

What is spatial epidemiology anyway?

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Today's Theme



What do we learn when we examine disease risk in **space**?

- What is spatial epidemiology?

Agenda

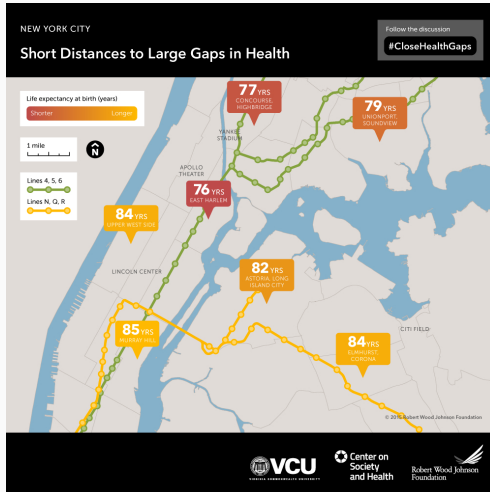
- What is spatial epidemiology?
- In-class exercise.

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- In-class exercise.
- Discuss and understand the relevant **scales** of spatial analysis.

Maps!

Maps can condense a tremendous amount of **information** into an image



In pairs: What does this image tell us? What doesn't it tell us?

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- Maps are critically important for understanding and interrogating spatial patterns of health and illness.
- Maps give us clues to what might be going on **or** highlight problems we need to address.
- Spatial epidemiology is about understanding the **ecological** and **individual** factors contributing to the patterns we see represented on maps.

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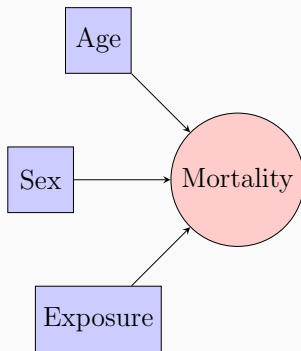
Point data:

- Individuals
- Households
- Environmental point sources, e.g. well/water source

Areal data:

- Neighborhoods/cities/states
- Legislative districts
- Health center catchment areas

An **atomistic** perspective

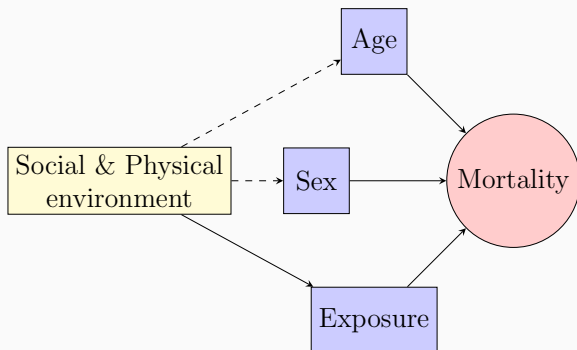


Solid lines = causal effects

Why should epidemiologists care about space?

What are some examples of diseases for which space is unimportant, i.e. where an **atomistic** perspective is sufficient?

Mapping immediately gives an **ecological** perspective



Dashed lines = effect modifiers, Solid lines = causal effects

Why do epidemiologists care about space?

Tobler's first law of geography:

"Everything is related to everything else, but near things are more related than distant things." (Tobler, 1970)

What are some causes of spatial relatedness in epidemiological data?

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- Contagion, e.g. of infectious diseases
- Common environmental exposures
- Common social risks

The **analytic tools** of spatial epidemiology

- GIS/Maps

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- **Hierarchical regression modeling**
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- Qualitative analysis
- Theoretical simulation

A Worked Example

How good is your memory?

- I'll read a sequence of 9 numbers.
- We'll wait 15 seconds after I stop reading the numbers, and then write down as many as you can remember.

Count how many you got correct.

The numbers:

- 26, 29, 3, 25, 24, 5, 17, 15, 9

On your paper, write down how many you got correct next to “t=1”.

Let's do it again!

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The numbers:

- 16, 24, 18, 8, 26, 29, 17, 1, 22

Count up how many you got correct this time around, and write it down next to “t=2”.

Share your responses

Use the form available here:

<https://bit.ly/2G9Ng5X>

Now let's scale this up...

