

## Contextual data in Add Health

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#### Outline

- Brief history of contextual data efforts
- Existing resources
- Longitudinal considerations in contextual data analysis
- Future opportunities



## A brief history



## Existing Resources

Core contextual data

Ancillary studies – neighborhoods and schools

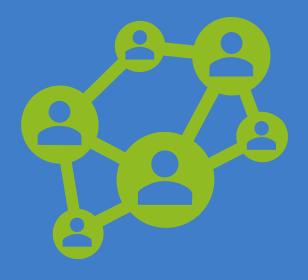


# Core contextual data

- Merged at all Waves (I V) and planned for Wave VI
- At the "local" level county, neighborhood,
   Census tract and block group
- ~7000 variables
- Three sources:
  - 1. US Census (Decennial, CPS, ACS)
  - 2. Uniform Crime Report
  - 3. Climate atlas



#### **US Census**



- From Decennial Census, Current Population Survey, and American Community Survey
- Race/ethnicity, age, household and family type
- Linguistic isolation, foreign born
- Educational attainment, income, labor force participation, poverty status
- Industries, occupations, transportation to work
- Housing characteristics



#### Uniform Crime Report



- Total adult and juvenile arrests
- Property crime arrests
- Violent crime arrests
- Arrests and crimes by age and type



#### Climate Atlas



- Days <32°F and >90 °F
- Average min and max daily temperatures
- Average precipitation
- Average snowfall
- Rural-Urban Commuting Area Codes



## Ancillary studies

#### Neighborhood

- Vital statistics
- ONE
- Political context
- Food environment
- Air pollutants
- Sexual Minority Policy
- Health context
- Income mobility

#### **School**

- Transcript
- Wave III EduContext
- Wave IV IPEDS
- Mobility report cards



## Neighborhoods



#### Vital Statistics



#### Waves I - III

- Marriage rates
- Fertility rates
- Migration
- Nativity
- Mortality
- Disability



#### Obesity and Neighborhood Environment (ONE)



Waves I and III physical, social, and environmental measures

- ACCRA cost of living index
- Land cover, parks, length of day
- Road type, road connectivity
- Population density
- Physical activity and diet resources



# Political context database



#### Waves I - III

- Election results presidential, gubernatorial, senatorial
- Voter registration laws
- Turnout rate



#### Modified Retail Food Environment Index



#### Wave IV

- From CDC Division of Nutrition, Physical Activity, and Obesity
- The mRFEI represents the percentage of healthy food retailers relative to less healthy food retailers within each census tract



#### Ambient Air Pollutants



#### Wave IV

- Community Multiscale Air Quality model runs
- Ambient air pollutants, individual pollutants, daily particulate matter, toxic gas estimates



## Sexual minority policy



#### Waves III and IV

- Human Rights Campaign and American Civil Liberties Union
- State prohibits employment discrimination based on sexual orientation;
   State has hate crime statutory provisions based on sexual orientation;
  - State allows same-sex marriage/domestic partnership/civil union/reciprocal beneficiary relationships;
  - State allows same-sex joint adoption and/or second-partner adoption



#### Health context



#### Waves I, IV and V

- IHME: Life expectancy and age-specific mortality; Diabetes prevalence, awareness, control; Alcohol use, binge drinking; Smoking; Obesity; Physical activity
- State-level cigarette tax per pack
- Health insurance coverage
- RWJF county health rankings: Health outcome and factor ranking quartiles



## Income mobility



#### Waves I, IV, and V From Opportunity Insights

- Relative and absolute mobility total and by race, gender, and maternal nativity status
- Causal effect of county of childhood residence on adult household income at p25
- Income Gini coefficient
- Probability of reaching top 1% of income distribution – by race and gender
- Probability of living in census tract with poverty rate <10% – by race and gender</li>



