

# **Examine the Association between Temperature Variation and Cardiovascular Disease Hospitalization**

## **A Case Study in Shanxi, China**

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# Introduction

# Theoretical background

## Global climate change

- ▶ Frequent heat shocks and cold spells<sup>1,2</sup>
- ▶ 12.6 M deaths are attributable to climate change<sup>3</sup>

## CVD

- ▶ Cardiovascular disease (CVD) is the leading cause of death worldwide and in China
- ▶ 15.2 M killed by CVD, which accounts for 26.7% of all deaths<sup>4</sup>

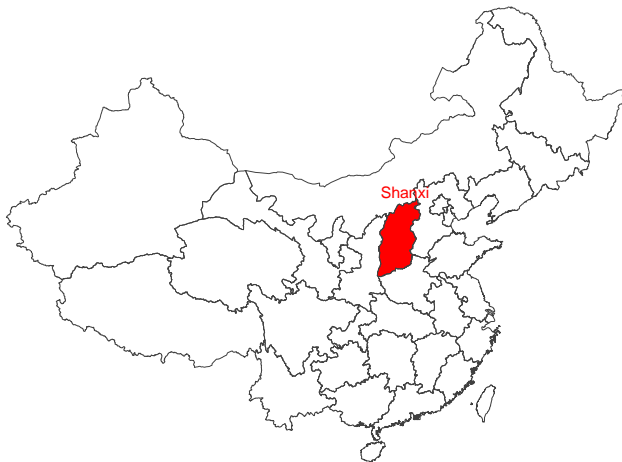
# Research Question

Is **temperature variation** associated with **CVD hospitalizations**?

- ▶ biological association
- ▶ research gap: no epidemiological evidence

**Data source**

# Shanxi Province, China

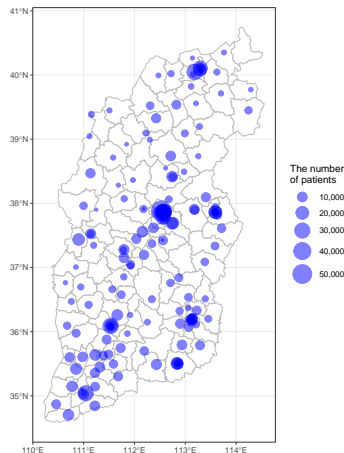


**Figure 1:** The location of Shanxi Province in China

# Shanxi inpatient database

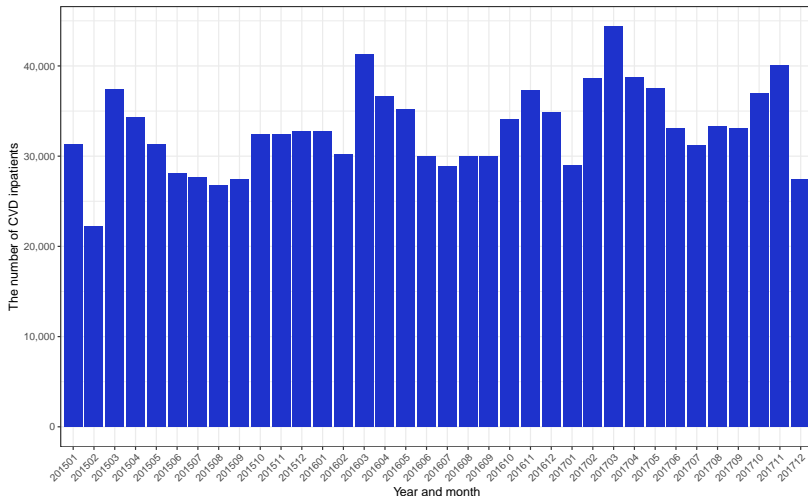
## CVD inpatients

- ▶ 175 hospitals
- ▶ 95% of administrative districts (ADs)
- ▶ ~ 1.2 million CVD patients
- ▶ 2015 - 2017