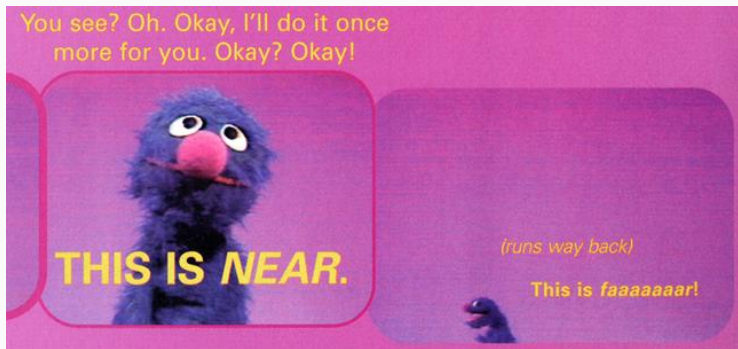
- Imagine you were using this to assess variation across neighborhoods in this outcome.

Now let's scale this up...

- Imagine you were using this to assess variation across neighborhoods in this outcome.
- What might cause neighborhood-level variation in performance on this kind of task?

Close vs. Far

What is near and what is far?



Nearness is really a matter of scale and depends on what the **frame** for our question is

- Individuals living in the same neighborhood are *nearer* within cities than those who live in different neighborhoods.

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- Individuals living in the same neighborhood are *nearer* within cities than those who live in different neighborhoods.
- Adjacent counties may be the relevant level of *nearness* when we're thinking at the state level.
- Nearness may be a function of **accessibility** rather than just pairwise distance.

Big change can happen over short distances



Health Gaps in New York City



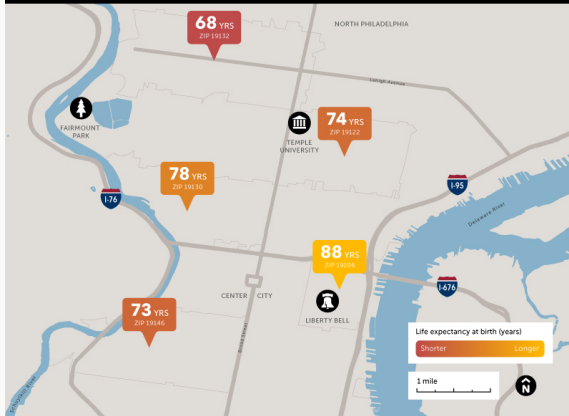
Health Gaps in Philadelphia

PHILADELPHIA, PENNSYLVANIA

Short Distances to Large Gaps in Health

Follow the discussion

#CloseHealthGaps

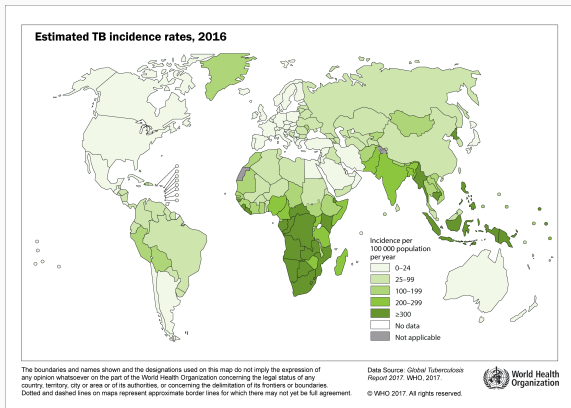


What are places and how do they
impact health?

Places are subsets of space with shared attributes

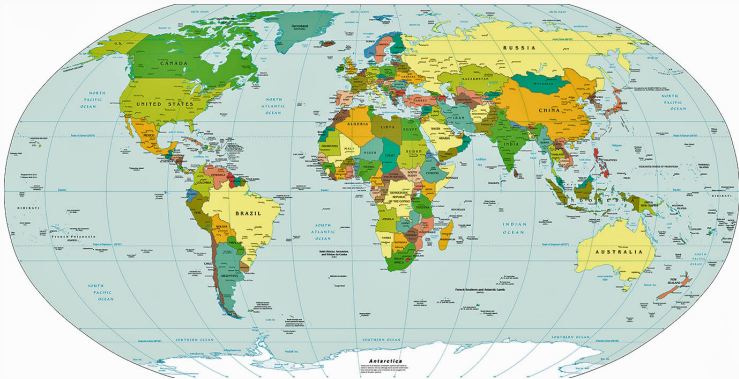
- Households
- Neighborhoods
- Cities
- States
- Countries

