



**Geospatial Analysis of Stroke Mortality &
Hospitalization:**

An Overview Using Health Outcome Data

ESRI Health Conference, Denver

Tuesday, October 19, 2010

Virginia Network for Geospatial Health Research

Steve Sedlock

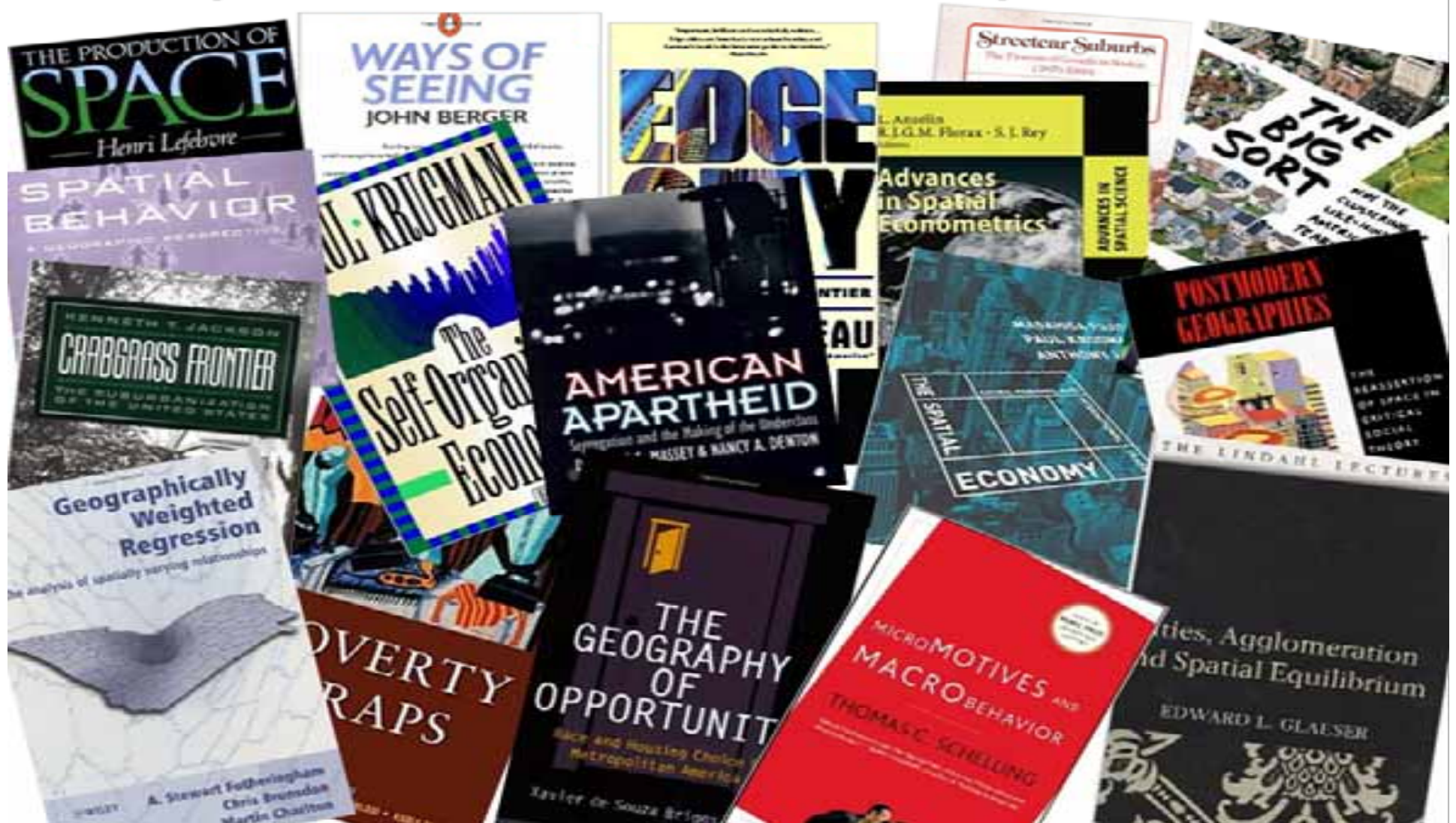
Ken Studer, PhD

Rexford Anson-Dwamena

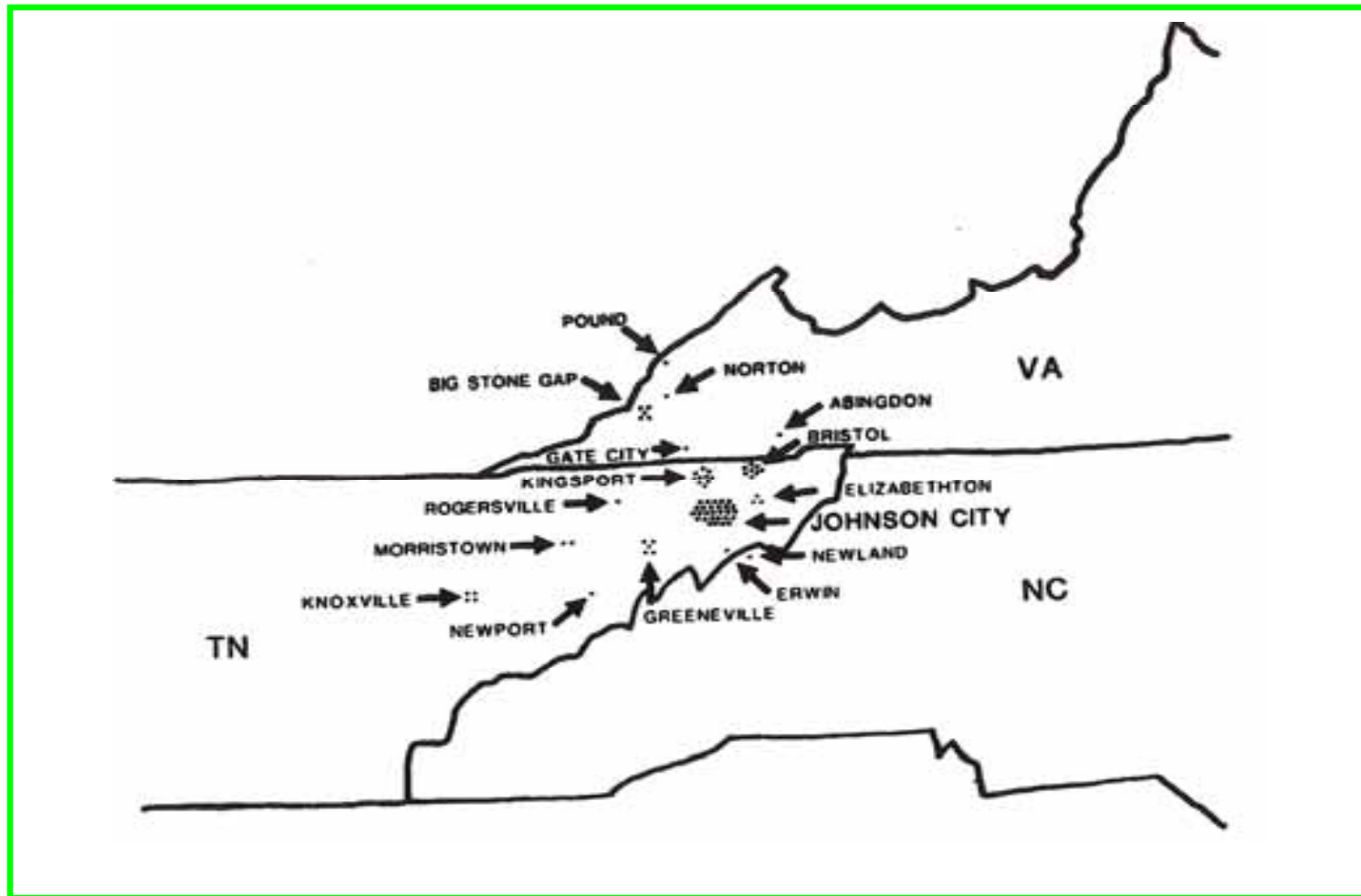


Place Matters

...it is space not time that hides consequences from us.



Abraham Verghese: Urbs in Rure



Verghese, A., S. Berk, and F. Sarubbi. 1989. Urbs in Rure: HIV infections in rural Tennessee. *Journal of Infectious Diseases* 160(6): 1051-1055.