## Schools



### Secondary school educational context

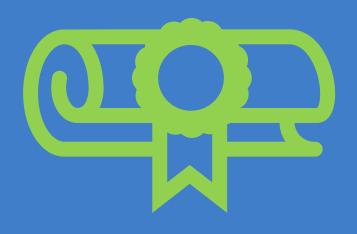


From Adolescent Health and Academic Achievement Study

- Common Core of Data: free lunch, location, student/teacher ratio
- Private School Survey
- NCES: district size, expenditures
- Attached to school/district of the participating Add Health schools



### College Mobility Report Cards



From Opportunity Insights, attached to college enrolled (Wave III) or graduated (Wave IV)

- Selectivity, SAT scores
- Parental income
- Adult income
- Mobility rate
- Cost
- Endowment, expenditures
- Graduation rate
- Student demographics
- Major shares



# IPEDS College characteristics



From IPEDS, attached to college enrolled (Wave III) or graduated (Wave IV)

- Type of institution
- Cost tuition, room and board
- SAT score percentile
- Size
- Student demographics race/ethnicity, sex, financial aid
- Academic and professional services



# Data documentation and access

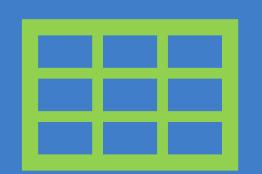
- Explore data using online Navigator
- Read <u>codebook</u> documentation
- Public use: ICPSR, ARDA, Odum Institute
- Restricted use: Add Health Contract



## Longitudinal Considerations in Contextual Data Analysis



## Challenges with Contextual Data: Preparing



#### • What is already available in Add Health

- Public vs. proprietary/restricted sources
- Organizations/institutions requiring data use agreements and/or proposals

Define "Space"

Identify

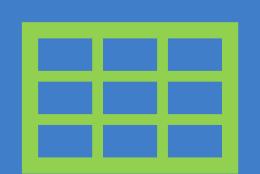
- Manipulate raw data to operationalize proximity, density, dissimilarity, etc.
- **GIS** software and methods (and/or expertise)

Define "Time"

- Point/Place-in-time associations
- Moving averages or "lagged" influences
- Longer trends, independent of respondents



## Challenges with Contextual Data: Processing



Format

- Organize data to clearly distinguish different contextual factors over waves/time (e.g., Non-white population<sub>County Wave Y/2018/2016-2020</sub>)
- Account for longitudinal grouping id

Merge

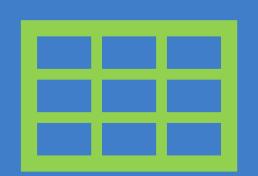
- Merge datasets based on context
- Calculate harmonized measures across multiple levels of context

Match

- Assign tracts and counties to all respondents with geocoded data in secure facility
- Match respondents to contextual measures across multiple Waves



## Challenges with Contextual Data: Dissemination



#### Deductive Disclosure

- Analyze data for small cell counts
- Merge categories when necessary

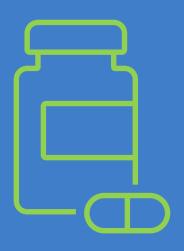
#### Release

- What is *releasable*? (E.g., DUAs)
- Create documentation
- **Disseminate** to users

#### Update

- As new data become available from both the source(s) and the study
- Harmonize across Waves
- Changing identifiers and boundaries



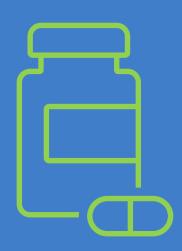


#### Contextual Despair and Risk Behaviors in Midlife: Extending Innovative Measures to Add Health

Lauren Gaydosh, Iliya Gutin, Tse-Chuan Yang

- Motivation and research objectives
- Novel contextual measures
- Thinking *longitudinally* about context





#### **Motivation**

Declining life expectancy, potentially explained by rising midlife mortality from drug overdose, alcohol-related diseases, and suicide (a.k.a., "deaths of despair")

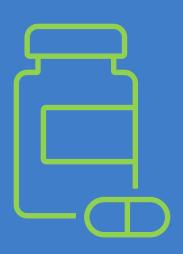
## Middle-Aged White Americans Are Dying of Despair

Even as longevity increases across the rich world, uneducated white Americans are living sicker and dying earlier. Two economists speculate on the reasons why.

