

# BUILDING AN ONTOLOGY OF PUBLIC HEALTH INTERVENTIONS AND TOOLS FOR EVIDENCE-BASED PUBLIC HEALTH

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# Introduction

Tools for evidence-based public health (EBPH)



# Evidence-based Public Health

- PH decisions made using better knowledge and information are better
  - ▣ i.e. lead to better outcomes
- Better knowledge and information:
  - ▣ relevant to task at hand
  - ▣ in a usable format
  - ▣ sufficient amount
  - ▣ high quality





# PopHR: Population Health Record

- Web-based software platform for intelligent analysis and visualization of population health information
- Integrates heterogeneous data from multiple sources to calculate up-to-date indicators:
  - ▣ health determinants
  - ▣ diseases and conditions
  - ▣ health system performance
- Indicators are contextualized by public health knowledge
- Addresses common limitations of existing web portals
  - ▣ out-of-date indicators
  - ▣ low geographical resolution
  - ▣ poor support for simultaneous analysis of multiple indicators



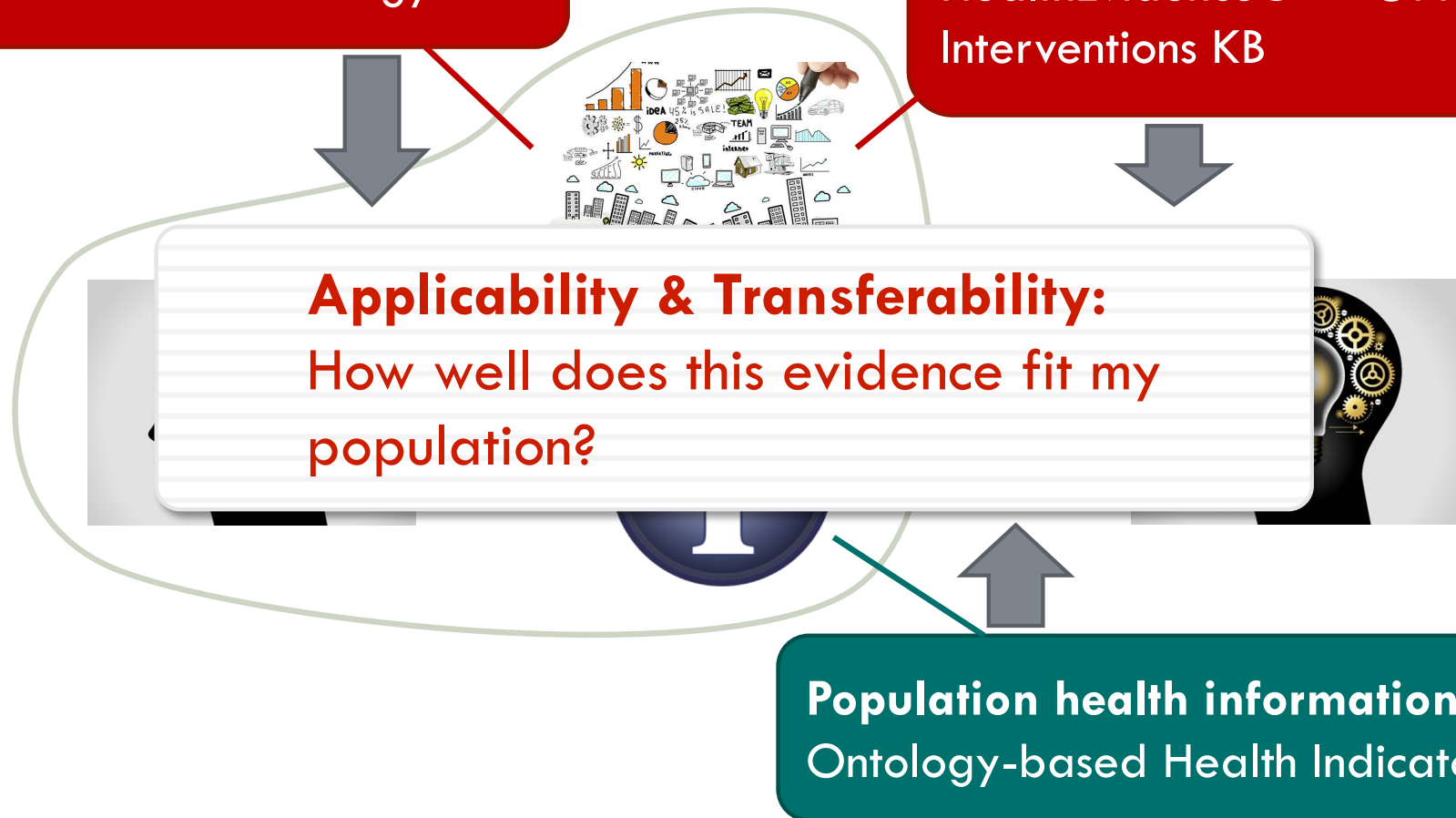
# PopHR as an EBPH tool

**Knowledge in epi & PH:**  
Public Health Ontology

**Intervention evidence:**  
HealthEvidence©  $\Rightarrow$  OPHI  $\Rightarrow$   
Interventions KB

**Applicability & Transferability:**  
How well does this evidence fit my  
population?

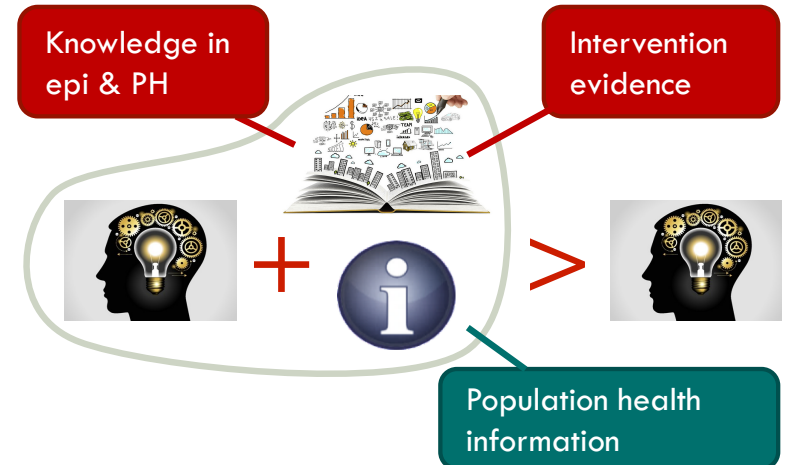
**Population health information:**  
Ontology-based Health Indicators





# Public Health Ontology (PHOnt)

- Based on the Australian Classification of PH Activity *Jorm, Gruszin, and Churches (2009)*
- Definitions of concepts in following categories:
  - ▣ determinants of health and risk factors
  - ▣ health issues (diseases, functioning, well-being)
  - ▣ populations and their characteristics
  - ▣ PH resources and settings
- Formal encoding of causal epi knowledge

