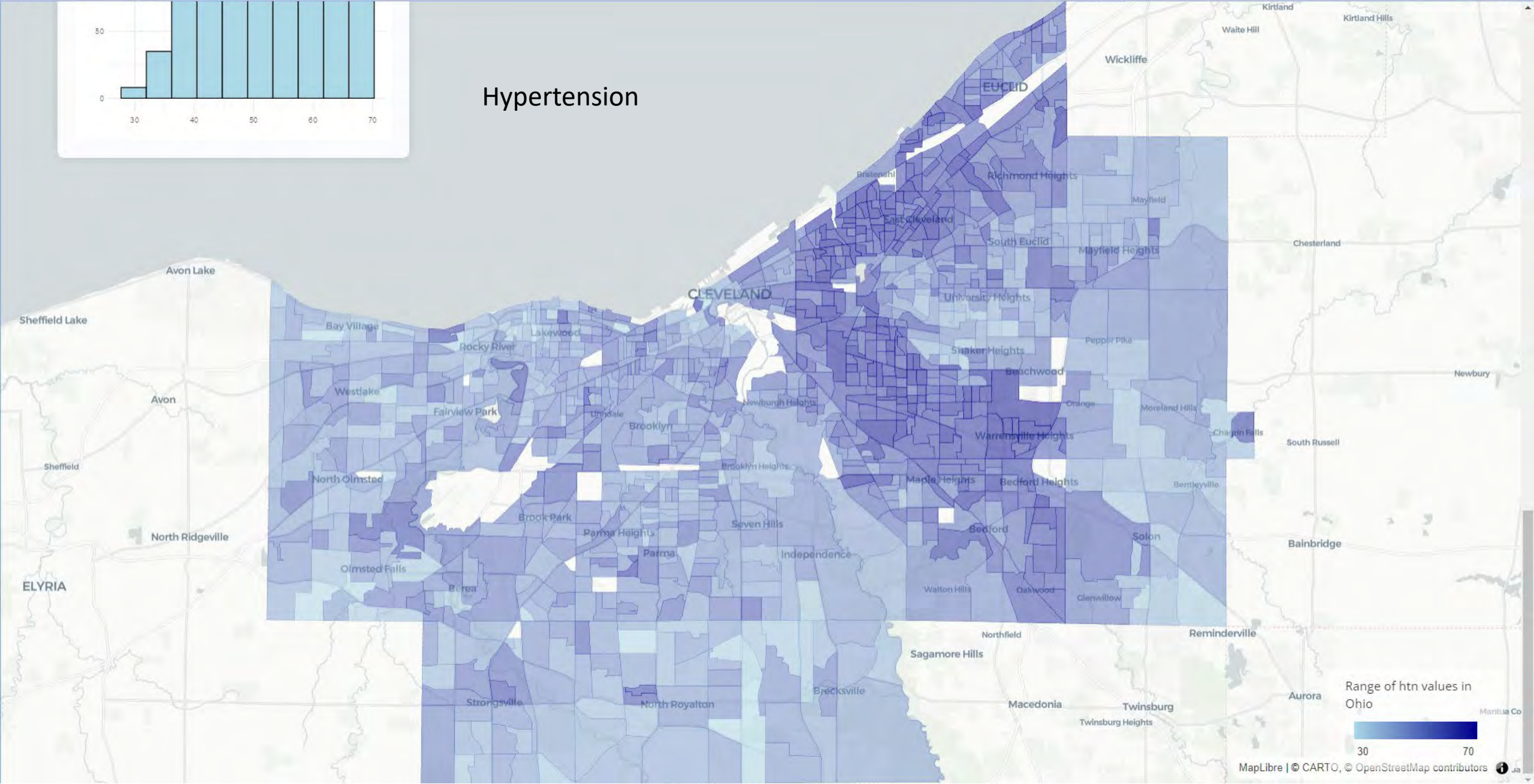
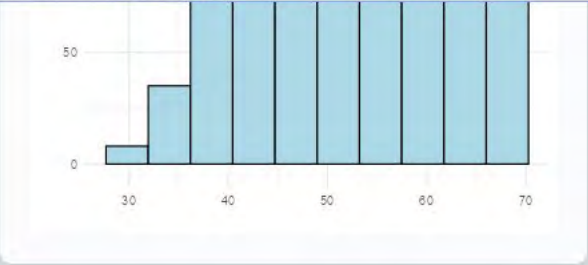
htn

