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# Health on maps Introduction to health geography



# Presenting information on health Public Health

# Epidemiology

Occurrence and distribution of health and disease in the population

			Disease, N (%)		
		N	Yes	No	
Overall		60,000	10,000 (20 %)	50,000 (80 %)	
Gender	Male	30,000	7,000 (23 %)	23,000 (77 %)	
	Female	30,000	3,000 (10 %)	27,000 (90 %)	
Age	30-39	10,000	100 (1%)	9,900 (99 %)	
(years)	40-49	20,000	500 (2.5 %)	19,500 (97.5 %)	
-	$\geq 80$	500	200 (40 %)	300 (60%)	

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# Presenting information on health Public Health

## Epidemiology

•	Occurrence the popula				ase in
	Overall	Po	culte o	$n > m > n \rightarrow$	80 %)
	Gender	Results on a map>77 %health geographics90 %			
	Age				99 %)
	(years)	40-49	20,000	500 (2.5 %)	19,500 (97.5 %)
L UN (TD CIT		$\geq 80$	500	200 (40 %)	300 (60%)

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# John Snow - Deaths from cholera

1854: Cholera outbreaks in London

Visualiazed the location of deaths on a map

→ Disease transmission
A water pump as the source/

Early example of spatial epidemiology





# Overview



### Health geographics - Spatial epidemiology Geographical distribution of health and disease

- What is geographical data
- Spatial/statistical methods and analyses
  - Vizualization
  - Disease mapping
  - Clustering
  - Exposure assessment
  - Associations and spatial regression
- Examples



#### What is geographical data Mational Institute of Public Health

### **Geographical data**

- Location
- Information (features, attributes)

Location

 $\rightarrow$  Address, municipality, school area

Information

→ Demography, health, building characteristics, SEP, ...

# What is geographical data Institute



### **Geographical Information System (GIS)**

- Database and software system for storing and handling different data layers – i.e. locations and information/variables at each location (e.g. ArcGIS, Quantum-GIS)
- Applications for geographical, spatial and statistical analysis



# What is geographical data



### **Geographic coordinate systems**

- A unique set of coordinates for each location (x, y)
- Different systems
  - UTM Universal Transverse Mercator

Grid-based coordinate system

Easy to use, unit is a meter

• Latitude/longitude (Degrees)

Degree-based coordinate system

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Unit is a degree





#### What is geographical data Mational Institute of Public Health

### **Geocoding of locations**

• Identify coordinates of a position

- Geocoding an address apply a unique set of coordinates to the address
- Exact locations of all buildings know (e.g. in DK)
  - Exact linkage



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• Historical addresses of all citizens

#### What is geographical data <u> National</u> <u> Institute</u> <u> of</u> **Public Health**

# Location - Point versus areal (polygon) data Points

- Exact location a set of (x,y) coordinates
- E.g. of buildings/addresses

## Areal data (polygons)

- Data aggregated in polygons
- Administrative boundaries (e.g. municipality)



Salmonella in dairy herds Incidence of ADHD



University Ers bold et al (2010) PVM

KB Madsen et al. (2015) Int J Health Geogr

## What is geographical data <u> <u> National</u> <u> Institute</u> <u> of</u> <u> Public Health</u> </u>

### Areal data vs point data

- Modifiable areal unit problem (MAUP)
- Ecological fallacy association estimated at an aggregated level may not apply to individual level
- Methods used for analysis depends on type of data





# Danish registers - History

Long tradition for registers of the Danish (and Nordic) population

Births and deaths have been registered in church records since 1645

1968: Civil Registration System (CPR) Unique personal identification number (given at birth or immigration)

National Patient Register in 1977

National Prescription Register in 1995

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# Danish population registers





Scandinavian Journal of Public Health, 2011, Suppl 7

# Geographical data



**Combining register-based health data and information about geographical location** 

Addresses in Denmark

- $\rightarrow$  Approx. 2.5 mill addresses
- → Geocoded, coordinates in Building and Housing Register (BBR), publicly available dataset

Geographical location  $\rightarrow$  Place of work  $\rightarrow$  Place of residence

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# Geographical analysis

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### Purposes

- Visualization
- Disease mapping
  - Deriving smooth maps
- Clustering
  - Identifying areas with hot/cold spots
- Exposure assessment
- Spatial regression and associations
  - Association between exposure and outcome taking the spatial correlation between individuals into account



# **Visualization of data**

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### Visualizing geographical data on a map

### RINGMAP

Map of Denmark visualizing the correlation between AMI mortality and neighbourhood characteristics

Central map: Mortality among individuals with incident AMI

Rings: Neighbourhood characteristics

# **Visualization of data**

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### Visualizing geographical data on a map

# **Disease mapping**



Deriving smooth maps based on point data

### **Binary variable**

• Kernel density estimation (KDE)

### **Continuous/quantitative variable**

- Inverse distance weighting (IDW)
- Kriging (geostatistical analysis)



