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## Background

Public data are available for researchers aiming to enhance clinical outcomes and address the needs of specific catchment areas.

Geographic health and social vulnerability public data is often reported through census tracts and county / state specific Federal Information Processing System (FIPS) codes. Researchers are often limited to a subject's ZIP code, proving a challenge for contextual data analysis.

Utilizing public data in conjunction with clinical trial accrual data can highlight novel trends and needs across a catchment area.

Open-source function libraries in Python, including Pandas v2.2, was utilized for data transformation and merging.

# **Opportunities**

Hybrid Decentralized Trials pose a unique opportunity to attain and maintain accrual in areas where social vulnerabilities play a role. The ability of a local care provider to provide part of the interventional care can remove barriers to diverse patient populations' participation in clinical research.

## Acknowledgements

- Clinical Trials Office, UNC Lineberger Comprehensive Cancer Center 2. HUD - Office of Policy Development and Research (PD&R)
- CDC Geospatial Research, Analysis, and Services Program (GRASP)
- 4. USDA Economic Research Service

### **Discussion**

The Accrual needs of North Demographics map dashboard allows for population, UNC decision makers to tailor accrual Comprehensive strategies to Cancer Center is increase clinical effect. An interactive tool based approach allows clinicians with public health to further understand unmet need.

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#### **Below 150% Poverty** Unemployed Socioeconomic **Housing Cost Burden** billity Status **No High School Diploma** No Health Insurance Aged 65 & Older Aged 17 & Younger Vulnera Household Civilian with a Disability **Characteristics Single-Parent Households English Language Proficiency** lispanic or Latino (of any race) Black or African American, Not Hispanic or Latino Racial & Ethnic Overall American Indian or Alaska Native, Not Hispanic or Latino **Minority Status** Two or More Races, Not Hispanic or Latino Other Races, Not Hispanic or Latino **Multi-Unit Structures Mobile Homes Housing Type &** Crowding **Transportation** No Vehicle **Group Quarters**

Fig 1. Overall Vulnerability Themes. CDC

### Conclusions

Our goal is to equip University of North Carolina (UNC) Lineberger Comprehensive Cancer Center (LCCC) researchers with geographical context to improve clinical and public health outcomes. This is accomplished by a dashboard that can plot accrual demographic data on a map.

Using publicly available data and opensource data transformation tools can be a way to ascertain novel insights while deterring the cost and risk of private data. The ability to connect postal ZIP code to a county FIPS code allow for a plethora of data analyses that can guide researchers.

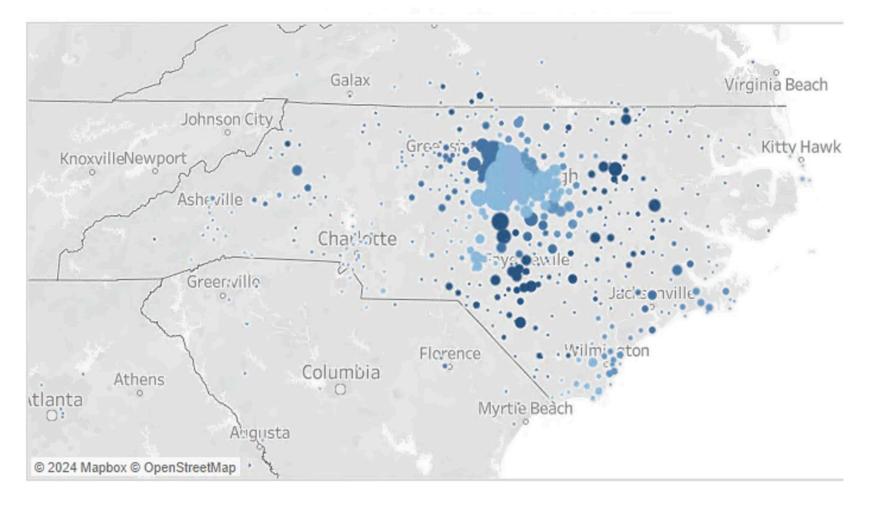
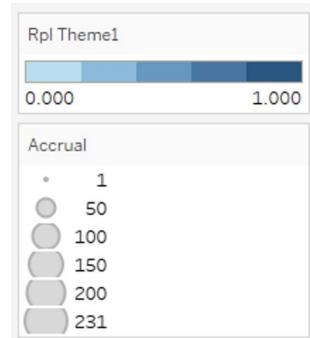


Fig 3. A subset of accrual at UNC with percentile ranking of Socioeconomic status summary (higher # = increased vulnerability



## Methodology

HUD ZIP-County FIPS data was aggregated to 1 FIPS record per ZIP with the highest resident ratio.

ZIP	TRACT	RES_RATIO	BUS_RATIO	OTH_RATIO	TOT_RATIO
03870	33015066000	0.0042	0.0000	0.0000	0.0039
03870	33015071000	0.9958	1.0000	1.0000	0.9961

Fig 2. A subset of HUD ZIP-Tract Crosswalk file. Resident Ratio can be used to isolate the most likely county of residence from a postal ZIP code.

Data from CDC's Social Vulnerability Index and United States Housing and Urban Development's Rural-Urban Continuum Codes was combined for a ZIP – geographical context dictionary.

Tableau data visualization platform was utilized to create a dashboard that views our NC catchment area accrual.

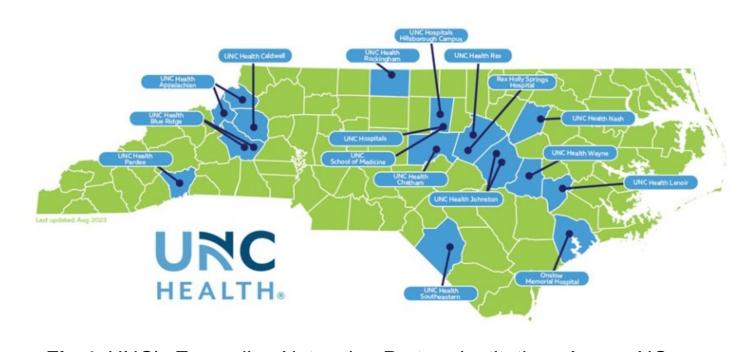


Fig 4. UNC's Expanding Network - Partner Institutions Across NC

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