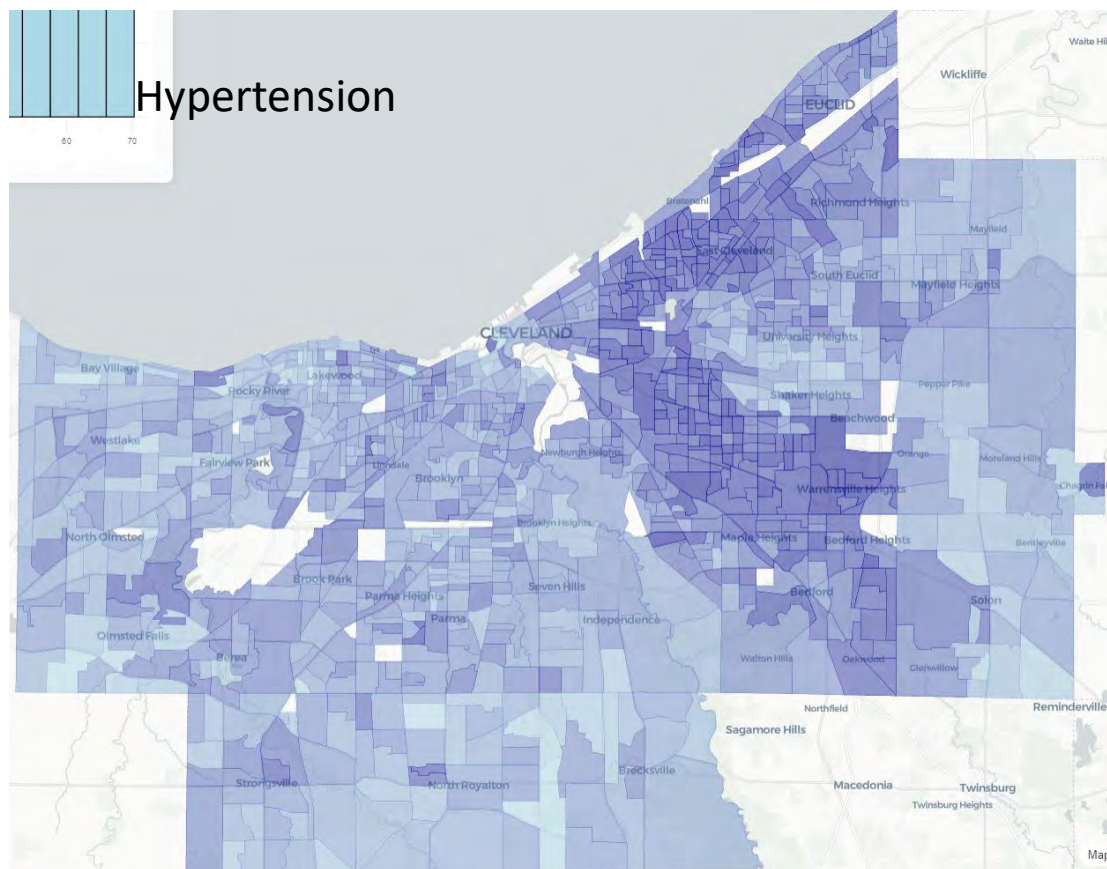
Scroll down to view the distribution in the selected county.



