Systematic Measurement Error's Influence on Estimating and **Understanding Health Disparities** Adam C. Carle, M.A., Ph.D. adam.carle@cchmc.org James M. Anderson Center for Health Systems Excellence Cincinnati Children's Hospital Medical Center University of Cincinnati School of Medicine University of Cincinnati College of Arts and Sciences





- Population health research seeks to determine the "health outcomes of a group of individuals, including the distribution of such outcomes within the group."
 - (Kindig & Stoddart, 2003).
- Populations can reflect geographic regions and/or socially defined groups.
 - e.g., Different racial and ethnic groups.





- Approach "requires" measures of health outcomes of populations.
 <u>— Urgent need for reliable and valid measures.</u>
- Approach also allows focus on disparities across subpopulations.





- Health disparities.
 - AHRQ defines disparities as inequalities in health or health care that one population experiences relative to another.
 - (AHRQ, 2010).
 - IOM defines disparities as racial or ethnic differences in quality not due to access-related factors or clinical needs, preferences, and intervention appropriateness.
 (IOM, 2002).





- Others highlight distinction between:
 - Inequalities.
 - Differences.
 - Inequities.
 - Avoidable and unfair health inequities.
 - (Asada, 2005).
- All highlight differences in distribution of health outcome(s) across population subgroups.





- Accurately understanding differences in distribution of an outcome across heterogeneous populations requires equivalent measurement across population.
 - (Stahl & Hahn, 2006).
- Little research addresses possibility that systematic measurement error influences population health research.





- Before making cross-group comparisons, *must* consider measurement equivalence.
- Do *observed* differences reflect *true* differences?
- Or, do differences result from systematic measurement error?





Measurement Bias

- Refers to possibility that individuals with identical health respond dissimilarly to questions about their health as a function of their race or ethnicity.
 (Mellenbergh, 1989).
- Individuals with identical health statuses from different backgrounds may respond differently to questions about their health.
 Should respond similarly, but don't.
- Systematic measurement error.
 - Measurement bias.
 - Differential item functioning (DIF)



Measurement Bias

- Measurement bias:
 - Individuals identical on measured construct respond dissimilarly as a function of group membership.
 - e.g., White, Black, Hispanic.

- Measurement equivalence:
 - Denotes equal endorsement probabilities for individuals with equal construct values.
 - Group membership does not predict differences.





- Generally decreases reliability and validity.
 (Knight & Hill, 1998).
- Attenuate or accentuate group differences.
 (Carle, 2008).
- Lead to inaccurate diagnoses.
 (Carle, 2009).
- Can render cross group comparisons impossible.
 (Prelow, et al., 2002).