Types of Spatial Analysis

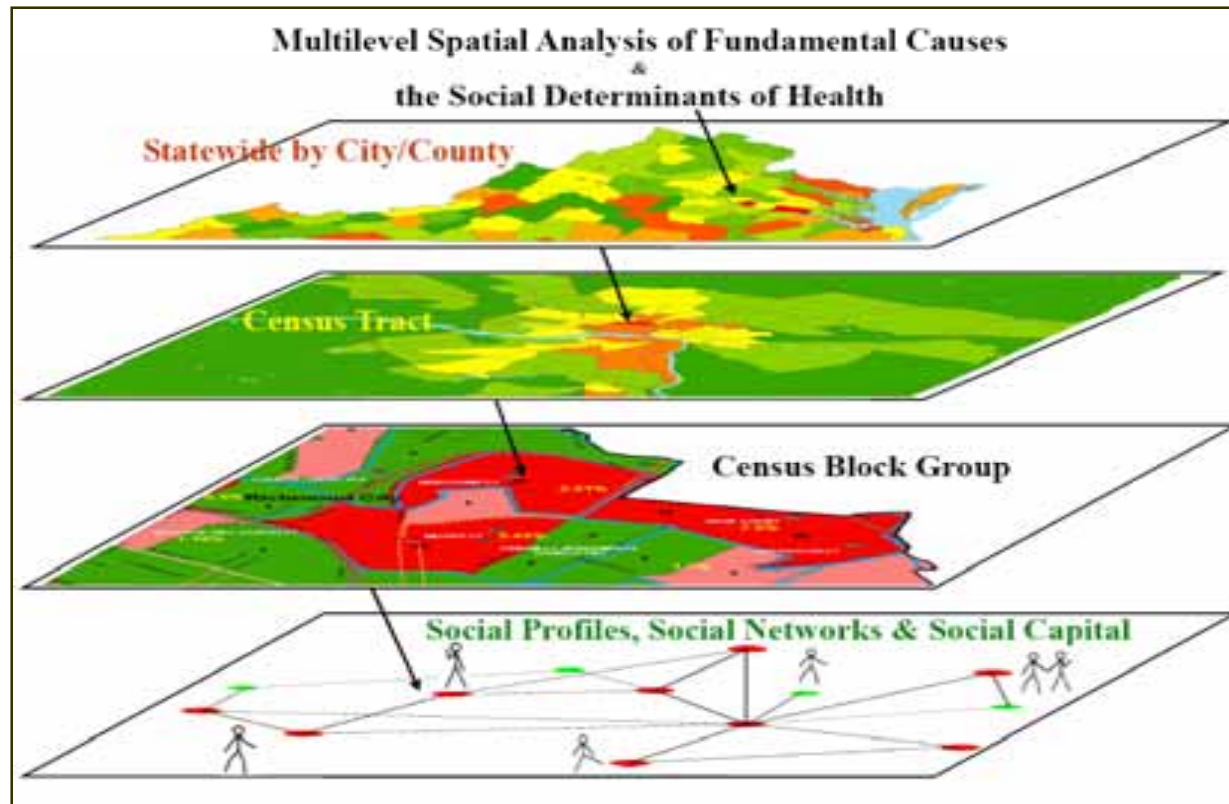
1. Traditional GIS

- A. Query and display
- B. Buffering
- C. Overlay

2. Spatial Statistics

- A. Hot spot analysis
- B. Spatial pattern analysis
- C. Spatial Regression

Multilevel Spatial Analysis: Social Determinants of Health & Neighborhood Effects




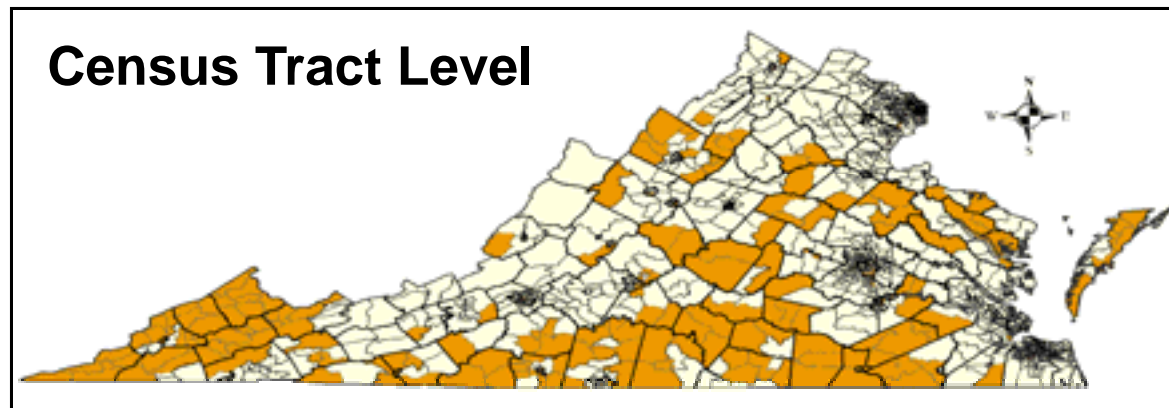
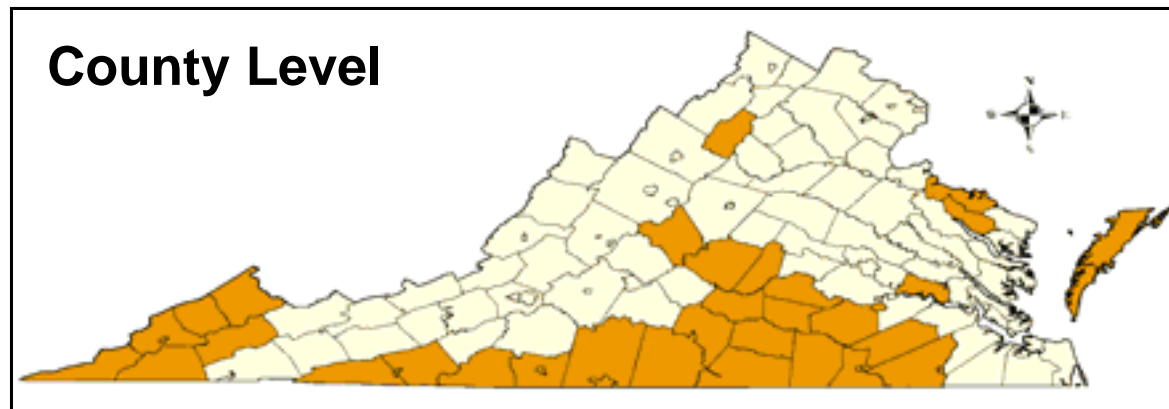
From: After

To: Beside

Aggregation

Low Education in Virginia

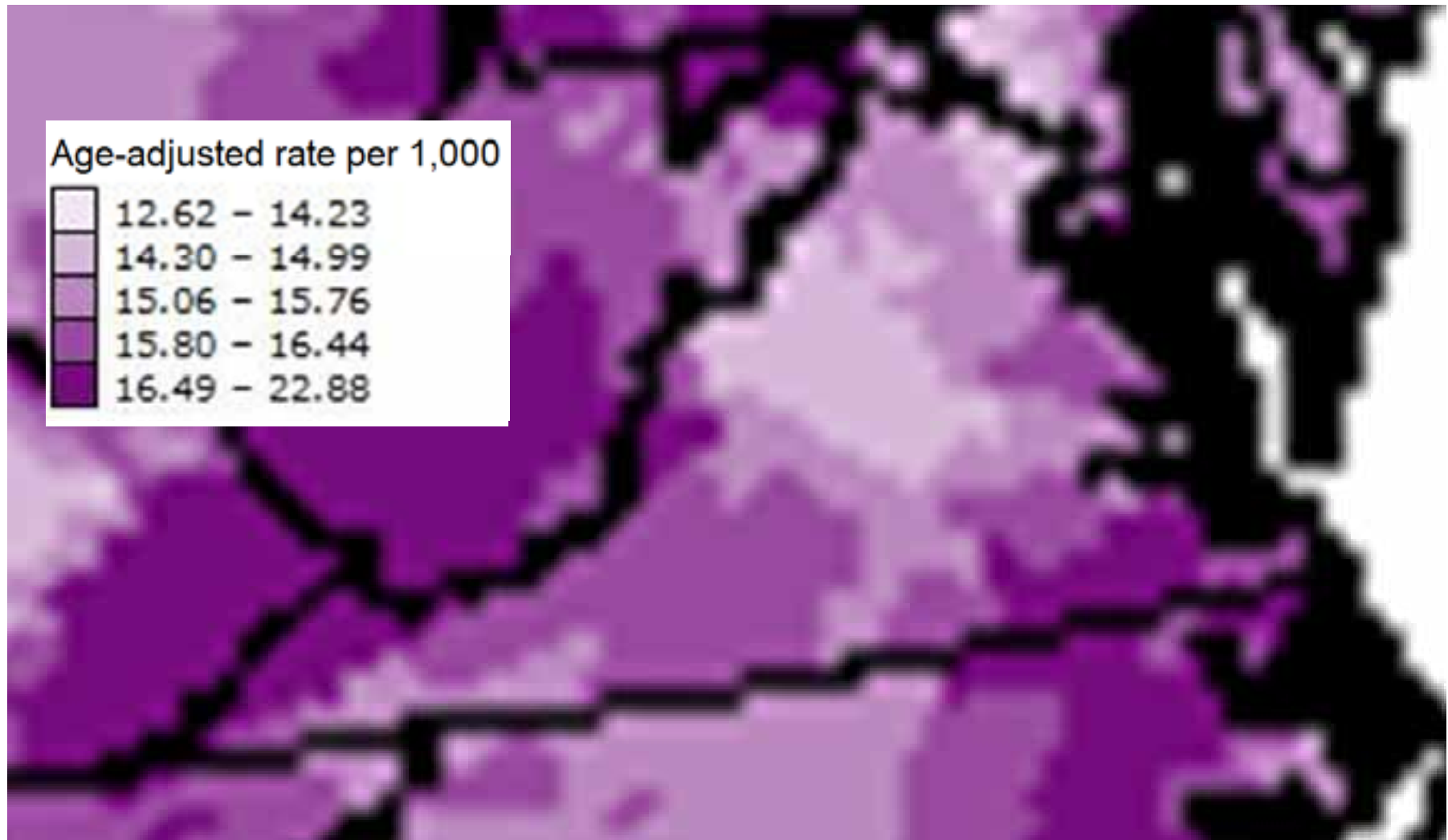
 25% or more of residents 25-64 years old had neither a high school diploma nor GED



Source: United States Department of Agriculture: Economic Research Service, 2004 County Typologies; Census 2000, SF3-PCT25.

