



**CCDTR** CHICAGO CENTER FOR  
DIABETES TRANSLATION RESEARCH

# Validating the Dasymetric Areal Interpolation Method to Inform Health Policy

**Chieko Maene, MS**

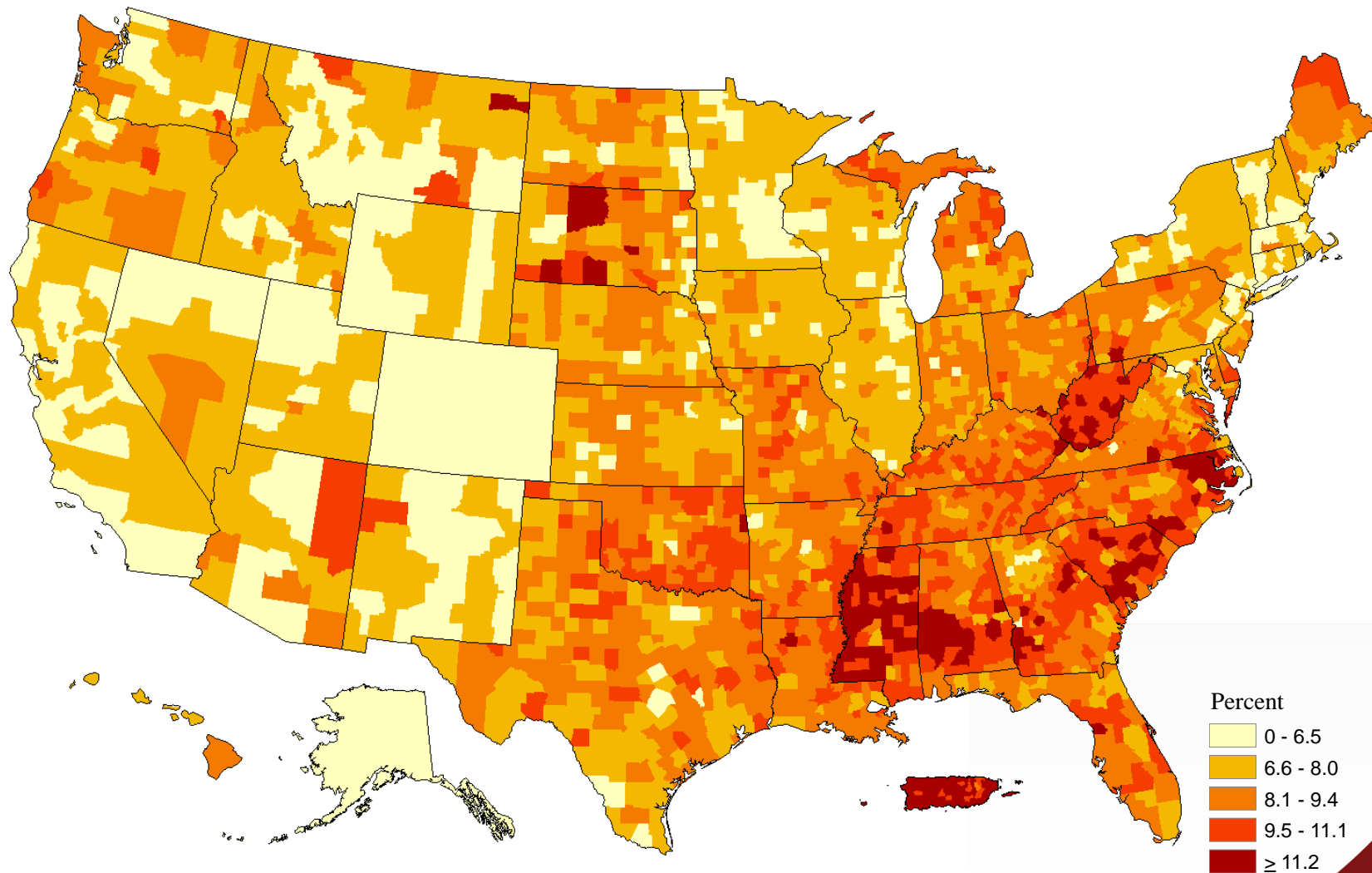
Social Sciences Computing Services, University of Chicago

**Monica E. Peek, MD, MPH, MSc**

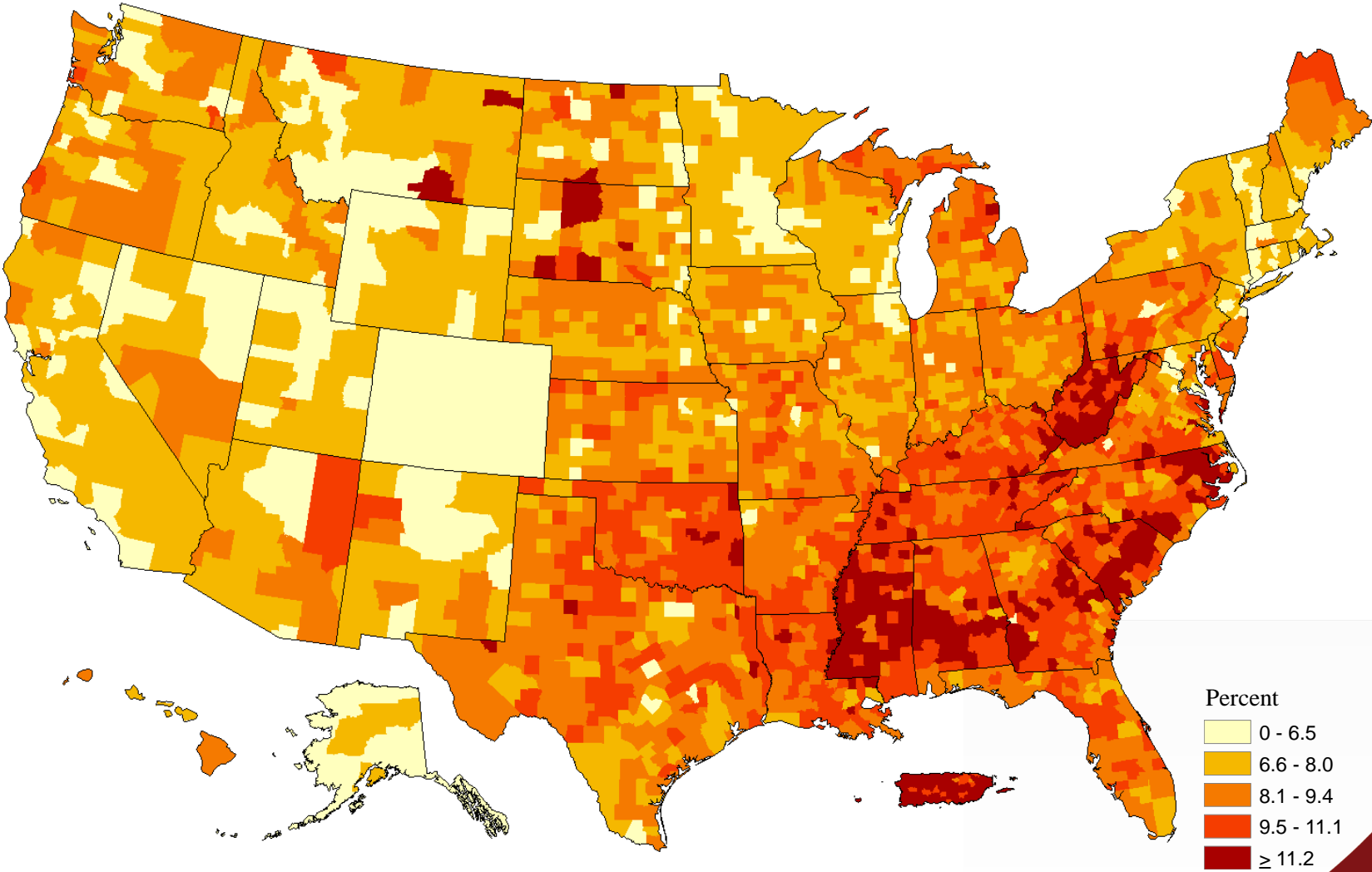
Section of General Internal Medicine, University of Chicago

Chicago Center for Diabetes Translation Research

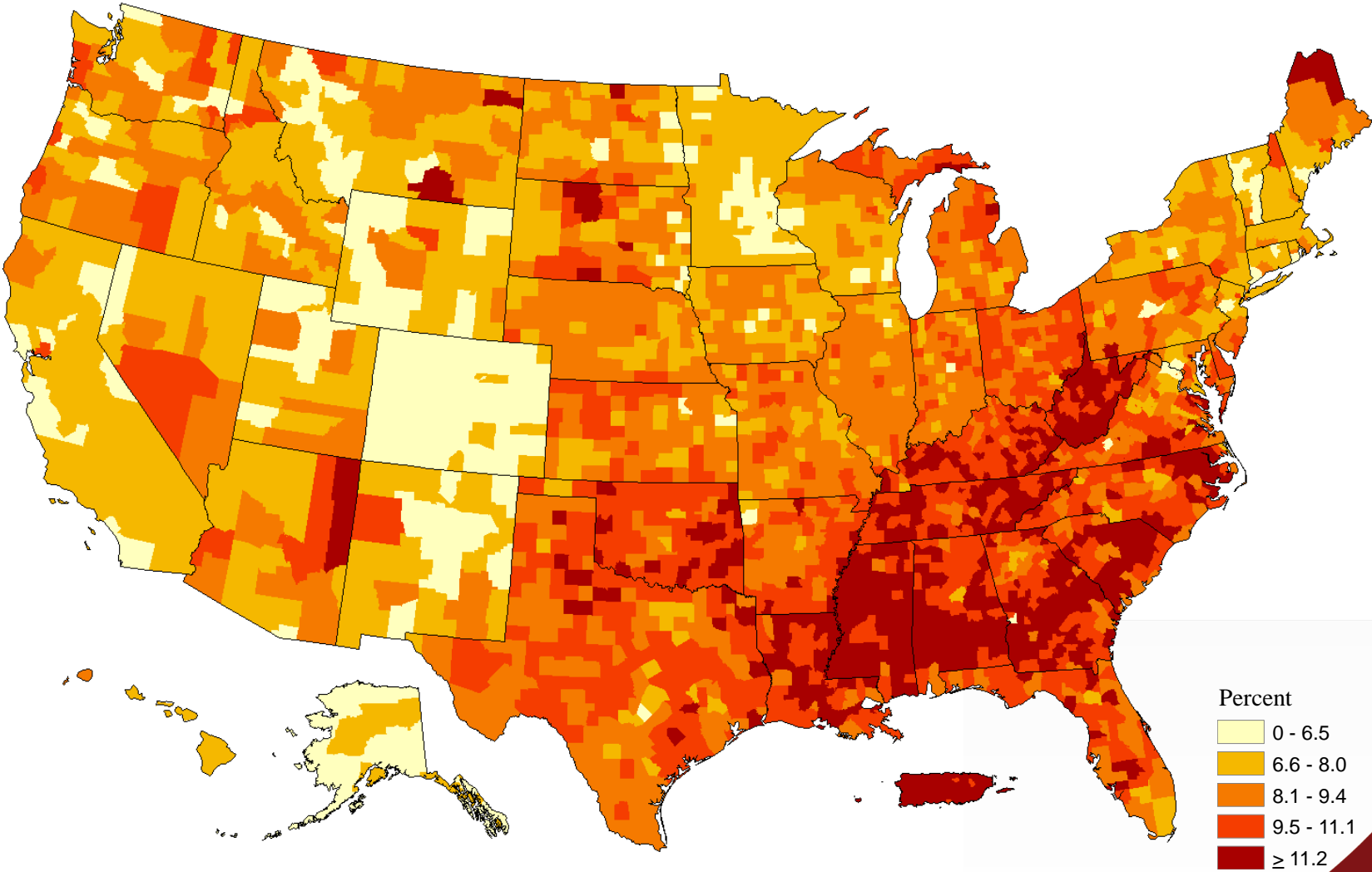
# County-level Estimates of Diagnosed Diabetes among Adults aged $\geq 20$ years: United States 2004