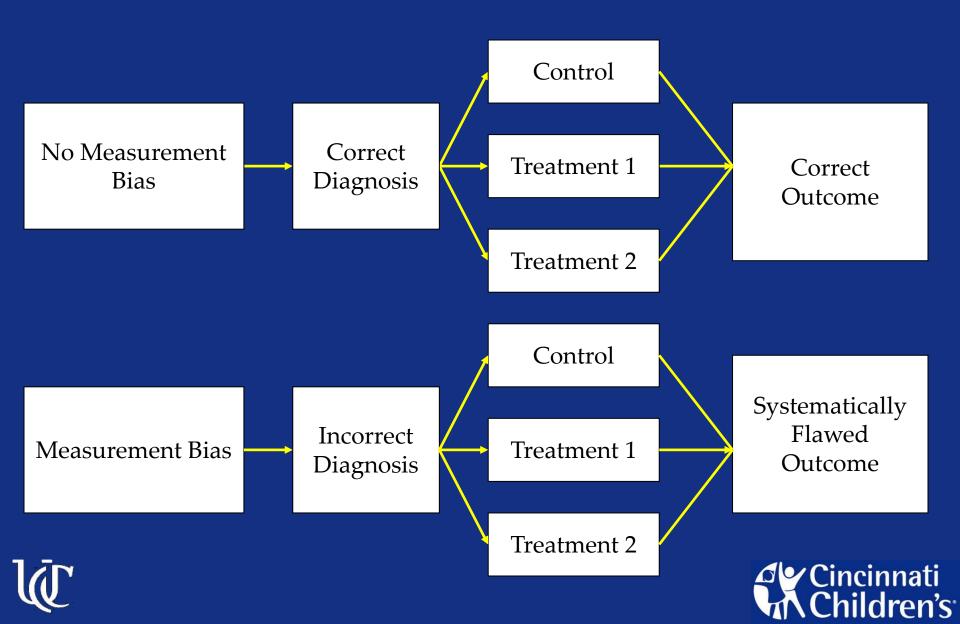


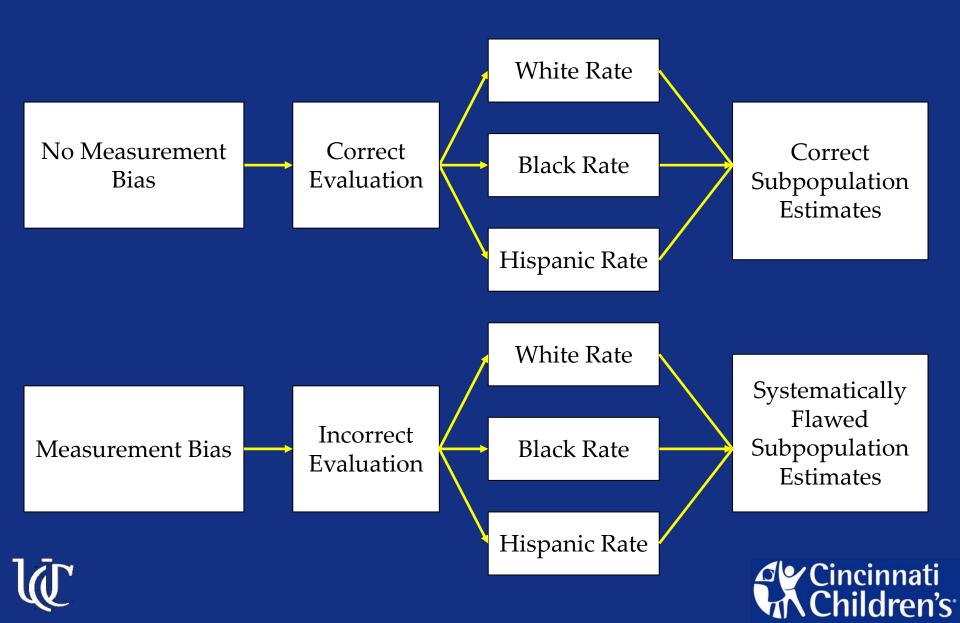


- Without establishing equivalent measurement across the heterogeneous population, field cannot:
 - Comparatively evaluate what works best for whom.
 - Draw strong conclusions about disparate outcomes.
 - Support evidence-based practice and policy.
 - Address health disparities.
- How might this influence research?









Evaluating Bias

- Latent variable models potently investigate bias.
 (Millsap & Kwok, 2004, Muthén, 1989).
- Equations describe the relations among item set.
- Examine the cross-group equivalence of the measurement parameters in the equations.
 (Millsap & Yun-Tien, 2004).
- Differences in these parameters across groups reflect bias.





Evaluating Bias

- Multiple group (MG) confirmatory factor analyses for ordered-categorical measures (CFA-OCM).
 - One popular method.
 - Accounts for categorical nature of data.





- Let *X_{ij}* equal the *i*th individual's score on the *j*th ordered-categorical item.
 - Let the number of items be p (j = 1, 2, ..., p).
 - Scores, *m*, range {0, 1, ..., *s*}.
- We assume a continuous latent response variate, X_{ii}^* , determines observed responses.





- A threshold value on X_{ij}^* determines responses:
 - If X_{ij}^* less than the threshold, respond in one category.
 - If X_{ij}^* greater than threshold, respond in at least next highest category.

$$X_{ij} = m \quad \text{if} \quad V_{jm} \leq X_{ij}^* \leq V_{j(m+1)}$$

• $\{v_{j0}, v_{j1}, ..., v_{j(s+1)}\}$ represent threshold parameters.