**Figure 2:** Geographic distribution of 175 hospitals in Shanxi, China

# The number of CVD patients by month

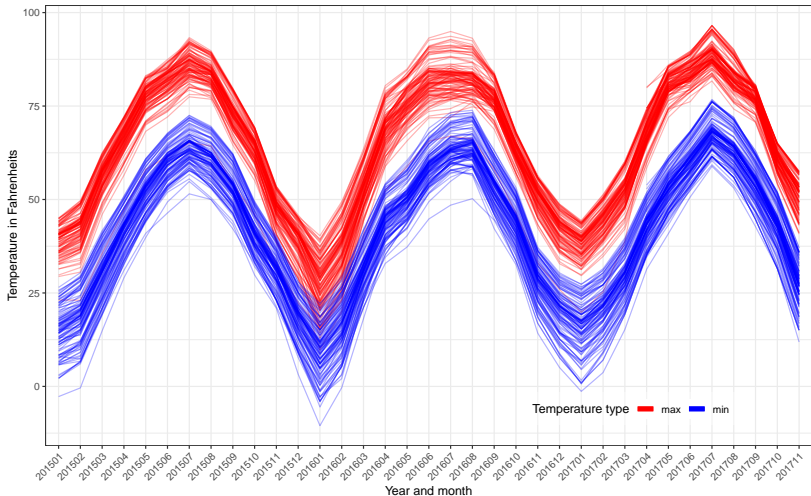


**Figure 3:** The number of CVD patients by year and month

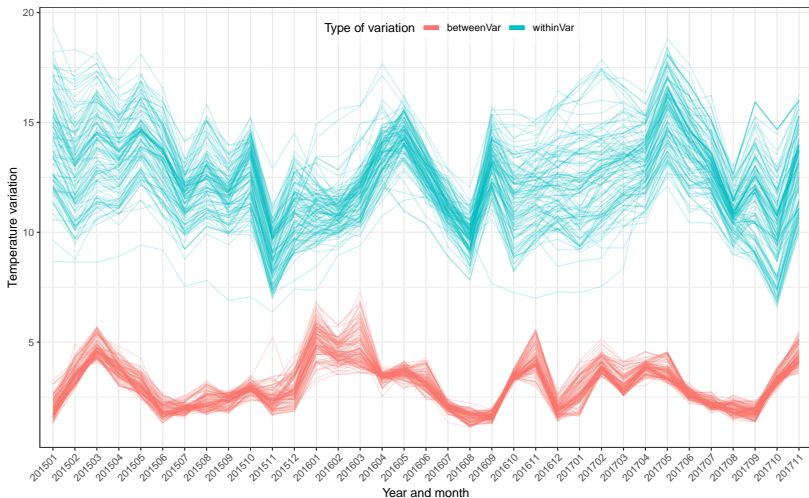


# Temperature variation definition

- ▶ Vertical variation:  $V_v = T_{max} - T_{min}$
- ▶ Horizontal variation:  $V_h = \sum_{i=d-7}^d |T_i - T_{i-1}|$



# Temperature variation trend



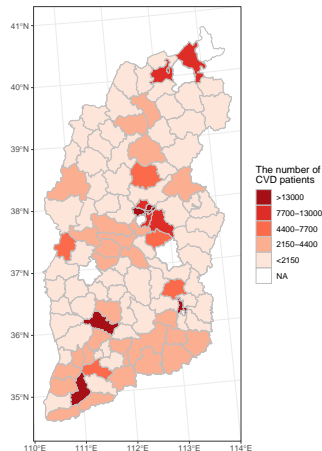
**Figure 5:** Temperature variation trend in 118 ADs in Shanxi, 2015 - 2017

## County/city level

- ▶ 118 ADs

## Variables available

- ▶ Population
- ▶ Gender
- ▶ Rural
- ▶ GDP
- ▶ Others



**Figure 6:** Choropleth map patient distribution in each county and city in Shanxi, China

# Final sample

- ▶ 109 ADs
- ▶ 12 months in 3 years
- ▶  $109 * 12 * 3 = 3,924$  rows

Data cleaning, visualization, statistical models, and reporting are conducted in [R 3.6.0](#).

## Statistical models

# Model selection

The outcome is the count of CVD patients:

- ▶ Must be non-negative,
- ▶ integers,
- ▶ highly right-skewed.

OLS assumpts are **not met**!