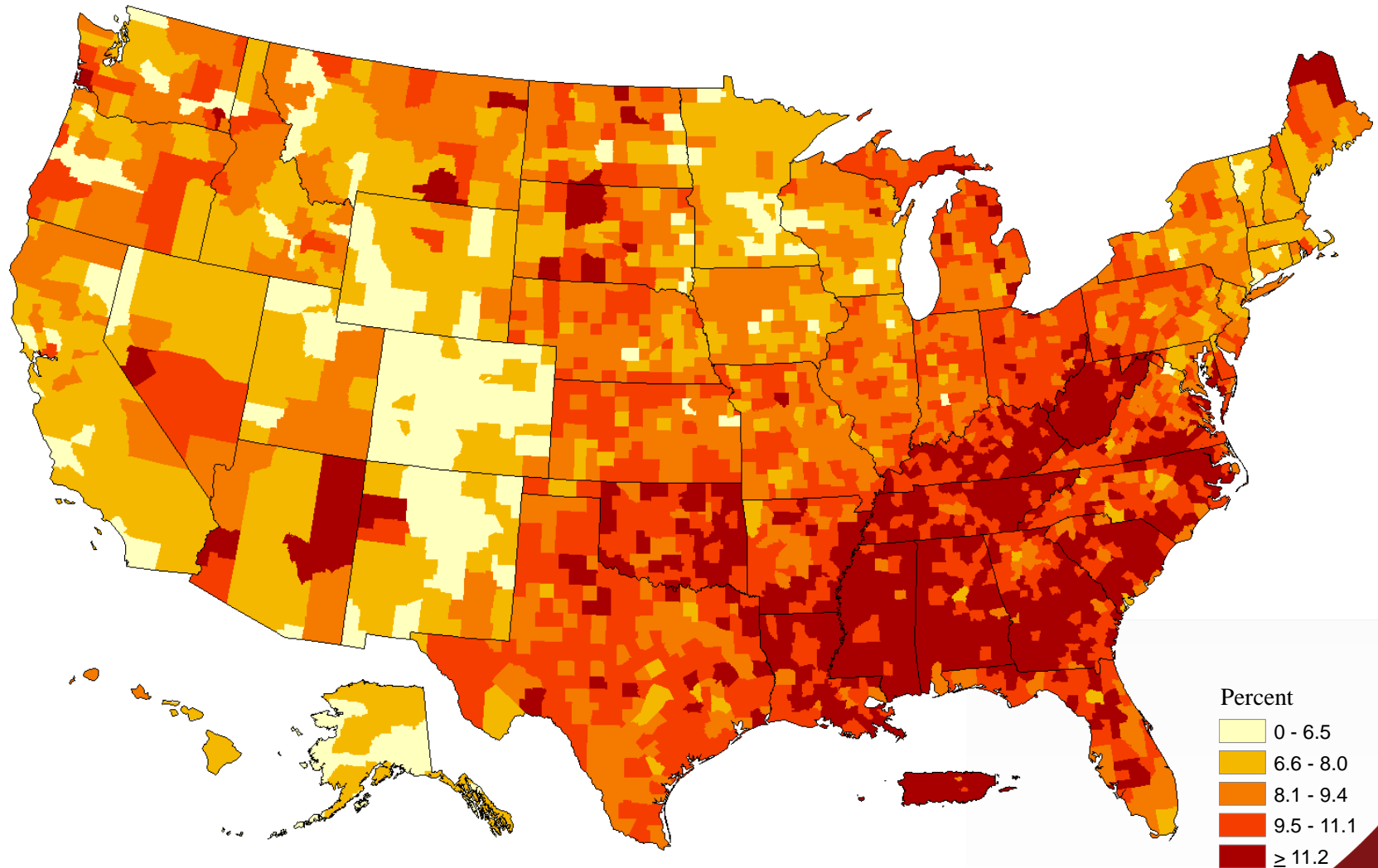
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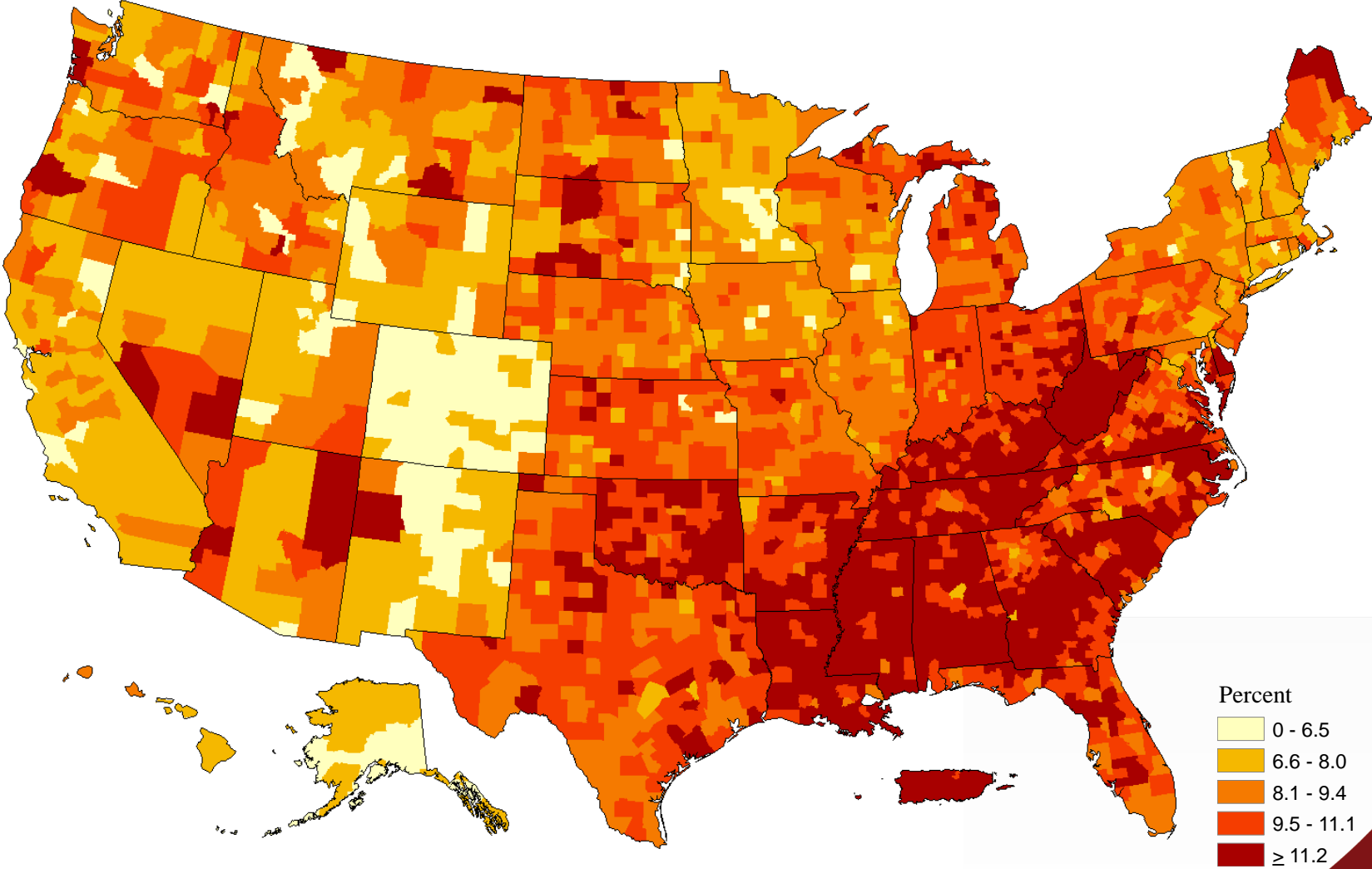
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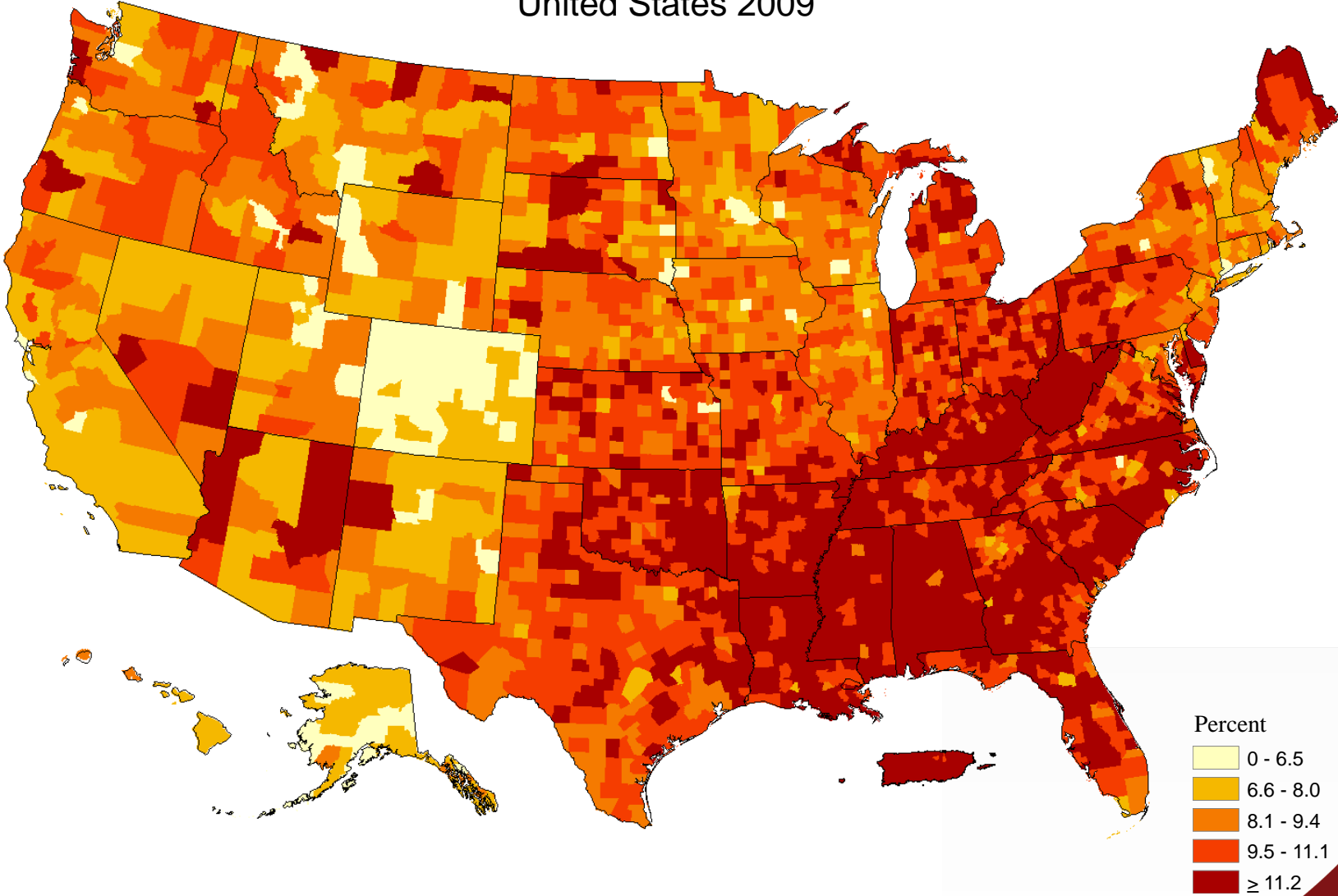
# County-level Estimates of Diagnosed Diabetes among Adults aged $\geq 20$ years: United States 2007