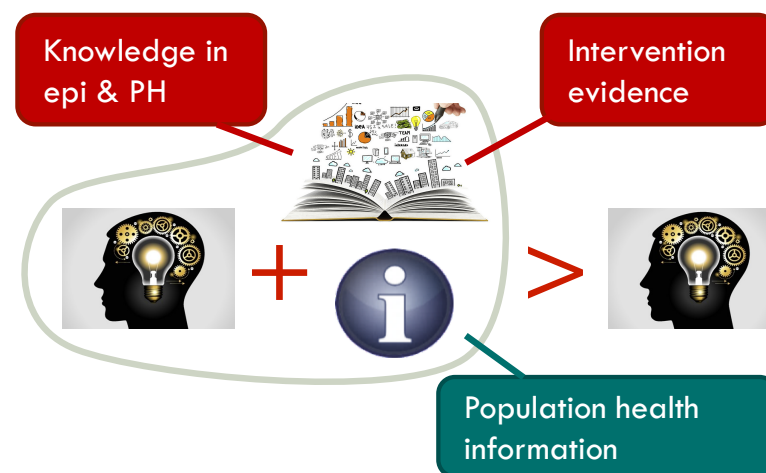




# Ontology-based health indicators

- Systematized using multiaxial taxonomy in Health Indicators Ontology
- Defined properties that have implications for analysis and visualization (e.g. measurement units)
- Linked to health conditions and determinants of health via PHOnt

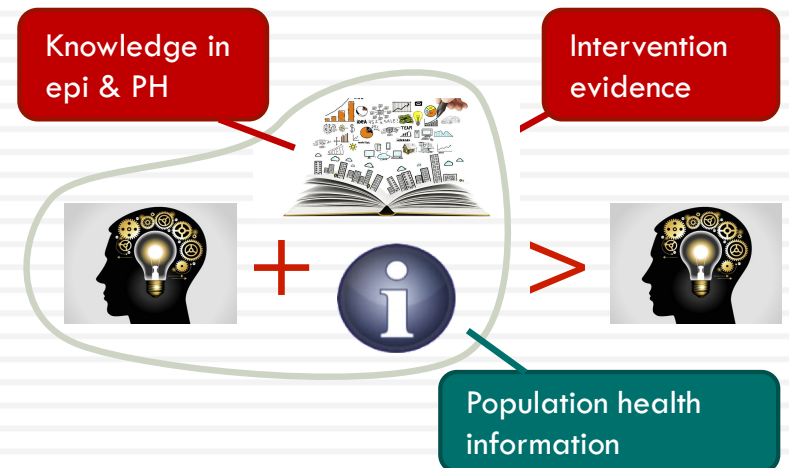
**Facilitated analysis of health information**





# Ontology of PH Interventions (OPHI)

Intervention evidence





# Barriers to using evidence about PH interventions in practice

- Poorly organized evidence

- ▣ ongoing efforts (HealthEvidence.org, CDC DB, BEEM project) have limitations

**current focus:**

- ▣ need a conceptual framework and a universal vocabulary to consistently describe interventions and evidence about their effectiveness

- Varying quality of research and reporting (difficult to assess)
- Remaining knowledge gaps
- Lack of tools providing access to the evidence within health information systems



# Advantages of ontology

- Supports multi-axial classifications
  - ▣ interventions can be described by many properties
- Relationships among entities have clear semantic (unlike keywords and tags)
  - ▣ e.g. interventions to *prevent COPD* vs. interventions for improving outcomes in *people with COPD*
- Machine-readable
  - ▣ automatic tools can be developed
- Relationships encoded as logical axioms to allow automated reasoning
  - ▣ e.g. use knowledge about risk factors to search for upstream interventions



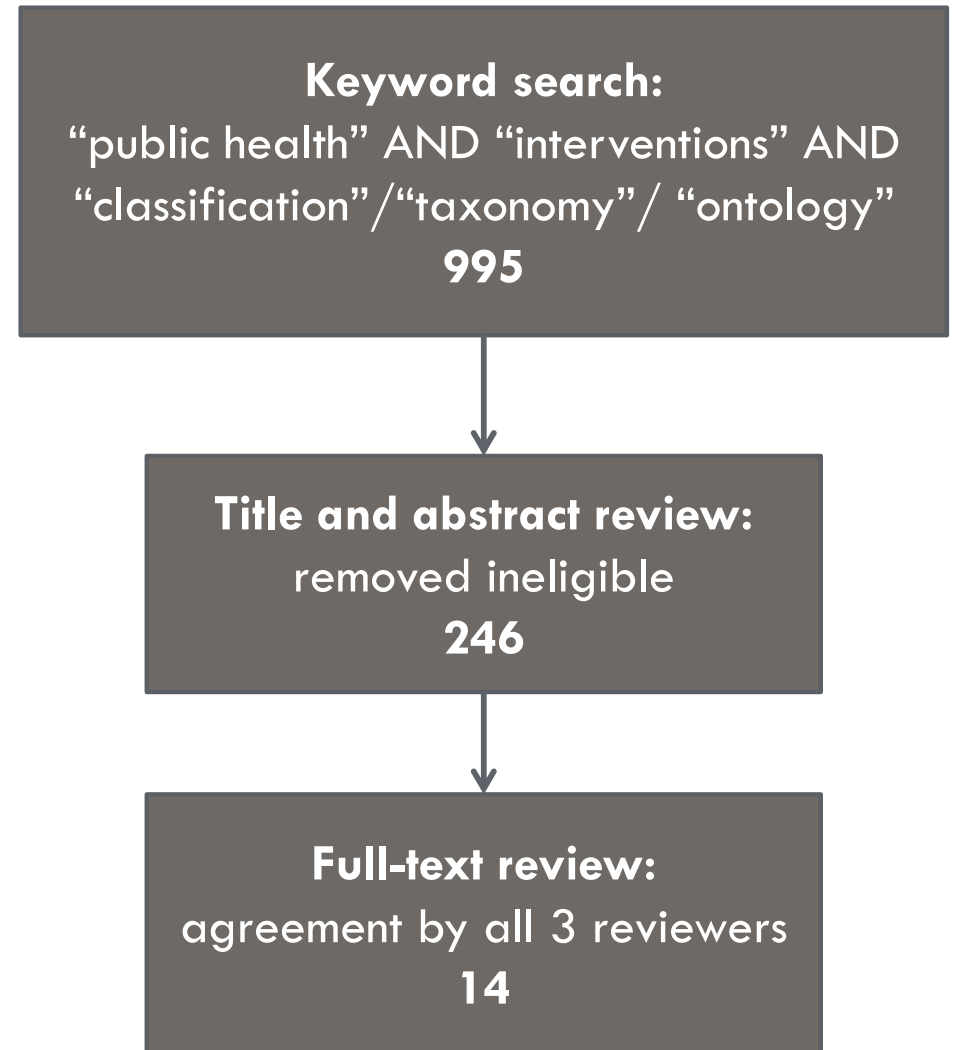
# Is there an existing ontology?