1990 2000 2010 2000 2005 2010 2015 year year

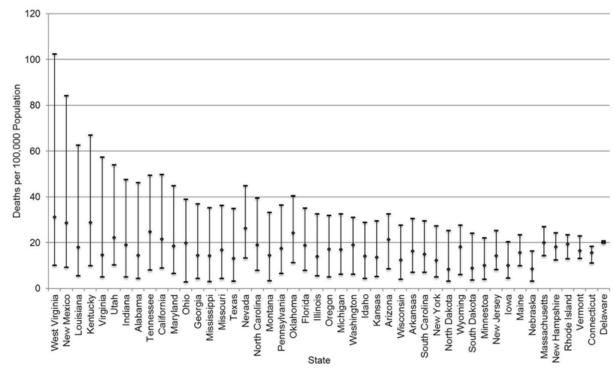
Case and Deaton 2015





#### **Motivation**

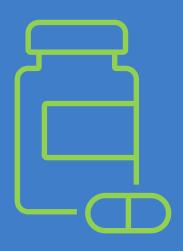
Despair mortality exhibits wide variation based on "place", suggesting **geographic context matters** in understanding social etiology of declines in life expectancy



Mean Within-State Mortality Rate

Monnat 2018

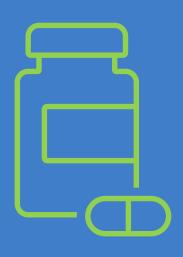




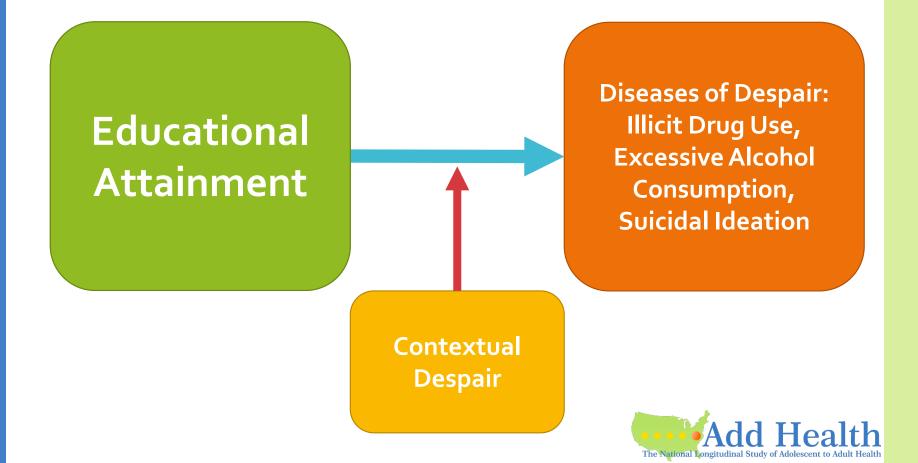
## What can individual-level, longitudinal data help explain?

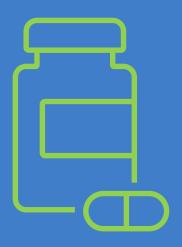
- Individuals embedded in places over time helps to distinguish between effects of individual versus community factors (i.e., avoiding the ecological fallacy)
- Associations with "precursor" risk behaviors (i.e., "diseases" of despair) earlier in life
- Are deaths of despair "contagious"?