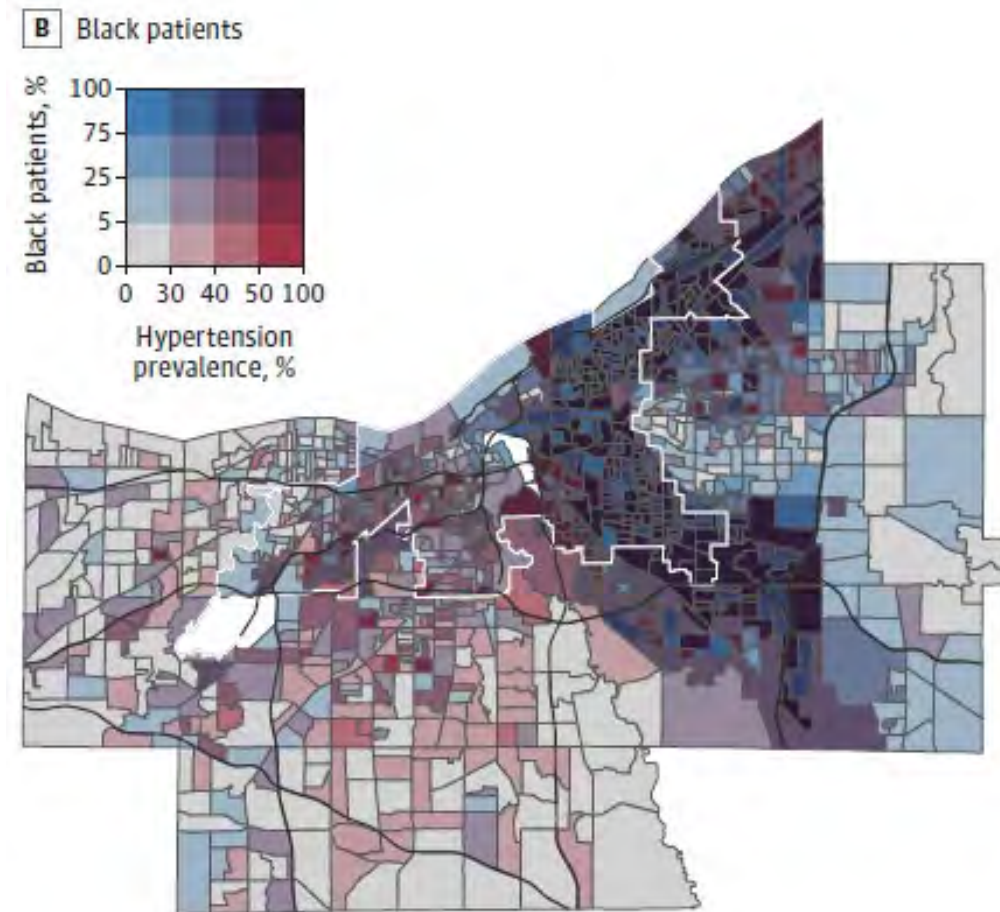


Hypertension





