

A three level hierarchical dataset

Incidence of heart disease mortality in $i = 1, \dots, 758 \Rightarrow$ **small areas** (electoral wards) in the Greater London area over the **3 = T years** 1990-92. These small areas are grouped into $j = 1, \dots, 33 \Rightarrow$ **J clusters** (boroughs).

Regressors:

at the area level: x_{ij} , index of socio-economic deprivation;

at the cluster level: w_j , 1 for inner London borough, 0 for the outer suburban boroughs.

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Theoretical setting

Level-1 model:

$$O_{ij} | \mu_{ij} \stackrel{ind}{\sim} Pois(\mu_{ij})$$
$$\log(\mu_{ij}) = \log(E_{ij}) + \beta_{1j} + \beta_{2j}(x_{ij} - \bar{x}) + \delta_{ij}$$
$$\delta_{ij} \sim N(0, \sigma_\delta^2)$$

Level-2 model:

$$\beta_j = \begin{pmatrix} \beta_{1j} \\ \beta_{2j} \end{pmatrix} \stackrel{ind}{\sim} N_2(\boldsymbol{\mu}_{\beta j}, \Omega)$$
$$\mu_{\beta 1j} = \gamma_{11} + \gamma_{12} w_j$$
$$\mu_{\beta 2j} = \gamma_{21} + \gamma_{22} w_j$$

Priors for Bayesian analysis:

$$\Omega^{-1} \sim W((\rho R)^{-1}, \rho)$$
$$\gamma_{11} \sim N(0, 1.0E - 4)$$
$$\sigma_\delta^{-2} \sim G(a, b)$$

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Bayesian Methods LABORATORY

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Software: **BUGS**

Multilevel GLM for hierarchical data sets

Multilevel GLM. Small area deaths

Example 8.1 taken from Congdon's book *Poisson model for small area deaths*, p. 272

On the course web page:

Congdon's BUGS program: *Program 8.1 Multi-level IHD mortality*;

Extension: **MLpois.b**

Bayesian M

Bayesian M

Level-1: the prior specification for $\eta_{ij} = \log(\mu_{ij})$

$\log(E_{ij})$ is an offset, i.e., an explanatory variable with known coefficient (equal to 1);

$\beta = (\beta_{1j}, \beta_{2j})$ are **random coefficients** for the intercepts and the impacts of deprivation at the cluster level;

δ_{ij} is a random error for Poisson **overdispersion**

$x_{ij} - \bar{x}$ is a area level covariate centred w.r.t. the overall mean.

Level-2: the prior specification for μ, β_j

$\gamma_{11}, \gamma_{12}, \gamma_{21}, \gamma_{22}$ are the **population coefficients** for the intercept, the impact of borough category, the impact of deprivation, and, respectively, the interaction impact of the level-2 regressor and level-1 regressor.

The non centered versus the hierarchically centered parameterization

Non-centered parameterization:

$$\log(\mu_{ij}) = \gamma_{11} + \gamma_{21}\bar{x}_{ij} + \gamma_{12}w_j + \gamma_{22}\bar{x}_{ij}w_j + \delta_{ij} + \nu_{1j} + \nu_{2j}\bar{x}_{ij}$$

Hierarchically centered:

Level-1 model centered onto:

Level-2 model

Because of non-identifiability issues in GLMMs, hence high parameter cross-correlation, it is computationally convenient the centered parameterization (Gelfand and Sahu, 1999).

Alternative likelihood models

1. $O_{ij} \sim Bin(p_{ij}, n_{ij})$, where n_{ij} is the known number of individuals at risk (in area i within cluster j), and p_{ij} is the associated heart disease mortality rate;

2. O_{ij} or $\sqrt{O_{ij}}$ or $\sqrt{O_{ij} + 1} \sim Norm(p_{ij}n_{ij}, n_{ij}p_{ij}(1 - p_{ij}))$, when the counts O_{ij} are sufficiently large.

If the counts consist in small (including even several 0s) values, the choice is preferably

$$O_{ij} \sim Pois(p_{ij}n_{ij}) \\ = Pois(E_{ij}\lambda_{ij})$$

where E_{ij} is the expected count (in area i within cluster j). In fact, Poisson model is more appropriate than the Binomial one greater the rarity of the studied event is.

Computation of E_{ij}

Suppose that p^* is an overall disease rate. Then,

$$E_{ij} = n_{ij}p^* \text{ and } \lambda_{ij} = p_{ij}/p^*.$$

The μ s are said

1. **externally standardized** if p^* is obtained from another data source (such as a standard reference table);

2. **internally standardized** if p^* is obtained from the given dataset, e.g., $p^* = \sum_{ij} O_{ij} / \sum_{ij} n_{ij}$.

In our example we rely on the latter approach.

Under 1. the joint distribution of the O_{ij} is a product Poisson; under 2. is multinomial.

However, since likelihood inference is unaffected by whether or not we condition on $\sum_{ij} O_{ij}$, the product Poisson likelihood is commonly retained.