

Models and Data

Introduction to Model Fitting



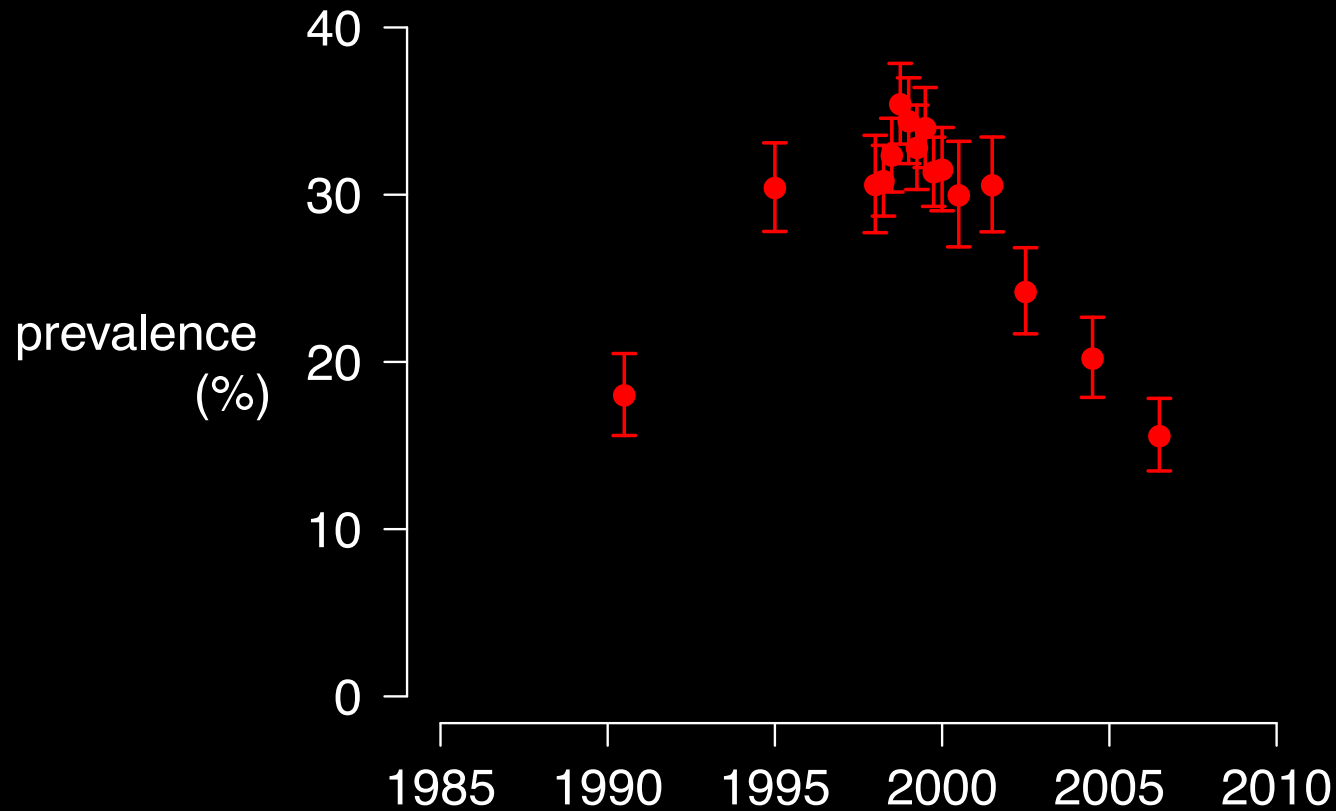
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Dept. of Epidemiology & Biostatistics, College of Public Health
University of Georgia
DAIDD, White Oak Conservation
Thursday December 8, 2016

Outline

1. Recap: Classical and Mechanistic Epidemiology
2. Why fit models to data?
3. Review of Linear Regression
4. Maximum Likelihood and Fitting Simple Models
5. Fitting Dynamic Models to Data
6. Summary

What happened?

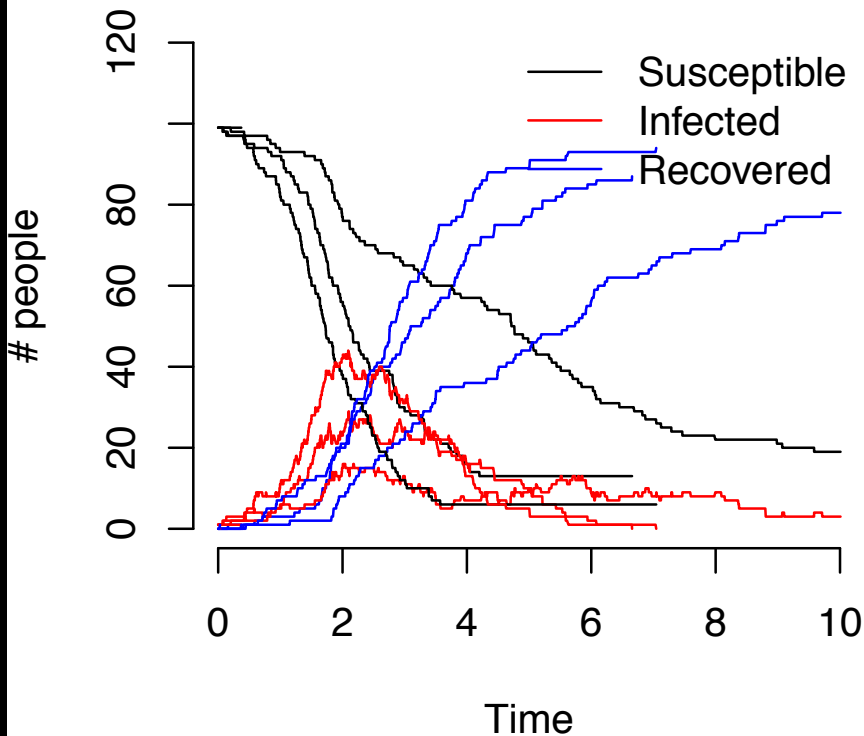
Harare ANC HIV Data



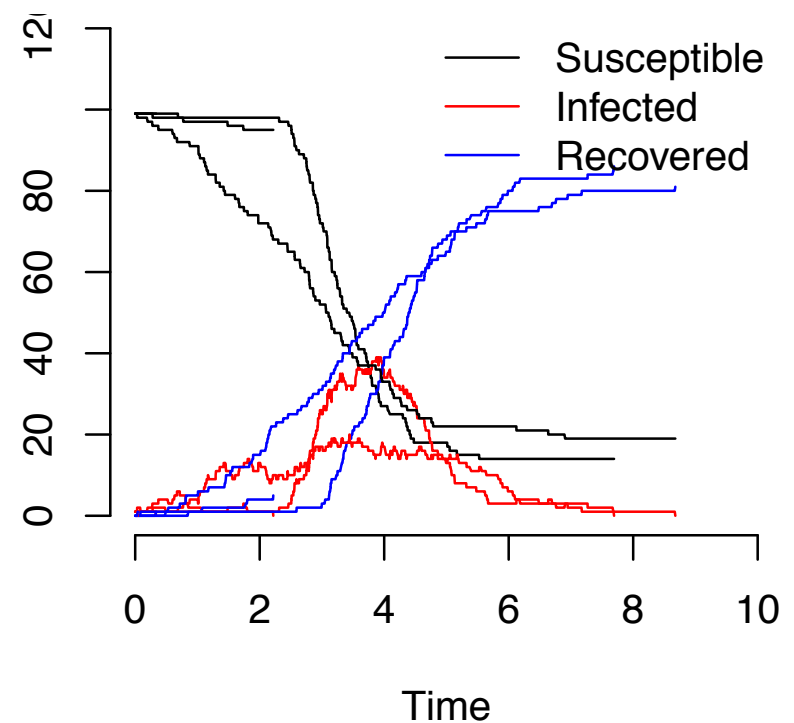
Are these different?