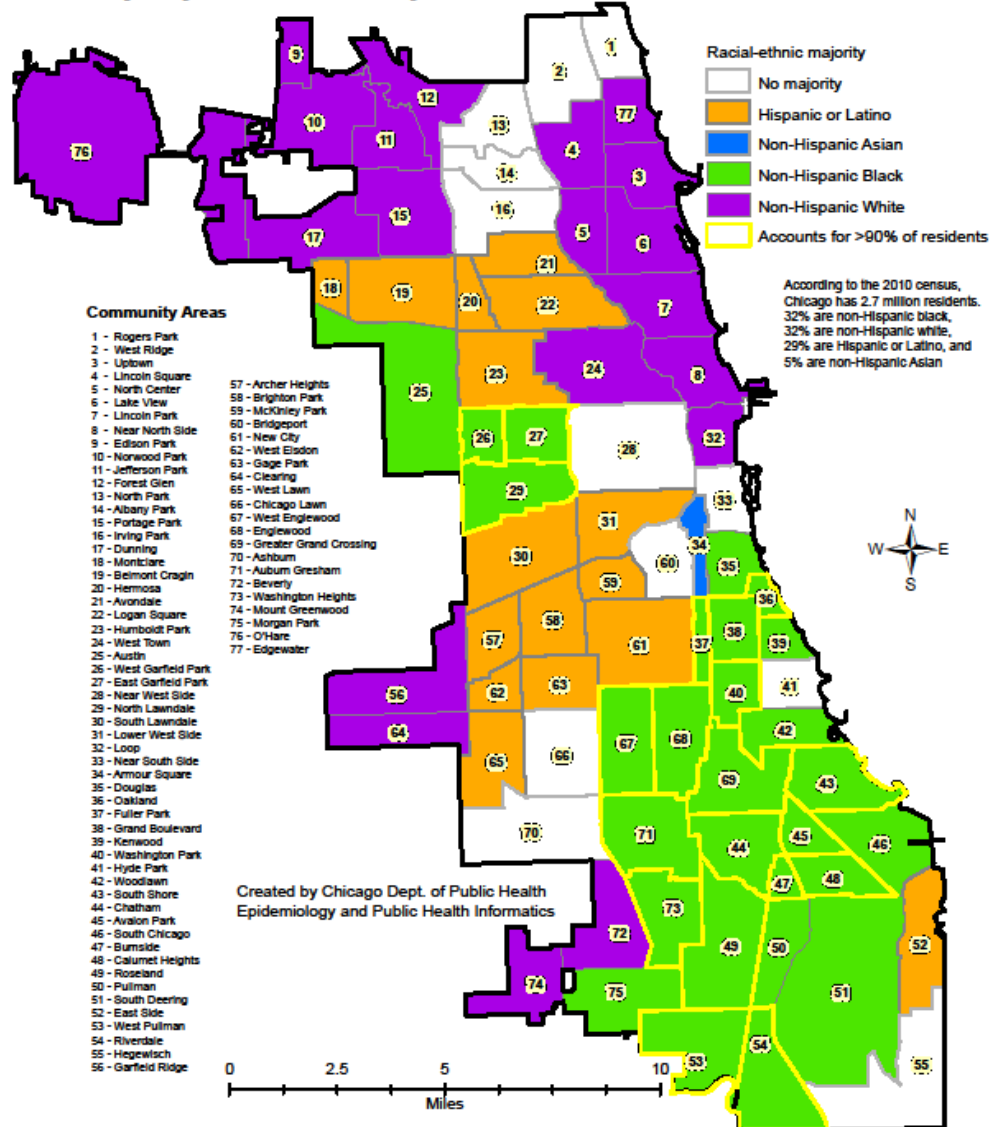
# County-level Estimates of Diagnosed Diabetes among Adults aged $\geq 20$ years: United States 2008



# County-level Estimates of Diagnosed Diabetes among Adults aged $\geq 20$ years: United States 2009

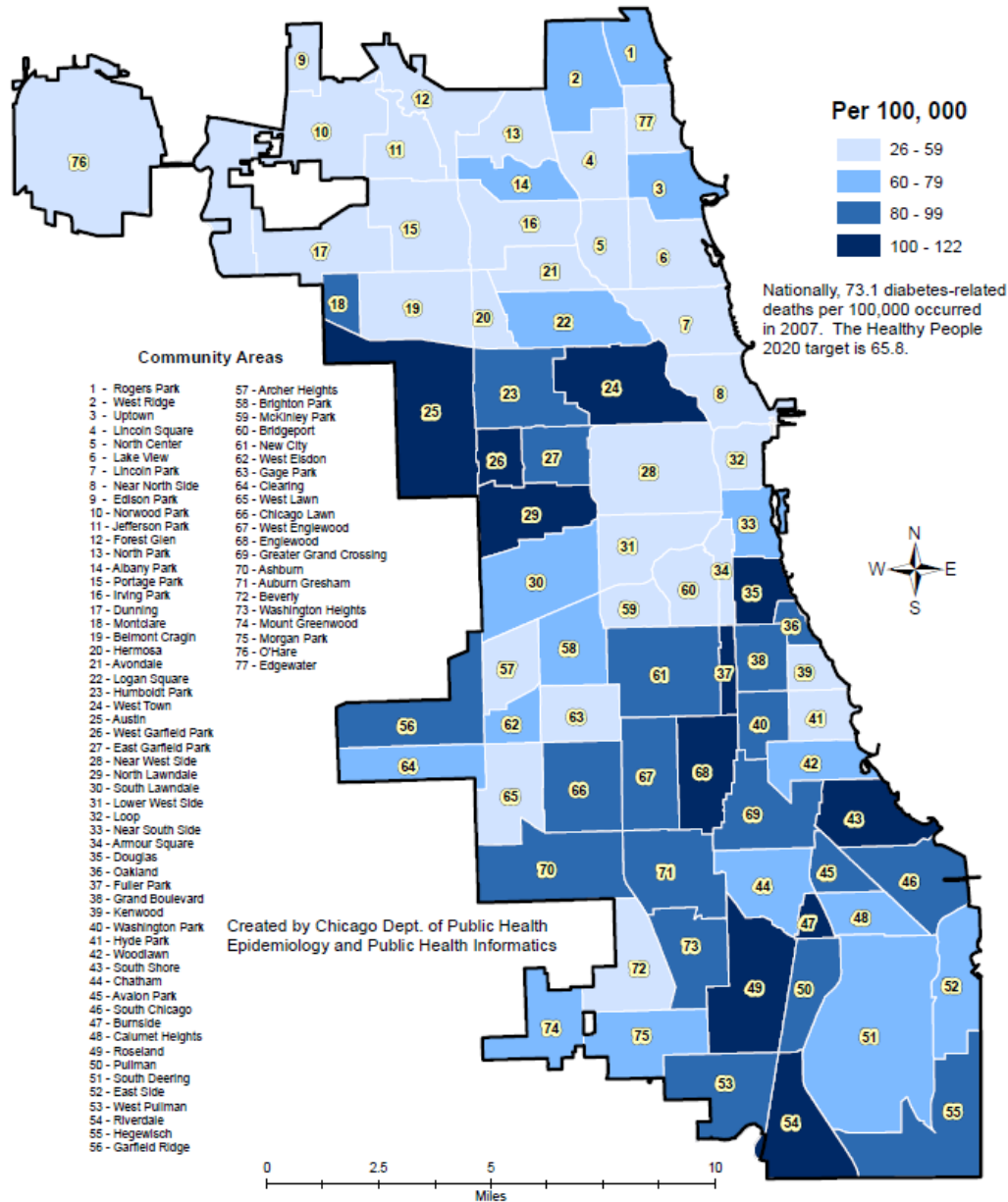


## Chicago community areas by the racial-ethnic group that accounts for a majority of residents, by 2010 U.S. Census counts