Place-level variation is often represented by a **choropleth** map



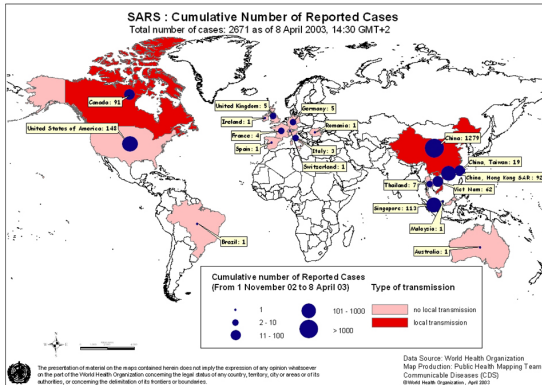
In a **choropleth** areas are shaded or colored based on their value on some outcome metric, in this case annual TB cases per 100K population in 2016. (From WHO 2017 Global TB Report)

Levels of analysis: Global



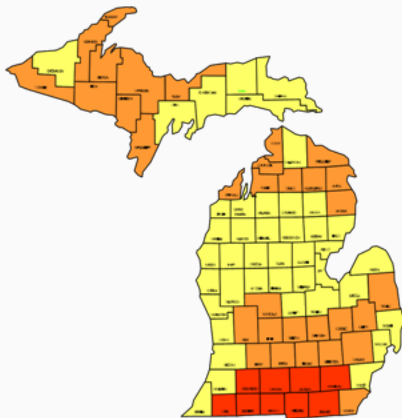
What might we want to understand at the national level?

Rapidly-spreading **pandemic** amenable to *global* representation



Global spread of SARS during 2003 pandemic.

Environmental risk stemming from variation in uranium deposits amenable to county-level representation



Variation in radon exposure at the county level in Michigan.

Impact of socioeconomic factors within cities may necessitate small-scale, **neighborhood** level perspective



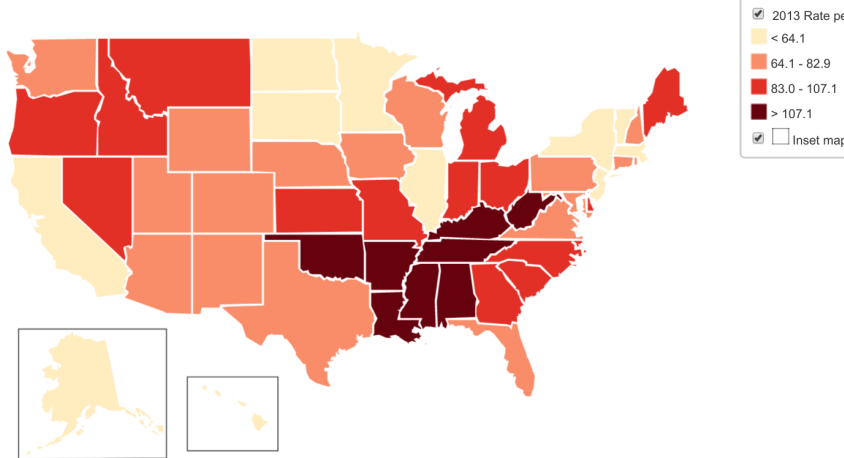
Neighborhood boundaries often reflect wide variation in SES and potentially environmental exposures.

Infectious disease **outbreaks** may necessitate a micro-level perspective



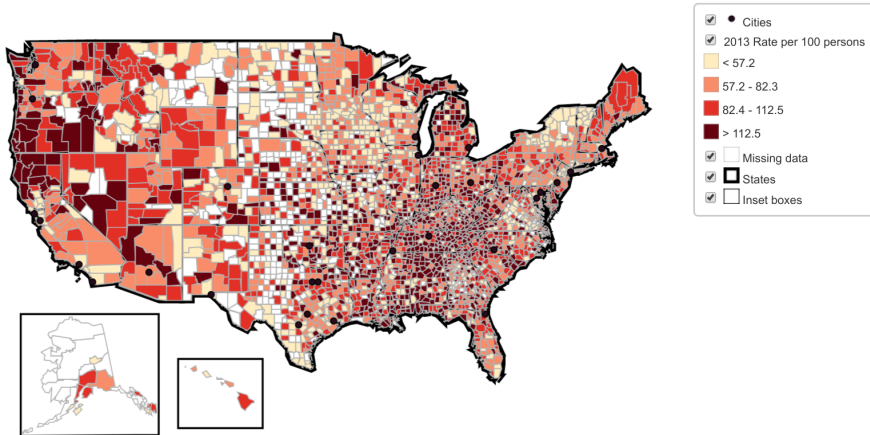
John Snow's map of mortality from the 1854 Broad Street Cholera outbreak