- ❑ Extensive classifications exist for clinical, but not for public health interventions
- ❑ ICH: an attempt to extend clinical interventions taxonomy to public health
  - ▣ in practice, not many attributes of clinical interventions are relevant to PH, and the other way around
- ❑ Australian classification of public health
  - ▣ broad scope extending beyond interventions
  - ▣ includes comprehensive lists of methods, settings and resources relevant to interventions
  - ▣ lacks important properties to fully describe interventions



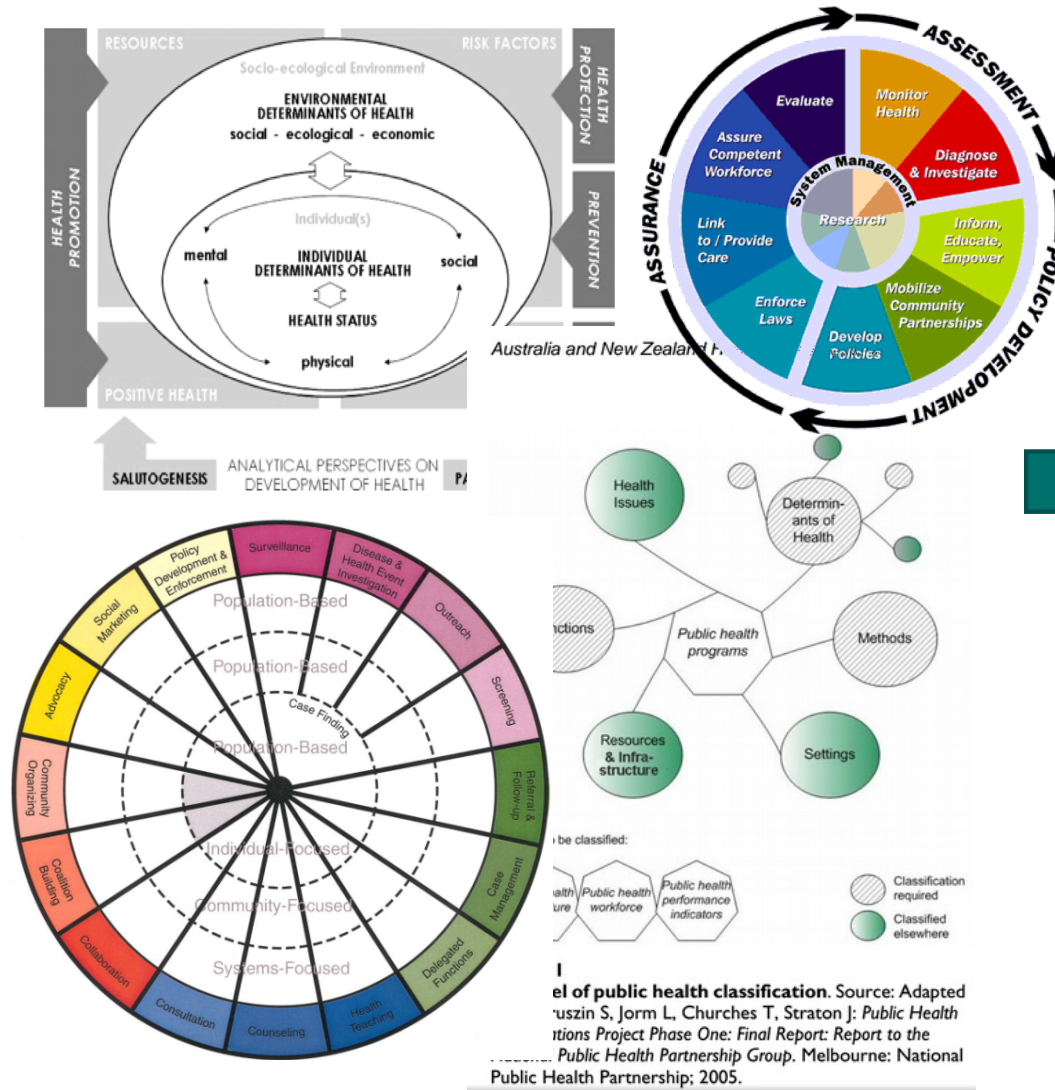
# Search for existing frameworks

- 3 independent reviewers
- Literature search:
  - ▣ PubMed
  - ▣ Scopus
  - ▣ Google Scholar
  - ▣ Cochrane Library
- Gray literature search (misc. documents):
  - ▣ PHAC
  - ▣ INSPQ
  - ▣ WHO: PHE
  - ▣ NPHP





# Synthesis and term alignment



- high-frequency concepts
- synonyms
- classification dimensions
- properties of interventions

**OPHI conceptual framework**



# Core concepts



## **Intervention**


- Refers to an organized activity that intends to improve population health
- Not limited to activities performed by PH agencies
- Instances are specific programs deployed within specific populations and geo-spatial context

## **Evidence**

- Refers to a study establishing an effect of an intervention on a specific health outcome
- Unless there is evidence of effect, knowledge about possible interventions is of little relevance to practitioners



# Properties of interventions

Property (preferred term)	Range	Cardinality	Definition / description	Synonyms (in other frameworks)
intent	PH Function(?)	1	High-level purpose category (e.g. promote-prevent-protect)	purpose, strategy
distal target	Health Issue	1+	Existing health issue being addressed by an intervention, an ultimate goal of an intervention (as opposed to specific immediate outcomes of an intervention).	problem, issue, health priority
recipient	Population	1	The population, to which an intervention applies	target, target population
actor	Organization	1+	Entity (organization) that makes an intervention possible in some capacity (Who does it and in what role?)	
setting	PH Setting	1(?)	Institutional and social environments, partnerships, and locations in which public health activity occurs	context
resources	PH Resource	1+	The means available for the operation of health systems, including human resources, facilities, equipment and supplies, financial funds and knowledge	resources & infrastructure, means
time frame			Start, end, duration	
geography			Geo location	
evidence	Evidence	0+	Evidence of effectiveness for particular target issue(s)	