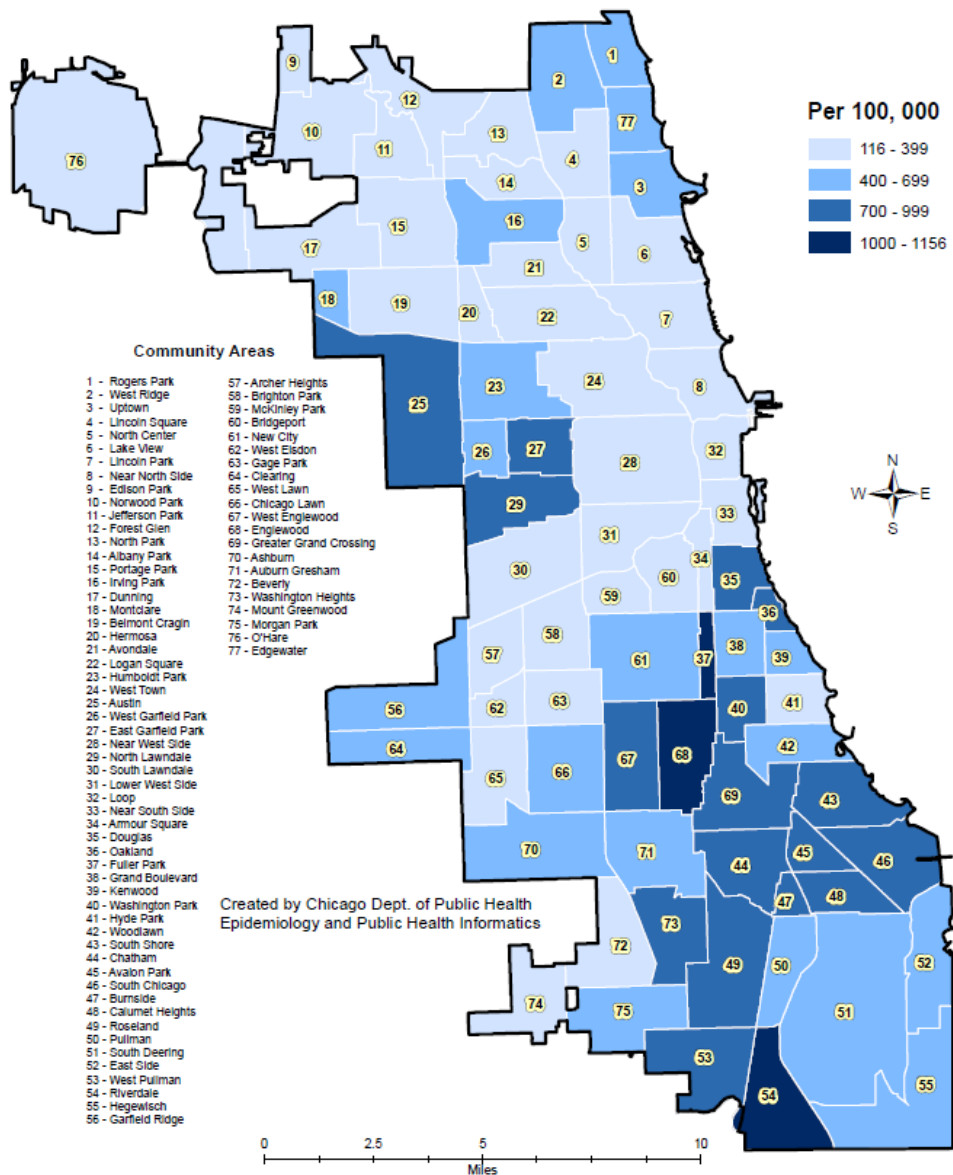


## Average annual adjusted diabetes-related mortality rate by Chicago community area, 2004 - 2008



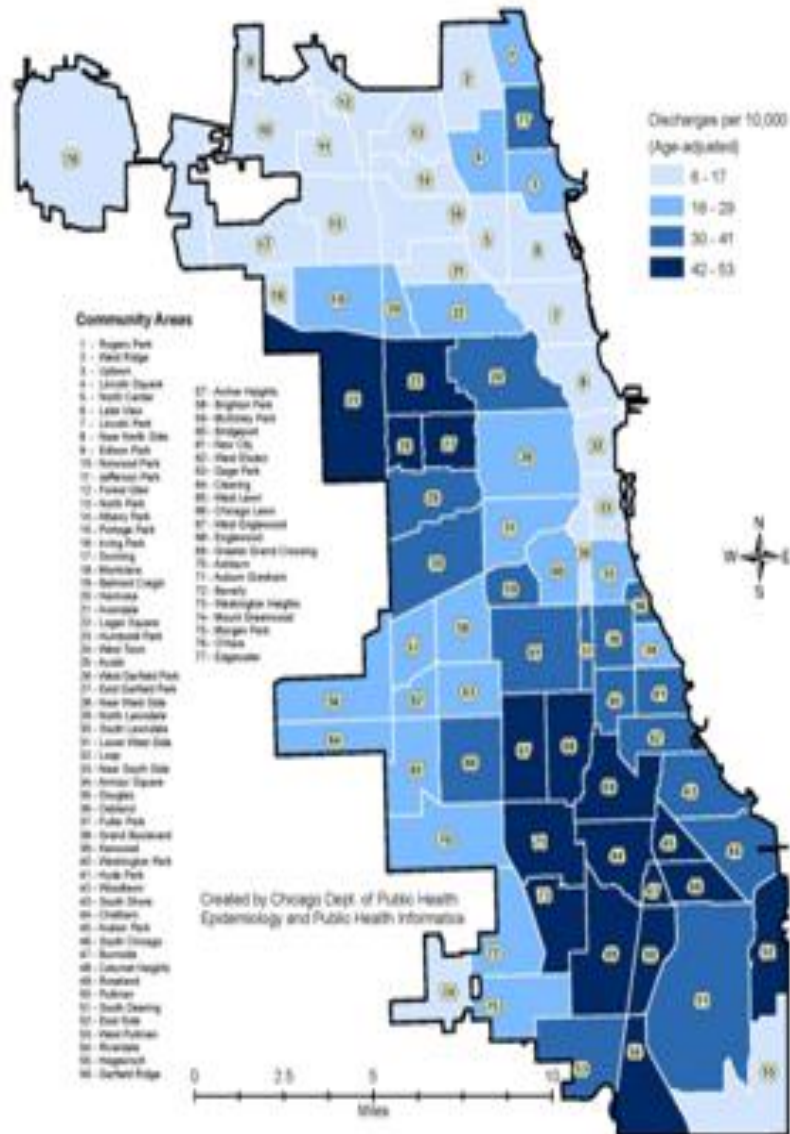
# Diabetes mortality in Chicago

## Average annual years of potential life lost (YPLL) rate for diabetes by Chicago community area, 2004 - 2008



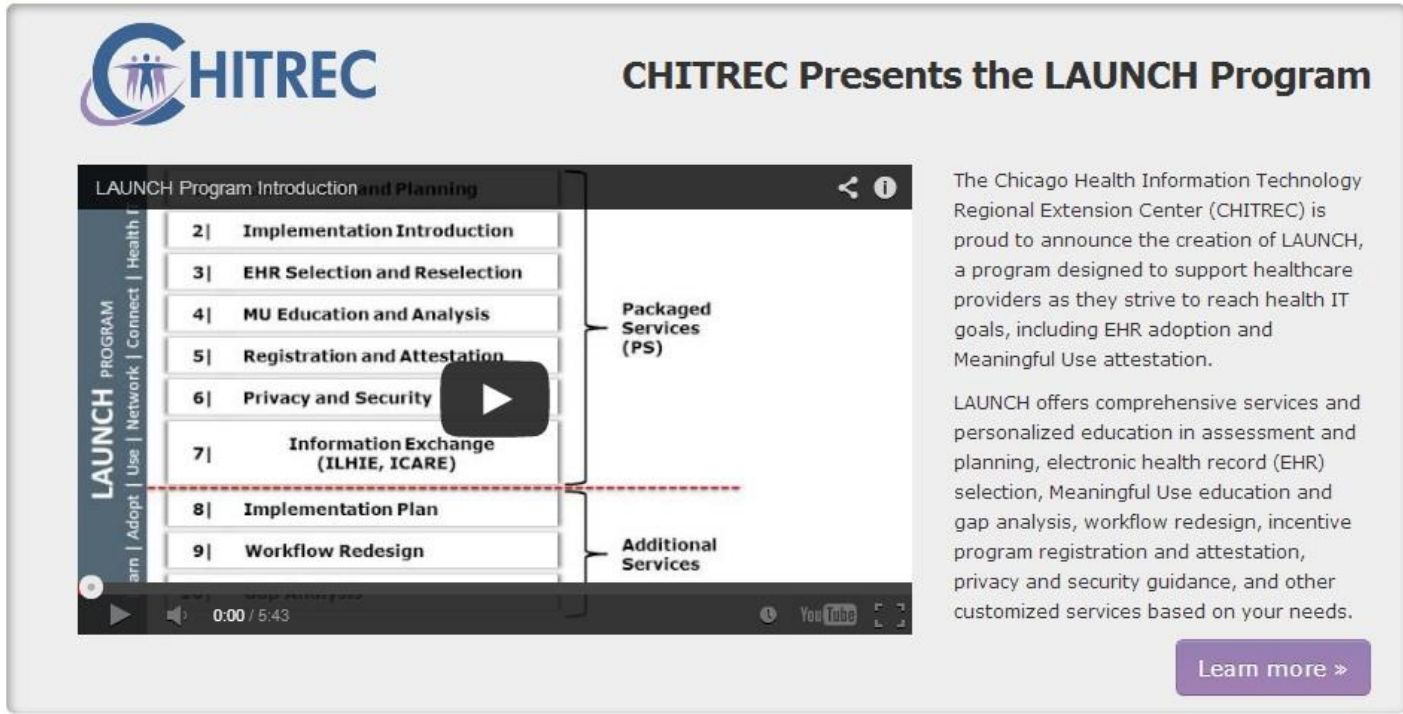
# Potential years of life lost in Chicago

Imputed diabetes-with-complications hospitalizations per 10,000 residents (age-adjusted) by Chicago community area, 2010



Avoidable  
diabetes-related  
hospitalizations

# Health Information Exchanges



**CHITREC Presents the LAUNCH Program**

The Chicago Health Information Technology Regional Extension Center (CHITREC) is proud to announce the creation of LAUNCH, a program designed to support healthcare providers as they strive to reach health IT goals, including EHR adoption and Meaningful Use attestation.

LAUNCH offers comprehensive services and personalized education in assessment and planning, electronic health record (EHR) selection, Meaningful Use education and gap analysis, workflow redesign, incentive program registration and attestation, privacy and security guidance, and other customized services based on your needs.

[Learn more »](#)

LAUNCH Program Introduction and Planning	
2	Implementation Introduction
3	EHR Selection and Reselection
4	MU Education and Analysis
5	Registration and Attestation
6	Privacy and Security
7	Information Exchange (ILHIE, ICARE)
8	Implementation Plan
9	Workflow Redesign

**Packaged Services (PS)** (Items 2-6)

**Additional Services** (Items 7-9)

## Preparing to Attest?

CHITREC offers webinars to help you with the Medicaid EHR incentive program. Learn how to prepare for attestation and get a sneak preview of the attestation system.

[Attestation Webinars](#)

## Illinois Medicaid EHR Incentive Help Desk

Contact us for Attestation, Registration, and Meaningful Use answers.  
855-MU-HELP-1  
(855-684-3571)  
hfs.ehrincentive@illinois.gov  
Monday-Friday, 8:30am - 5:00pm

[Help Desk](#)

## January Quiz

Do you know what meaningful use changes are coming in 2014?

[More »](#)



# CommunityRx: HealthRx

The South Side is talking about **MAPSCorps** and **HealthRx**

## Patients and Neighbors



The community expert will know where to send me.

Because these places are all located near me, they'll be easy to get to.

The **HealthRx** will be helpful between doctor visits to know where services are in the community.

## What is **MAPSCorps**?

- It is an innovative youth employment program that trains local high school students to map businesses and organizations on the South Side of Chicago
- Youth gain hands-on field experience that prepares them for future jobs and higher education, especially in health, science, technology, engineering and math
- Data are available at SouthSideHealth.org and DondeEsta.org (Spanish)

## What is **HealthRx**?

- It is a list of resources targeted toward a patient's specific health and wellness needs and located near his or her home
- **HealthRx** serves patients in 11 zip codes, through two emergency departments at the University of Chicago Medical Center as well as three local health centers: Komed Holman, Friend Family, and Chicago Family
- More zip codes and health centers will be added as we expand the program

## How does **HealthRx** help people?

- Every **HealthRx** is designed to help patients find the resources they need to improve their health, live independently, and manage disease
- Patients and caregivers who use services on the **HealthRx** also stimulate local business and help strengthen their communities

## Local Health Providers

**HealthRx** is a true community partnership and a solution that benefits everyone. Together, we can significantly improve health, health care, and strengthen our communities at the same time.



Doriane Miller, MD  
Associate Professor of Medicine  
Director, Center for Community Health and Vitality

As a doctor who treats patients on the South Side every day, I need **HealthRx**. This new kind of

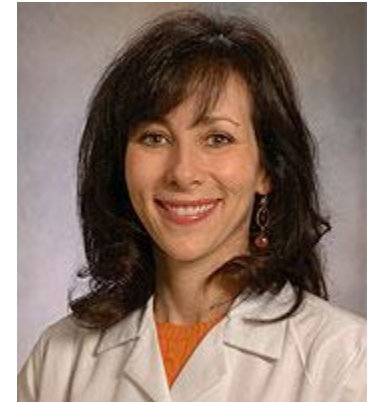


'prescription' goes beyond a diagnosis and medicine. It provides personalized information and support from community resource specialists to help patients stay healthy between clinic visits.  
Tim Long, MD  
Physician, Komed Holman Health Center

Fill your prescription! Lose weight! Eat healthier! Stop Smoking! All day long, we tell patients what we think they should do to be healthier, but we fail to make the



connections to places and services they can use to stay well, live independently, and manage with disease. **HealthRx** is the connection between health care and self-care.  
Stacy Lindau, MD, MAPP  
Associate Professor of Ob/Gyn and Medicine-Geriatrics  
Project Director, CommunityRx



Stacy Lindau, MD, MA

For more information call (773) 834-2356 or visit [www.healthrx.org](http://www.healthrx.org)

MAPSCorps and **HealthRx** are innovations from CommunityRx, a flagship program of the South Side Health and Vitality Studies at the University of Chicago Medicine's Urban Health Initiative. CommunityRx is supported by grant #1C1CMS330997-02-00 from the Department of Health and Human Services, Centers for Medicare and Medicaid Services. Its contents are solely the responsibility of the authors and have not been approved by the Department of Health and Human Services, Centers for Medicare and Medicaid Services.






