

Addressing health inequity requires understanding the root causes

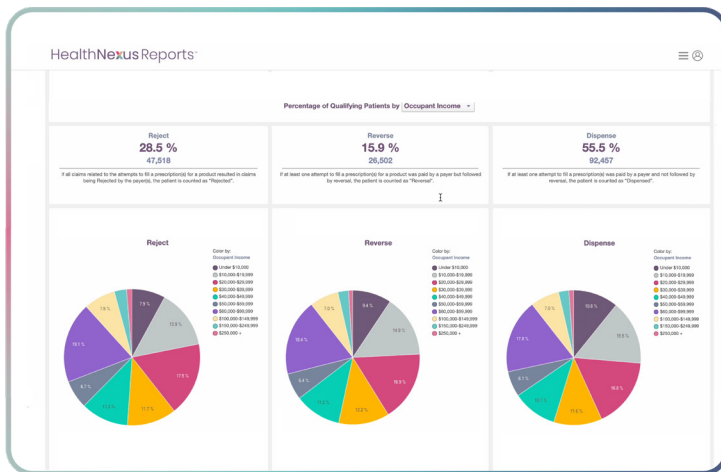
Health inequity refers to avoidable differences in health between different groups of people resulting from unfair systems that negatively affect people’s living conditions, access to healthcare, and overall health status. Social determinants of health (SDOH) drive the root causes of many of these health inequities.

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.



Health inequity challenges

- Lack of diversity in clinical trial recruitment and enrollment
- Understanding the impact of look-alike care
- Socio-economic factors impacting access to healthcare or therapies



You’ve got this, with PurpleLab.

Who you are shouldn’t impact your medical care or the treatments you receive. That’s why PurpleLab developed a new way for life sciences and healthcare organizations to use social determinants of health data to analyze potential health disparities across the healthcare continuum.

Data + Platform = Action

1.8 million+ providers

350 million+ patient lives

40 billion+ transactions

11 sources Rx & Mx data

We use billions of data points to understand the complex relationships between SDOH variables, the burden of disease, and health outcomes. Life sciences and healthcare organizations are using our proprietary HealthNexus™ platform to understand health disparities to improve access to their novel treatments as well as increase the diversity of clinical trial populations.

Connected Real World Data (RWD)

aggregates 11 sources of medical & pharmacy claims totaling 40 billion+ transactions dating back to 2012. These are the data you leverage to generate the Real World Evidence (RWE) you need to drive your business.

HealthNexus™ Reports

platform provides non-programmer data analysts the ability to create fully custom reports that address your organization's specific RWE needs in minutes. PurpleLab delivers what used to take weeks of consulting much faster, often in minutes.



PurpleLab SDOH builds on top of this RWE data and report powerhouse with:

- **Built-in Patient or Practice Characteristics:** PurpleLab's Connected RWD contains built-in associations between SDOH data and patient outcomes, or practice characteristics, depending on your needs.
- **SDOH Data:** PurpleLab has curated the most robust industry SDOH dataset of deidentified PII files and mapped them to our patient and provider data warehouses.
- **Risk-Adjusted:** PurpleLab is the first in the industry to have scored the entire provider and patient census with Risk Adjustment Factors (RAF's) to harmonize the impact of demographics and disease burden.
- **Other Attributes:** Depending on your analysis needs, you can layer in other data and attributes, including Claims, Prescription Journey, and PurpleLab's Proprietary Master Death File.

What types of insights can you get?

The possibilities are endless. Here are some examples to get you started:



Market access policies and outcomes

Run queries to understand if multivariate SDOH factors associated with a lack of access to treatment might increase diagnoses, mortality, prescription reversals, use of generics, non-adherence, or complications. These insights can help you understand if you need to adjust your access strategy.



Clinical trial feasibility

Match practice diversity (e.g., age, gender, race, ethnicity, marital status) against underrepresented populations in a target geographic area to determine if there may be novel principal investigators and sites who can bring patient populations to support a diverse study enrollment.



Equitable healthcare delivery

Run a report to evaluate your HCP population's race and ethnicity landscape. These insights can guide you by enabling look-alike care for the populations you want to target and ensuring equitable care distribution across your coverage geographies.

Take the first step.

Contact us today.

Let's take action on health inequity together.

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