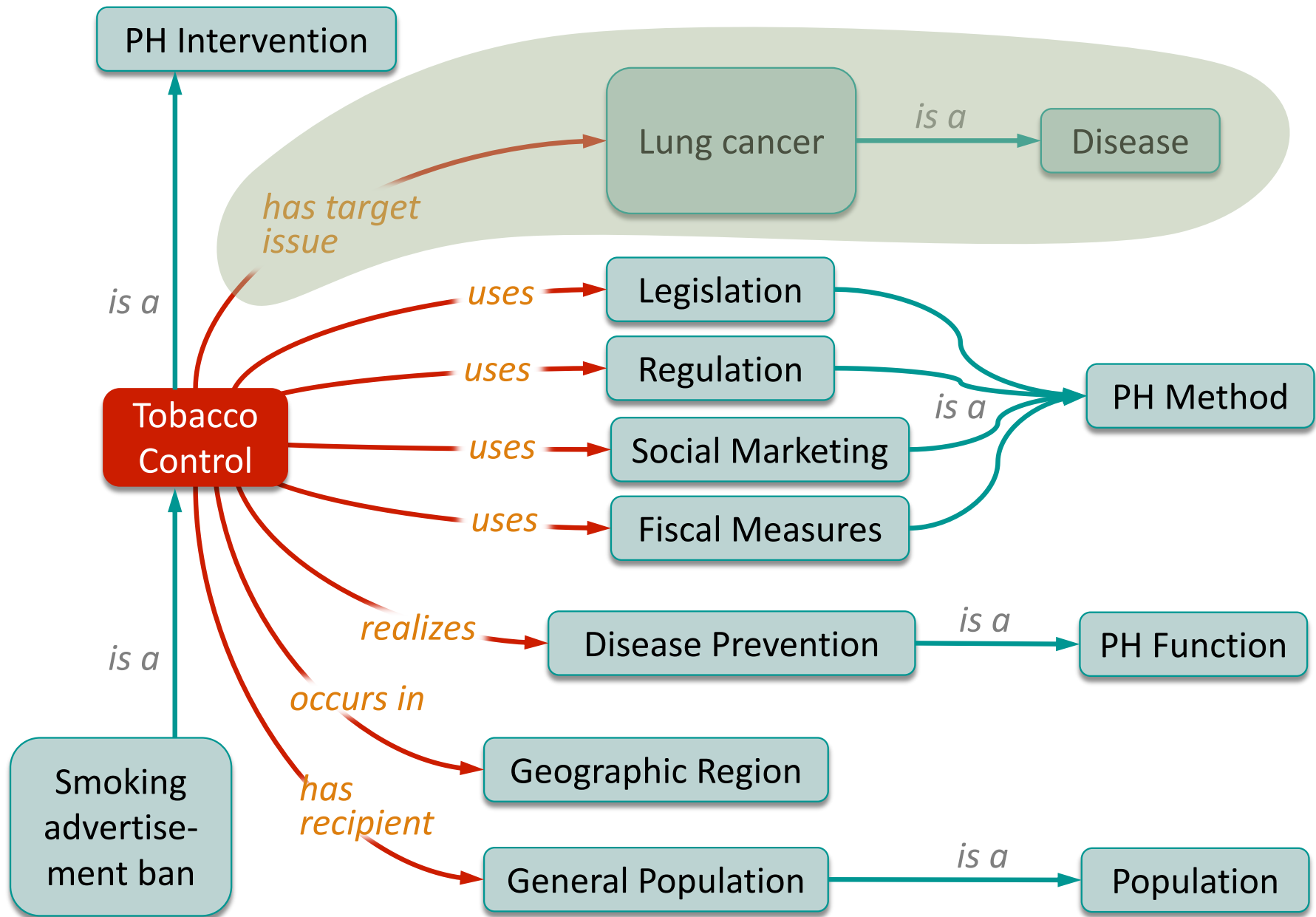


# Properties of evidence

Property (preferred term)	Range	Cardinality	Definition / description
intervention	Intervention	1	Which intervention has been evaluated
effect	Health Issue, Health Determinant	1	What was demonstrated to change as a result of the intervention? (measureable outcome)
effect size	{strong, moderate, weak}	1	The magnitude/significance of observed changes
effect direction	{positive, negative}	1	Although we may assume that an intervention would have an intended effect on the outcome, it is better to specify explicitly how an intervention affected the outcome
type	EvidenceType	1	What's the type/quality of evidence? (e.g. individual peer reviewed study vs. systematic review)

- Using Ontology of Clinical Research (OCRe) to represent study design & other properties
- Additional attributes of evidence are being considered based on the input from knowledge translation experts





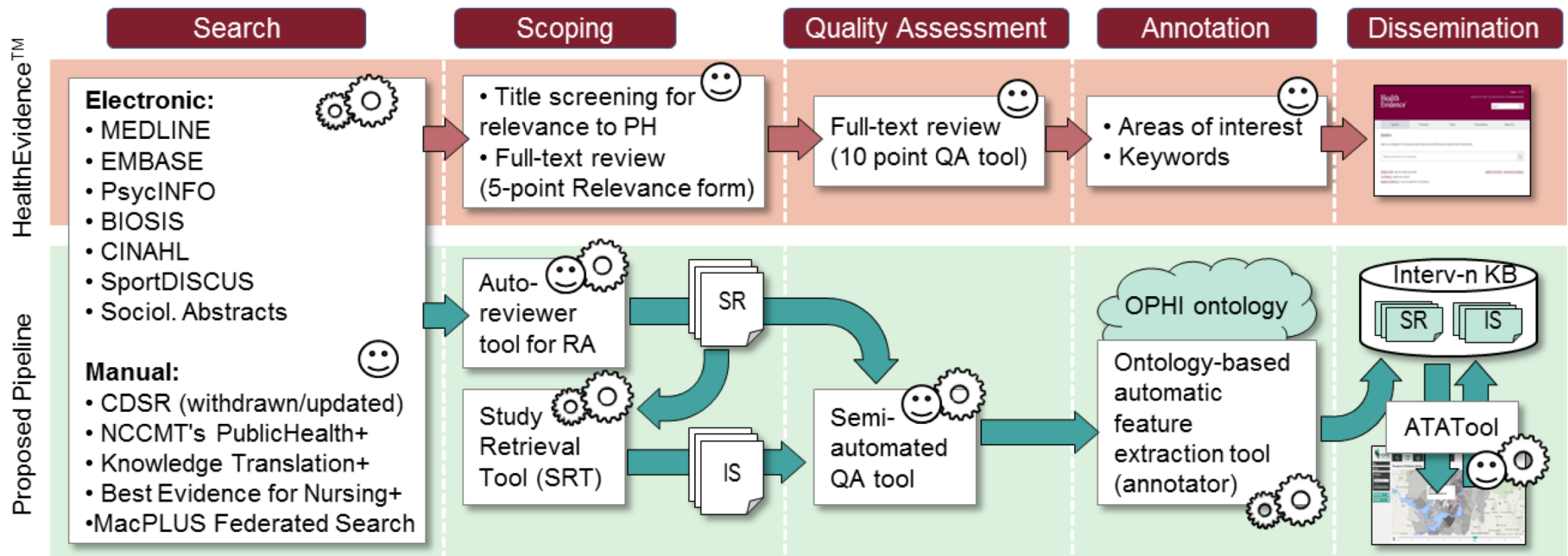


# Repository of health evidence

- Instances of evidence from literature encoded in terms of OPHI
  - ▣ Essential to include original studies and not just systematic reviews
  - ▣ Each study can produce multiple instances of evidence – for each measured outcome