- Suppose some factor or set of factors, ξ , is responsible for the observed scores.
- X_{ij}^* relates to the factor(s) as follows:

$$X_{ij}^* = \tau_j + \lambda'_j \xi_i + \varepsilon_{ij}$$





$$X_{ij}^* = \tau_j + \lambda'_j \xi_i + \varepsilon_{ij}$$

- τ_j: Latent intercept parameters.
 Similar to intercepts in regression.
- λ'_j : Factor loadings.
 - Similar to correlations.
 - Represents how strongly the latent response variate relates to the factor(s).





$$X_{ij}^* = \tau_j + \lambda'_j \xi_i + \varepsilon_{ij}$$

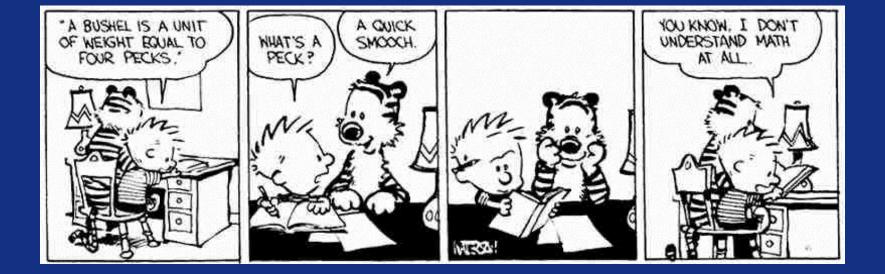
- ξ_i : Individual's level of the latent trait(s).
- *\varepsilon_{ij}*: Variance not attributable to the factor(s).
 Includes measurement error.





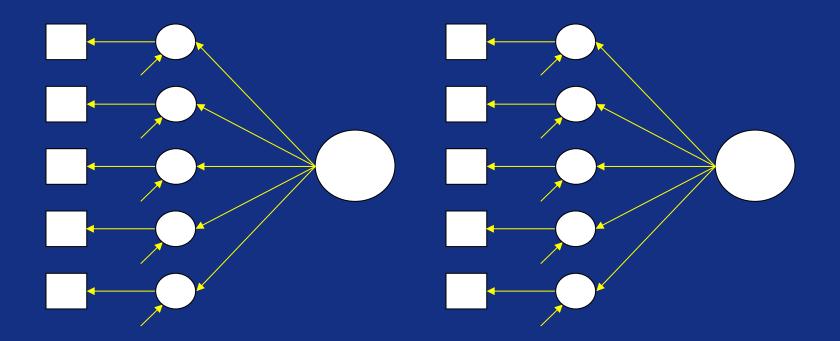
- Subscript parameters to allow group differences.
- Begin with the least restricted cross-group model.
 Successively constrain subsequent models.
 - Model suitability addressed through goodness-of-fitindices (GFIs).
 - (Hu & Bentler, 1999).
- If GFI set suggests fit not tenable at a given step, bias exists.
 - Bias in at least one statistical parameter.
 - Cross group comparisons not appropriate without adjustment.
 Cincinnati Children's















Evaluating Bias

- Methodological and substantive issues can limit MG-CFA-OCM.
- Difficult to incorporate multiple grouping variables simultaneously.
- Why does this matter?
- Bias may result from other variables that covary with ethnicity.
 - Educational attainment.
 - Income/poverty status.

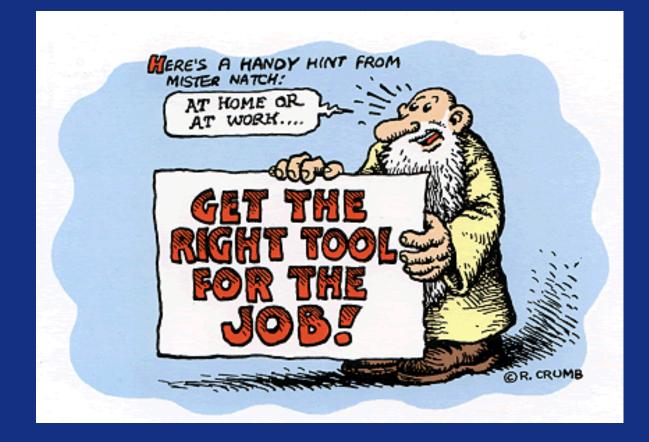


Observational Research

- Difficult to simultaneously include multiple variables in "traditional" latent variable approaches.
- Failure to include available information in model estimation may lead to erroneous conclusions.
- What do we do?











MG-MIMIC Models

- Multiple group (MG) multiple indicator, multiple cause (MIMIC) models.
 - Build on developments in structural equation modeling, IRT, and CFA-OCM.
 - (Jones, 2003; Jones, 2006; Muthén, 1989)
- Control for "extra" variables by incorporating them as covariates.





MG-MIMIC Models

- Simultaneously:
- Examine and control response differences due to covariates (e.g., SES).....