THE UNIVERSITY OF  
CHICAGO MEDICINE

Addressing Diabetes

# Prescriptions for Food and Exercise

- Chicago Park District
- Walgreens
- Farmer's Market
- Food Depository

Goddu AP et al. Food Rx: A Community-University Partnership to Prescribe Healthy Eating on the South Side of Chicago. J Prev Interv Community. In press.

www.SouthSideDiabetes.org (703) 702-2939


Provider \_\_\_\_\_ Patient \_\_\_\_\_

I recommend the following nutrition for this patient:

Low Carb     Low Fiber  
 Low Fat     Low Sodium

See the attached information sheet for food choices that will help you meet these guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_


**Get \$5 off your healthy food purchase. See back for more information.**

***Walgreens***

Present this Coupon to your pharmacist to receive

\$5 OFF

your purchase of \$20 or more of healthy food

**Participating Chicago Locations**

<input type="checkbox"/> 1213 W. 79 <sup>th</sup> St. (79 <sup>th</sup> St. & Racine Ave.) (773) 651-2118	<input type="checkbox"/> 5036 S. Cottage Grove Ave. (Cottage Grove Ave. & 51 <sup>st</sup> St.) (773) 373-6266
<input type="checkbox"/> 8636 S. Ashland Ave. (Ashland Ave. & 87 <sup>th</sup> St.) (773) 238-1268	<input type="checkbox"/> 650 W. 63 <sup>rd</sup> St. (63 <sup>rd</sup> St. & Halsted Pkwy.) (773) 994-4467
<input type="checkbox"/> 2015 E. 79 <sup>th</sup> St. (79 <sup>th</sup> St. & Jeffrey Blvd.) (773) 734-2492	<input type="checkbox"/> 2924 E. 92 <sup>nd</sup> St. (92 <sup>nd</sup> St. & Commercial Ave.) (773) 721-6603
	<input type="checkbox"/> 1533 E. 67 <sup>th</sup> Place (67 <sup>th</sup> Pl. & Stony Island Ave.) (773) 493-0733

Limit one coupon per customer per offer. Offer expires September 30, 2012. Manufacturer coupon only, good at Walgreens. Not valid with any other offer. Customer pays any sales tax. Void if copied or where prohibited.



# Food Rx: Farmer's Market partnership



**IMPROVING  
DIABETES**  
CARE AND OUTCOMES  
ON THE SOUTH SIDE OF  
**CHICAGO**





# Food Rx: Farmer's Market partnership



**IMPROVING  
DIABETES**  
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# Challenge

- Leveraging “big data” at **zipcode level**

# Challenge

- Leveraging “big data” at zipcode level
  - Meaningful at **community level**
- 

# Solution

- Leveraging “big data” at zipcode level



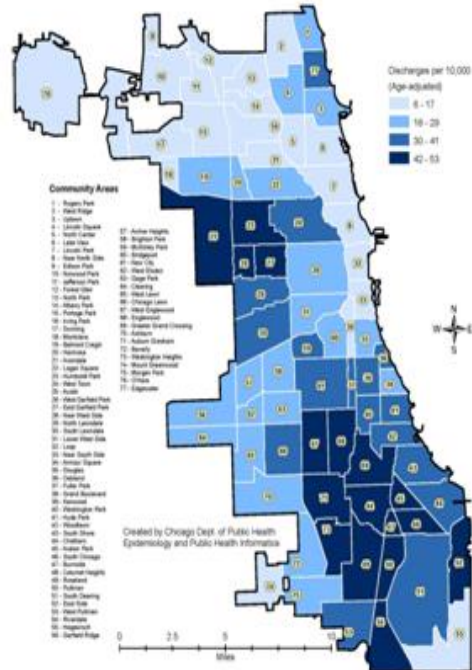
Dasymetric Areal Interpolation

- Meaningful at community level

# Chicago Public Health Department Collaboration




Imputed diabetes-with-complications hospitalizations per 10,000 residents (age-adjusted) by Chicago community area, 2010



- Problem
- Methods
- Validation
- Conclusions

# Challenge:

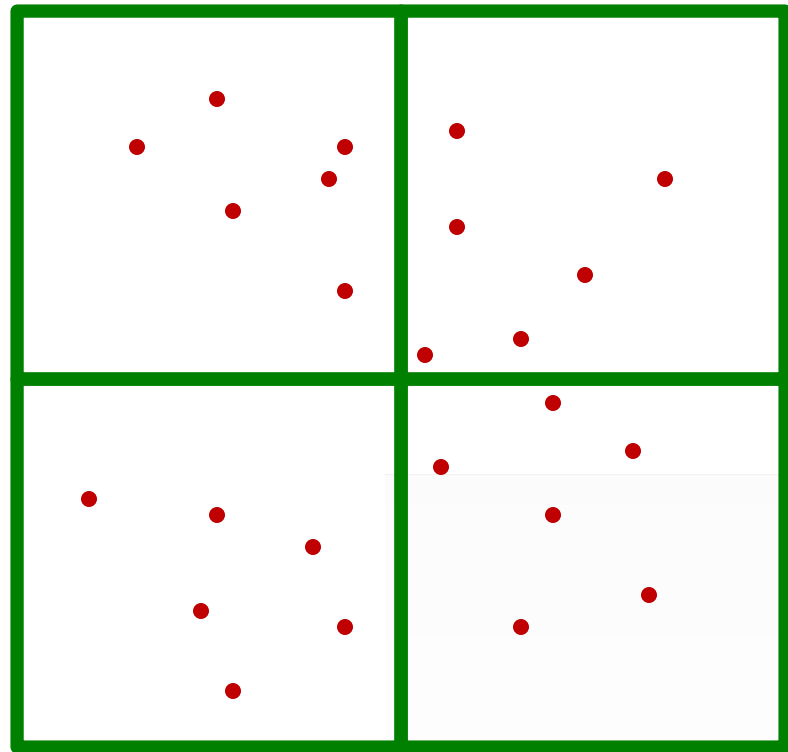
## “Modifiable Areal Unit Problem”

- Context: Public Health indicators in Chicago
  - Research Question: What is the community-level variation in diabetes-related hospitalizations?
  - Trial of dasymetric areal interpolation method
- 

# MAUP:

## Same Total, Different Aggregates

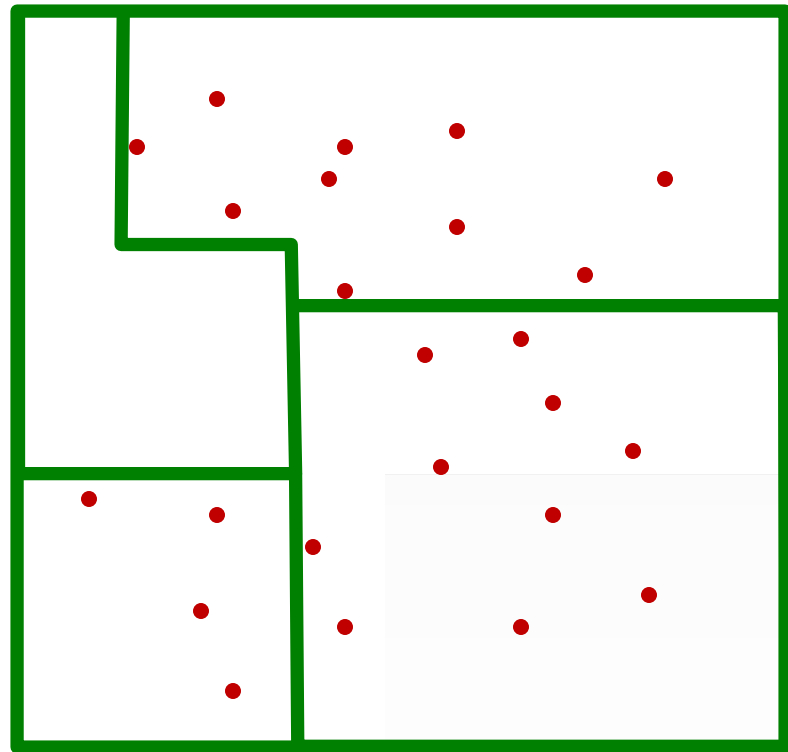
- **MAUP**
  - **M**odifiable **A**real **U**nit **P**roblem
- Interpretation of results can change depending on the choice of boundary



Total N=24

# MAUP: Same Total, Different Aggregates

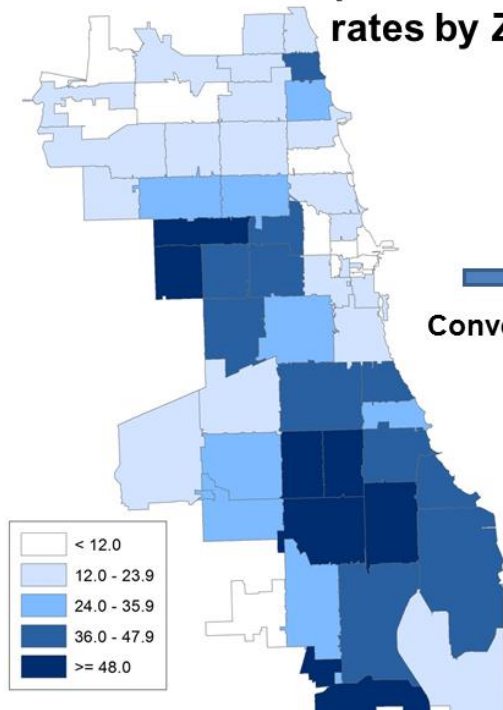
- **MAUP**
  - **M**odifiable **A**real **U**nit **P**roblem
- Interpretation of results can change depending on the choice of boundary