**Phase I:** Manually encoded small set of studies (smoking cessation)

**Phase II:** Use NLP to populate PH Interventions Knowledgebase







# Transferability assessment



# Transferability assessment

**For an intervention with proven effectiveness, can I expect similar results in my target region?**

- Assess the similarity between study population/setting & target population/setting
  - ▣ Define phenotype (characteristics to be considered)
  - ▣ Choose similarity metrics (conceptual/semantic similarity, Euclidian distance,...)
  - ▣ Possibly pool results across different characteristic
- The better the match between study population/setting and the target, the higher transferability



# Visualization

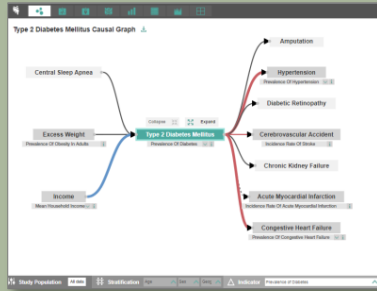
## Type 2 Diabetes Mellitus Interventions





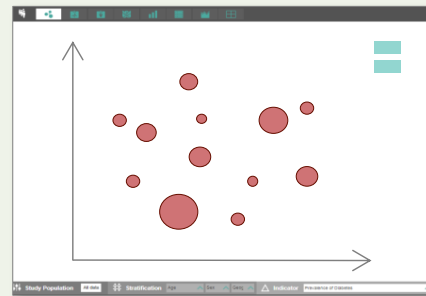
# Putting it all together in PopHR

## Causal knowledge



Extend/narrow search for  
conditions &  
RFs

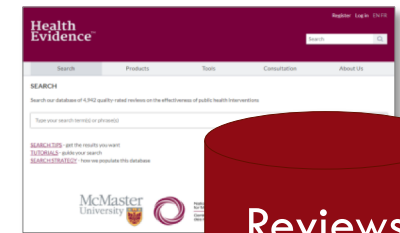
## Interventions tab



3D ranking:

- match
- effect size
- quality

## HealthEvidence©



Reviews

+ annotations  
+ original studies

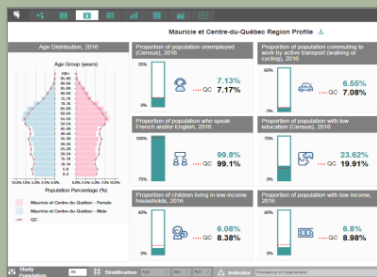
## Intervention KB

Reviews+

Original  
Studies



## Region profile



Population  
characteristics

## Matching Algorithms

- euclidian distance
- semantic similarity

Relevant  
studies

PopHR 1.5

PopHR 2.0

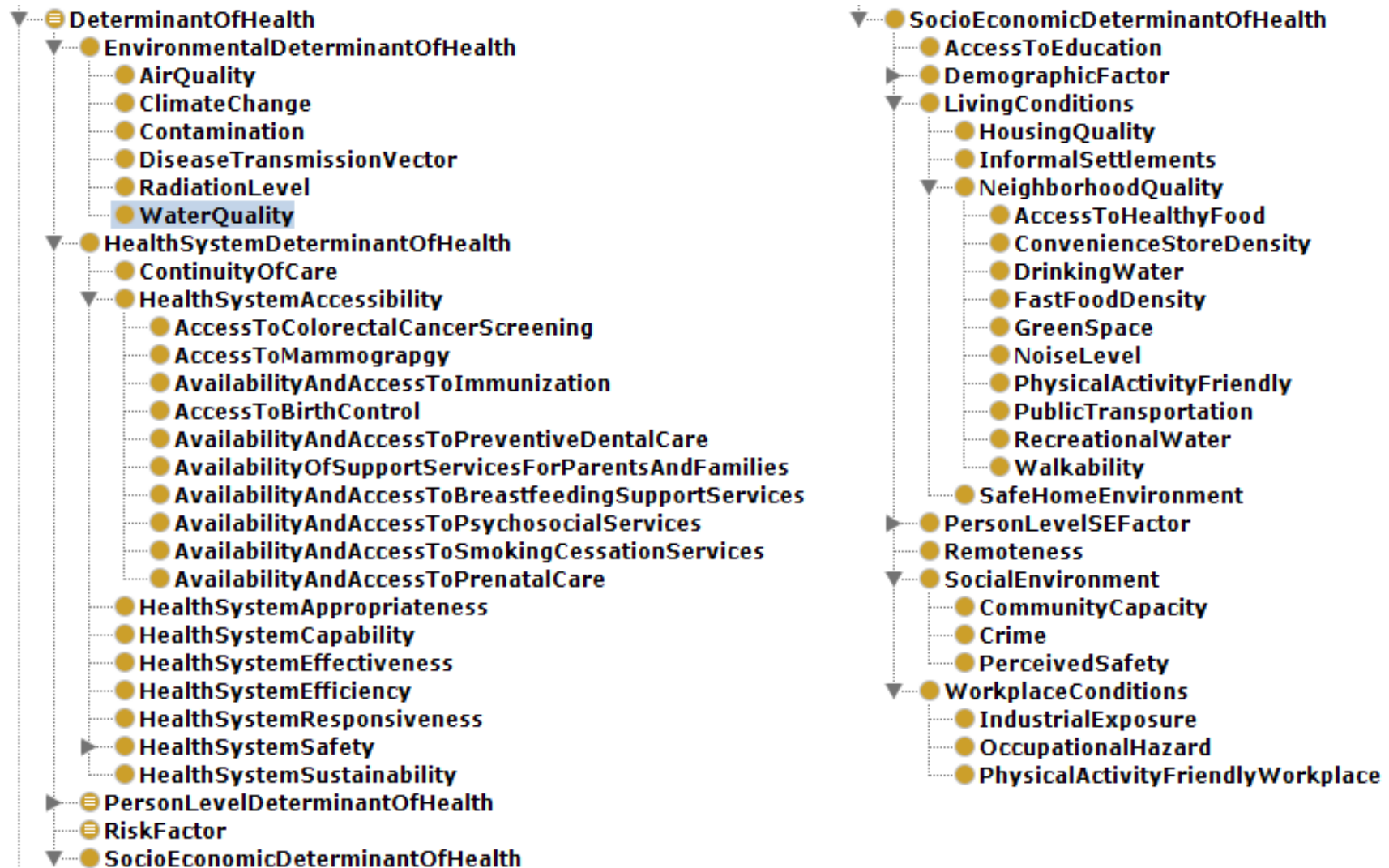




Extras



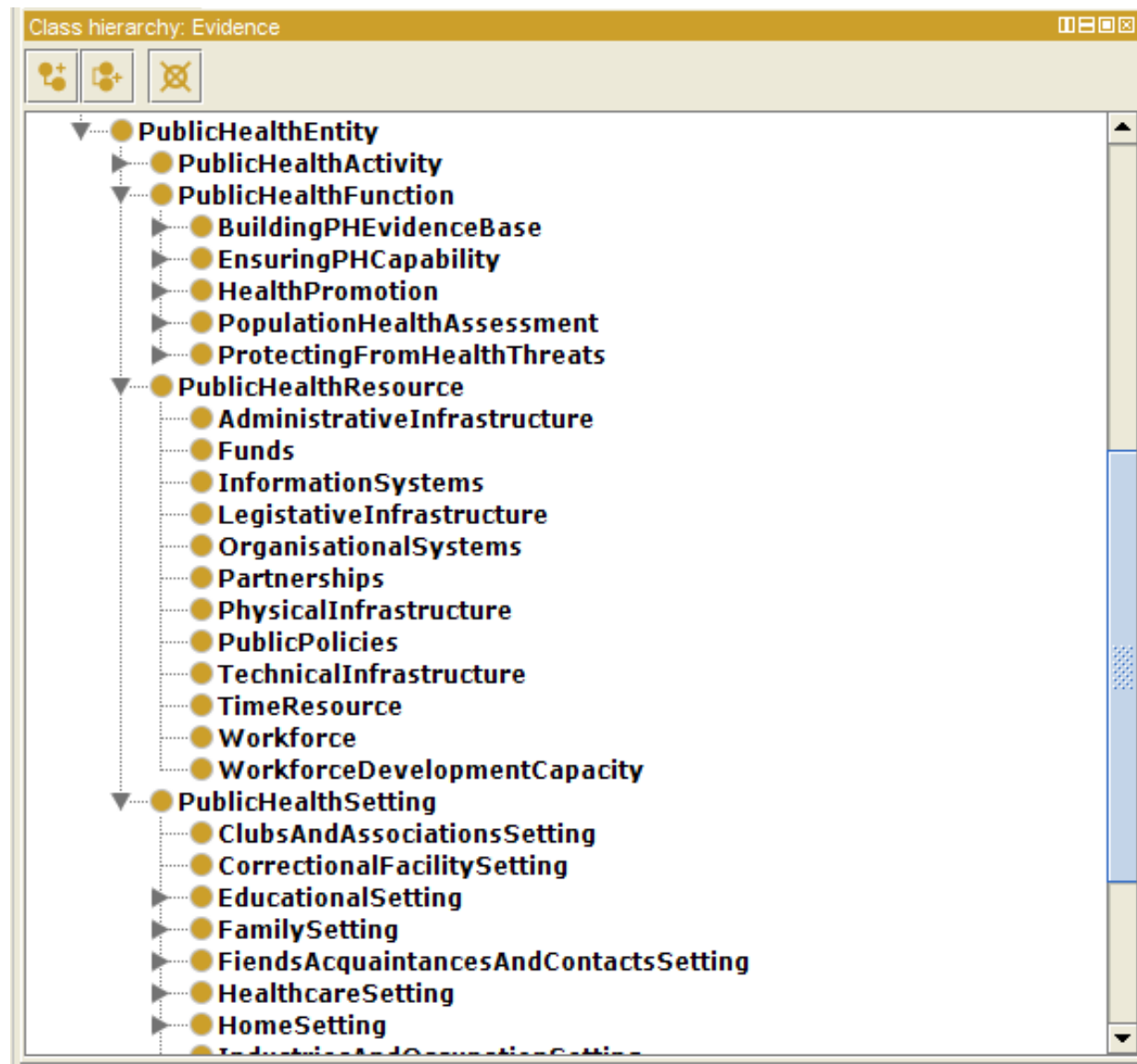
# PHOnt taxonomy examples: Determinants of Health





# PHOnt taxonomy examples:

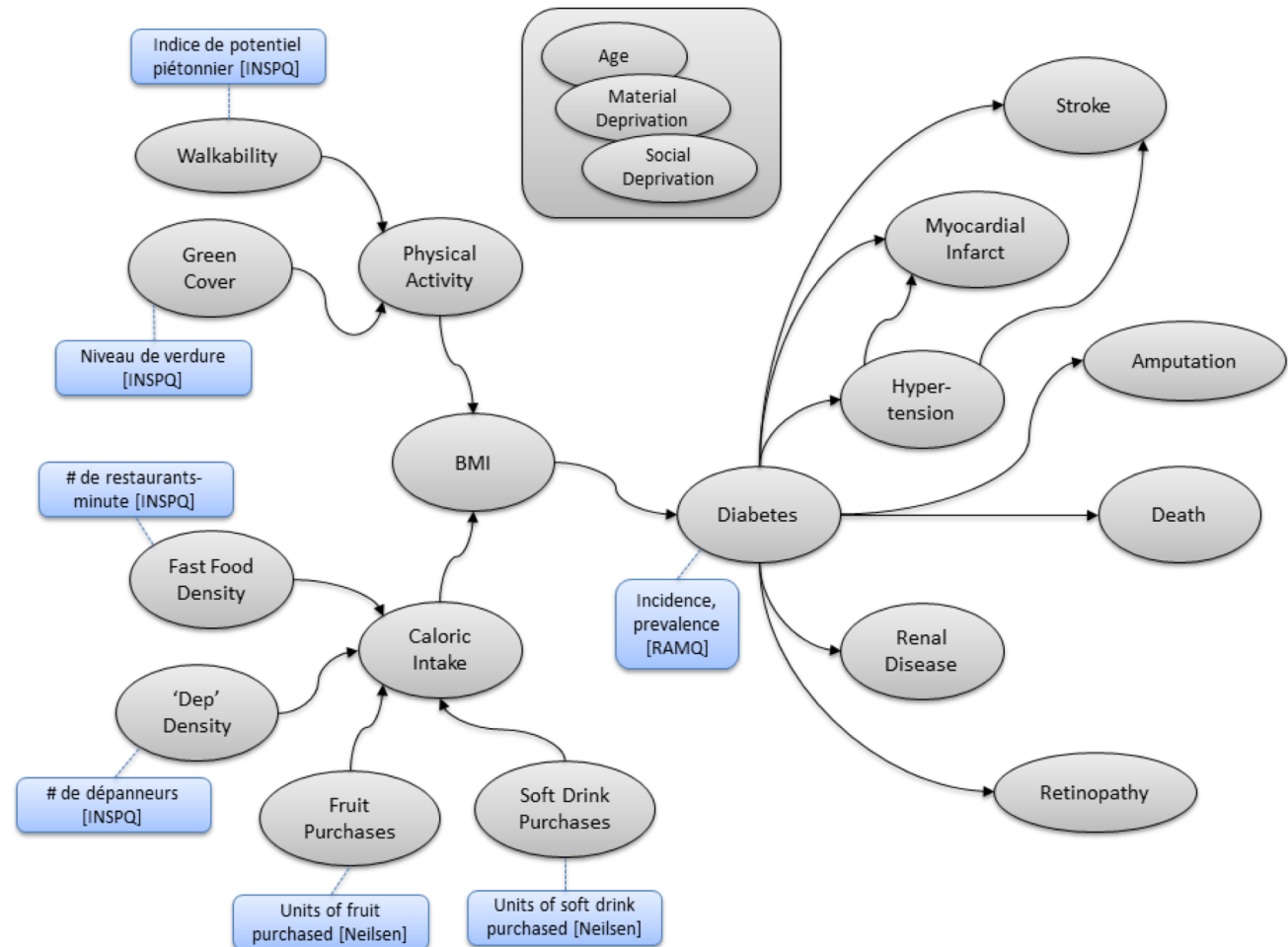
## PH functions, settings, and resources