Measles Outbreaks

5 Urban Villages



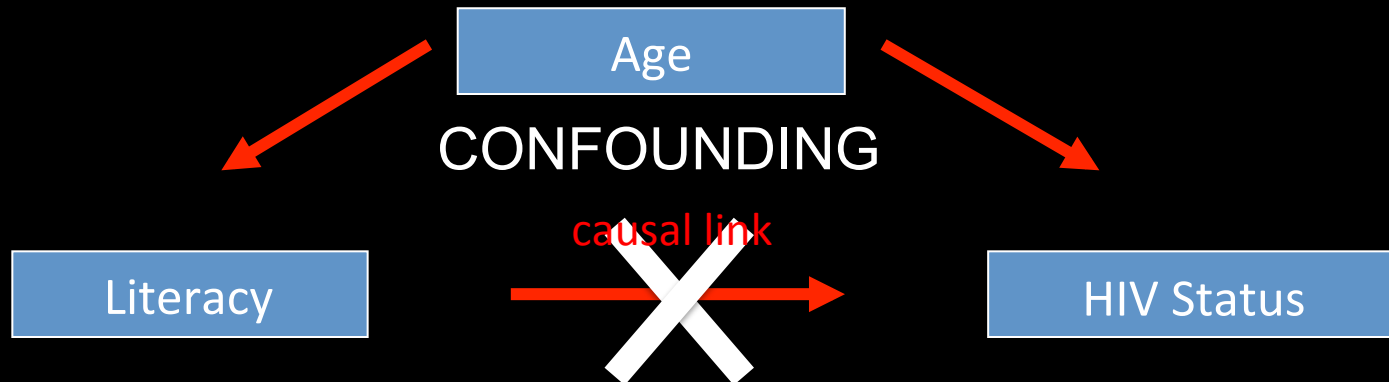
5 Rural Villages



Classical Epidemiology

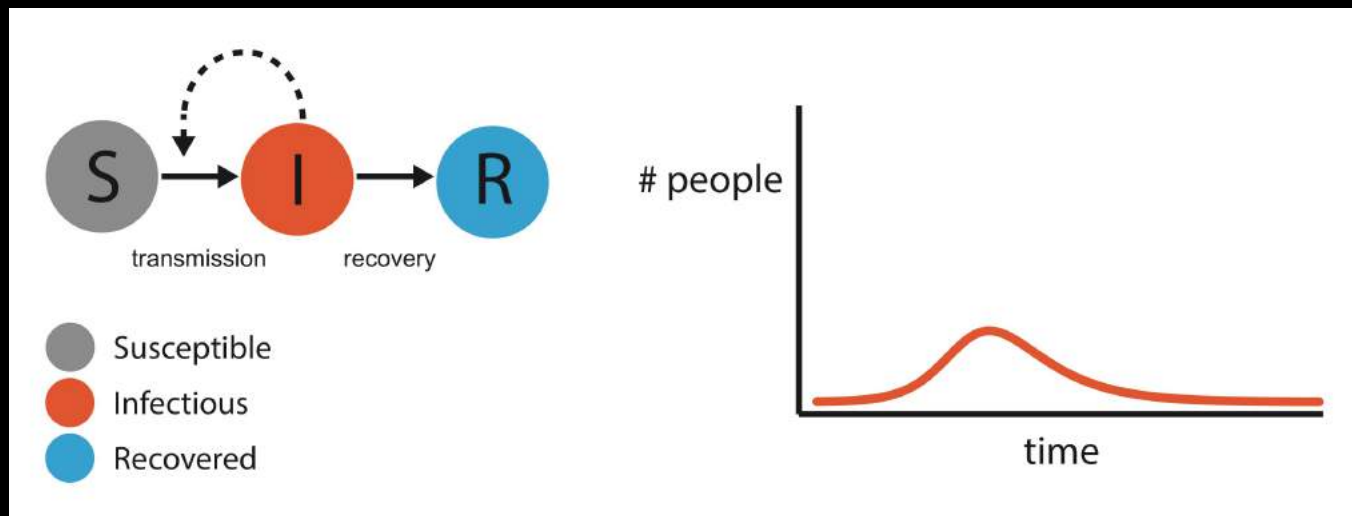
Individual	Literate	HIV infected
1	0	0
2	0	0
3	0	0
4	0	1
5	1	1
6	1	0
7	1	1
8	1	1

- Does literacy cause HIV?
- Find **correlations that imply causality** by accounting for
 1. random error: do we have enough data?
 2. bias: are design & analysis valid?



Mechanistic Epidemiology

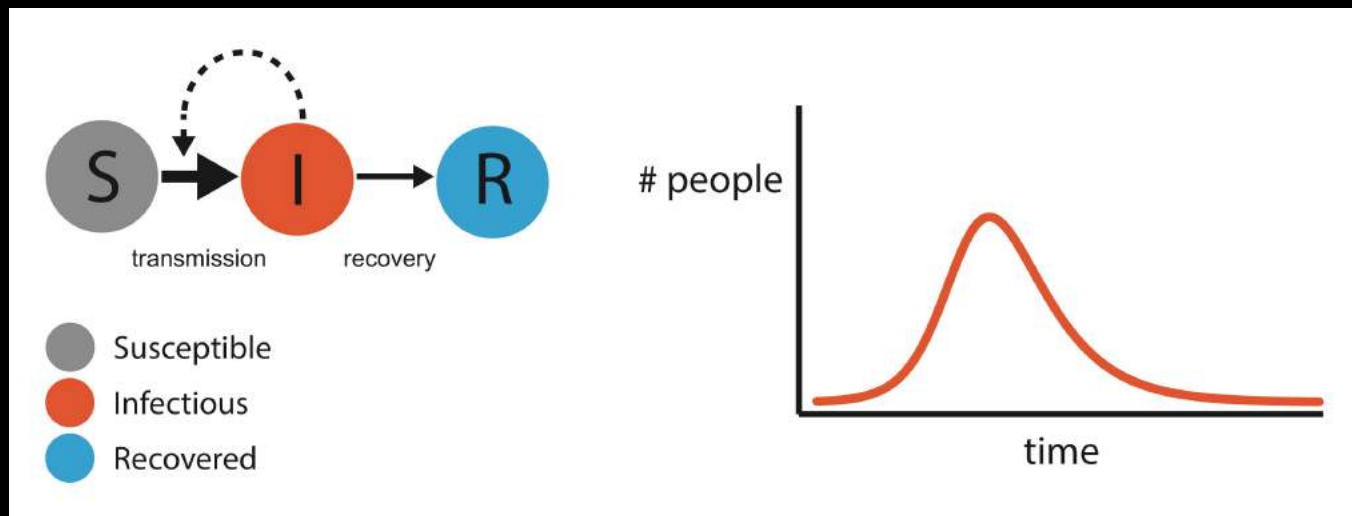
- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation



Mechanistic Epidemiology

- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation

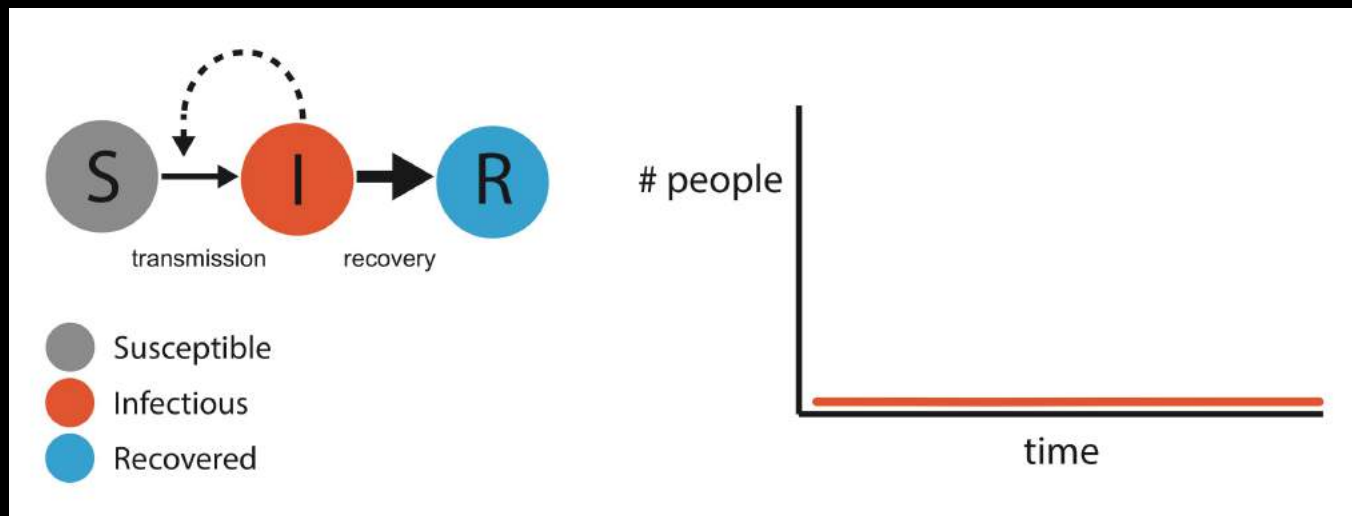
What if each person exposed 50% more people?



Mechanistic Epidemiology

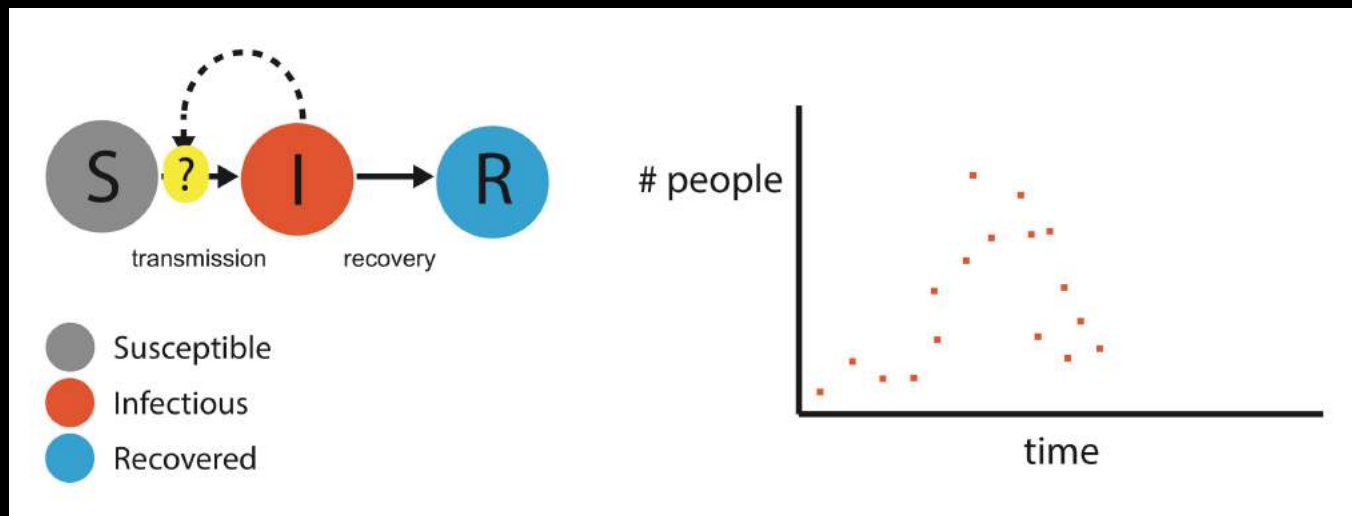
- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation

What if we treated people and doubled the rate of recovery?