Total N=24

# Starting point

Diabetes hospitalization rates by ZIP

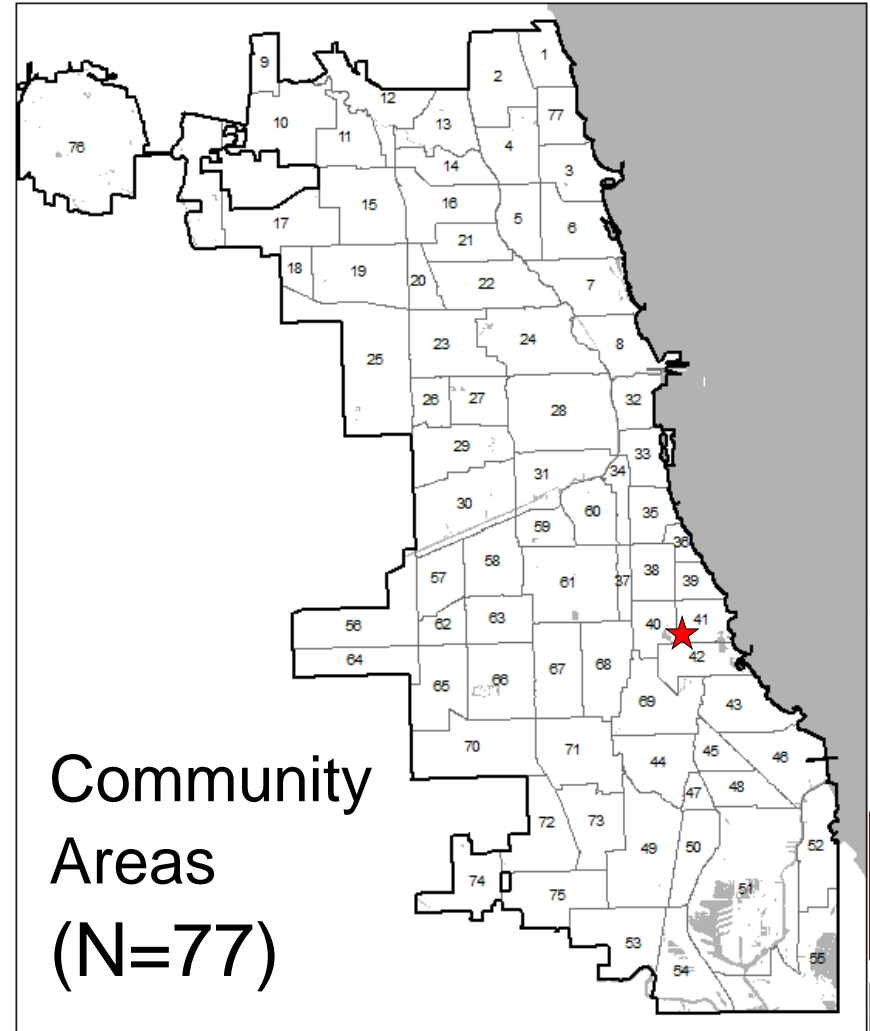
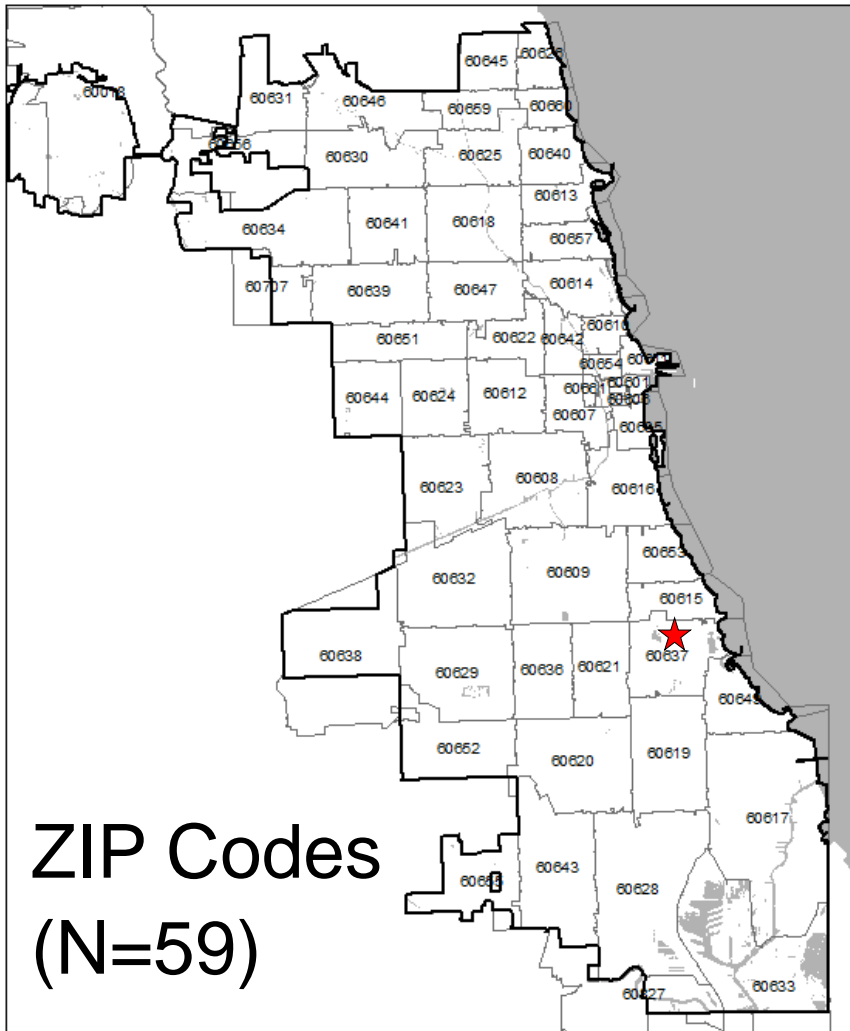


Convert to community area





# ZIP Code & Community Areas

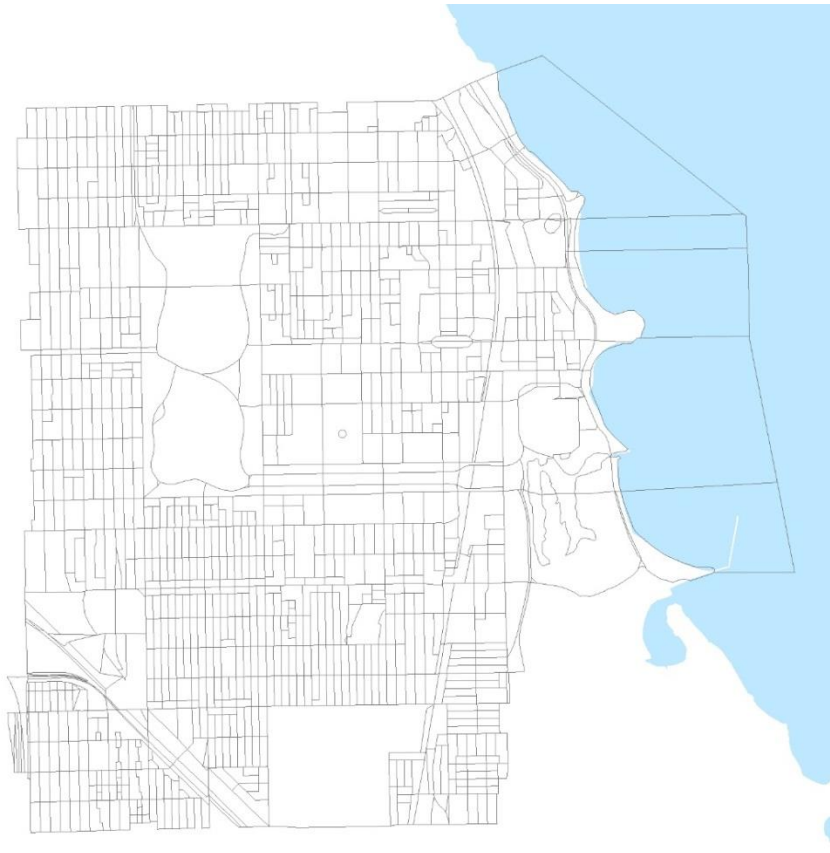


# ZIP Code & CA are similar

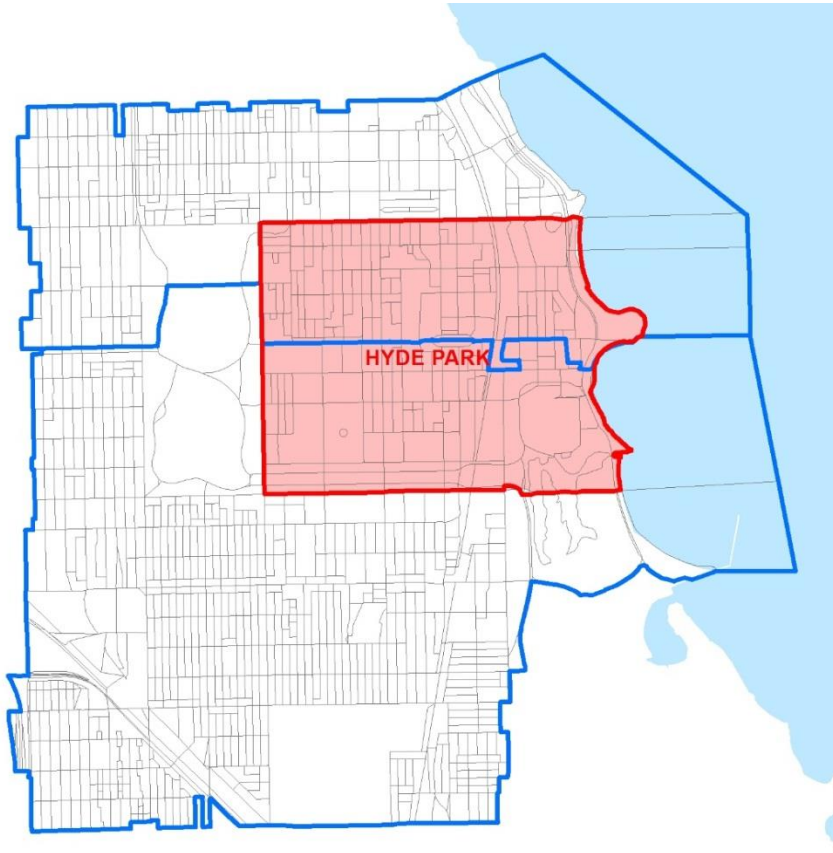
	ZIP Codes (ZCTAs)			Community Areas		
	(N=59)			(N=77)		
	Range	Mean	CV	Range	Mean	CV
Area (square miles)	0.09 – 16.60	4.43	77.8	0.61 – 13.34	3.00	65.7
2010 Population	493 – 133,916	47,143	56.5	2,876 – 98,514	35,008	63.9

\* CV (Coefficient of variation) = the smaller, the less variability  
 Sources: 2010 US Census, the City of Chicago

# Blocks are constituents of both Community Areas and ZIP Codes



# ZIP Codes over Hyde Park




# Why Dasymetric Areal Interpolation?

- **Geographical unit discrepancies:**
  - In Illinois, hospital discharge data comes with **5-digit ZIP Code** only as patient address.
  - In Chicago, summary statistics are tabulated by **Community Areas** (i.e. Chicago neighborhoods).
- **Our solution:**
  - Estimate community level **hospital discharge rate** by allocating the # of discharges of a given ZIP Code to overlapping communities based on **proportions of population** and by ancillary information\*.