# Encoding causal links: diabetes example

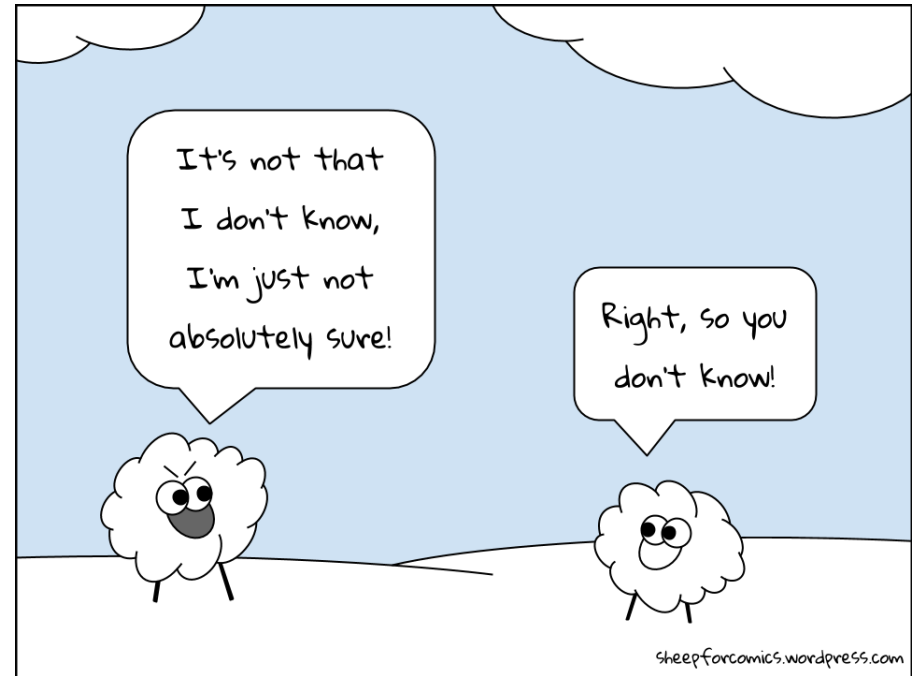
- Consensus knowledge exists regarding risk factors and downstream conditions
- Links established at the population level





# Causal knowledge: encoding challenges

- ❑ Non-deterministic causation
- ❑ Causal links established from the analysis of populations don't always hold for all individuals
- ❑ Ontology languages, like OWL, don't deal well with uncertainty



**Need to  
express  
uncertainty**

vs.

**Rigid  
formal  
logic**



# From causal diagram to ontology

## □ Nodes:

- ▣ Diseases and conditions
- ▣ Health determinants
- ▣ Health-related events and procedures (e.g. Amputation)

**Encoded as  
classes**

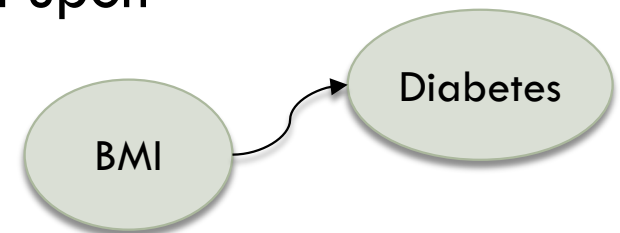
## □ Arrows = probabilistic causal links:

- ▣ *has\_effect\_on* (positive/negative)
- ▣ generally transitive
- ▣ allow versatile DL queries

**Encoded as  
properties**

## □ Implications of *consensus knowledge*

- ▣ functional form not fully known or agreed upon
- ▣ limitations in measurement
- ▣ assumption of independence





