
RE: Inaccessible areas graphic

From Varghese, Jithin Sam <jithin.sam.varghese@emory.edu>

Date Thu 9/12/2024 2:20 PM

To Hsiao, Thomas <thomas.hsiao@emory.edu>

That's a great idea! I think some summary metrics might be more appealing to the JAMA audience – we can submit a more detailed version to Am J Epidemiology with the rates of participation as a Methods paper. My thinking is that we need to show both have mostly similar coverage but are complementary because Pursuant reaches hard to reach populations through a 'complex and less understood' self-selection mechanism.

Just listing some thoughts (very amenable to edits as always).

Table 1: Comparison of socio-demographics

Table 2: Age-standardized prevalence (%) and awareness (%) by socio-demographic group after age-standardization

- Total
- Urban/Rural by RUCA
- Gender
- Age category
- Race & Ethnicity

Figure 1

- Panel A: Comparison of national care cascades between NHANES, BRFSS and Pursuant
- Panel B: Data availability by counties for Pursuant

Figure 2: State maps (2017-18..2023-24)

Figure 3: County maps (2017-18..2023-24)

From: Hsiao, Thomas <thomas.hsiao@emory.edu>

Sent: Thursday, September 12, 2024 2:13 PM

To: Varghese, Jithin Sam <jithin.sam.varghese@emory.edu>

Subject: Inaccessible areas graphic

I know JAMA has a figure limit...but thinking about how people were excited about surveillance reaching traditionally inaccessible areas...I'm thinking of a map colored by where Pursuant has data but BRFSS doesn't, BRFSS does but Pursuant doesn't, and both. Could drive that point home (if it looks convincing). Or just some summary metrics based on said map.

Thomas