– And

- Allow bias investigation across groups with background variable effects removed.
- More fully address heterogeneity within and across groups.



Evaluating Bias: MG-MIMIC

$$X_{ij}^* = \tau_j + \lambda'_j \xi_i + \kappa_i x_i + \varepsilon_{ij}$$

- X_i represents the covariate.
- Parameters in κ capture the direct effect of the covariate on question responses.

- Addresses whether covariate influences measurement.





MG-MIMIC Models

- But, covariate may predict values of the measured trait.
 - e.g., Education may predict mental heath symptomatology.
- As a result, covariate may indirectly influence measurement.
- A structural component to the model captures these notions.





Evaluating Bias: MG-MIMIC

$$\xi_i = \alpha + \gamma x_i + \zeta$$

- χ_i represents the covariate.
- Parameters in γ capture the indirect effects.
- α represents the average value of the factor.
- ζ correspond to the residuals in the model.



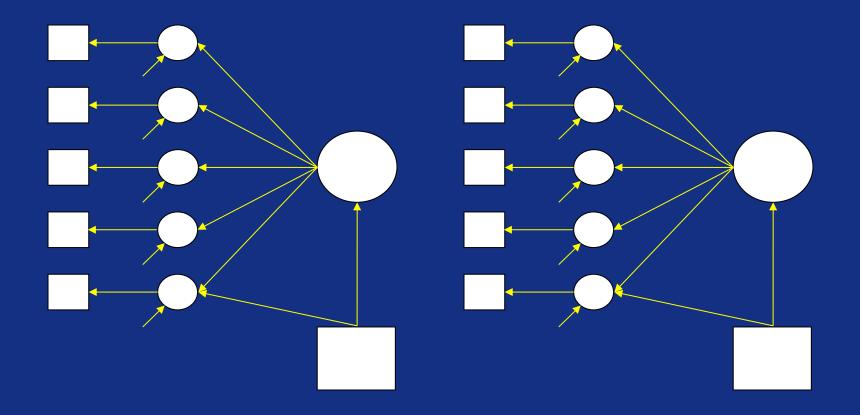


- Subscript parameters to allow group differences.
- To the extent that cross-group constraints in κ_g , τ_g , Λ_g , $\{\nu_{jg0}, \nu_{jg1}, ..., \nu_{jg(s+1)}\}$, and Θ_g lead to problematic GFIs, measurement bias presents.





MG-MIMIC Models







Using MG-MIMIC to assess Bias

- How do we do this in practice?
- Use series of hierarchically nested models.
- Examine tenability of cross-group constraints in the measurement parameters.
 - (Muthén, 1989; Jones, 2006; Millsap & Yun-Tien, 2004).





Using MG-MIMIC to assess Bias

- Begin with the least restricted cross-group model.
- Successively add cross-group equivalence constraints in subsequent models.
- Bias assessed in each set of measurement parameters separately.
- Model suitability addressed through several goodness-of-fit-indices (GFIs).
 - (Hu & Bentler, 1999).





Using MG-MIMIC to assess Bias

- If GFI set suggests fit not tenable at a given step, bias presents.
 - Bias in at least one statistical parameter.
 - Cross group comparisons not appropriate without adjustment.
- If GFIs suggest tenable model fit, analyses examine equivalence constraints in next parameter set of interest.





Current Study

- Utilized MG-MIMIC to examine alcohol abuse behavior.
 - Probed for bias across race and ethnicity in the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions.
 - (NESARC: Grant, Kaplan, Shepard, & Moore, 2003).
- MG-MIMIC models simultaneously included participant's education and income level in analyses.
 - Education: No high school vs. high school or more.
 - Income: Below and above 200% poverty level.





Methods

- Participants (*n* = 25,512).
 - White: *n* = 16,480.
 - Black: *n* = 4,139.
 - Hispanic: *n* = 4,893.
- Represent noninstitutionalized US adults.
- Ten (10) questions operationalized DSM-IV construct of alcohol abuse.
- All analyses used Mplus and incorporated complex design and weights.
 (5.1: Muthén & Muthén, 1998-2007).

Methods

- Complex, multistage sampling approach used stratified random sampling.
 - Oversampling insured increased accuracy for Hispanics, African-Americans, young adults.
- Design weights adjust for varying selection probability, other issues, and make data nationally representative.
 - Used zero weight approach to subset data.
 - (Korn & Graubard, 2003).