US ~ Stroke Hospitalization Rates

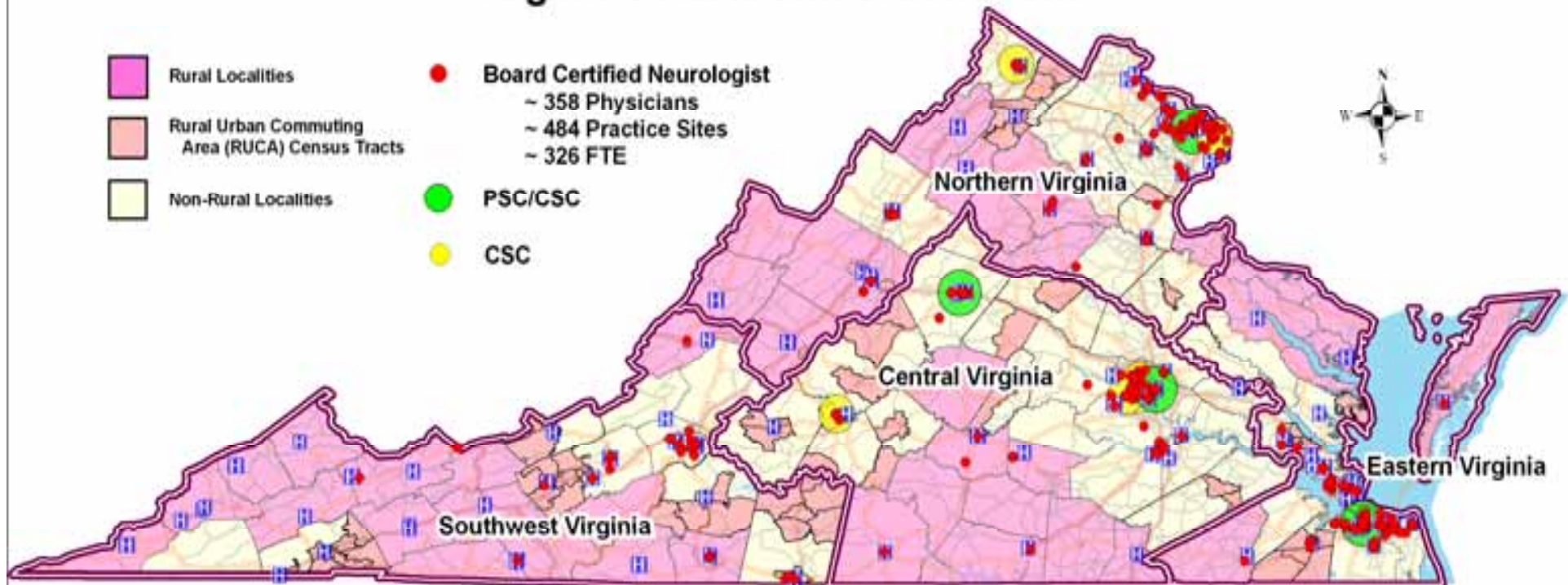
Pop Ages 65+, Medicare Beneficiaries, 2000-2006



Source: <http://apps.nccd.cdc.gov/giscvh2/Results.aspx>

Distribution of Health Care Providers

Stroke System of Care Regions ~ Board Certified Neurologists*
Primary Stroke Centers (PSC) & Comprehensive Stroke Centers (CSC)
in
Virginia's Rural and Urban Areas



* Physician data from the Virginia Board of Medicine, Doctor Profile Database for January 2010 (www.vahealthprovider.com).



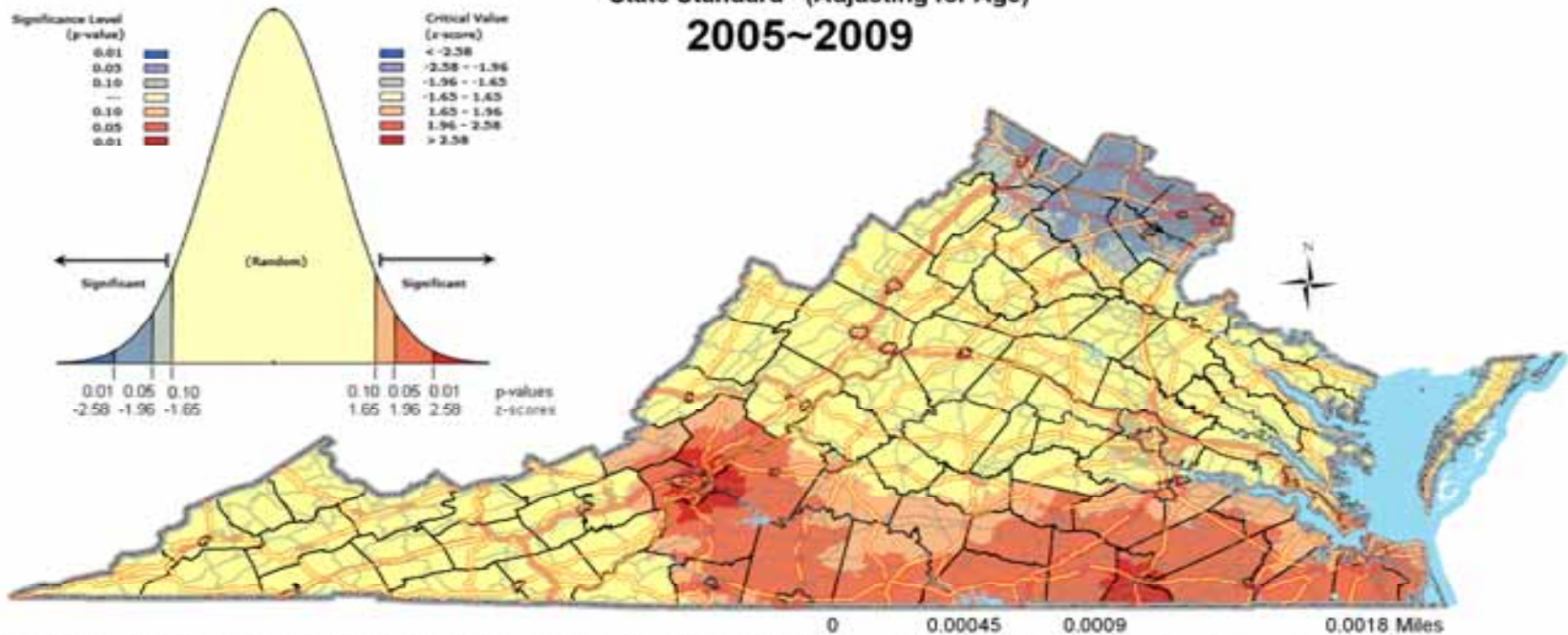
HotSpot Analysis & Scan Statistics

Examining Spatial Patterns

- Hot Spot Analysis Getis Ord G_i^*
 - Used to identify clusters of features with values significantly higher or lower than the overall study area mean
 - Z score is calculated
 - **High Z = hot spot (surrounded by other high Z)**
 - **Low z = cold spot (surrounded by other low Z)**

Virginia

Hot Spot Analysis ~ Relative Risk Arterial Ischemic Stroke (AIS) Hospitalization (Primary Diagnosis) Discharged Data Ages 35 Years & Over by ZIP Code State Standard - (Adjusting for Age) 2005~2009



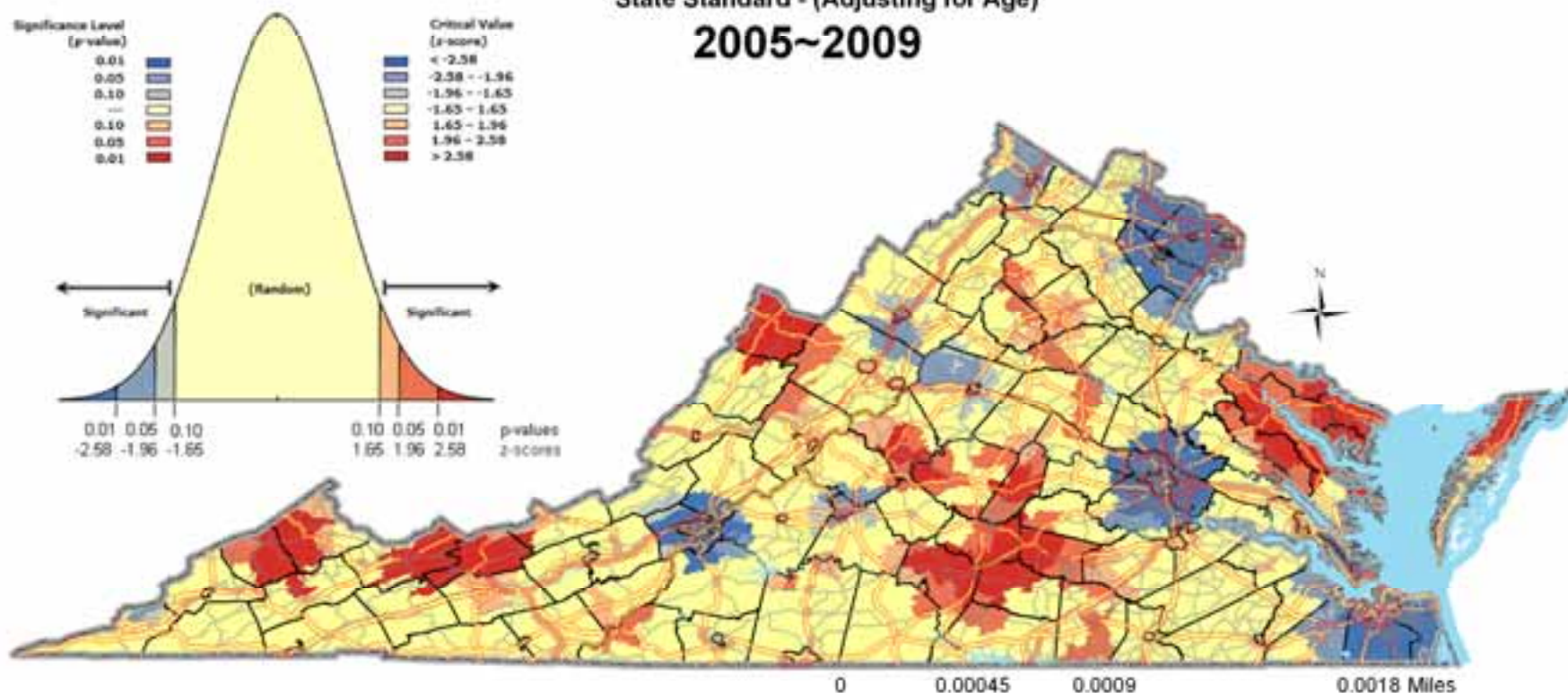
* Data Source: Virginia Health Information, Hospital Discharged Data 2005-2009 Analysis based on SatScan (v9.0, 2009) clustering algorithms developed by Martin Kulldorf for NCI. Data represent Stroke Discharged Data which have been age-adjusted Virginia Standard Population. Relative Risks take into account SatScan adjustments based on distribution within contiguous area.