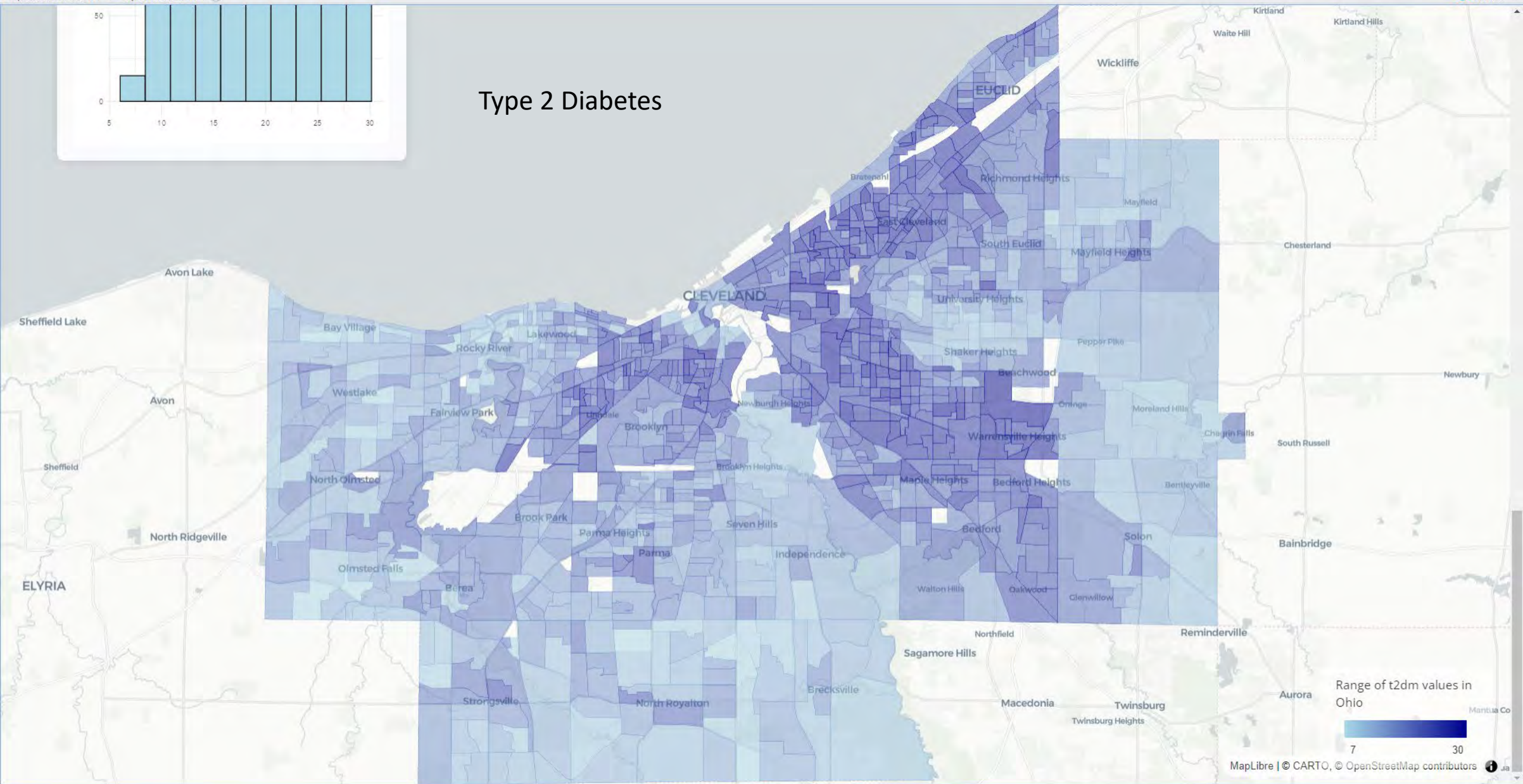
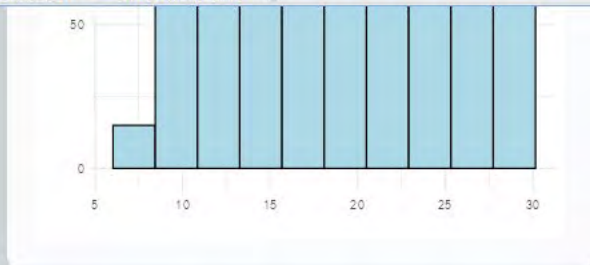
Simulated