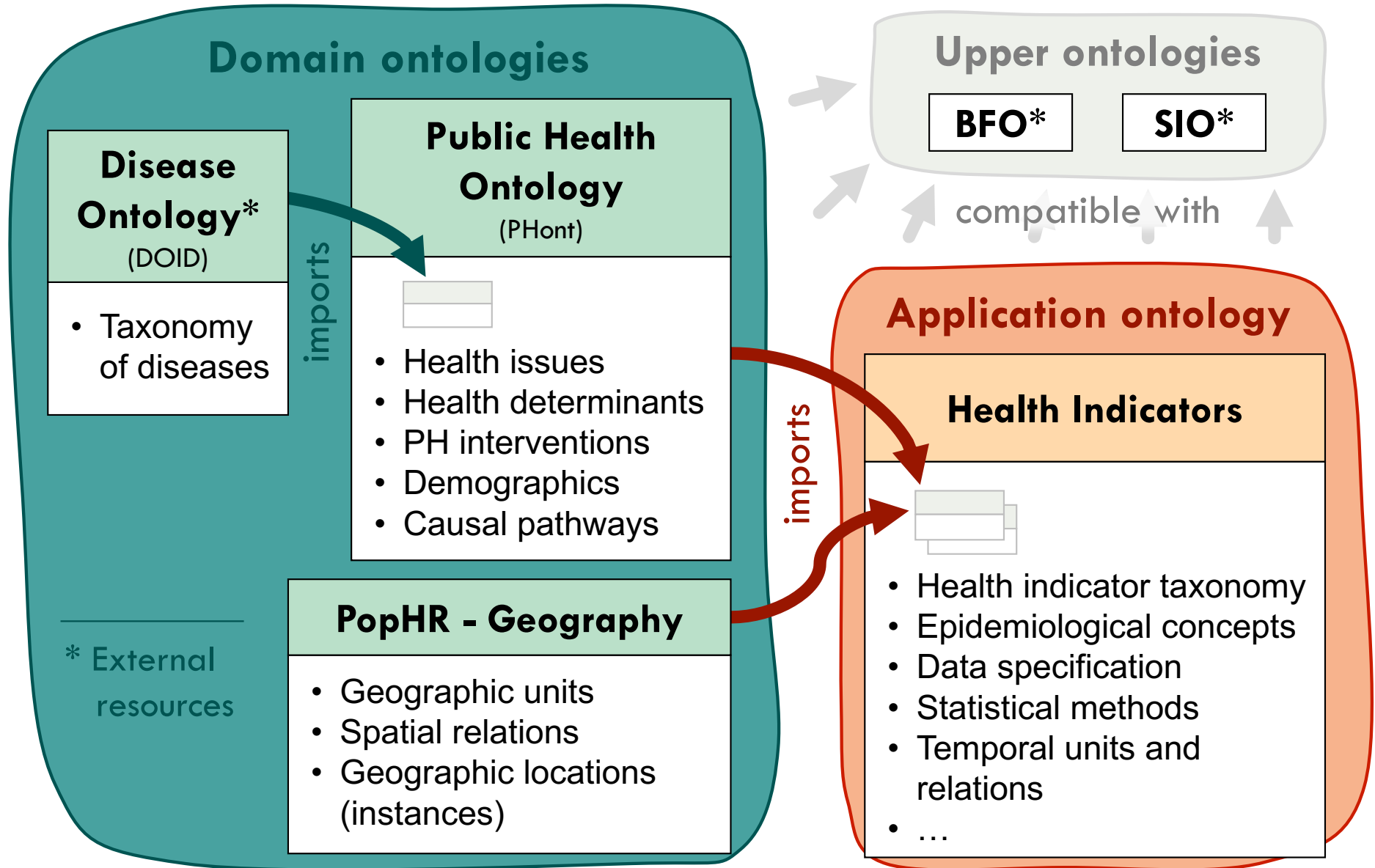
# PHOnt Future work

- Causal knowledge in PHOnt is incomplete
  - ▣ current scope: PHAC Chronic Disease framework
  - ▣ built in collaboration with experts from INSPQ and DSP
  - ▣ manual knowledge extraction process is not scalable

**Use statistical NLP for automatic extraction of causal findings from published literature**



# Current PopHR Ontology Suite





Age Group	Percentage
18-24	15%
25-34	20%
35-44	25%
45-54	20%
55-64	15%
65-74	10%
75-84	5%
85+	5%

Class hierarchy

Class hierarchy (inferred)

Class hierarchy: 'Proportion of Hypertension Patients Hospitalized for Any Cause'

+

+

✕

- 'Proportion of Asthma Patients Hospitalized for Any Cause'
- 'Proportion of Asthma Patients Hospitalized for Any Cause'
- 'Proportion of CHF Patients Hospitalized for Any Cause'
- 'Proportion of CHF Patients Hospitalized for Any Cause'
- 'Proportion of COPD Patients Hospitalized for Any Cause'
- 'Proportion of COPD Patients Hospitalized for Any Cause'
- 'Proportion of COPD Patients Hospitalized for Any Cause'
- 'Proportion of COPD Patients Hospitalized for Any Cause'
- 'Proportion of COPD Patients Visiting a GP'
- 'Proportion of COPD Patients Visiting a GP'
- 'Proportion of COPD Patients Visiting a Specialist'
- 'Proportion of COPD Patients Visiting a Specialist'
- 'Proportion of COPD Patients Visiting ED'
- 'Proportion of COPD Patients Visiting ED (with a GP)'
- 'Proportion of Diabetes Patients Hospitalized for Any Cause'
- 'Proportion of Diabetes Patients Hospitalized for Any Cause'
- 'Proportion of Epilepsy Patients Hospitalized for Any Cause'
- 'Proportion of Epilepsy Patients Hospitalized for Any Cause'
- 'Proportion of Hypertension Patients Hospitalized for Any Cause'
- 'Proportion of Hypertension Patients Hospitalized for Any Cause'
- 'Proportion of Population with Limited Activity'
- 'Proportion of Population with Perceived Poor Health'
- 'Proportion of Population with Perceived Poor Health'

Annotations

Usage

Annotations: 'Proportion of Hypertension Patients Hospitalized for Any Cause'

Annotations

+

label [language: en]

Proportion of Hypertension Patients Hospitalized for Any Cause

label [language: fr]

Proportion de patients hypertendus hospitalisés, toutes causes

'highest resolution'

CLSC

Description: 'Proportion of Hypertension Patients Hospitalized for Any Cause'

SubClass Of

+

'Health System Effectiveness Indicator'

'number of initial years to suppress' value 4

'Proportion-type Indicator'

defaultAgeStandardization value '0-49, 50-59, 60-69, 70-79, 80+'

excludedCategory value 0-19

hasUnitAtSource value

hasUnitForDisplay value

indicatorOf some Hospitalization

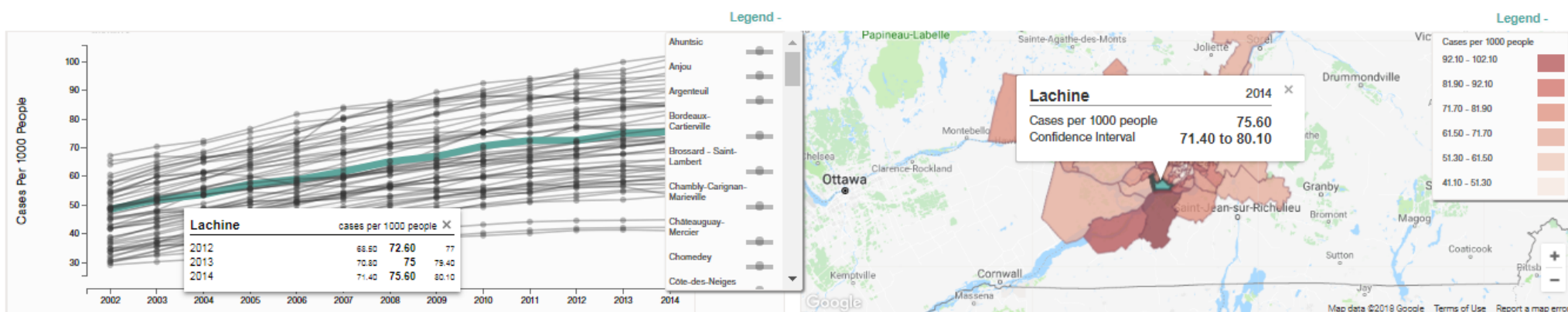
indicatorOf some hypertension



# Indicators at the PopHR front-end



## Prevalence of Diabetes by CLSC



### Upstream

Prevalence of obesity in adults  
Mean household income



### Downstream

Prevalence of Hypertension  
Incidence Rate of Stroke  
Incidence Rate of Acute Myocardial Infarction  
Prevalence of Congestive Heart Failure