\* Ancillary information used was gender, race and age group

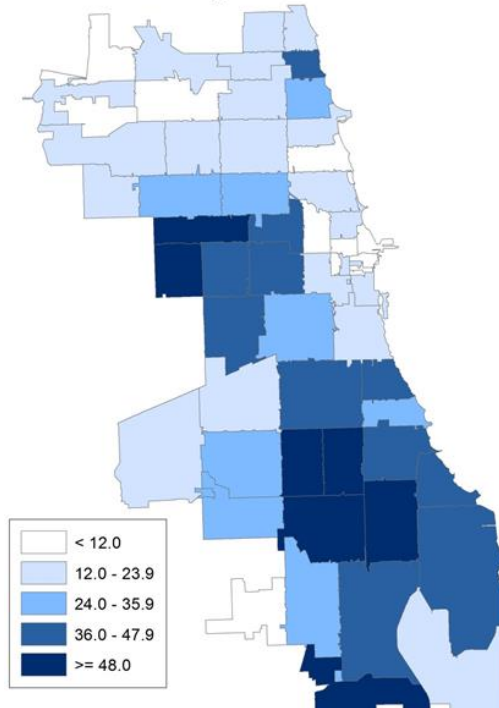
# Dasymetric Interpolation Procedure (Stage 1)

1. **Calculate for each ZIP code:** male & female x 19 age groups x 4 race-ethnicity groups = 84 age-sex-race-specific rates
  2. **Apply rates** to corresponding population for age-sex-race group in each census block to get case counts
  3. **Sum counts** for each community area by age group
  4. Calculate **crude and adjusted rates**
- 

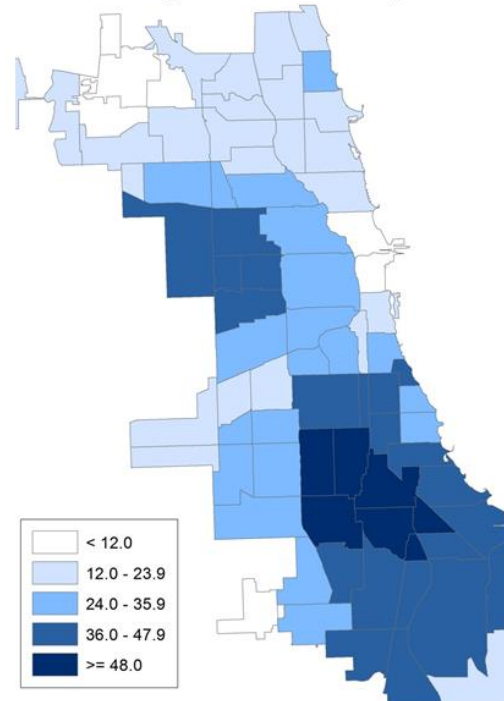
# Results

## Results

Rates by ZIP



Rates by community area



# Results

## Actual vs. Interpolated



	ZIP Codes (N=58)		Community Areas (N=77)	
	Range	Median	Range	Median
<b>Discharges</b>	<b>0 – 393</b>	<b>109</b>	<b>12 – 462</b>	<b>76</b>
<b>Crude rate</b> (per 10,000)	<b>0 – 57</b>	<b>18</b>	<b>7 – 58</b>	<b>26</b>
<b>Adjusted rate*</b> (per 10,000)	<b>0 – 57</b>	<b>19</b>	<b>9 – 56</b>	<b>29</b>

\*Adjusted to the 2000 U.S. Standard Population using four age groups (0–44, 45–64, 65–74, 75+).



# Methodological Validation

- Need for validation study using **case data** geocoded to community area
- **Plan:**
  - Obtain raw hospital discharges from a single Chicago hospital (UCM)
  - Compared the **actual discharge rates** to the **estimated discharge rates** from the dasymetric areal interpolation methodEvaluation measure:
  - Statistical significance test:
    - One-tailed **Chi-square test** ( $p < 0.05$ )

# Data: Validation Study

## 1. Univ. of Chicago Medicine Hospital Discharges

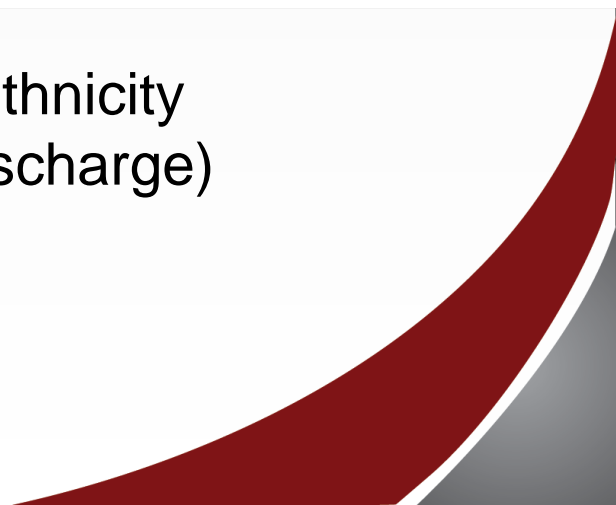
– 84,942 cases

- All discharges (patients), not just diabetes
- From all departments within the UC Medical Center

– Date range (1/1/2009-12/31/2011)

- By discharge date
- 2009 (n=29,239), 2010 (n=27,649), 2011 (n=28,054)

– Variables

- Location: residential street address
  - Demographic: DOB (age), sex, race, ethnicity
  - ICD-9 Diagnosis code (up to 10 per discharge)
- 

# Data: Validation Study

## 2. 2010 Census TIGER/Line Shapefiles

- <http://www.census.gov/geo/maps-data/data/tiger.html>
- Census blocks
- Census ZCTAs (ZIP Code Tabulation Areas)

## 3. 2010 Census summary file 1 (block-level, i.e. sumlevel=101)

- [http://www2.census.gov/census\\_2010/04-Summary\\_File\\_1/](http://www2.census.gov/census_2010/04-Summary_File_1/)
- Sex by age (P012), sex by age by race (P012H&I)
  - Race: NH White, Hispanic, others (= Total – NHW – Hisp.)

## 4. Chicago community area boundary file

- <https://data.cityofchicago.org/>

# Identified Data Issues

## 1. UC Medical Center discharge data

### – Missing values

- age & sex (0.1%) -> excluded
- race/ethnicity (13.9%) -> treated as “others” category
- DX (1.4%) -> excluded

## 2. 2010 Census TIGER/Line Shapefiles

- ZCTAs (ZIP Code Tabulation Areas) are generalized ZIP Code zones. They may include addresses associated with ZIP Codes that are not the same as the ZCTA.

## 3. 2010 Census summary file 1 (block-level)

- Inability to identify “NH African-American” (47% of discharges)
- Swapping (statistical disclosure avoidance technique)
  - “A small sample of households” “were swapped with data from other households that had identical characteristics on a certain set of variables but were from different geographic locations.”

<https://www.census.gov/srd/papers/pdf/rrs2009-10.pdf>

# UCM Diabetes Discharges

- Patient addresses were geocoded:
  - Software/data: ArcGIS 10.2/ESRI StreetMap Premium
  - 98.3% were geocoded at street address level.
  - Chicago residency, ZIP Code & Community Area were determined based on geocoded location.
- Diagnosis code selection:
  - Diabetes (ICD-9 250.x) discharges only.
- Result:
  - Chicago diabetes discharges with valid variables.
  - Total 6,534 discharges.

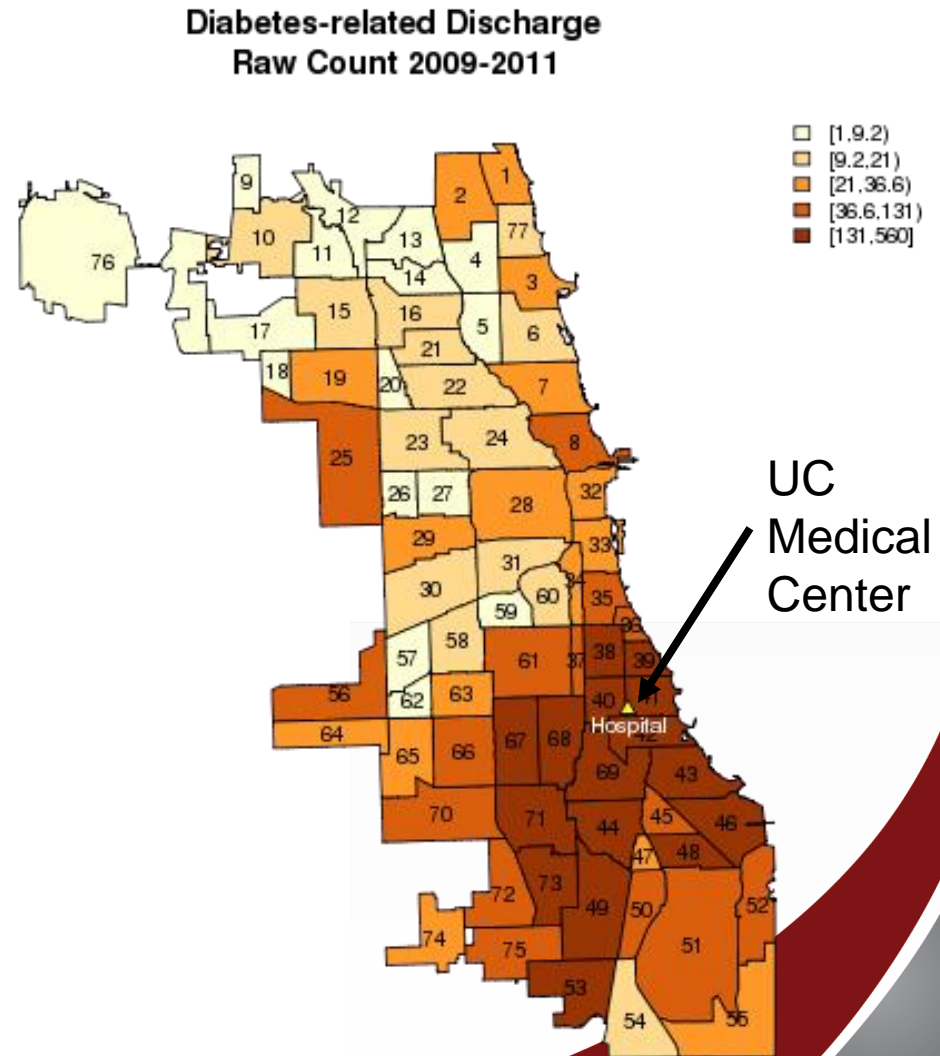
# UCM Diabetes Patients: Sociodemographic Characteristics

	<b>Total</b>	<b>NH White</b>	<b>Hispanic</b>	<b>Others</b>
	(n=6,534)	(n=461)	(n=287)	(n=5,786)
<b>All (%)</b>	100%	7%	4%	89%
<b>Male</b>	2,581	279	167	2,135
<b>Female</b>	3,953	182	120	3,651
<b>Age (mean, SD)</b>	61 (17)	64 (16)	62 (16)	61 (17)
<b>Distance Miles (mean, SD)</b>	3.83 (3.08)	7.3 (4.84)	7.14 (2.98)	3.39 (2.59)
<b>Length of Stay (mean, SD)</b>	4.33 (5.27)	4.44 (5.37)	4.18 (4.48)	4.33 (5.29)

Note: Patients might be repeated if they were hospitalized more than once, as our unit of analysis is a discharge, not a patient. Distance is a direct distance between patients' residence and the UC Medical Center and measured in miles.

# Diabetes Discharges Results

- Number of diabetes discharges by Chicago community areas.
- N=6,534
- Color in quintiles
- Patients are mostly from the Southside.



# Interpolation: Step 1

- Start with a Census block data table with population & discharge counts by race, sex and age group
- Calculate ZIP Code level discharge rate by race, sex and age group.
  - Rate (weight) = Discharge # / Population for the ZIP/age/race/sex group

ZIP Code	Race	Sex	Age group 1	Discharges	Population	Rate (weight)
60637	NH White	Female	35-44	33	2517	0.01311



# Interpolation: Step 2

- Transfer the ZIP Code level discharge rate to the Census block table to estimate (interpolate) the number of discharges at the census block level by race, sex and age group.
  - Dasymetric count = Rate (weight) x Population

ZIP Code	Block	Community	Race	Sex	Age group 1	Population	Rate (weight)	Dasymetric count
60637	0364001007	Hyde Park	NH White	Female	35-44	3	0.01311	0.03933

# Interpolation: Step 3

- Aggregate the block level estimated discharges for all population (i.e. removing race, sex and age categories, except for four age categories for the subsequent age-adjustment) at a community level.
- Calculate crude discharge rates
  - Rate = Dasymetric count / Population
  - (Need to be age-adjusted next!)