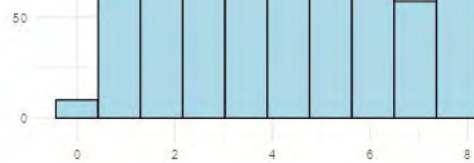
Observed



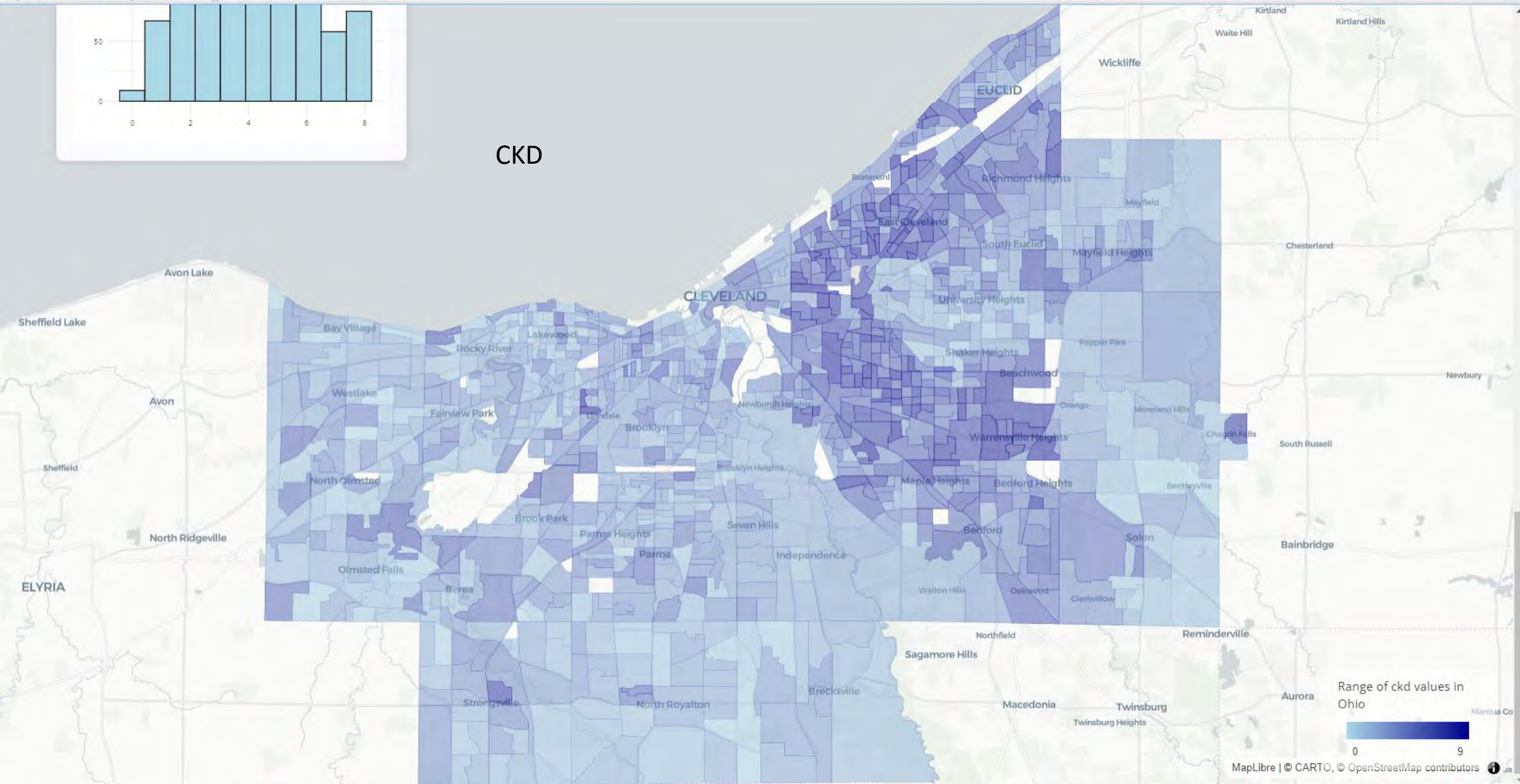
## Type 2 Diabetes







CKD

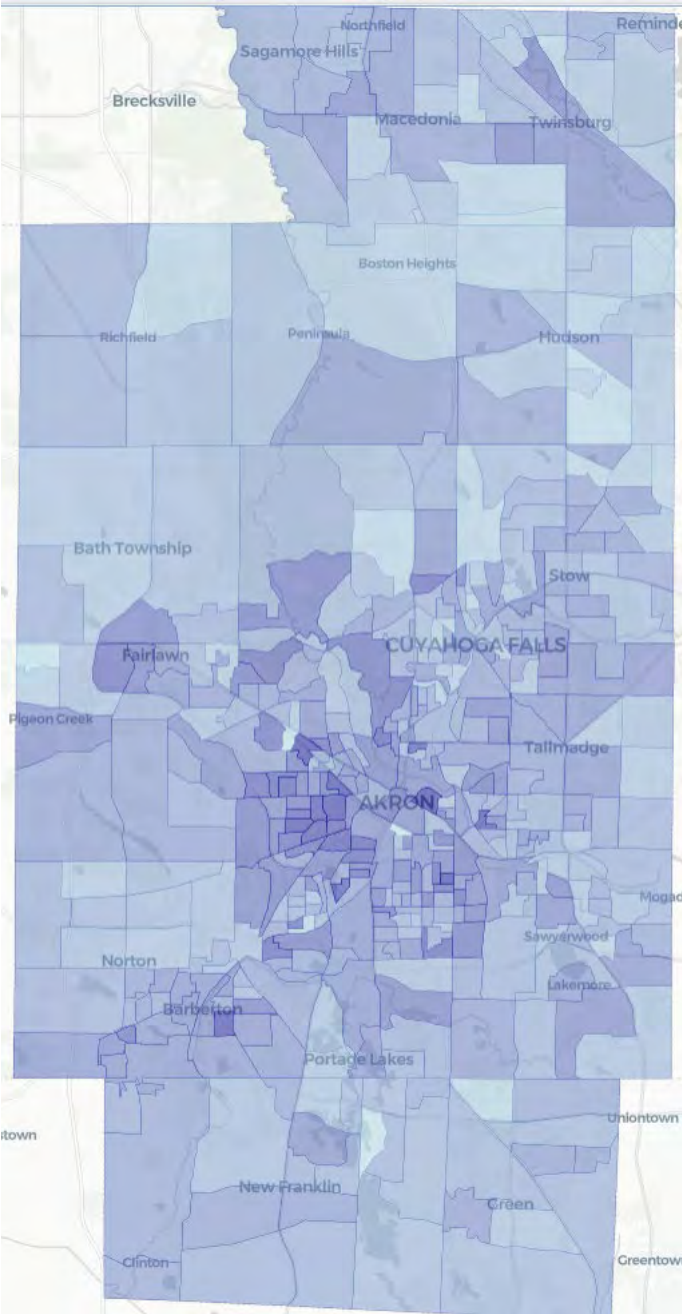


Search

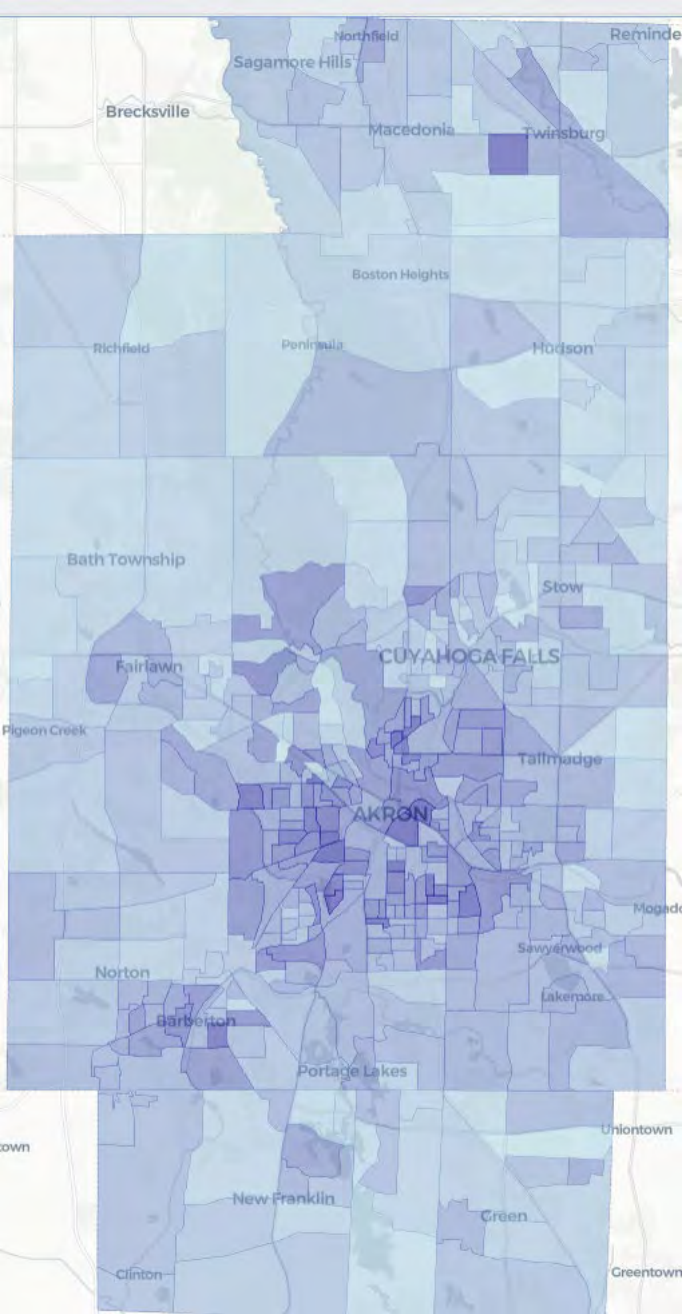




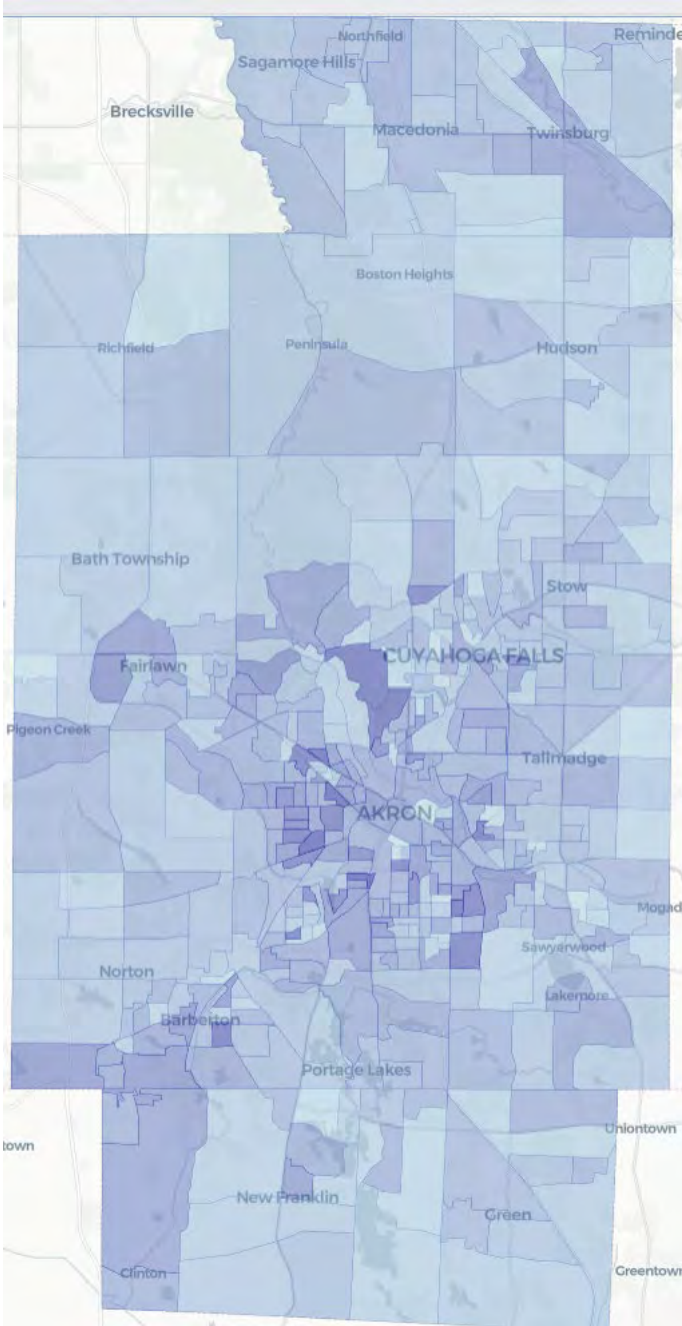
Hypertension



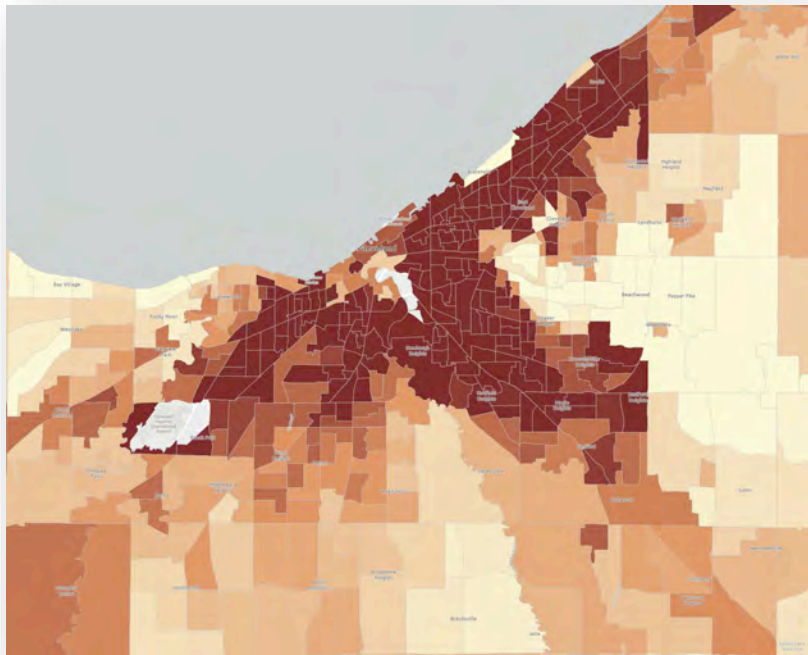
Type 2 Diabetes



CKD



# Simulated Impacts of 10% Smoking Reduction



		Simulated Mean (SD) Life Expectancy	
		Under Current Smoking Rates	Assuming a 10% Reduction
Females	ADI Quintile 1	85.0 (3.5)	85.7 (2.8)
	ADI Quintile 2	82.1 (4.6)	82.9 (4.1)
	ADI Quintile 3	80.7 (5.1)	81.6 (4.6)
	ADI Quintile 4	78.7 (5.7)	79.7 (5.3)
	ADI Quintile 5	76.3 (6.4)	77.4 (6.1)
Males	ADI Quintile 1	82.3 (4.1)	83.1 (3.5)
	ADI Quintile 2	78.8 (5.1)	79.7 (4.7)
	ADI Quintile 3	77.4 (5.5)	78.2 (5.2)
