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Statistical methods in public health
Adjusted means based on regression models and delta method

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## Statistical methods in public health <br> $\left\llcorner_{\text {Predicted mean }}\right.$

Revisit back-door adjustment
Back-door adjustment
If a set of variables $Z$ satisfies the back-door criterion relative to $(X, Y)$, then the causal effect of $X$ on $Y$ is identifiable and is given by the formula

$$
\begin{equation*}
\mathbb{P}\{y \mid x\}=\sum_{z} \mathbb{P}\{y \mid x, z\} \mathbb{P}\{z\} \tag{1}
\end{equation*}
$$

## Note that in (1)

Intervention $\mathbb{P}\{y \mid x\}$ is the predicted probability of $Y=y$ when the value of $X$ is fixed to $x$. (Pearl uses notation $d o(x)$ )
(Direct) standardization The r.h.s. is a weighted average of probabilities $\mathbb{P}\{y \mid x, z\}$ estimated from subsets $(x, z)$ and $\mathbb{P}\{z\}$ prevalence of the blocking variables $Z=z$.

Predicted mean

Delta method for variance estimation

Population Attributable Fraction

## Statistical methods in public health <br> Delta method for variance estimatio

Approximating a function by Taylor series
For example, let

## Taylor series

The Taylor series of a real or complex-valued function $f(x)$ that is infinitely differentiable at a real or complex number $a$ is the power series

$$
\begin{equation*}
f(x) \approx \sum_{k=0}^{m} \frac{f^{(k)}(a)}{k!}(x-a)^{k} \tag{2}
\end{equation*}
$$

(Derivative of order zero $f^{(0)}:=f$, $0!:=1,(x-a)^{0}:=1$.)
$f(x):=1 /(1+\exp \{-x\})$ and $a:=0.5$ :


## Delta method

Recall that if $X$ is a random variable with $\mathbb{E}[X]=\mu$ and $\operatorname{Var}(X)=\sigma^{2}$. Then

- $\mathbb{E}[c(X-a)]=c(\mu-a)$ and
- $\operatorname{Var}(c(X-a))=c^{2} \sigma^{2}$.

Recall the first terms of the Taylor series:

$$
f(X) \approx f(a)+f^{(1)}(a)(X-a)+o(X-a)
$$

Choose $a:=\mu$. Then expectation of $2^{\text {nd }}$ term equals zero, and variance $\operatorname{Var}(X)\left[f^{(1)}(\mu)\right]^{2}$. Remainder $o(X-\mu)$ can be omitted if $X$ is near a.

Univariate delta method
If for a sequence of random variables $X_{n} \sqrt{n}\left(X_{n}-\mu\right) \rightarrow N\left(0, \sigma^{2}\right)$, then

$$
\begin{equation*}
\sqrt{n}\left(f\left(X_{n}\right)-f(\mu)\right) \rightarrow N\left(0, \sigma^{2}\left[f^{(1)}(\mu)\right]^{2}\right) \tag{3}
\end{equation*}
$$

Note that (3) can be generalized to random vectors $B_{n}$ with mean vector $\beta$, covariance matrix $\Sigma$, and gradient vector $\nabla f$ :

$$
\sqrt{n}\left(f\left(B_{n}\right)-f(\beta)\right) \rightarrow N\left(0, \nabla f(\beta)^{T} \Sigma \nabla f(\beta)\right) .
$$

## Statistical methods in public health <br> Population Attributable Fraction

## Population Attributable Fraction (PAF)

Cohort study
Levin (1953) was the first to proposed a statistic. A commonly used form is

$$
\begin{array}{r}
\operatorname{PAR}:=\frac{p(\mathrm{RR}-1)}{1+p(\mathrm{RR}-1)}=\frac{1}{1+\frac{1}{p(\mathrm{RR}-1)}} \\
=\frac{1}{1+\frac{R_{0}}{p\left(R_{1}-R_{0}\right)}}=\frac{p\left(R_{1}-R_{0}\right)}{p R_{1}-p R_{0}+R_{0}}=\frac{p\left(R_{1}-R_{0}\right)}{p R_{1}-(1-p) R_{0}} \\
\quad=\frac{\text { Expected decrease in the cases }}{\text { Expected cases }} \tag{4}
\end{array}
$$

by writing $\mathrm{RR}=R_{1} / R_{0}$, the ratio of disease probabilities $R_{1}$ and $R_{1}$ among exposed and unexposed, respectively.
Note the the Ihs of (4) does not depend on the absolute risks $R_{0}$ and $R_{1}$, only on their ratio, the RR!
RR can be estimated using e.g. Cox's proportional hazards model, and the prevalence $p$ directly from the data.

## Population Attributable Fraction (PAF)

Background
The importance of a risk factor in public health can be phrased e.g. "How many disease cases could be avoided if risk factor $X$ had been removed from a population?"

- Two important aspects:

Individual effect How strong is the association of $X$ with the disease?
Prevalence How common $X$ is in the population?
Risk factor with low individual effect but high prevalence can be more important to public health that a rare risk factor with strong individual effect.

- PAF combines both aspects into a single statistic:

Proportion of avoided cases if the individuals with $X$ had been similar to those without $X$

[^0]
## Population Attributable Fraction (PAF)

Cross-sectional study
PAF can also be defined using e.g. logistic regression model for outcome $Y_{i}$.
Let $X_{i}$ be a vector of $m$ covariates, and $X_{i}^{*}$ a modified version, in which the risk factor of interest has been set to state "unexposed".
Absolute risk $R_{i}$ (and $R_{i}^{*}$ ) is based on $X_{i}\left(X_{i}^{*}\right)$ and the regression coefficients $\beta$ :

$$
\begin{equation*}
R_{i}:=\mathbb{P}\left\{Y_{i}=1 \mid X_{i}, \beta\right\}=\operatorname{expit}\left(X_{i} \beta\right):=\frac{1}{1+\exp \left\{-X_{i} \beta\right\}} \tag{5}
\end{equation*}
$$

Expected proportion of cases is the average of terms (5) called predictive margin ${ }^{1}$ :

$$
\mathrm{PM}:=\frac{1}{n} \sum_{i=1}^{n} R_{i} \quad \mathrm{PM}^{*}:=\frac{1}{n} \sum_{i=1}^{n} R_{i}^{*}
$$

PAF is defined as

$$
\mathrm{PAF}:=1-\frac{\mathrm{PM}^{*}}{\mathrm{PM}}
$$

${ }^{1}$ Graubard and Korn (1999), Biometrics


[^0]:    Statistical methods in public health
    Population Attributable Fraction