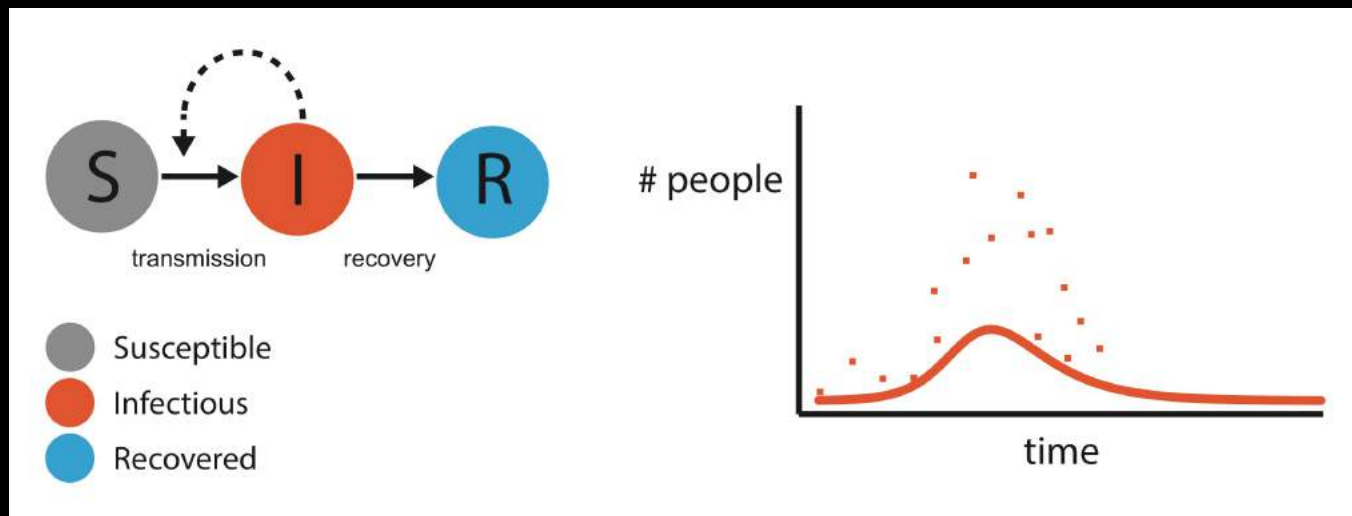
Mechanistic Epidemiology

- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation
- Estimating parameters by fitting available data



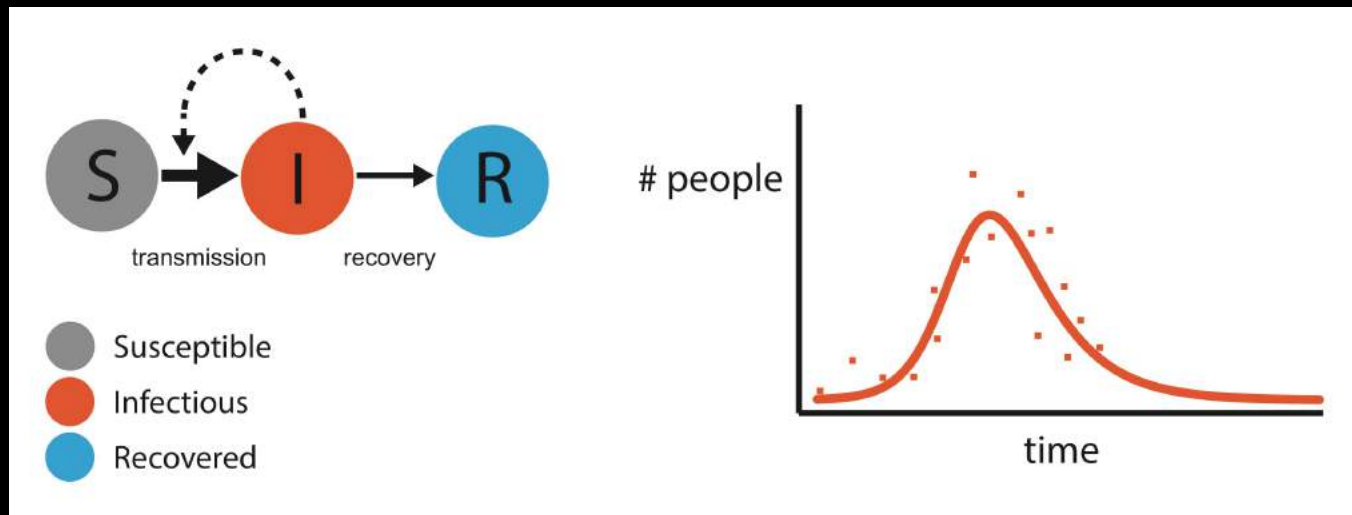
Mechanistic Epidemiology

- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation
- Estimating parameters by fitting available data



Mechanistic Epidemiology

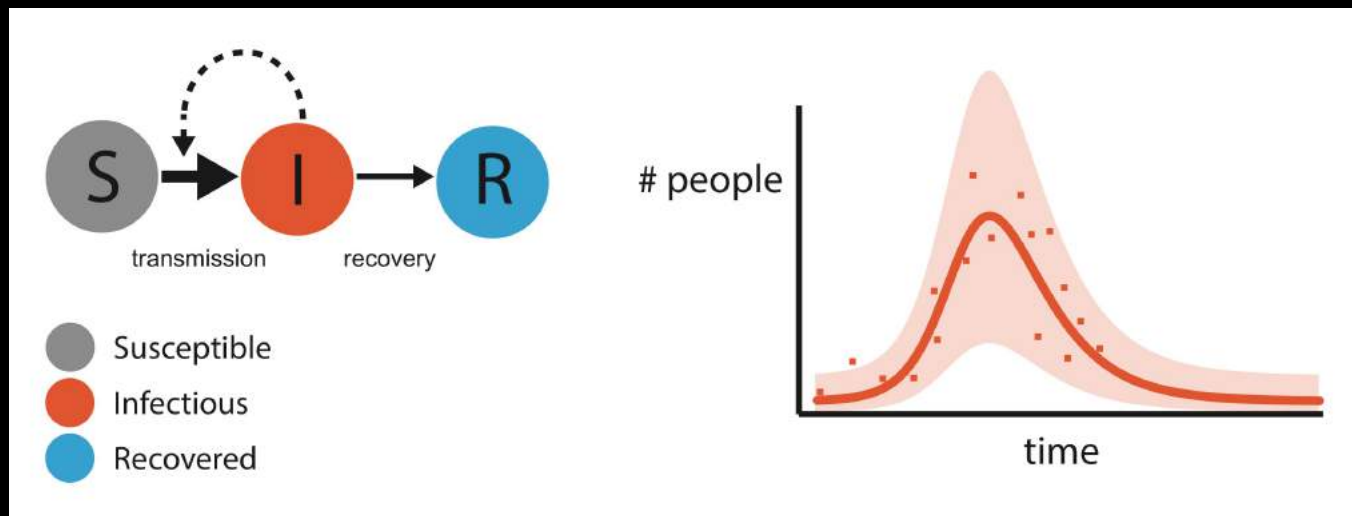
- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation
- Estimating parameters by fitting available data



Mechanistic Epidemiology

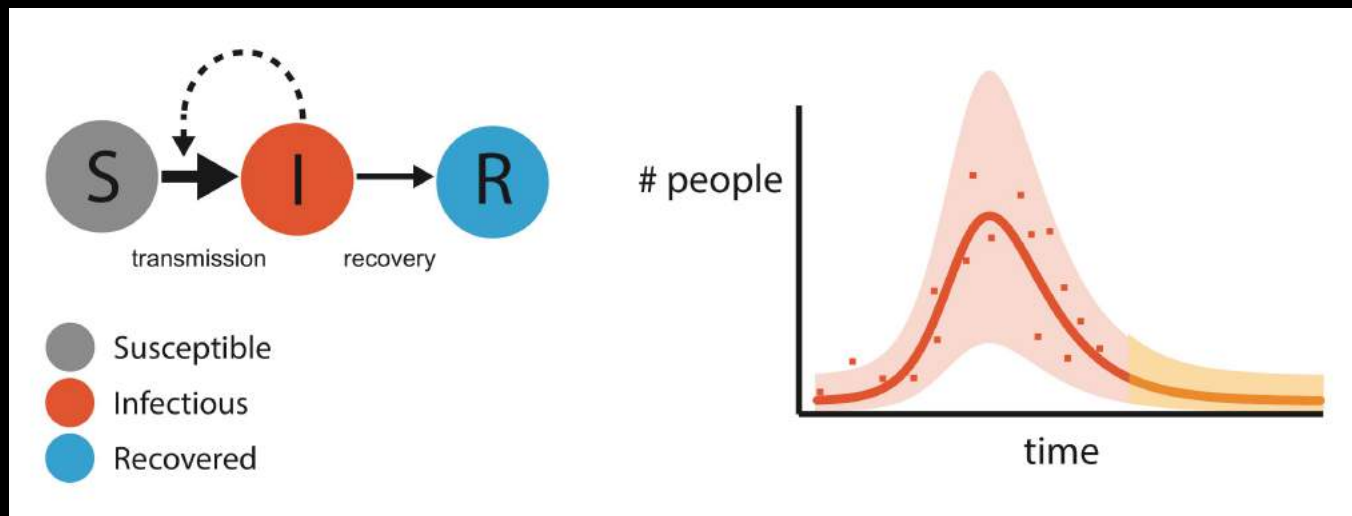
- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation
- Estimating parameters by fitting available data

Estimate transmission rate or other model parameters
(with confidence intervals)



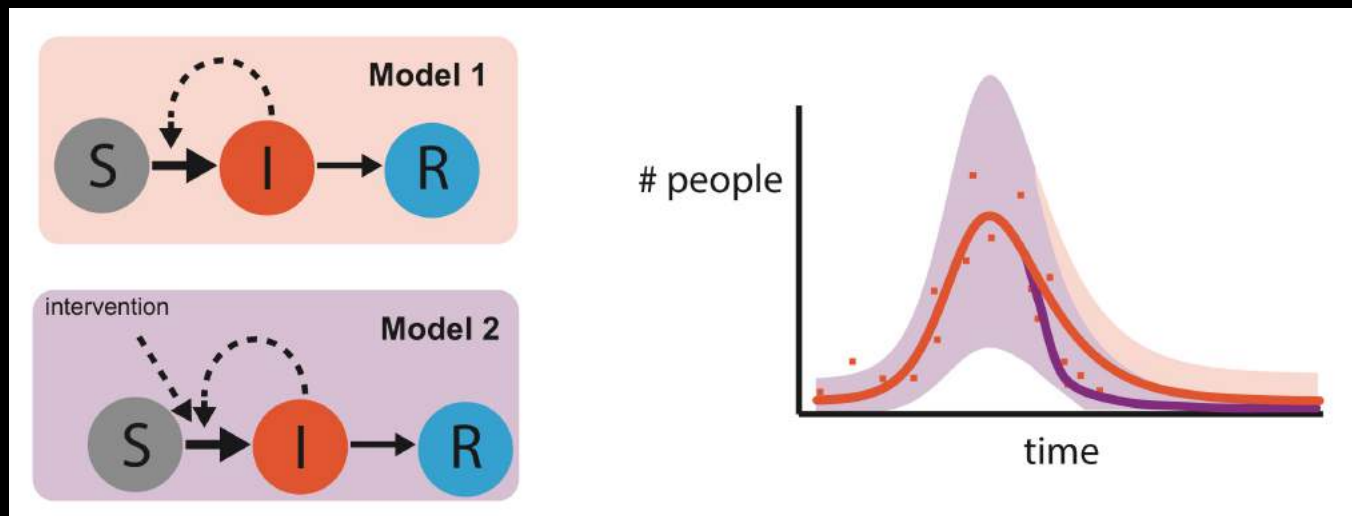
Mechanistic Epidemiology

- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation
- Estimating parameters by fitting available data
- Prediction