	ADI Quintile 4	75.6 (6.0)	76.4 (5.8)
	ADI Quintile 5	72.5 (6.4)	73.4 (6.3)



# Health Systems

## CONTEXT

Cost Inflation  
HCW Shortages  
Burnout/Turnover  
Negative Margins  
Inefficiency  
Accountable Care



**INNOVATE AND  
WEATHER THE STORM**

## VALUE

### Value-Based Care

*compare population outcomes across diverse neighborhoods  
inform efforts to improve health of accountable populations  
quality benchmarking*

### Resource Distribution & Optimization

*localized forecasts of care utilization and outcomes  
localized impact of capital expansion strategies  
staffing allocation*

### Community Needs Assessment

*AI-driven insights to improve equity in access, use and outcomes  
catalyze collaborative projects with CDOs & other organizations*

### Digital Health Transformation

*predictive analytics and precision medicine  
back-end AI infrastructure and interoperability*

# Public Health Agencies

## CONTEXT

Budget Constraints

Cost Inflation

Standards & Mandates

Waste, Fraud & Abuse



**DO MORE WITH LESS**

## VALUE

**Compliance and Quality**

*accreditation standards, surveillance mandates,  
health disparities benchmarks, Healthy People 2030*

**Resource Distribution**

*medications, equipment, vaccines*

**Screening Program Planning**

*hypertension, breast cancer, colorectal cancer*

**Community Health Program Planning**

*opioid recovery services, grant development*

**Epidemic Monitoring & Forecasting**

**Disaster Planning**

*blizzards, hurricanes, earthquakes*



# Policy & Community Organizations

## CONTEXT

Intractable Place-Based  
Health Disparities  
Declining Life Expectancy  
Unintended Policy Effects  
Fragmented Data  
Spiraling Health Care Costs



**MAKE U.S. HEALTH CARE  
WORK FOR EVERYONE**

## VALUE

### Research and Analysis

*provide data for development of technical reports  
support the identification of policy recommendations*

### Legislation

*data-driven insights to support development*

### Monitoring and Forecasting

*evaluate the impact of policies before/after enactment  
conduct natural experiments*

### Coalition Building

*assist in identifying problems in precise neighborhoods  
DTN estimates as communication tools*

### AI Ethics

*identify and mitigate risks of applying AI for population health*

# Thank you!

## Adam Perzynski, Ph.D.

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