



IHME

Measuring what matters

# Rethinking Clinical Trials: How Better Data Can Improve Health Equity

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**W** UNIVERSITY *of* WASHINGTON

Institute for Health Metrics and Evaluation

## Vision and mission of IHME

### **Vision:**

IHME aspires to make available to the world high quality information on population health and its determinants, and on the performance of health systems. We seek to achieve this directly, by catalyzing the work of others and by training researchers as well as policy makers.

### **Mission:**

Our goal is to improve the health of the world's populations by providing the best information on population health.

# IHME is an academic center of excellence in health measurement, housed within the University of Washington.

**Our mission is to provide comprehensive health data and analytics to improve decision-making that will lead to health equity.**

- Worldwide coverage; 200+ countries and 900+ subnational areas
- Our data are widely used to make decisions about health by governments, health care funders, and life sciences companies.

## **IHME resources at-a-glance:**

- 500+ full-time professionals with headquarters in Seattle, USA, including 30 full-time faculty.
- 8,000+ international collaborators who partner to collect difficult-to-obtain input data, ensure results are accurate, and drive policy use.

## **IHME works with leading corporations including:**

- Boehringer-Ingelheim, GE Healthcare, Johnson & Johnson, Medtronic, Merck, Novartis, Pfizer, Roche, Sanofi

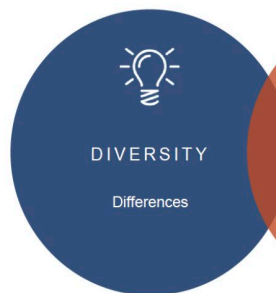
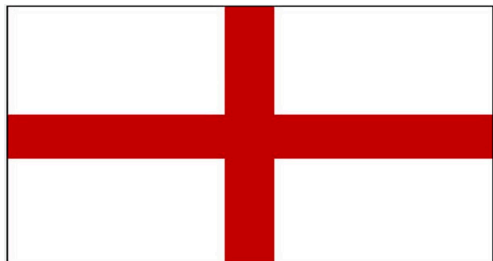


**IHME believes that everyone deserves a long life in full health and works to achieve that goal.**



**IHME partners with organizations globally to aid in decision-making.**

## Why I joined IHME



# IHME

## Measuring what matters

Institute for Health Metrics and Evaluation

IHME and its leadership are well-respected and trusted sources of health data globally.



JAMA | **Original Investigation**

## US Health Care Spending by Race and Ethnicity, 2002-2016

Joseph L. Dieleman, PhD<sup>1</sup>; Carina Chen, MA<sup>1</sup>; Sawyer W. Crosby, BA<sup>1</sup>; [et al](#)

## Life expectancy by county, race, and ethnicity in the USA, 2000–19: a systematic analysis of health disparities



GBD US Health Disparities Collaborators\*

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### The Promise of Prevention: The Effects of Four Preventable Risk Factors on National Life Expectancy and Life Expectancy Disparities by Race and County in the United States



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Prevent COVID-19 deaths by prioritizing interventions for Hispanic, Latino, and Black populations in the US



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Clinical trials must adequately reflect the communities that are most impacted by a disease or a condition. **It is one way that we can make sure that all communities benefit from new treatments and technologies.** If we want to improve health outcomes for underrepresented communities, we need them to participate in clinical trials. Giving every person the opportunity to achieve full health.

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- **Harriet Washington**  
Medical Apartheid

# Synthesis

## How do we get there?

- Identify barriers to clinical trial enrollment for underrepresented populations (including, but not limited to, ethnicity, race, age, disability and geography).
- Employ innovative strategies, trainings, education, and communication methods to increase clinical trial enrollment for underrepresented populations.
- Increase training opportunities for diverse clinical trial investigators and other researchers.
- **Use gold standard estimates to ensure that trials are representative on the basis of the age, sex, and geographic distribution of patients.**
- **Improve data collection and data quality for underrepresented populations to enable a robust understanding of variation in disease occurrence by race/ethnicity and other patient characteristics.**
- **Collaborate with people who are credible in science and in the community**

## Use gold standard estimates to ensure that trials are representative on the basis of the age, sex, and geographic distribution of patients.

**The IHME approach:** IHME coordinates the **Global Burden of Disease study**, an ongoing scientific effort to systematically quantify health loss attributed to all diseases, and many risk factors, in every country in the world.

### The core principles of IHME's work:

- 1. Comprehensiveness:** Drawing on the world's largest population health database, we combine various inputs and sophisticated modeling techniques to generate a clear view of disease burden by race/ethnicity across time and space – even where input data are scarce.
- 2. Comparability:** Our model outputs are designed to facilitate meaningful comparisons for decision-making.
- 3. Internally consistency:** Our modeling pipeline ensures that estimates of demographic projections, health risks, and myriad health outcomes are internally consistent. We aggregate granular estimates to provide a 10,000 foot view.
- 4. Transparency:** We deliver uncertainty intervals around our estimates and our methods are vetted and published in the peer-reviewed literature.
- 5. Trust:** IHME's population health estimates and analytics are the gold standard for measuring health, in the US and abroad. Data are used by heads of state, guideline setting bodies, Fortune 500 companies, and major philanthropists around the world.



## Collaborate with people who are credible in science and in the community

- IHME's work is powered by an 8,000+ member Global Collaborator Network.
- Collaborators are central to the success of the ambitious GBD Study. They help us to acquire difficult-to-obtain input data, ensure results are accurate, and drive policy use.