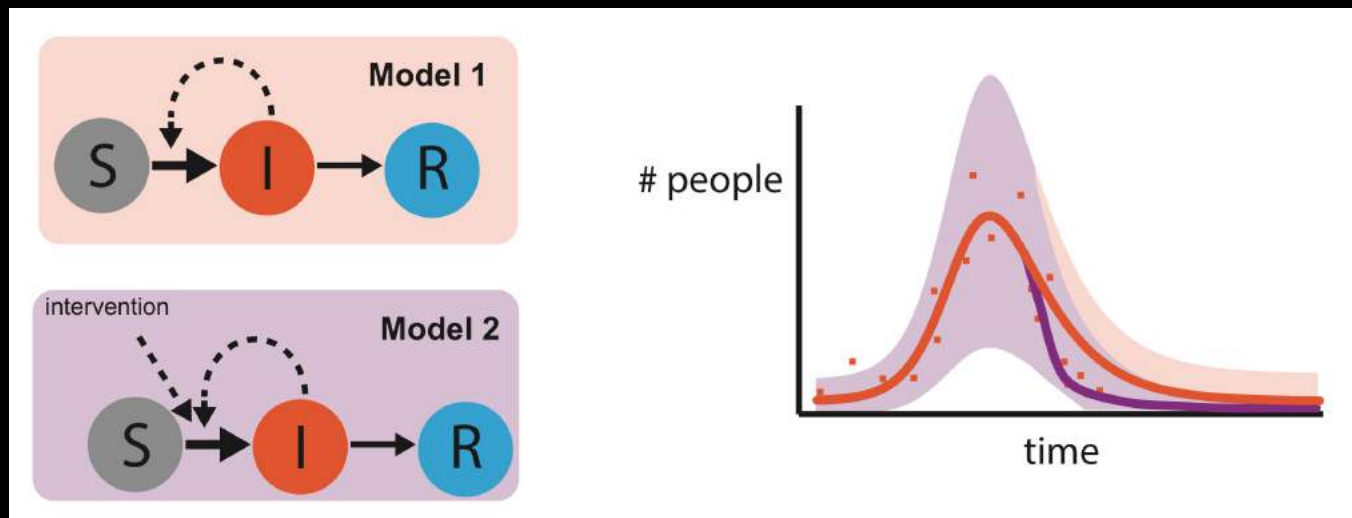
Mechanistic Epidemiology

- Scale up from individual processes to population patterns
- “What if” scenarios not amenable to experimentation
- Estimating parameters by fitting available data
- Prediction
- Model selection (choosing between alternative hypotheses)



Mechanistic Epidemiology

- Scale up from individual processes to population patterns
 - “What if” scenarios not amenable to experimentation
 - Estimating parameters by fitting available data
 - Prediction
 - Model selection
- data focus emerged in last 10 years



Outline

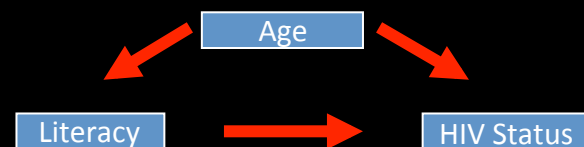
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Why fit models to data?

- **Estimate** quantities/parameters of interest
- **Inference**: Test hypotheses
- Model assessment:
 - Assess **plausibility** or **model comparison**
- End goal: **explain** observed patterns or **predict**

Statistical Models

- A **familiar** starting point

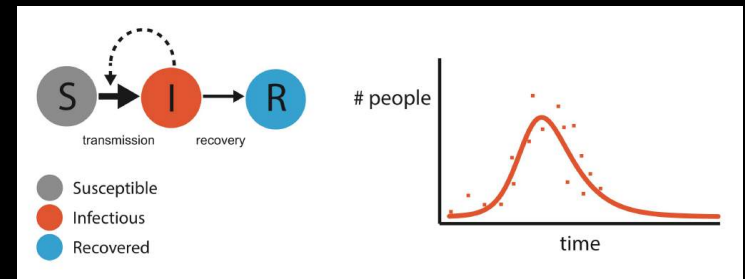


- **Analogous** to fitting dynamical models
- **Abstraction** of real relationships
- **Explaining variation** in data through **correlational** relationships (hopefully causal)

Dynamic Models and Time Series Data

- Dynamic models **evolve through time**

- and **simulate time series**



- **Informally compare** observed time series & simulated time series
- Fitting models to data **formally compares** them

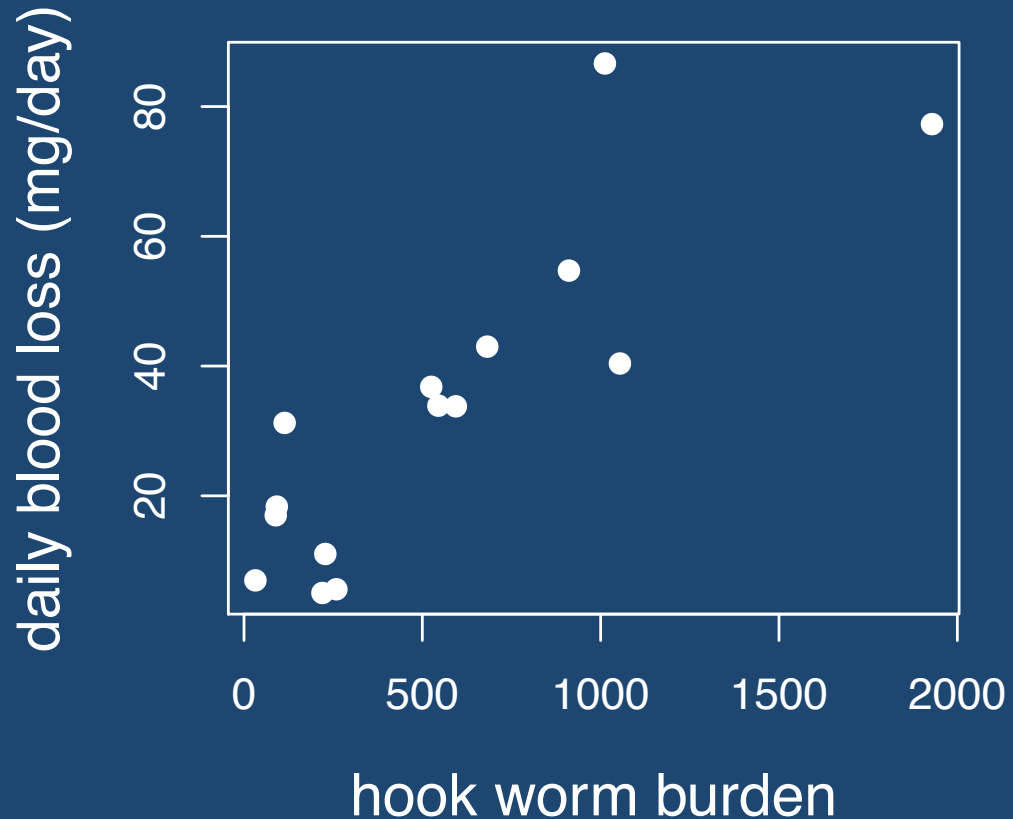
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Linear Regression

How does **hook worm burden** affect **blood loss**?

Is there any relationship?



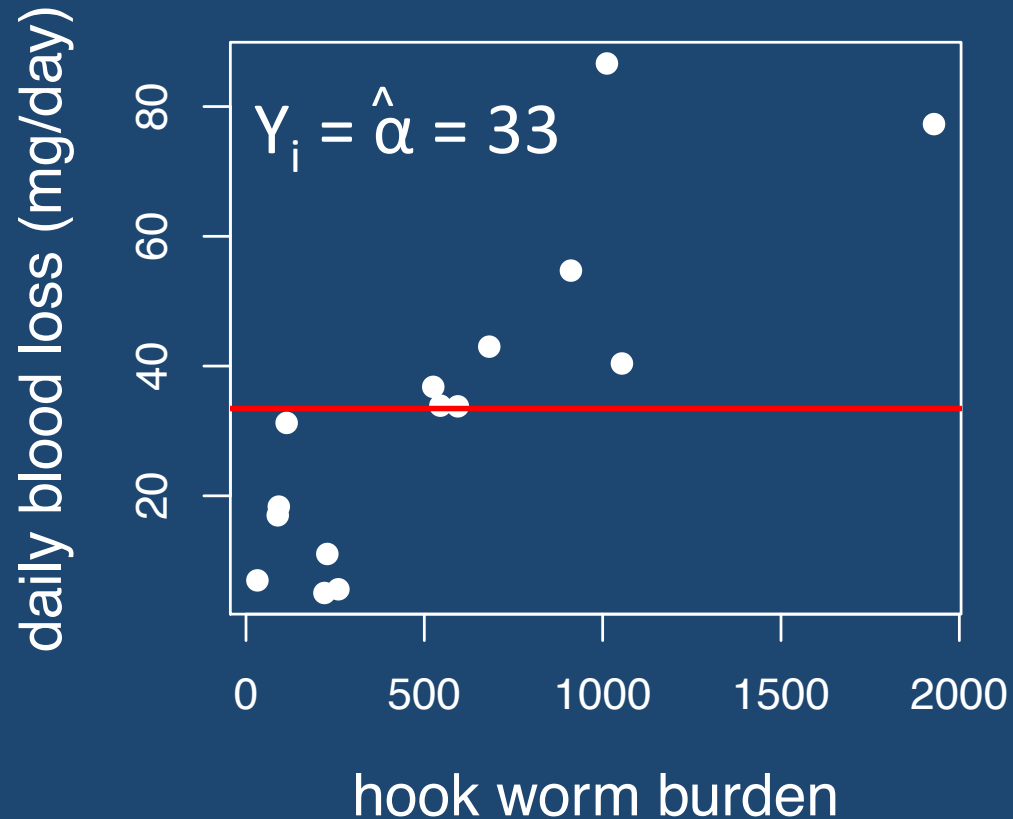
Linear Regression

Null hypothesis: No relationship

$$Y = \alpha$$

Is this a **good fit**?