#### **Research Objectives**





#### **Novel Contextual Measures**

#### Socioeconomic

- Industrial composition
- Local housing market
- Social decline
   (e.g., social
   isolation, social
   capital index,
   community
   membership)
- Crime rates

#### **Built Environment**

- Opioid-dispensing per capita
- Medication assisted treatment programs
- Opioid treatment programs
- Distance/density
   of firearms dealers
   and businesses
   selling alcohol

#### Population Health

- Percent of adults with kidney problems and COPD
- Poor physical and mental health days
- Depression
- Self-rated health
- Preventable hospital stays
- Cause-specific mortality





#### Thinking Longitudinally About Context







#### Thinking Longitudinally About Context

$$\log\left(\frac{\varphi_{ij}}{1-\varphi_{ij}}\right) = \gamma_{00} + \sum \gamma_{0l} \mathbf{w_{lj}} + \sum \beta_{kj} x_{ijk} + u_{0j} + r_{ij}$$

 $w_{lj}$  indicates the feature l of j neighborhood (e.g., social isolation or distance to firearms dealer) and  $\gamma_{0l}$  refers to the estimated association of neighborhood characteristics l with the dependent variable

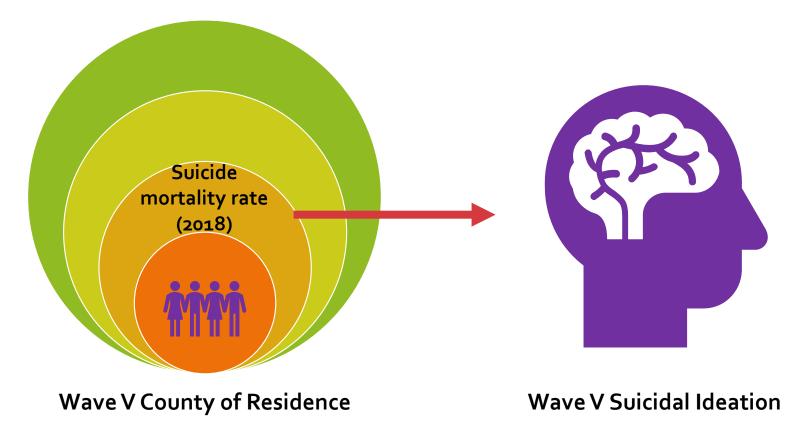
- Point-in-time measures
- Lagged measures or (moving) averages
- Trends "outside" the study/observation window





#### **Point-in-time Measures**

Attributes of contexts that have "immediate" (or proximate) associations with outcomes



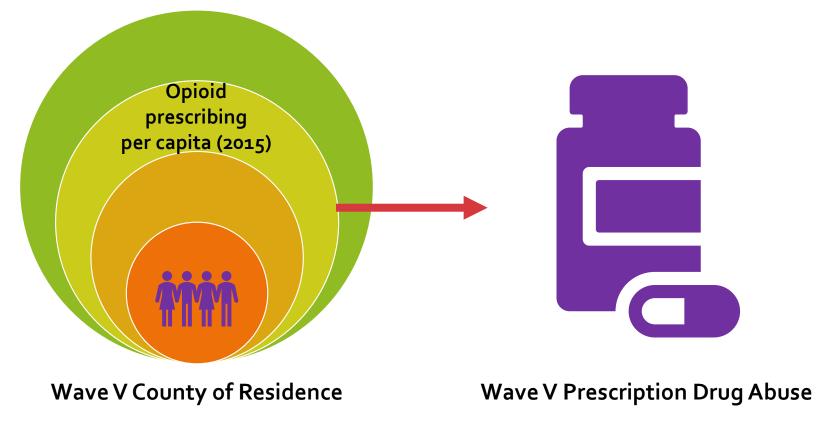


#### Ancillary Study Example



#### Lagged Measures or Averages

Attributes of contexts that have "delayed" (or staggered) associations with outcomes



