Geographical variations and trends in infant mortality in New-Zealand (1980-2008)



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#### INTRODUCTION



# A large well-known range of biological and social factors associated with high infant mortality

Biological factors – very low (under 1.5 kg) and low birthweight (under 2.5 kg) babies, preterm births, mother's age (under 20; over 40).

Social factors – Socio-economic position of the family, mother's country of birth, birth registered solely by the mother (see for example the report entitled *Infant and perinatal mortality in England and Wales by social and biological factors*, 2010).

## The well-documented disparities in infant mortality rates among countries over the last four decades

Despite declines experienced over the last few decades, internationally New Zealand's infant death rate remains high, with a current ranking of twenty-fourth out of 34 OECD countries.

#### INTRODUCTION





## **RESEARCH OBJECTIVES**



#### Main objective

Explore spatial-temporal variations of infant mortality in New Zealand at the Territorial Local Authority (TLA) level during the last three decades (1980-2008)

#### Specific objectives

- Objective I. Identify hot and cold spots of infant mortality cases in New Zealand for Māori and non-Māori populations
- Objective II. Identify geographical trends in infant mortality for three populations (Total, Māori, non-Māori)
- Objective III. Explore relationships with deprivation
- Objective IV. Compare trends for Māori and non-Māori populations

#### LONGITUDINAL DATA



- Data: Infant mortality rates for three populations
- Total population (1980-2008)
  - 1,632,783 live births
  - -13,110 infant deaths (less one year old)
- Māori population (1995-2008)
  - 228,821 live births
  - -1,893 infant deaths (less one year old)
- Non-Māori population (1995-2008)
  580,652 live births
  2,821 infant deaths (less one year old)
- Smoothing process
  - Three years moving average
  - First and last year of the period were excluded

#### ORIGINAL VALUES

TLA_no TLA_name	1980	1981	1982	1983	1984	1985
1 Far North District	12.7	10.2	16.4	10.1	11.1	9.5
SMOOTHED VALUES 1 Far North District	( a	vera <u>c</u> 13.09	je ) 12.25	12.56	10.25	12.61

No	TLA Name	1989	1990	1991		2007
1	Far North District	16.93	14.16	10.03		10.75
2	Whangarei District	14.67	12.36	9.77		4.99
3	Kaipara District	1.87	1.54	7.93		0.00
4	Rodney District	11.34	9.17	8.02		3.55
5	North Shore City	5.45	5.26	6.51		2.58
				<b>····</b>		
75	Invercargill City	12.52	10.45	9.94	6.11	5.31
	New Zealand	12.00	11.00	9.89	4.62	4.21

72 TLAs (Chatham Islands TLA and those in an 'Area outside Territorial Authority' were excluded)

#### METHODS OBJECTIVE I. Hot and cold spots identification Te Whare Wananga o Waitaha Te Whare Wananga o Waitaha

Spatio-temporal clusters identification using **SaTScan** with an elliptic spatial scan statistic (Kulldorff 1997, 2006, 2010)



#### METHODS OBJECTIVE II. Identifying geographical trends in infant mortality



#### Method used: Latent Class Growth Modelling (LCGM)

Like any cluster method (such as K-Means or AHC), the goal is to group **observations** with similar values for *n* **variables** where:

- Observations = 72 TLAs
- Variables = Infant mortality rates
  - from 1981 to 2007 for the total population
  - from 1995 to 2007 Māori and non-Māori populations

#### **LCGM clustering**

Approaches to classification	Probability-based method of classification also producing information on misclassification of object into clusters.
Identification of number of optimal clusters	Various modelled-based diagnostics such as the BIC statistic and the posterior probabilities of group membership.
Types of variables and standardization	Continuous, categorical (nominal or ordinal), counts variables or any combination of these. Standardization of variables is not necessary.

### RESULTS Trends of infant mortality in New Zealand (1981-2007)





Source: New Zealand Ministry of Health

# RESULTS: SaTScan<sup>™</sup> analysisi. Spatial temporal clusters:Māori and non-Māori populations





### RESULTS: LCGM analysis Geographical trends in infant mortality (total population)







\* high score = high deprivation

Source: Statistics New Zealand New Zealand Ministry of Health.

#### RESULTS: LCGM analysis Geographical trends in infant mortality (Māori and non- Māori populations)

B. IDENTIFYING NON-MAORI INFANT A. IDENTIFYING MAORI INFANT Infant mortality rates per 1000 live births 7 7 9 8 01 7 71 91 81 MORTALITY TRAJECTORIES MORTALITY TRAJECTORIES 18 С C 16 - D B - D Auckland 14 - New Zealand New Zealand 12 Tauranga Hamilton 10 6 Napier A 1995 A 1995 A 1996 1997 1998 1999 2000 2001 2002 1995 1997 1998 1999 2000 2001 2005 2005 2005 2006 1996 2002 2003 2004 2006 2003 2007 Wellington Nelson Year Palmerston North C. MAPPING MAORI D. IDENTIFYING NON-MAORI INFANT MORTALITY INFANT MORTALITY TRAJECTORIES TRAJECTORIES (Number of TLAs (Number of TLAs in each trajectory) in each trajectory) A (5) A (16) B (17) **B**(12) Christchurch C (34) C (22) D (22 **D** (16 200 Dunedin kilometres Queenstown Source: New Zealand Ministry of Health Statistics New Zealand. Invercargill

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#### RESULTS: LCGM analysis Geographical trends in infant mortality (Māori and non- Māori populations)

B. IDENTIFYING NON-MAORI INFANT A. IDENTIFYING MAORI INFANT Infant mortality rates per 1000 live births 7 P 9 8 01 7 P1 91 81 MORTALITY TRAJECTORIES MORTALITY TRAJECTORIES 18 С C 16 - D B - D Auckland 14 New Zealand New Zealand 12 Tauranga Hamilton 10 **Association between** these two maps? Napier 1995 1997 1998 1999 2000 2001 2005 2005 2006 2002 2003 1996 Wellington Nelson Value ASE Year Palmerston 0.035 0.141 North Gamma C. MAPPING MAORI Kendall's Tau-b 0.025 0.102 INFANT MORTALITY TRAJECTORIES Stuart's Tau-c 0.024 0.095 (Number of TLAs Somers' D C|R 0.024 0.097 in each trajectory) **Spearman Correlation** 0.033 0.119 A (16) **B**(12) Christchurch C (34) C (22) D (22) (16)D 200 Dunedin kilometres Queenstown Source: New Zealand Ministry of Health Statistics New Zealand. Invercargill

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#### Concluding remarks



- As expected, there was a decline of infant mortality rates over the period, but...
  - Significant spatial variations and hot and cold spots
  - Different spots and trends for Māori and non-Māori populations
  - No significant association between trajectories of Māori and non-Māori infant mortality rates
- Do these findings have implications in terms of public health?
  - Identification of TLAs as possible sites for area-based interventions to tackle infant mortality in New Zealand according to target populations (Māori and non-Māori)