Virginia

Hot Spot Analysis ~ Average Distance Travelled Arterial Ischemic Stroke (AIS) Hospitalization (Primary Diagnosis) Discharged Data Ages 35 Years & Over by ZIP Code

State Standard - (Adjusting for Age)

2005~2009



* Data Source: Virginia Health Information, Hospital Discharged Data 2005-2009 Analysis based on SatScan (v9.0, 2009) clustering algorithms developed by Martin Kulldorf for NCI. Data represent Stroke Discharged Data which have been age-adjusted Virginia Standard Population. Relative Risks take into account SatScan adjustments based on distribution within contiguous area.

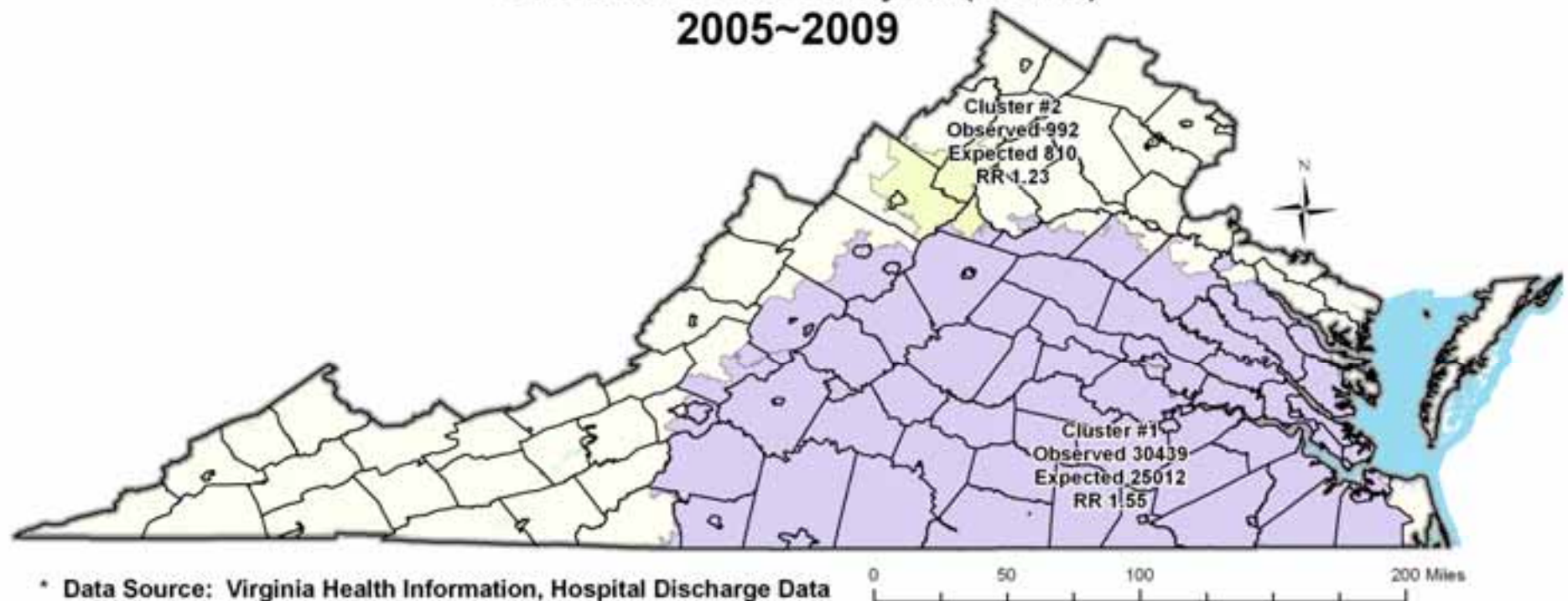
Virginia

Arterial Ischemic Stroke (AIS) ~ 35 Years & Over

Hospitalization (Primary Diagnosis) Discharge Data *

SaTScan Cluster Analysis (Global)

2005~2009

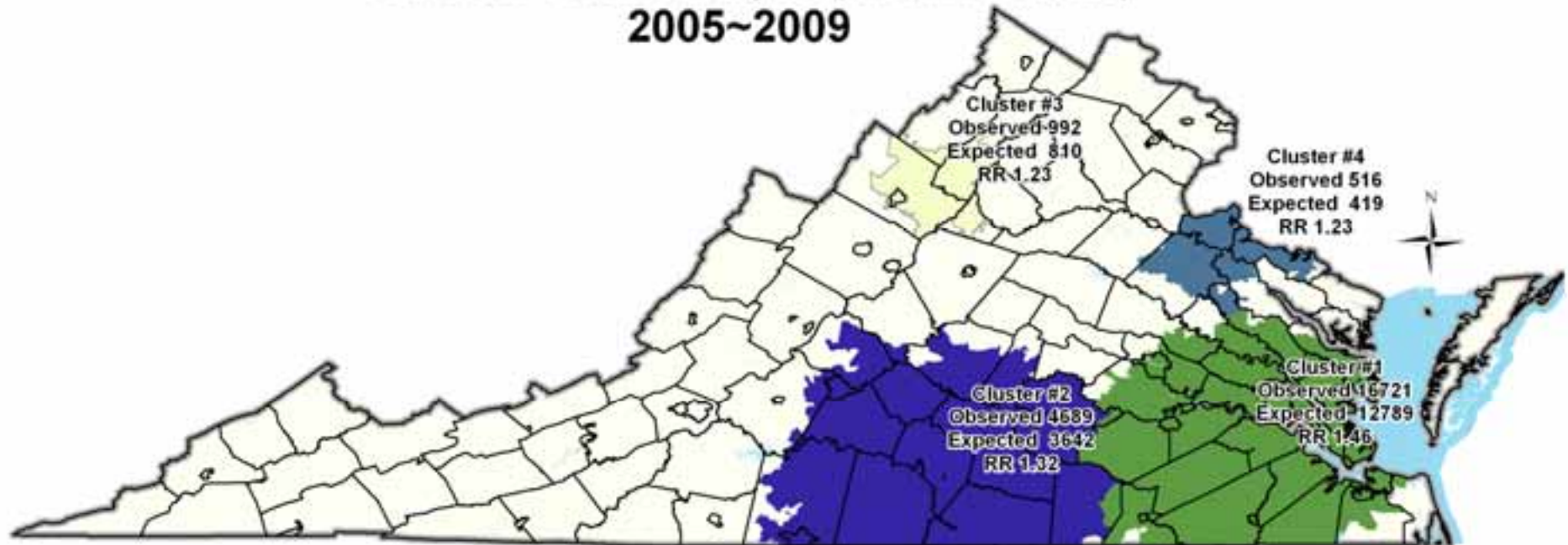


* Data Source: Virginia Health Information, Hospital Discharge Data 2005-2009. Analysis based on SaTScan (v9.0, 2009) clustering algorithms developed by Martin Kulldorf for NCI. Data represent Primary Diagnosis Stroke Discharges for ICD-9 Codes, 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, and 436. Data have been age-adjusted, to Virginia State Standard Population. Relative Risk Ratios take into account SaTScan adjustments based on Poisson distributions within contiguous area.

Virginia

Arterial Ischemic Stroke (AIS) ~ 35 Years & Over Hospitalization (Primary Diagnosis) Discharge Data *

SaTScan Cluster Analysis (50 Miles Radius) 2005~2009



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Virginia

Arterial Ischemic Stroke (AIS) ~ 35 Years & Over

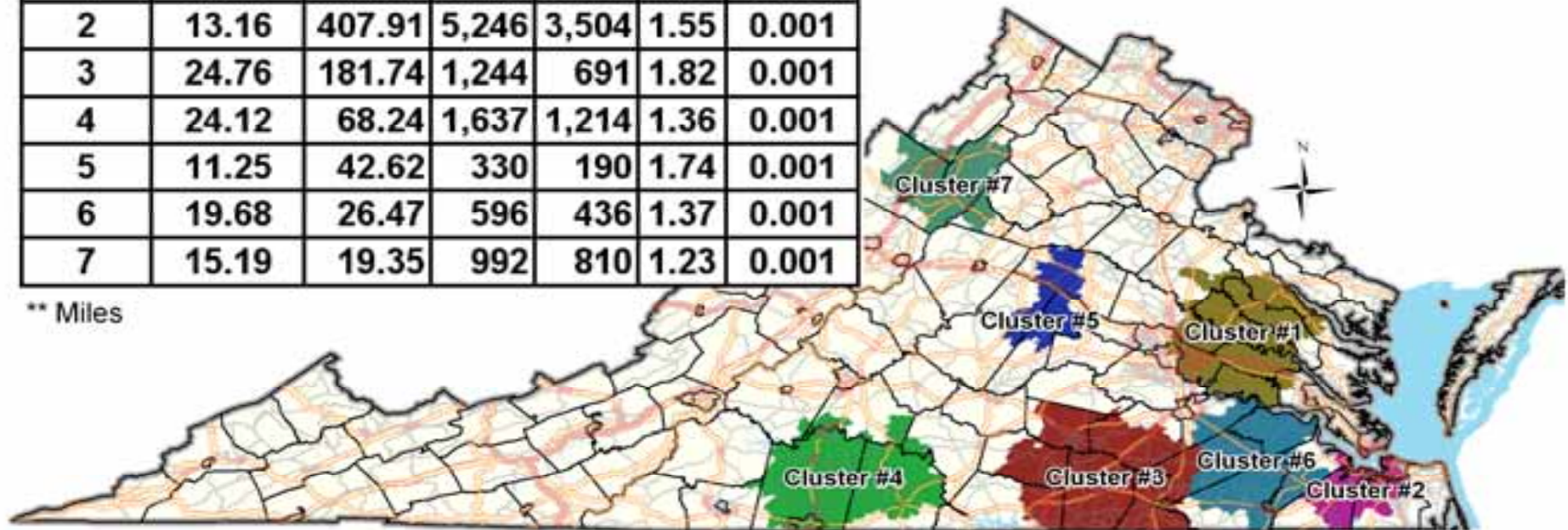
Hospitalization (Primary Diagnosis) Discharge Data *