How can we get a better fit, or the **best fit**?



Linear Regression

Null hypothesis: No relationship

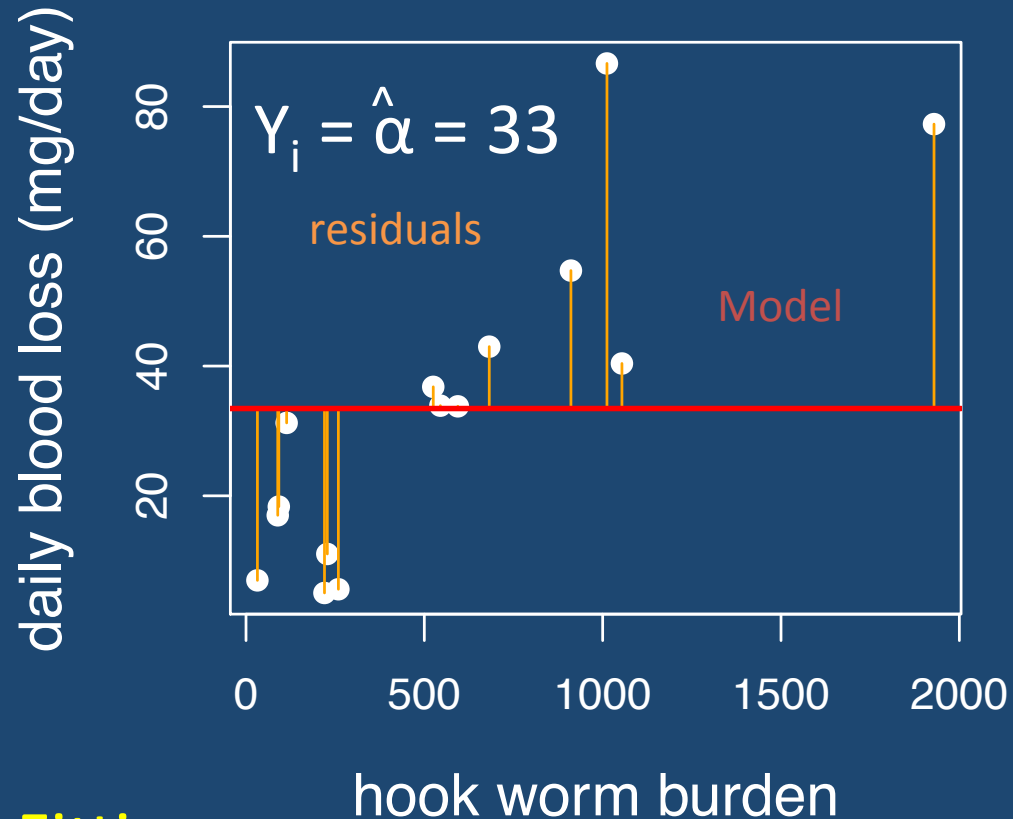
$$Y_i = \alpha + \epsilon_i$$

Is this a **good fit**?

How can we get a better fit, or the **best fit**?

One option is **Least Squares Fitting**

Choose a line $Y = \hat{\alpha} + \hat{\beta}X$ to minimize $\Sigma(\text{residuals})^2$



Linear Regression

Null hypothesis: No relationship

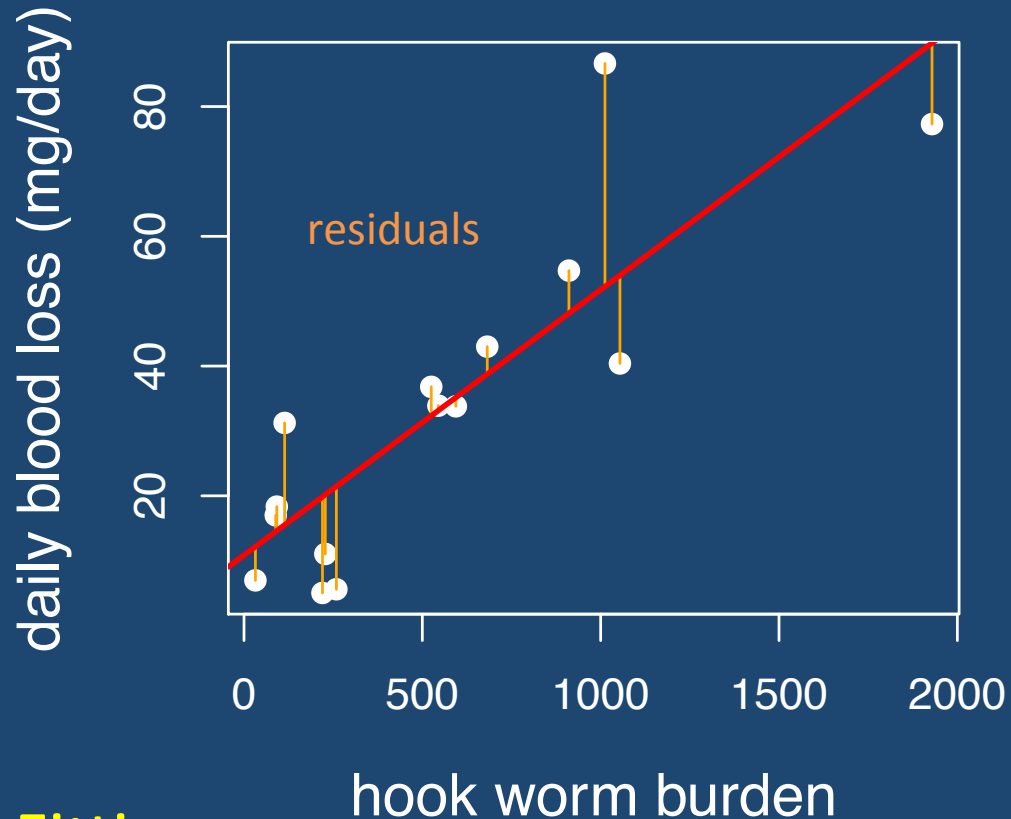
$$Y_i = \alpha + \beta X_i + \varepsilon_i$$

Is this a **good fit**?

