On the combination of difference and equivalence tests in spatial maps

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"Atlas of mortality in Austria by causes of death 1998/2004"*

presents mortality rates and tests for difference



directly Standardized mortality rate



significantly high + in top tenth significantly high + not in top tenth not significantly high + in top tenth other areas

not significantly low + in bottom tenth significantly low + not in bottom tenth significantly low + in bottom tenth

Circulatory system

Respiratory system



Standardized mortality rate



significantly high + in top tenth significantly high + not in top tenth not significantly high + in top tenth other areas

not significantly low + in bottom tenth significantly low + not in bottom tenth significantly low + in bottom tenth

Alzheimer disease



Standardized mortality rate



significantly high + in top tenth significantly high + not in top tenth not significantly high + in top tenth other areas

not significantly low + in bottom tenth significantly low + not in bottom tenth significantly low + in bottom tenth

Alzheimer disease



Standardized mortality rate



significantly high + in top tenth significantly high + not in top tenth not significantly high + in top tenth other areas

not significantly low + in bottom tenth significantly low + not in bottom tenth significantly low + in bottom tenth Readers mostly interprete non significant areas as being "equal" or "equivalent" to national average

- no need to worry

Numbers of deaths



We will observe a non significant difference – because of small sample size but **not**

because rate is "equivalent" to average

In order to provide information for equivalence we have to set up equivalence instead of difference tests

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Define "what" means equivalent

Calculate corresponding equivalence test

In spatial epidemiology equivalence may be defined by an SMR range e.g. (0.8, 1.25) or (0.9,1.11)

True SMR's within equivalence range are deemed equal to some comparison value c e.g. SMR=1

Test for equivalence two one-sided tests (TOST) approach $HO_1: SMR \le 1 - \Delta_1$ and $HO_2: SMR \ge 1 + \Delta_2$

Often $\Delta_{1,} \Delta_{2}$ are set to $1 - \Delta_{1} = 1/(1 + \Delta_{2})$ so e.g. $\Delta_{1} = 0.2 ->$ range = 0.8, 1.25 Test for equivalence two one-sided tests (TOST) approach $HO_1: SMR \le 1-\Delta_1$ and $HO_2: SMR \ge 1+\Delta_2$

If both H0₁ and H0₂ are rejected at a significance level α each, then the population SMR can be declared *equivalent* to 1. Rejection of both H0's: two-sided (1 - 2α) - confidence interval for estimated SMR is contained in equivalence range 10 possible scenarios for equivalence tests based on a 90% Cl



Equivalence is attained in scenarios E_3 , E_6 , E_8 all other scenarios are not equivalent



equivalence test for SMR range 0.8-1.25



Respiratory diseases

equivalence test for SMR range 0.8-1.25



Sorted SMR +90% Cl Cause of death: Respiratory disease in Austria in 1998/2004



Alzheimer disease

equivalence test for SMR range 0.8-1.25



Sorted SMR +90% CI

SMR Refline=1 SMR Refline=0.9-1.11 SMR Refline=0.8-1.25



Equivalence Test: Inot equivalent

We may combine

equivalence and difference tests

Test for difference based on a

95% confidence interval





- Combination of equivalence and difference in map
- Use of 90% and 95% CI
- Group corresponding results for presentation in map

16 possible scenarios for combination of equivalence and

difference tests based on a 90% and 95% CI



Freising 2013 scenarios E4,E5,E6,E7 are not significantly different (D₀), only 90% CI shown

Two schemes to distinguish mutual difference and equivalence test results in choropleth maps



combination of equivalence and difference tests into 4 groups



equivalence range (0.8,1.25)

combination of equivalence and difference tests into 4 groups



equivalence range (0.8,1.25)



Combined test





significantly high + in top tenth significantly high + not in top tenth not significantly high + in top tenth other areas

not significantly low + in bottom tenth significantly low + not in bottom tenth significantly low + in bottom tenth

Mind different color schemes!

Respiratory diseases



Combined test



Difference test

Alzheimer disease



Choropleth map of gestational age of newborns in Austria 2008

Legend 1 – Gestational age

mean gestational age per district

 38.4 - 39.2 weeks

 39.2 - 39.4 weeks

 39.4 - 39.5 weeks

 39.5 - 40.5 weeks

Legend 2 – Equivalence + Difference

- equivalent and significantly smaller
- equivalent and not significantly different
- equivalent and significantly larger
- not equivalent and significantly smaller
- not equivalent and not significantly different
- not equivalent and significantly larger

Colors represent gestational age Symbols represent combined test results (6 groups) Results of equivalence tests depend strongly on equivalence range

Respiratory diseases

varying the width of range of equivalence



range 0.7 – 1.42 width: 0.72 range 0.8 – 1.25 width: 0.45 range 0.9 – 1.11 width: 0.21

Many spatial units lead to many statistical tests so we have the problem of multiple tests

Seen from a person just interested in its own spatial unit, this multiple test problem does not apply



Readers interested in whole map: We may use different models which avoid the multiple test problem

Conclusion

Presentation of difference tests alone may distort the perception of the reader leading to many seemingly equivalent areas

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Combination of difference and equivalence tests provides more information than standard maps do

Conclusion

Setting up the equivalence range forces the researcher to define

what is relevant and what is irrelevant