- Similar unconstrained model fit across all grouping variables.
 - RMSEA = 0.021
 - CFI = 0.98
 - TLI = 0.98
 - McDonald's NCI > 0.99
 - Gamma Hat = 0.999
- Items should measure a similar construct and have comparable meaning regardless of race, ethnicity, education, or poverty status.





• Model examining direct effects of poverty and education uncovered bias.

 $-\Delta\chi^2 = 191.19 (24, n = 25,512, p < 0.01)$

• Univariate analyses identified problematic constraints.





- For more highly education whites:
 - Easier to endorse alcohol:
 - Caused trouble with job/school ($\Delta \kappa = -0.05$).
 - Caused trouble with family/friends ($\Delta \kappa = -0.044$).
 - Led to fights ($\Delta \kappa = -0.038$)
 - Led to legal problems ($\Delta \kappa = -0.035$)
 - More difficult to endorse:
 - Driving while drinking ($\Delta \kappa = 0.044$)
 - Driving after drinking ($\Delta \kappa = 0.024$)
 - Harmful situations while drinking ($\Delta \kappa = 0.034$)





- For whites in poverty:
 - Easier to endorse:
 - Driving while drinking ($\Delta \kappa = -0.095$).
 - Driving after drinking ($\Delta \kappa = -0.054$).
 - More difficult to endorse alcohol:
 - Caused trouble with job/school ($\Delta \kappa = 0.100$).
 - Caused trouble with family/friends ($\Delta \kappa = 0.058$).
 - Led to fights ($\Delta \kappa = 0.067$)
 - Led to legal problems ($\Delta \kappa = 0.064$)
- Similar (but not identical) pattern among Blacks and Hispanics.





- Next examined equivalence in the loadings across Whites, Blacks, and Hispanics.
- Uncovered systematically biased loadings.

 $-\Delta\chi^2 = 30.40 (14, n = 25,512, p < 0.01)$





• For Blacks:

- Driving while drinking related less strongly to abuse $(\Delta \lambda = -0.852)$.

- For Hispanics:
 - Driving while drinking related less strongly to abuse $(\Delta \lambda = -0.903)$.
 - Riding in vehicle while driver drinks related less strongly to abuse ($\Delta \lambda = -0.419$).
- For the driving while drinking item, the loading did not differ between Blacks and Hispanics.





- Next examined equivalence in the thresholds across Whites, Blacks, and Hispanics.
- Model uncovered systematically biased thresholds.

 $-\Delta\chi^2 = 88.87 (13, n = 25,512, p < 0.01)$





- For Blacks:
 - Easier to endorse drinking while driving ($\Delta v = -0.921$).
 - More difficult to endorse driving after drinking ($\Delta v = 0$. 593).
 - More difficult to endorse entering harmful situations after drinking ($\Delta v = 0.68$).
- For Hispanics:
 - Easier to endorse drinking while driving ($\Delta v = -0.96$).
 - More difficult to endorse driving after drinking too much ($\Delta v = 0.457$).
 - More difficult to endorse entering harmful situations after drinking ($\Delta v = 0.456$).





- Compared estimates ignoring systematic measurement error to adjusted estimates from final MG-MIMIC model.
 - Adjusted estimates mitigate measurement error.
- Addresses whether measurement bias influences conclusions.