Poisson regression is a natural model for count data. We consider:

1. non-spatial Poisson regression
2. random effects Poisson regression
3. spatial Poisson regressions

# Non-spatial Poisson model

$$Y_i \sim \text{Poisson}(\text{Pop}_i * \lambda_i)$$
$$\log(\lambda_i) = \beta_0 + \sum_k \beta \mathbf{x}$$

- ▶  $Y_i$ : The number of CVD inpatients
- ▶  $\text{Pop}_i$ : The total population as an **offset**
- ▶  $\lambda_i$ : The rate parameter of Poisson distribution, both the mean and variance
- ▶ Predictor variables: temperature variation (horizontal and vertical), average temperature, log of GDP per capita, the percent of female, and the percent of rural population

# Non-spatial Hierarchical Poisson model

Assuming that each ADs have its own characteristics, and observations are **conditionally independent**.

$$Y_{ij} \sim \text{Poisson}(\text{Pop}_{ij} * \lambda_{ij})$$

$$\log(\lambda_{ij}) = \beta_{0j} + \beta_{1j}HV_{ij} + \beta_{2j}VV_{ij} + \sum_{k=2} \beta_k \mathbf{X} + u_{0j}$$

$$\beta_{0j} \sim N(\mu_0, \sigma_0^2)$$

$$\beta_{01} \sim N(\mu_1, \sigma_1^2)$$

$$\beta_{02} \sim N(\mu_2, \sigma_2^2)$$

- ▶ **Random intercepts:**  $\beta_{0j}$  for each AD  $j$
- ▶ **Random slopes:**  $\beta_{1j}$  and  $\beta_{2j}$  for each AD  $j$



# Spatial Poisson models

## Spatial lag Poisson model

- ▶ An autoregressive parameter  $\rho$
- ▶ A weighting matrix  $\mathbf{W}$

$$Y_i \sim \text{Poisson}(\text{Pop}_i * \lambda_i)$$
$$\log(\lambda_i) = \beta_0 + \sum_k \beta \mathbf{X} + \rho \mathbf{W}y$$

## Geographically weighted Poisson model

Still at the initial proof of concept stage. It can be conducted in the R package `spgwr` by Roger Bivand (2017).

## Results

# Moran's I - CVD patients

```
coords = hloca %>%  
  select(longitude, latitude) %>%  
  as.matrix()  
nb = dnearneigh(coords, d1=0, d2 = 70, longlat = TRUE)  
moran.test(hloca$N, nb2listw(nb, style="W"))  
  
##  
## Moran I test under randomisation  
##  
## data: hloca$N  
## weights: nb2listw(nb, style = "W")  
##  
## Moran I statistic standard deviate = 2.4915, p-value = 0.00636  
## alternative hypothesis: greater  
## sample estimates:  
## Moran I statistic      Expectation      Variance  
##      0.075114045      -0.006896552      0.001083440
```

# non-spatial Poisson models

**Table 1:** Parameter estimates of non-spatial Poisson models

	<i>Dependent variable:</i>	
	Poisson	Mixed-effects Poisson
	(1)	(2)
Between variance	0.072*** (0.001)	0.065*** (0.006)
Within variance	−0.0003 (0.001)	0.015*** (0.004)
Mean temperature	−0.001*** (0.0001)	−0.002*** (0.0001)
Log GDP	0.237*** (0.002)	0.425*** (0.016)
Rural	−1.022*** (0.007)	−1.037*** (0.141)
Female	0.129*** (0.001)	0.011*** (0.004)
Constant	−13.347*** (0.065)	−8.114*** (0.224)
Log Likelihood	−141,512.000	−29,727.990
Akaike Inf. Crit.	283,038.000	59,481.970

*Note:*

\*  $p < 0.1$ ; \*\*  $p < 0.05$ ; \*\*\*  $p < 0.01$

# Spatial Poisson models

To be added

- ▶ Spatial lag Poisson model
- ▶ Geographically weighted Poisson model

## Discussion

# Limitations

- ▶ Assumptions: the patients did not seek care in other ADs
- ▶ Omitted variable bias: air pollution, older population
- ▶ Different weights for different severity of CVD hospitalization?

# Future directions

- ▶ Add time series analysis in several major cities?
- ▶ Different effects in cold and hot days?
- ▶ Hierarchical spatial Poisson regression?



# References

- 1 Ryti NR, Guo Y, Jaakkola JJ. Global association of cold spells and adverse health effects: A systematic review and meta-analysis. *Environmental health perspectives* 2015; **124**: 12–22.
- 2 Huber D, Gullede J. The global links between extreme weather and climate change. *Extreme Weather Events* 2017;: 17.
- 3 Watts N, Adger WN, Ayeb-Karlsson S *et al.* The lancet countdown: Tracking progress on health and climate change. *The Lancet* 2017; **389**: 1151–64.
- 4 The World Health Organization. The top 10 causes of death. 2018.