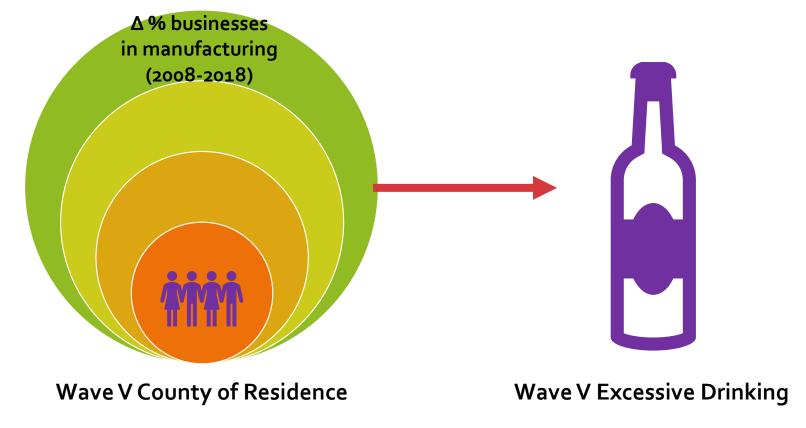


#### Ancillary Study Example



#### Long(er)-term Trends

Attributes of contexts that have "long-lasting" (or cumulative) associations with outcomes





#### Ancillary Study Example



### Approach Depends on Motivation and Theory (and Imagination?)

- More than one "longitudinal" feature of individuals' context is likely to be consequential
- Individuals can move across contexts characterized by different combinations of longitudinal contextual factors
- Can use additional methods e.g., LCA, group-based trajectory modeling to define a "profile" of the longitudinal context, and examine associations with outcomes
- There is a lot to consider, conceptually, independent of modeling and analysis



### Future Opportunities

Plans for Wave VI

How to submit an ancillary study application



## Plans for Wave VI

- Core contextual data merge
- Health context
- Income mobility



### Goals for Wave

- Structural racism
- Structural xenophobia
- Structural sexism
- Structural heterosexism
- Health inequality



## Structural racism

- Measures of structural racism
  - Underrepresentation in legislature National Conference on State Legislatures
  - Disproportionate disenfranchisement –
     The Sentencing Project
  - Incarceration Vera Institute of Justice
  - Historical information on redlining and lynching
  - Police brutality police-involved killings



## Structural xenophobia

- Measures of structural xenophobia
  - Immigration enforcement ICE detentions, arrests, and removals
  - Restrictive immigration policies



## Structural sexism

- Measures of structural sexism
  - Underrepresentation in legislature National Conference on State Legislatures
  - Reproductive healthcare availability and policy



## Structural heterosexism

- Measures of structural heterosexism
  - Political and legal climate
  - Sociodemographic characteristics
  - Socioeconomic disparities



## Health inequality

- Measures of health inequality
  - Health policy
  - Health disparities
  - · COVID-19



# Your own ancillary study



An <u>Ancillary Study</u> is any study that derives support from independent funds outside the Add Health Study, and does one or more of the following:

 Merges secondary data sources to Add Health respondent records that requires unique identifiers (e.g., geocodes) to perform these linkages



# Your own ancillary study



General Requirements For Add Health Ancillary Studies

Ancillary Study investigators must meet the following criteria:

- Have a PhD, MD, or other terminal degree.
- Hold a faculty appointment or research position at their institution.
- Work for an institution of higher education, a research organization, or a government agency.
- Have an institutional review board (IRB) that complies with applicable Federal regulations governing research involving human subjects.
- Demonstrate completion of research ethics training by all research team members who will work with the Add Health data or biospecimens.
- Have a demonstrated record of using sensitive data according to commonly accepted standards of research ethics.
- Investigators proposing to conduct an Ancillary Study must cover all costs incurred by the study, such as: sample selection; collecting or pulling samples from archive; processing and shipping biospecimens; preparing and documenting analysis files; integrating ancillary data into the Add Health Study; and archiving leftover biospecimens. Some of these activities can only be performed by the Add Health staff and/or the Add Health archive lab, which must be paid for by the Ancillary Study.



# Your own ancillary study



#### Steps:

- Submit a brief (1-page) Concept Proposal for Add Health review
- 2. Address feedback and resolve issues from preliminary review
- 3. Submit the <u>Add Health Ancillary Study</u> <u>Proposal Online Form</u>
- 4. Work with Ancillary Studies Coordinator to develop a cost estimate



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## Questions and discussion

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## EXTRA WHERETO PUT

- Abortion access, healthcare, STDs
- Tobacco control
- Politics elections, government expenditures, social welfare programs