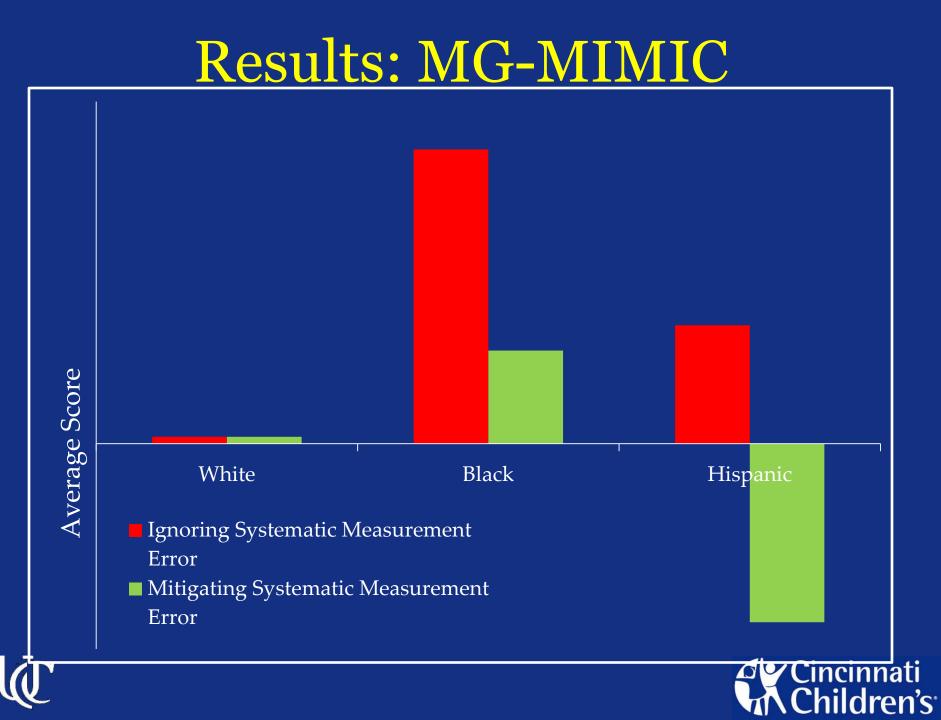




- Unadjusted means:
 - Whites: o (Reference group)
 - Blacks: 0.43 z = 7.82, p < 0.01: More abuse.
 - Hispanics : 0.173 = 2.11, *p* < 0.05: More abuse.
- Adjusted means:
 - Whites: 0 (Reference group)
 - Blacks: 0.136 z = 1.855, *ns*.: No difference.
 - Hispanics : -2.261 = -2.20, *p* < 0.05: Less abuse.







Discussion

- MG-MIMIC showed that systematic measurement error significantly and substantially affects alcohol abuse affects estimates in the diverse population.
- Without mitigating systematic error, efforts to identify and understand disparities and inequities across these populations result in flawed conclusions.





Discussion

- Ignoring systematic measurement error:
 - Appears both Blacks and Hispanics engage in more alcohol abuse behavior relative to Whites.
 - Based on unadjusted estimates.
- After mitigating systematic measurement error, analyses show that:
 - Blacks do not differ from Whites.
 - Hispanics engage in less abuse behavior than Whites.





Limitations

- Self report data.
 - Responses may not reflect children's actual health.





Limitations

- MG-MIMIC can only detect biased thresholds for background variables.
 - Leaves loadings unaddressed.
 - Problem for background variables *only*.
 - Missing data approach possibilities.
- If bias permeates the *entire* question set, analyses cannot detect this.
 - No statistical approach can.
 - (Millsap, 2006).





- Investigators too often treat race and ethnicity as explanatory variables.
- Ethnicity acts as a proxy for other variables that systematically vary across people of different ethnic backgrounds.





- We should seek to uncover the variables for which ethnicity serves as a proxy.
- We should advance our statistical models to incorporate the multiple influences on health outcomes.





- We should seek to uncover the variables for which ethnicity serves as a proxy.
- We should advance our statistical models to incorporate the multiple influences on health outcomes.





- Remember, before making cross-group comparisons, *must* consider measurement equivalence across groups.
- Do observed group differences reflect true differences?
- Or, do group differences result from systematic measurement error?
- And, do *observed* similarities reflect *true* similarities?



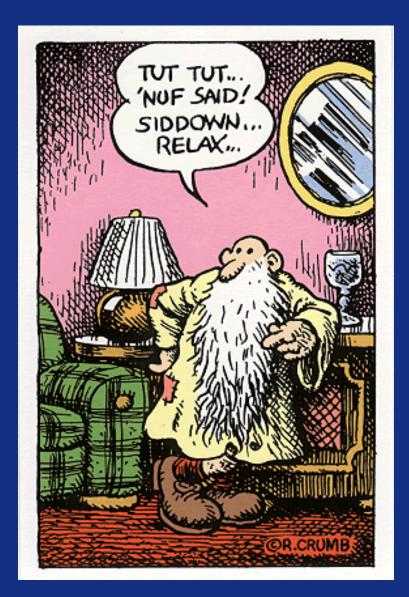


References

- For detailed presentation:
- Carle, A. C. (2010). Mitigating systematic measurement error in comparative effectiveness research in heterogeneous populations. *Medical Care*.
- References available upon request.











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