SaTScan Cluster Analysis (25 Miles Radius)

2005~2009

Cluster	Radius**	LLR	Obs.	Exp.	RR	P value
1	22.64	450.88	3,464	2,013	1.77	0.001
2	13.16	407.91	5,246	3,504	1.55	0.001
3	24.76	181.74	1,244	691	1.82	0.001
4	24.12	68.24	1,637	1,214	1.36	0.001
5	11.25	42.62	330	190	1.74	0.001
6	19.68	26.47	596	436	1.37	0.001
7	15.19	19.35	992	810	1.23	0.001

** Miles



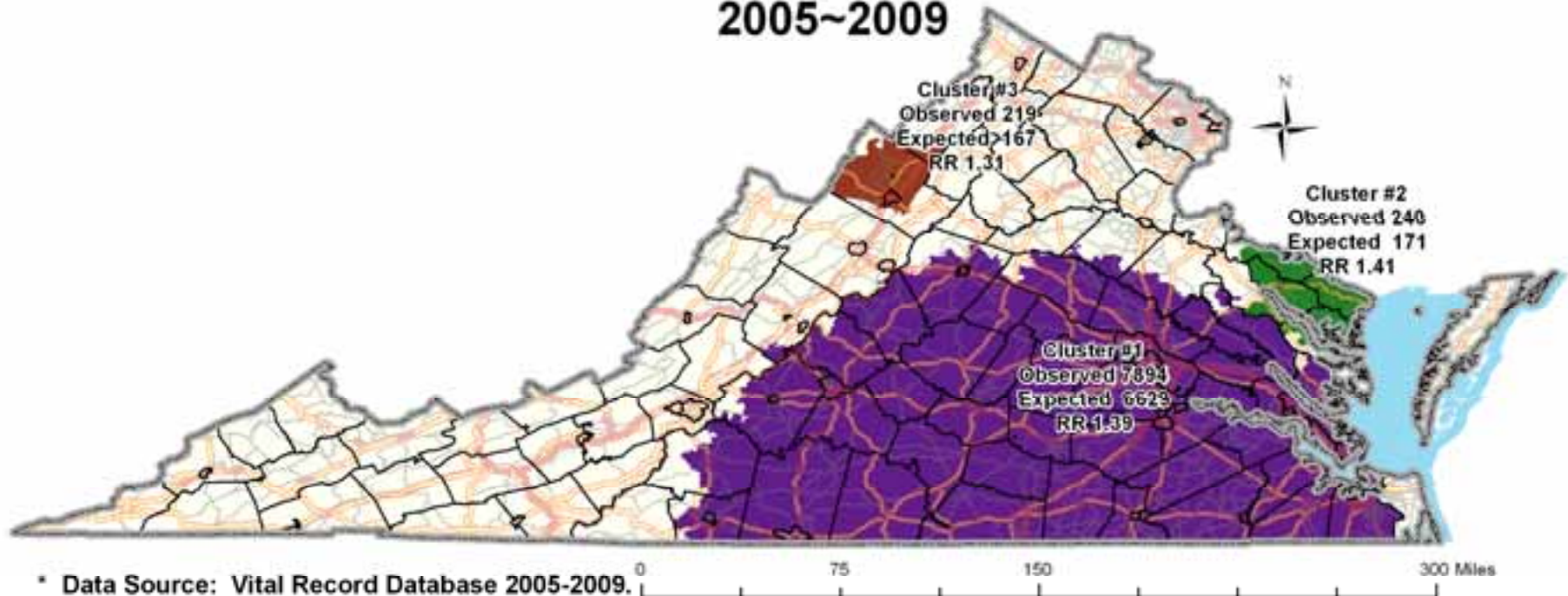
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Virginia

Stroke Mortality ~ Indirect Standardization for Ages 35 Years & Over

SaTScan Cluster Analysis (Global)

2005~2009



* Data Source: Vital Record Database 2005-2009.
Analysis based on SatScan (v9.0, 2009) clustering algorithms developed by Martin Kulldorf for NCI. Data represent Primary Diagnosis Stroke Discharges for ICD-10 Codes, I60 ~ I69. Data have been age-adjusted, to Virginia State Standard Population. Relative Risk Ratios take into account SatScan adjustments based on Poisson distributions within contiguous area.

Virginia

Stroke Mortality ~ Indirect Standardization for Ages 35 Years & Over

SaTScan Cluster Analysis (50 Miles) 2005~2009



* Data Source: Vital Record Database 2005-2009.
Analysis based on SatScan (v9.0, 2009) clustering algorithms developed by Martin Kulldorf for NCI. Data represent Primary Diagnosis Stroke Discharges for ICD-10 Codes, I60 ~ I69. Data have been age-adjusted, to Virginia State Standard Population. Relative Risk Ratios take into account SatScan adjustments based on Poisson distributions within contiguous area.

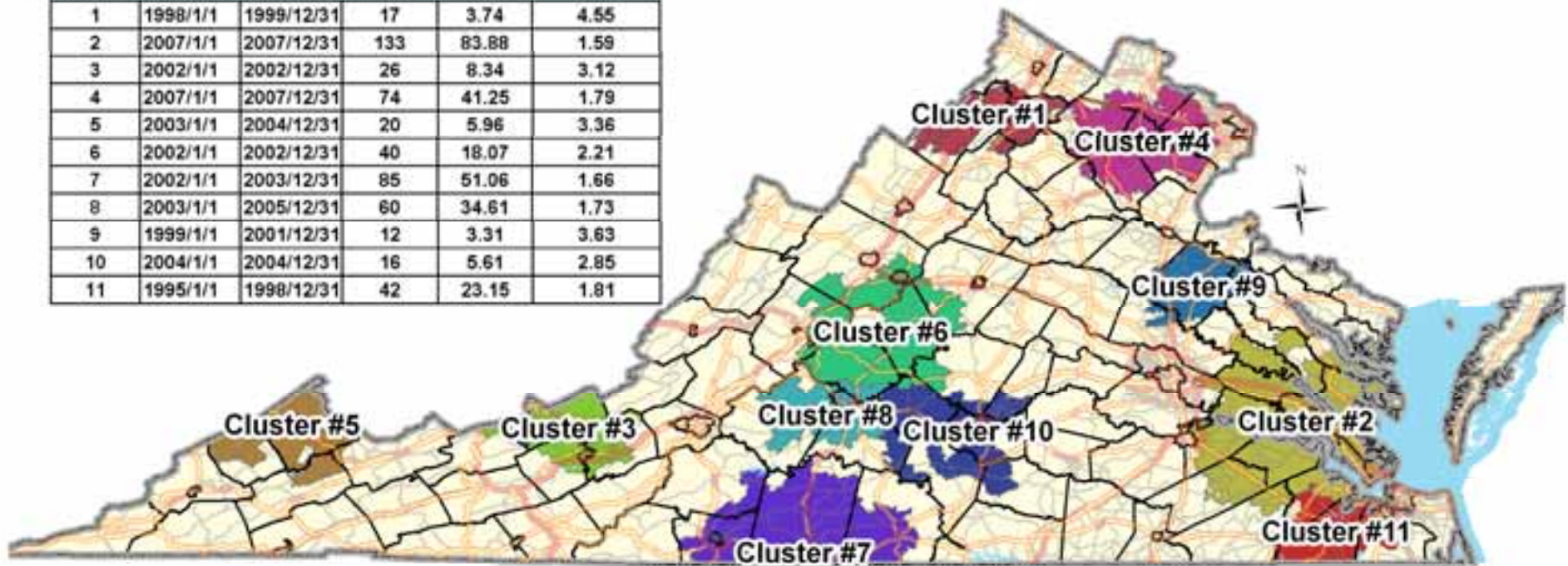
Virginia

Stroke Related Recurrent Admission ~ 35 Years & Over Based on 2008 AIS Admissions Cohort

Hospitalization Discharge Data *
Space-Time Permutation Analysis ~ Retrospective

1994~2007

Cluster #	Start Date	End Date	Observed	Expected	RR
1	1998/1/1	1999/12/31	17	3.74	4.55
2	2007/1/1	2007/12/31	133	83.88	1.59
3	2002/1/1	2002/12/31	26	8.34	3.12
4	2007/1/1	2007/12/31	74	41.25	1.79
5	2003/1/1	2004/12/31	20	5.96	3.36
6	2002/1/1	2002/12/31	40	18.07	2.21
7	2002/1/1	2003/12/31	85	51.06	1.66
8	2003/1/1	2005/12/31	60	34.61	1.73
9	1999/1/1	2001/12/31	12	3.31	3.63
10	2004/1/1	2004/12/31	16	5.61	2.85
11	1995/1/1	1998/12/31	42	23.15	1.81