Community	Age group 2	Population	Dasymetric count	Rate
Hyde Park	0-44	10168	295	0.02901

# Interpolation: Step 4

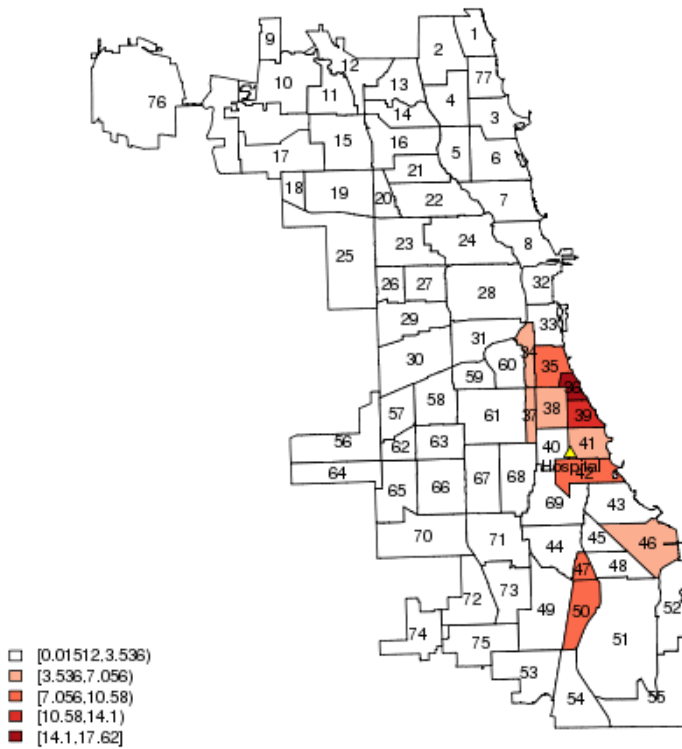
- Adjust the crude discharge rates for age using the U.S. standard population

Community	Age-adjusted rate per 10,000 population
Hyde Park	47.26

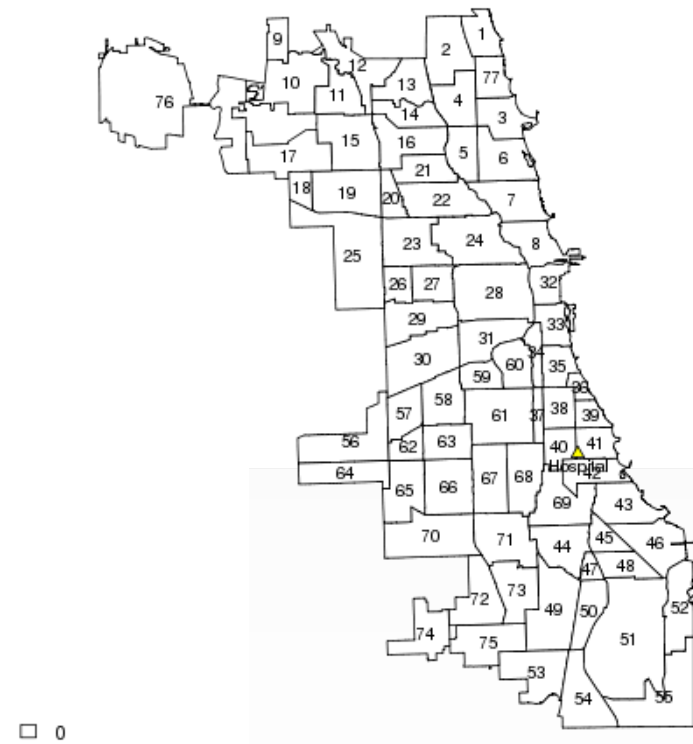


# Results: Differences

Rate Differences




Rate Differences  
(outside 95%CI)



# Validation Results

- An estimated 6,544 hospitalizations were calculated using the dasymetric method, for a **difference of 10 persons**.
  - Raw N=6,534
- **Variation** in actual vs. estimated discharge rates by neighborhoods were **not statistically significant**,  $X^2(76, N=6,534) = 54, p=0.97$ .

# Conclusions

- Dasymetric Areal Interpolation an effective, validated approach
  - Translate zipcode-level data to community-level data
  - Inform local health policy and population health management
- 



# Acknowledgements

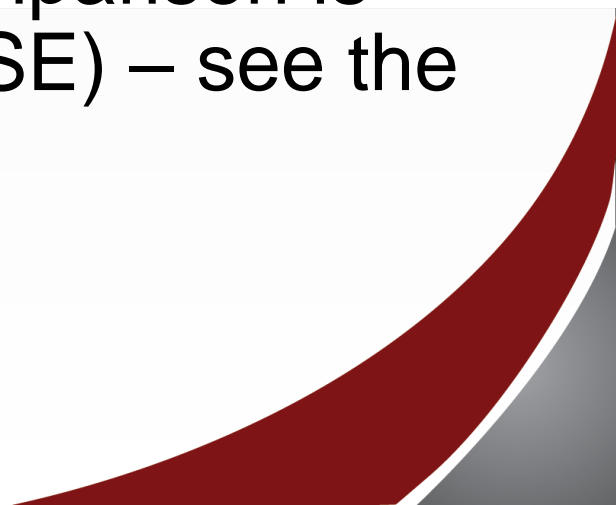
## Co-Authors

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## Funding

- Chicago Center for Diabetes Translation Research  
(NIDDK P30 DK092949)

# Supplemental Discussion

- In the racially diverse city, like Chicago, inclusion of race into calculation turned out to be crucial.
  - To prove if inclusion of race in the method makes a difference we ran the same method using age and sex categories only.
  - A measure we used for the comparison is root mean squared errors (RMSE) – see the next table.
- 

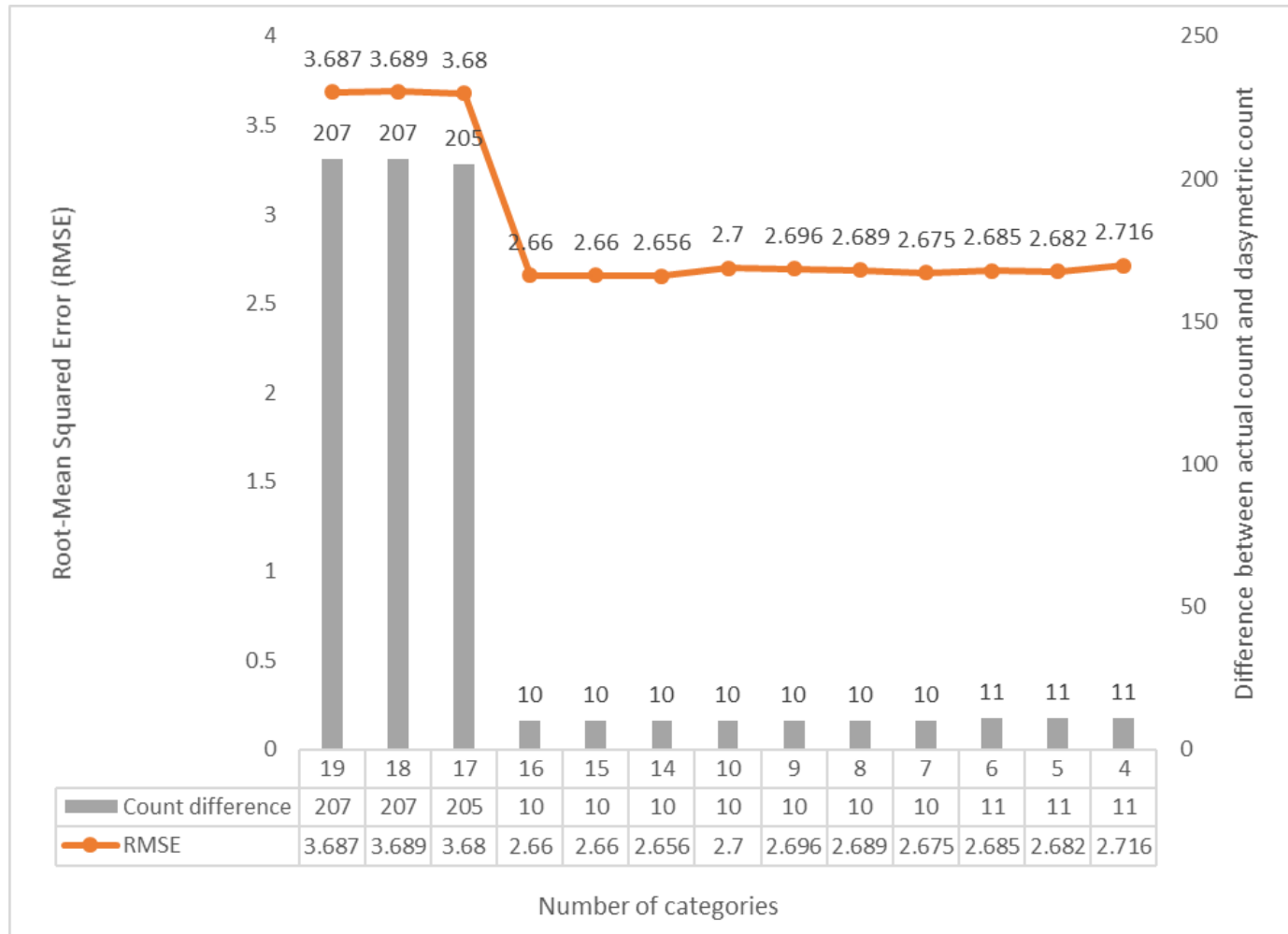
# Results (supplement)

	Community Areas (N=77)		
	Range	RMSE	Number of communities*
<b>Community age-adjusted rates</b>	0.10- 84.68	(N/A)	(N/A)
<b>Dasymetric (age, sex, race)</b>	0.39- 74.63	2.66	0
<b>Dasymetric (age, sex)</b>	0.38- 67.23	4.22	4

\* \* The number of communities whose estimated rates are statistically different from the actual/observed rates at 95% confidence level.

# Supplement: How to “group” age

## Error comparisons from different age group uses



# Supplement: How to “group” age

Number of categories	Minimum Interval	Categories	RMSE	Count difference
19	5	0, 5, 10, 15, 18, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85+	3.687	207
18	5	0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85+	3.689	207
17	5	0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80+	3.680	205
16	5	0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75+	2.660	10
15	5	0, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75+	2.660	10
14	5	0, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75+	2.656	10
10	10	0, 5, 15, 25, 35, 45, 55, 65, 75, 85+	2.700	10
9	7	0, 18, 25, 35, 45, 55, 65, 75, 85+	2.696	10
8	10	0, 18, 30, 45, 55, 65, 75, 85+	2.689	10
7	10	0, 18, 30, 45, 55, 65, 75+	2.675	10
6	10	0, 18, 30, 45, 65, 75+	2.685	11
5	10	0, 18, 45, 65, 75+	2.682	11
4	10	0, 45, 65, 75+	2.716	11

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