#### Disease mapping - heart attack (AMI) Ŵ c Health AMI risk (20% quintiles) [0.014, 0.02)Jutland [0.02, 0.021)[0.021, 0.023)[0.023, 0.025)[0.025,0.048] 1 Incident AMI: 2005 -2011 Zealand Aarhu **Copen**hagen Funen **Bornholm** bierg Odense Falster 100 km 0 TM Kjæ rulff et al. (2016)Lolland Spatial and Spatio-temporal Epi

# Annual number of contacts with GP<sup>2</sup> lealth

Mean number of contacts with GP 3.80-6.20 (10%) 6.21-6.69 (15%) 6.70-7.99 (50%) 8.00-8.83 (15%) 8.83-13.50 (10%)





# Geo dist of socio-economic position Public Health

#### Proportion of population with

Short education Low income Unemployed Median disposable household Proportion of persons v (quintiles) low educational level (qui Proportion of unemployed ( 138,800-203,089 Dł 0.0%-2.1% 8.3%-25.1% 203,089-214,721 Dł 2.1%-2.8% 25.1%-29.5% 214,721-226,096 Dł 2.8%-3.6% 29.5%-33.2% 226,096-241,722 Dł 3.6%-4.7% 33.2%-37.1% 241,722-465,586 Dł 4.7%-19.3% 37.1%-52.2% Û NORTH NO 50 km



# Clustering



Identifying spatial patterns in disease i.e. identify areas with increased or decreased risk of disease (hot and cold spots)

### Point data

- *K*-function
- Spatial scan statistics

### Areal data

• Moran's I



# Clustering of heart attack National



Legend

-lealth

Clusters with high risk of incident AMI

### **Spatial clusters**

### Scan statistics

- High risk clusters
- Significant clusters
- SaTScan software



# Clustering of multiple sclerosis

Focus at unknown exposures at age 10-18 years

 Addresses at age 15 years of individuals who later were diagnosed with MS





### **Based on geographical data**

- Drinking water quality (Mg, As, Li)
- Distance to health care (GP, hospital, AED)
- 1. Linking geographical data to an individual/address
- 2. Derive exposure variable for the individual



N = 57,053 participants Age at inclusion: 50-64 years

Individuals included in Copenhagen and Århus



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Arsenic distribution in Denmark – Arsenic exposure and risk of stroke Health





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Water supply areas, WSA (~2600)

1-3 Water wells per WSA

Residential addresses within WSA



### Exposure

- Long-term exposure to As: 20-year time-weighted average of As
- As in drinking water at residential addresses
- Mobility of the population
- Changes in As concentration at same WSA across years





- Long-term exposure to high concentrations: 20-year time-weighted average of As
- As in drinking water at residential addresses
- Mobility of the population





100 kr



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### **Spatial regression and association**

Association between exposure and outcome taking into account the spatial correlation between individuals

 Conditional autoregressive model (CAR)
 Modelling the correlation between individuals (point data) or between municipalities (areal data)



# Fatal outcome of a heart attackite

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#### OUTCOME

24,7% fatal outcome of AMI

#### **EXPOSURE: Contact to GP**

Individuals with contact to GP: 12% had a fatal outcome Individuals with no contact to GP: 78% had a fatal outcome



AK Ers bøll et al. (2016) Spatial and Spatio-temporal Epi

# Spatial patterns in fatal AMI



Association between contact to a GP and a fatal outcome of a heart attack

$$logit(p_i) = \beta_0 + \beta X_i + W(s_i)$$

 $p_i$ : Risk of a fatal outcome of a heart attack $\boldsymbol{\beta} X_i$ : Covariates and parameters: age and sex $W(s_i)$ : Spatial dependence beween locations $W \sim (0, \boldsymbol{\Sigma}) \ \boldsymbol{\Sigma}$ : Matern covariance



### **Generalized linear model – individual-level data**

- → Outcomes: Post-AMI mortality
  - (immediate, days 1-28, 1-year)

Mortality	Analysis	<b>Regression model</b>	
Immediate (+/-)	1	Logistic	
Days 1-28 (+/-)	2	Logistic	
1-year (rates)	3	Poisson of rates	

Random effect
component

### **Fixed effects**

Geographically structured (CAR)

Individual-level and neighbourhood-level socio-demographic characteristics



### **Generalized linear model – individual-level data**

Geographically structured random effect component Conditional AutoRegressive model (CAR) – spatial autocorrelation 98 x 98 adjacency matrix – correlation between neighbouring municipalities

Neighbourhood-level characteristics derived at Parish level (approx 1700)

Bayesian inference using INLA

Residual relative risk (random effect) estimates for municipalities

➔ Does geographical patterns in mortality exist before and after accounting for sociodemographic characteristics?



Residual odds ratios В of death 0.70-0.89 0.90-0.99 1.00-1.09 1.10-1.49 1.50-3.35 Bornholm Zealand Funen alster Lolland

UNIVERRandom effect component (CAR) No fixed effects

А

Jutland

Random effect component (CAR) Fully adjusted







# **Concluding remarks**



### Register-based data can be linked with geographical data

### and used for epidemiological studies in public health

### and can contribute to policy and decision making



# Thank you for your attention