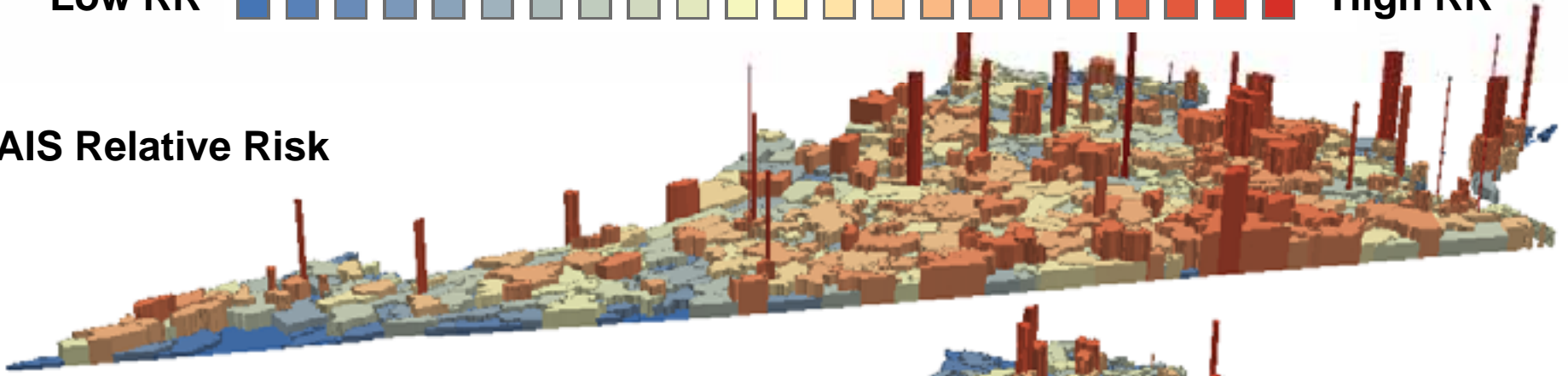


* Data Source: Virginia Health Information, Hospital Discharge Data 2004-2008. Analysis based on SatScan (v8.0, 2009) clustering algorithms developed by Martin Kulldorf for NCI. Data represent Primary Diagnosis Stroke Discharges for ICD-9 Codes, 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, and 436. Data have been age, sex & race-adjusted to the 2008 Virginia State Standard Population. Relative Risk Ratios take into account SatScan adjustments based on Poisson distributions within contiguous area.

Low RR High RR



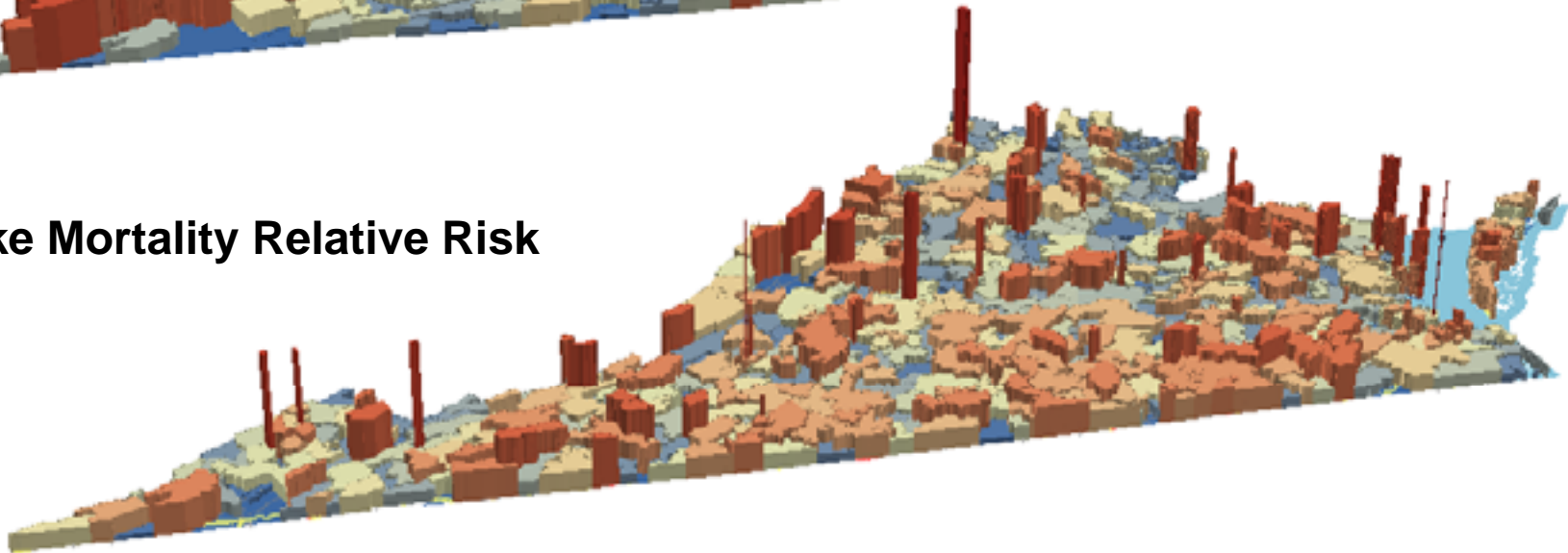
AIS Relative Risk



TIA Relative Risk



Stroke Mortality Relative Risk

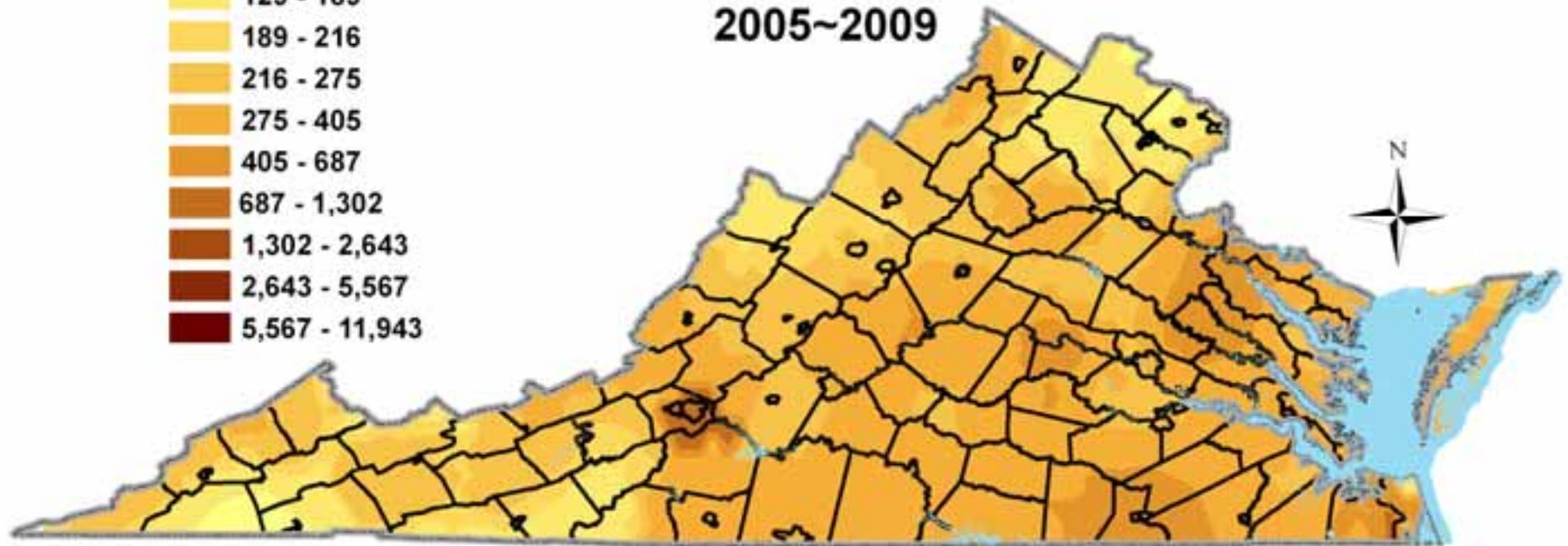
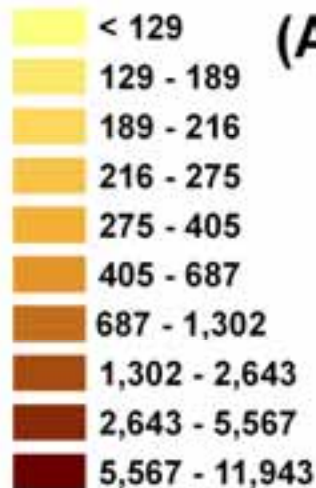