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Linear Regression

expected daily blood loss

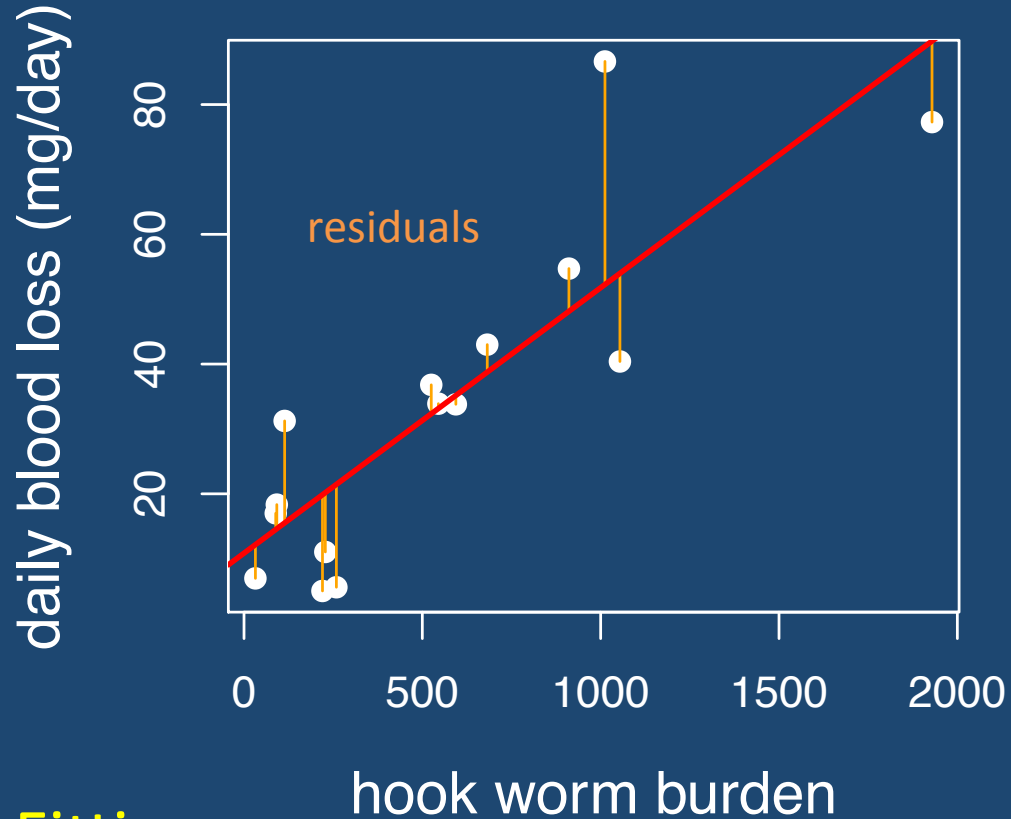
hook worm burden

$$Y_i = \alpha + \beta X_i + \epsilon_i$$

intercept

effect of hook worm burden

error



One option is **Least Squares Fitting**

Choose a line $Y = \hat{\alpha} + \hat{\beta}X$ to minimize $\sum(\epsilon_i)^2$

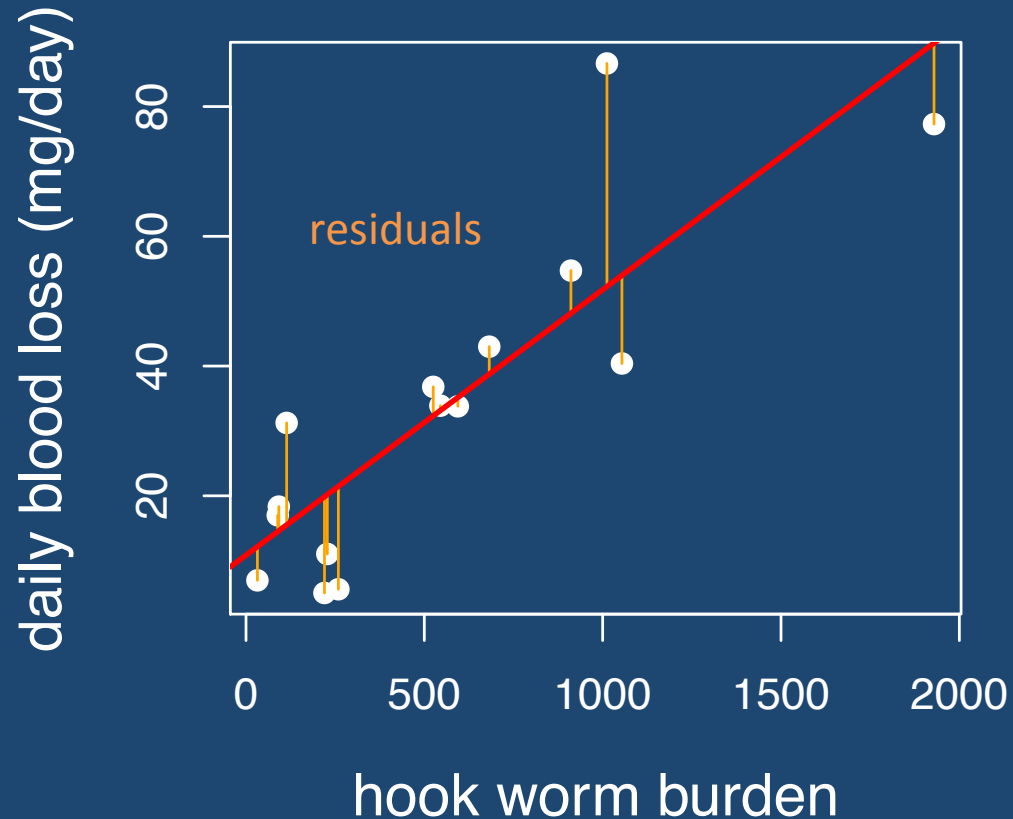
Linear Regression

Another option is

Maximum Likelihood

$$Y_i = \alpha + \beta X_i + \varepsilon_i$$

$$\varepsilon_i \sim N(0, \sigma^2)$$



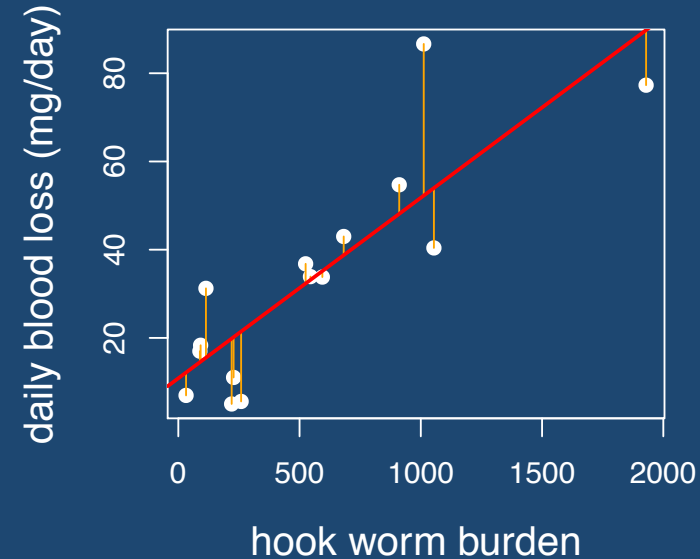
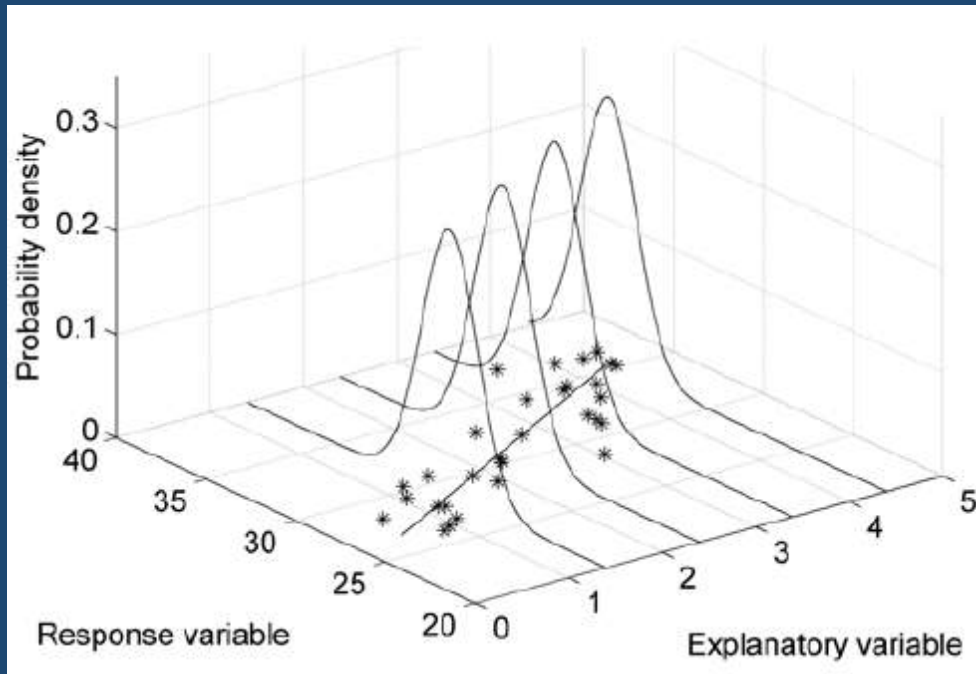
Choose $\hat{\alpha}$, $\hat{\beta}$, $\hat{\sigma}$ to maximize the likelihood

i.e. probability of observed data given a model

Linear Regression

Maximum Likelihood

$$Y_i \sim N(\alpha + \beta X_i, \sigma^2)$$



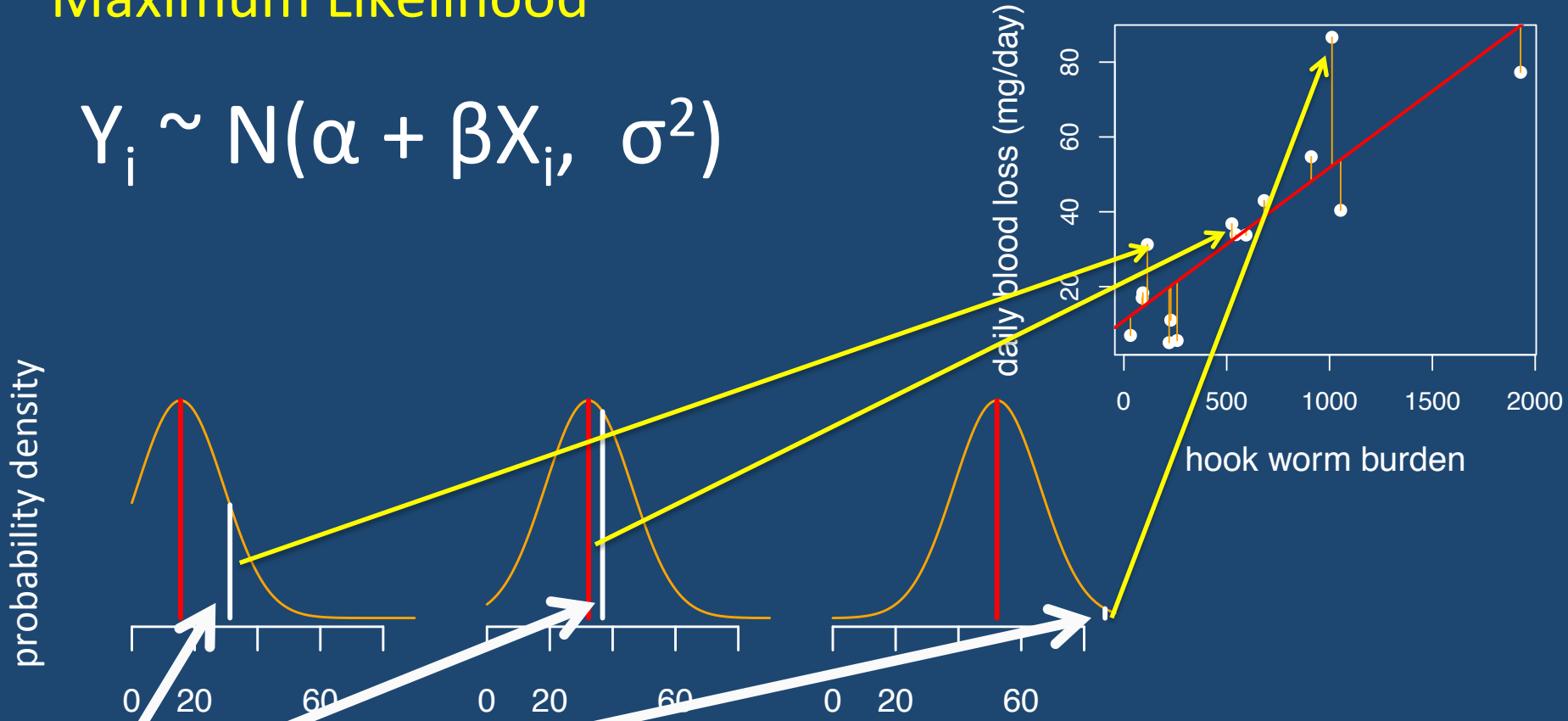
Choose $\hat{\alpha}$, $\hat{\beta}$, $\hat{\sigma}$ to maximize the **likelihood**