Picking the right scale for analysis can be tricky



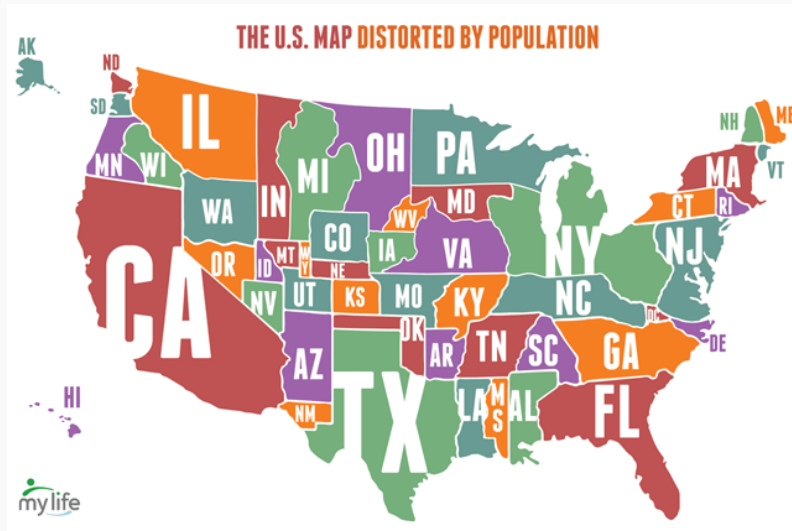
State-level opioid prescription rates, 2013 (Source: CDC)

Higher levels of aggregation can conceal important lower-level variation



County-level opioid prescription rates, 2013 (Source: CDC)

Classic choropleths can be deceptive



cartogram in which state size is proportional to population.

Higher resolution can be instructive, but obscures geographic features

US Presidential Election 2016

Results mapped at county level showing the candidate with the largest vote share in each area

Overall result:

Trump

62,979,636 votes (46.1%)
306 electoral votes
(received 304 in the Electoral College)

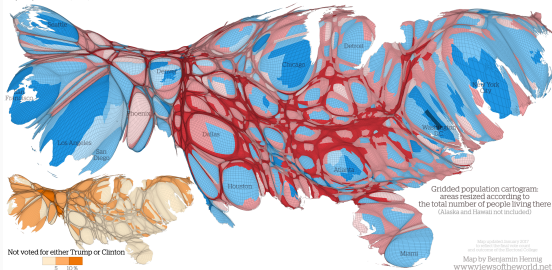
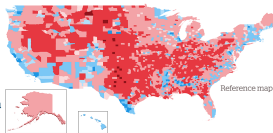
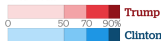
Clinton

65,844,610 votes (48.2%)
228 electoral votes
(received 227 in the Electoral College)

Other candidates

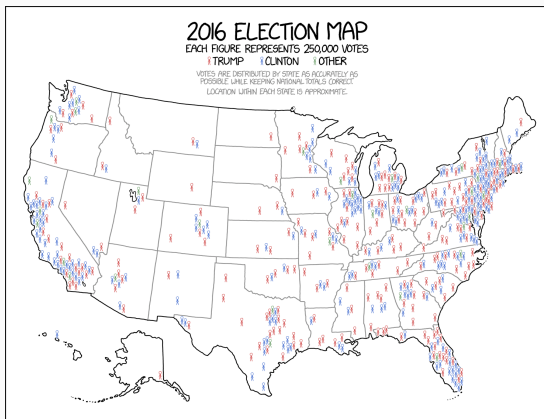
7,804,213 votes (5.7%)

Vote share
of candidate with most votes



Choropleth of 2016 election results in which county size is proportional to population.

Sometimes less is more?



XKCD 1939

References