Virginia

Stroke Hospitalization Rate / 100,000 (Arterial Ischemic Stroke) by ZIP Code

2005~2009

Rate / 100,000

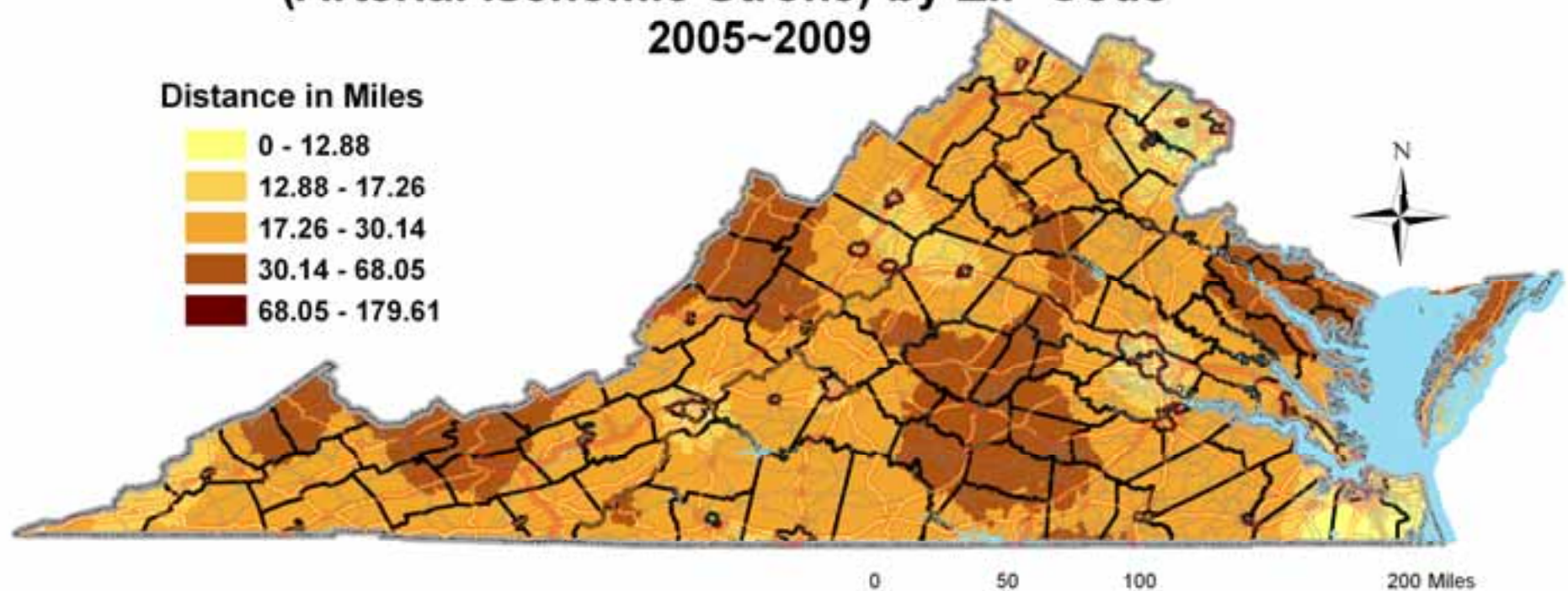


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Virginia

Kriging Analysis

Average Distance Travelled for Stroke Hospitalization (Arterial Ischemic Stroke) by ZIP Code 2005~2009



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Spatial Analysis

Regression

Analytic Process

Select Variables

- Dependent Variable
- Independent (exploratory) variables

Explore Spatial Patterns

- Histogram
- Scatter Plot Matrix
- Spatial Autocorrelation
- Hot Spot Analysis

Regression Analysis

- Ordinary Least Squares Regression
- Geographically Weighted Regression

Ordinary Least Squares Regression (OLS)

- Global regression technique
- Single equation to represent overall relationship between variables
- OLS will indicate spatially significant explanatory variables
- Remove non-significant variables, explore other explanatory variables
- Run several iterations of OLS

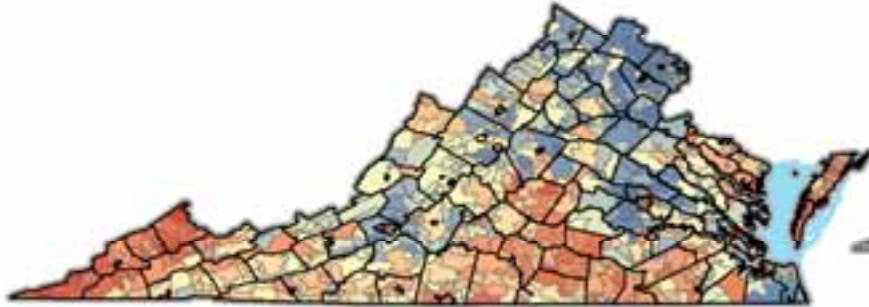
Ordinary Least Squares Regression (OLS)

- Six (6) diagnostic indicators
 - Coefficients have the expected sign
 - Check for redundancy ($VIF > 7.5$)
 - Coefficients are statistically significant
 - Residuals are normally distributed
 - AIC & Adjusted R-Squared values
 - Relationships across the area do not vary significantly

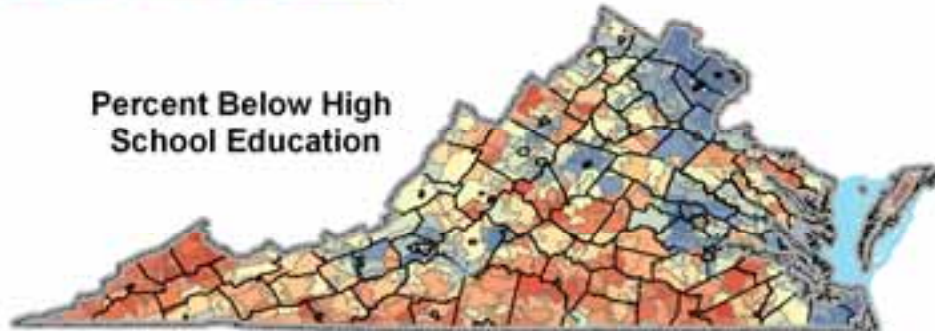
Selecting Variables for Spatial Regression.....??????