i.e. **probability of observed data given a model**

Linear Regression

Maximum Likelihood

$$Y_i \sim N(\alpha + \beta X_i, \sigma^2)$$



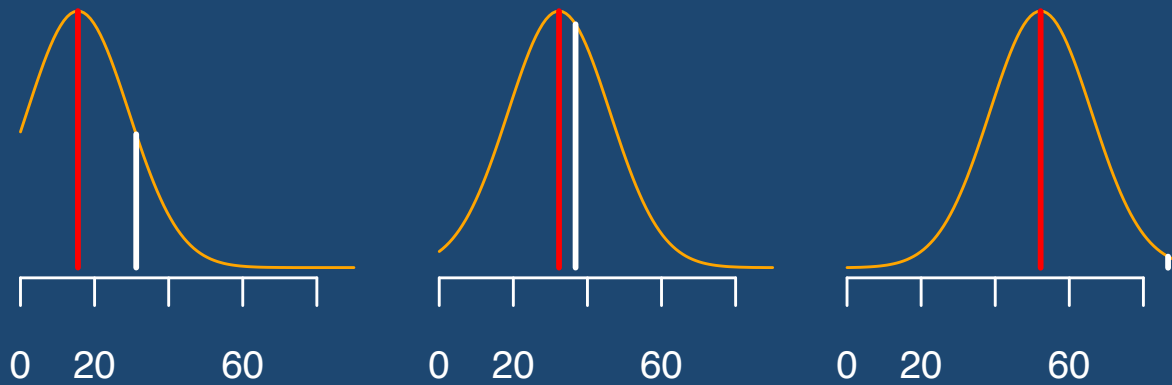
$$P(Y_i | \hat{\alpha}, \hat{\beta}, \hat{\sigma}) = \frac{1}{\hat{\sigma} \sqrt{2\pi}} e^{-\frac{1}{2} \left(\frac{Y_i - (\hat{\alpha} + \hat{\beta} X_i)}{\hat{\sigma}} \right)^2}$$

Linear Regression

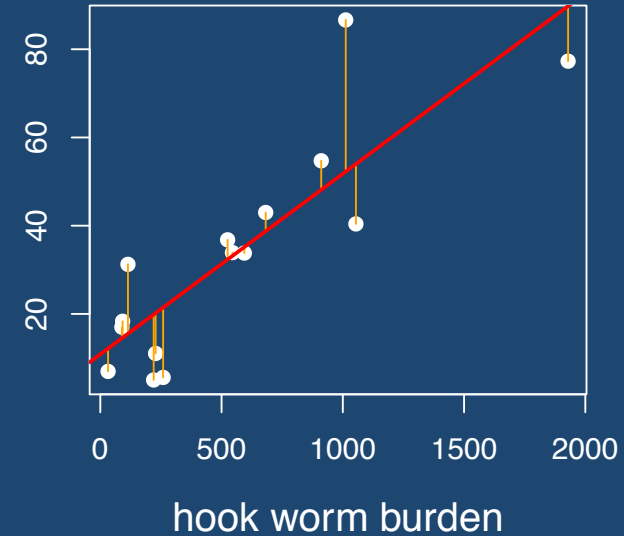
Maximum Likelihood

$$Y_i \sim N(\alpha + \beta X_i, \sigma^2)$$

probability density



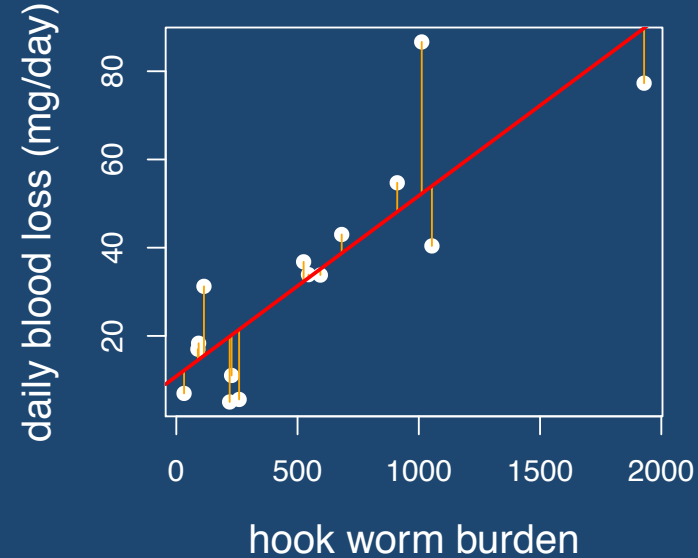
daily blood loss (mg/day)



$$P(Y_1, \dots, Y_n | \hat{\alpha}, \hat{\beta}, \hat{\sigma}) = \prod_{i=1}^n P(Y_i | \hat{\alpha}, \hat{\beta}, \hat{\sigma})$$

Linear Regression

Maximum Likelihood



function of **data**



PDF:
$$P(Y_1, \dots, Y_n \mid \hat{\alpha}, \hat{\beta}, \hat{\sigma}) = \prod_{i=1}^n P(Y_i \mid \hat{\alpha}, \hat{\beta}, \hat{\sigma})$$

LIKELIHOOD:
$$L(\hat{\alpha}, \hat{\beta}, \hat{\sigma} \mid Y_1, \dots, Y_n) = \prod_{i=1}^n P(Y_i \mid \hat{\alpha}, \hat{\beta}, \hat{\sigma})$$



function of **parameters**

Linear Regression

Parameter Estimation & Inference

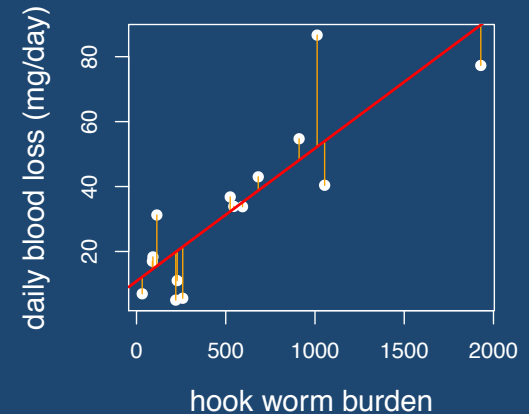
Null hypothesis: $\beta = 0$

$$\hat{\beta} = 0.04$$

$P(\text{estimating a } \beta \text{ this extreme} \mid \text{null})$

$$P = 6.99e-05 < 0.05,$$

so we reject the null hypothesis.

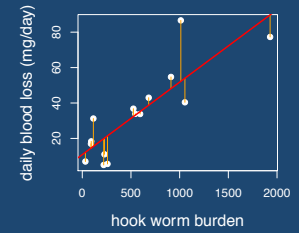


Confidence intervals

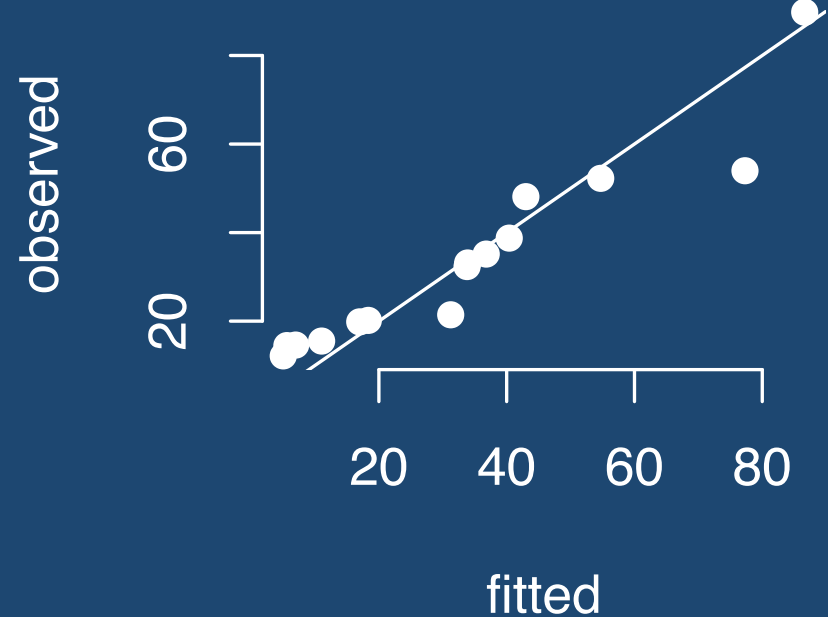
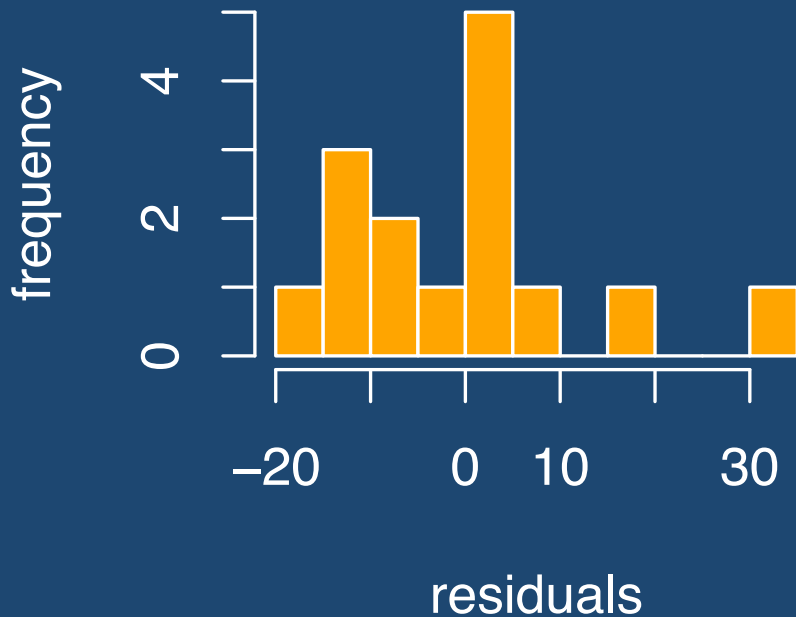
Collection of
non-rejectable null hypotheses

$$\hat{\beta} = 0.04 \text{ (0.025, 0.056)}$$

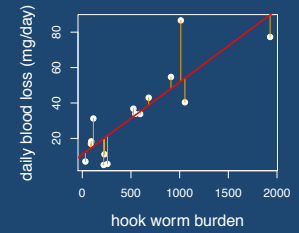
Is it a good model: Checking Assumptions