Percent Pop 65 & Over

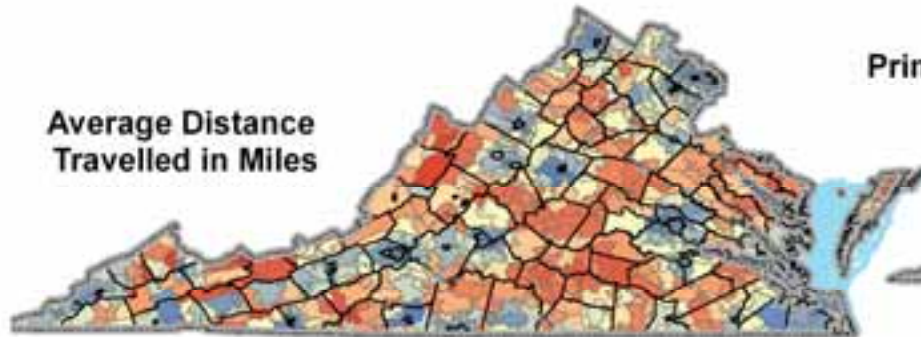
Percent Below Federal Poverty Level



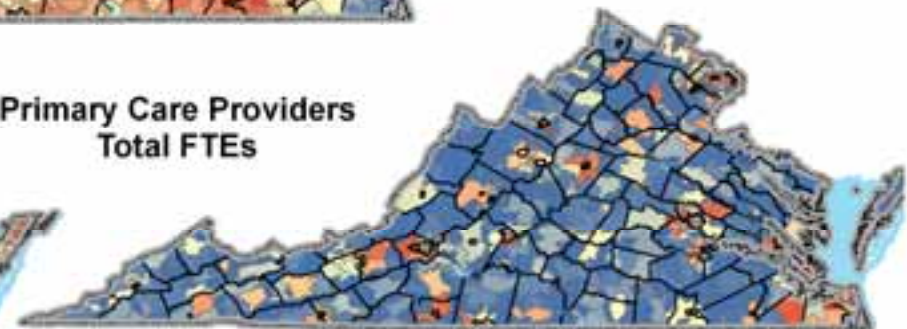
Percent Below High School Education



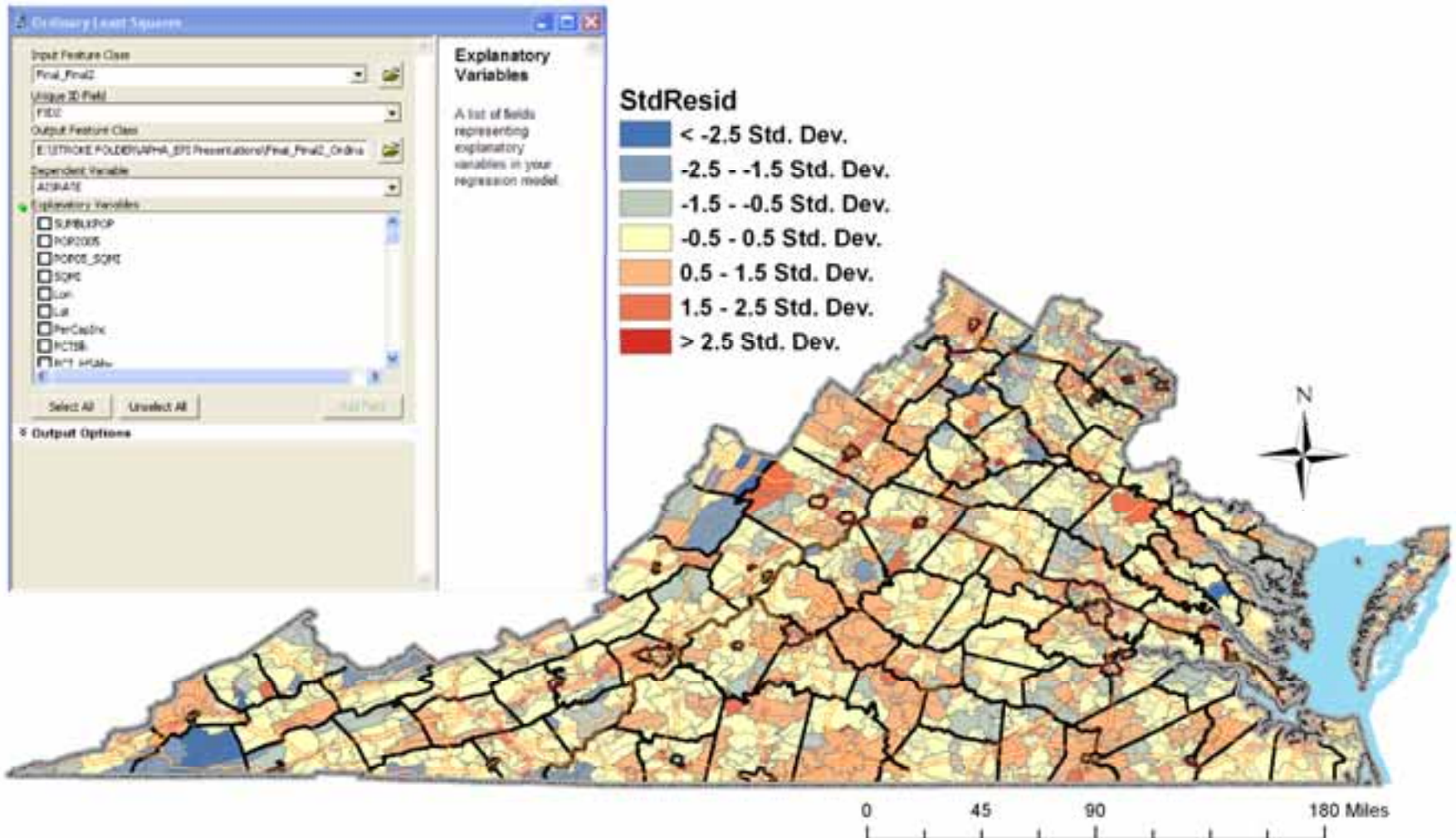
Average Distance Travelled in Miles



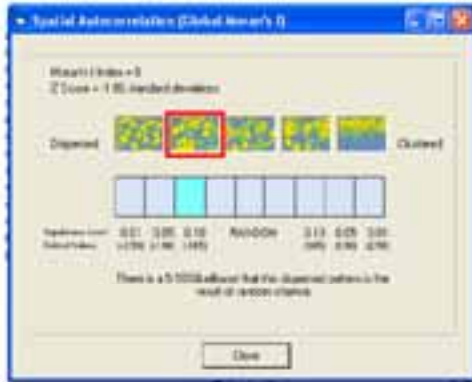
Primary Care Providers Total FTEs



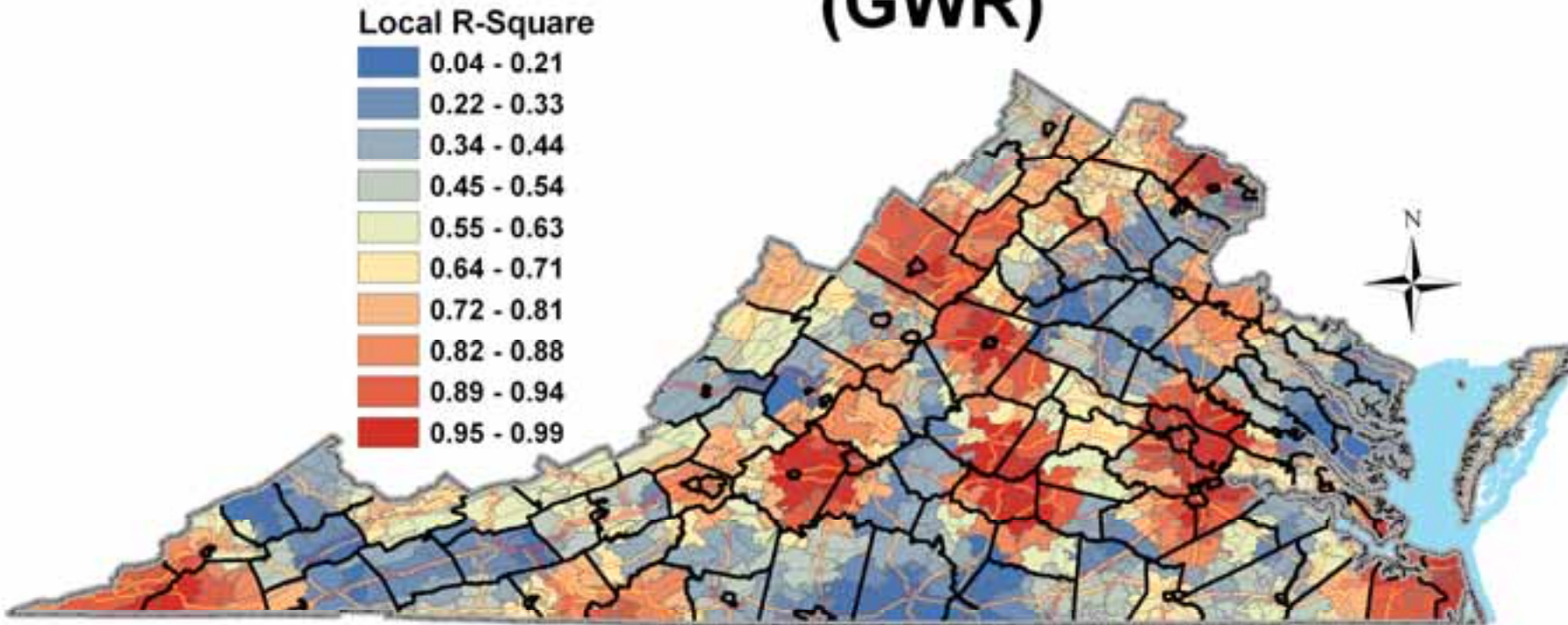
Using OLS to test hypotheses



Spatial Autocorrelation

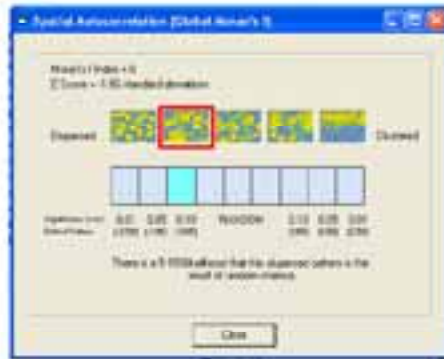


Virginia Exploring Spatial Variation Stroke Hospitalization Rate ~ 2005-2009 Geographically Weighted Regression (GWR)



* Data Source: Virginia Health Information, Hospital Discharge Data
Dependent Variable: Stroke Hospitalization Rate
Independent Variables: PctPoverty, Pct 65 & Over, Average Distance to Care, PCP FTEs, Length of Stay

Spatial Autocorrelation



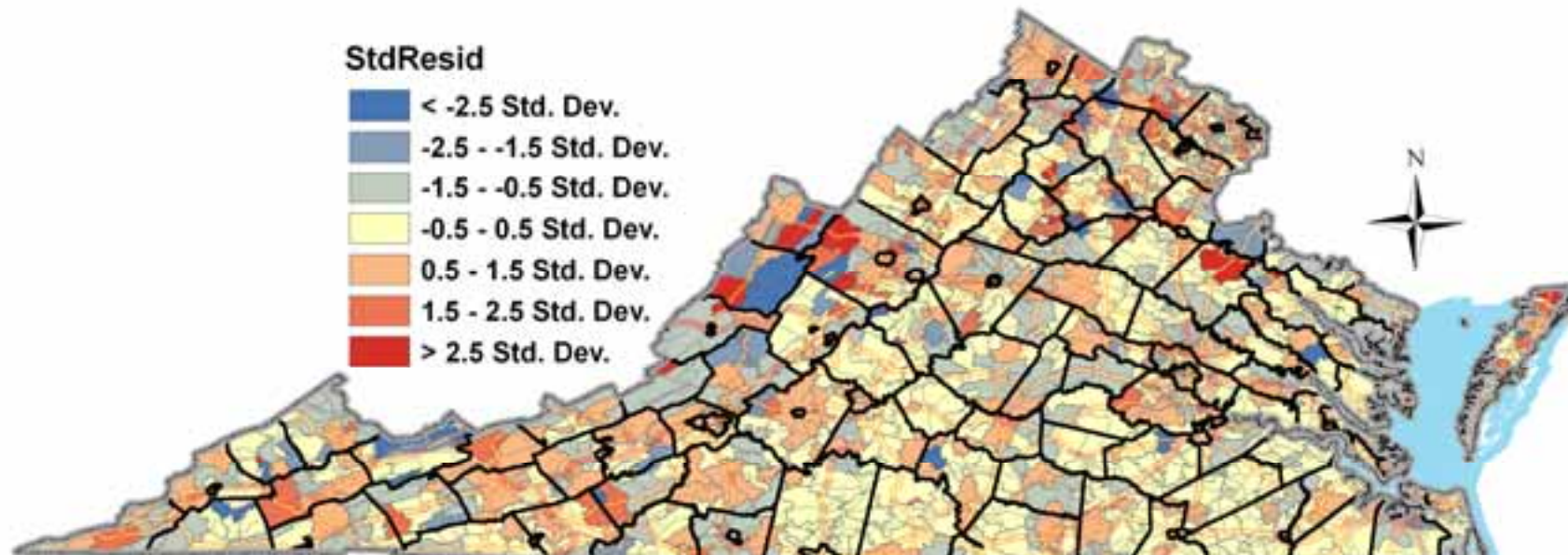
Virginia

Exploring Spatial Variation

Stroke Hospitalization Rate ~ 2005-2009

Geographically Weighted Regression

(GWR Residual)



* Data Source: Virginia Health Information, Hospital Discharge Data

Dependent Variable: Stroke Hospitalization Rate

Independent Variables: PctPoverty, Pct 65 & Over, Average Distance to Care, PCP FTEs, Length of Stay

**Percent 65 & Over
Spatial Variation**



**Average Distance Coefficient
Spatial Variation**



Modeled Relationship Across the Study Area

**Percent Poverty Coefficient
Spatial Variation**



**Average Length of Stay Coefficient
Spatial Variation**



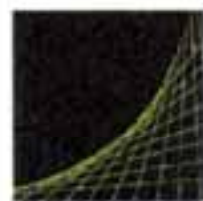
**Total Primary Care Providers Total FTEs Coefficient
Spatial Variation**



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VANQHR

Changing the view on public health