Normality



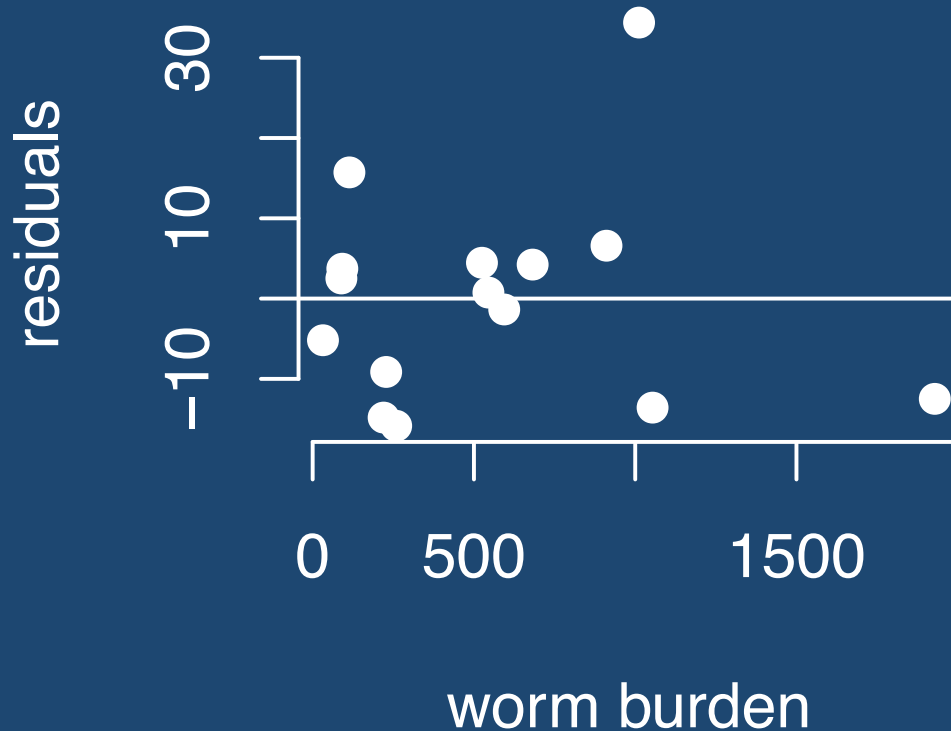
Is it a good model: Checking Assumptions



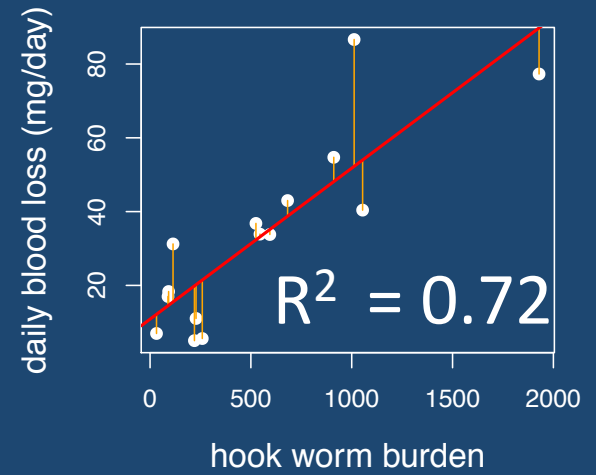
Linearity

Independence

Constant Variance



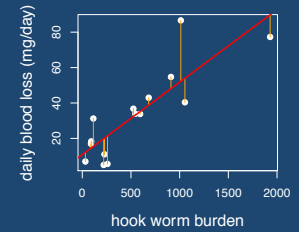
Is it a good model: Goodness of Fit



$$R^2 = (\text{correlation coefficient})^2$$

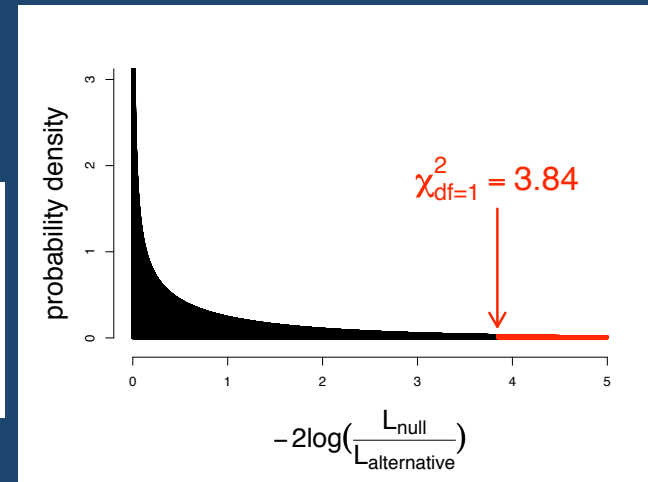
How much of the variation in Y is explained by the model?

Is it a good model: Goodness of Fit



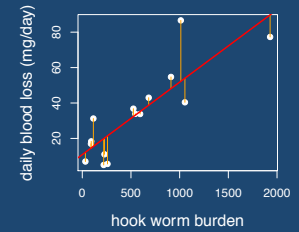
Chi Squared Goodness of Fit Test

$$\chi^2 = \frac{1}{n-1} \sum_{i=1}^n \frac{(\text{Observed}_i - \text{Expected}_i)^2}{\sigma^2}$$



- Does the observed data differ significantly from our model?
- If not, then we cannot reject our model as a bad model.
- But we cannot accept our model (the null hypothesis) !

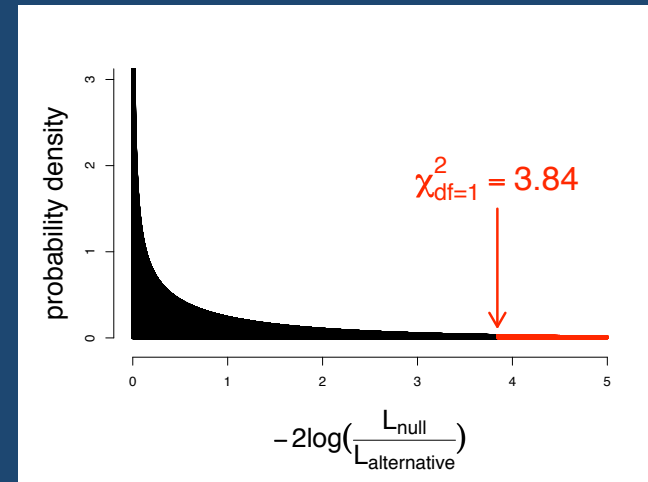
Is it a good model: Goodness of Fit



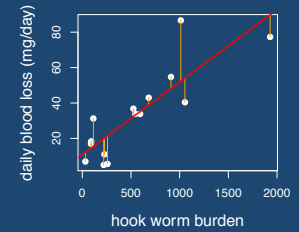
Likelihood Ratio Test (G test, Analysis of Deviance, ANOVA)

Under the null hypothesis:

$$2 \log \frac{L_{MLE}}{L_{Null}} \sim \chi^2_{df = \text{difference in \# of parameters}}$$

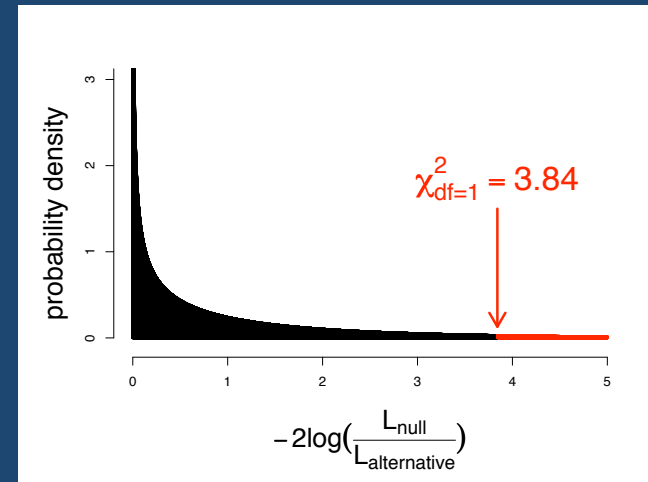


Is it a good model: Model Selection



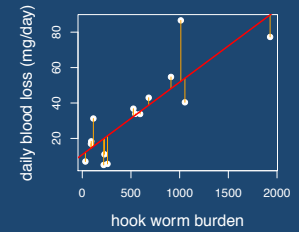
Likelihood Ratio Test (G test, Analysis of Deviance, ANOVA)

Under the null hypothesis:



$$2 \log \frac{L_{\text{more parameters}}}{L_{\text{less parameters}}} \sim \chi^2_{df = \text{difference in \# of parameters}}$$

Is it a good model: Model Selection



Akaike's Information Criterion (AIC)

$$\text{AIC} = -2\log(L) + 2(\# \text{ of parameters})$$


penalty for adding parameters

Rank proposed models by AIC: lowest is best.

All models within 2 of lowest should be considered.

Overfitting

- You can always fit N data points with N parameters.
- How many is too many?
- Bias/Variance Tradeoff
- AIC, Cross-validation

Collinearity

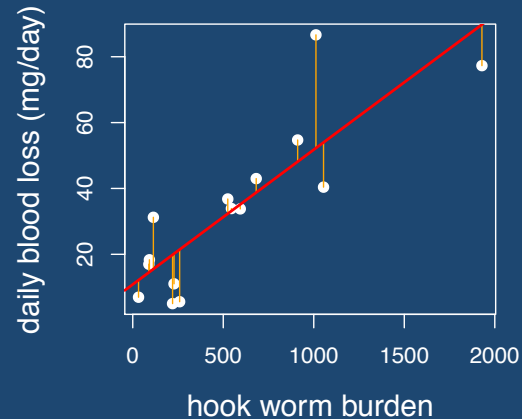
- Independent variables that vary with each other

Non-Identifiability

- Multiple parameter sets fit about equally well

What did we just do?

- Asked a question about a relationship
- Made some observations (data)
- Formulated the relationship into a model
- Fitted the model to data
- Assessed model fit/quality (model selection)
- Inference/parameter estimation
- Improved our understanding of the world

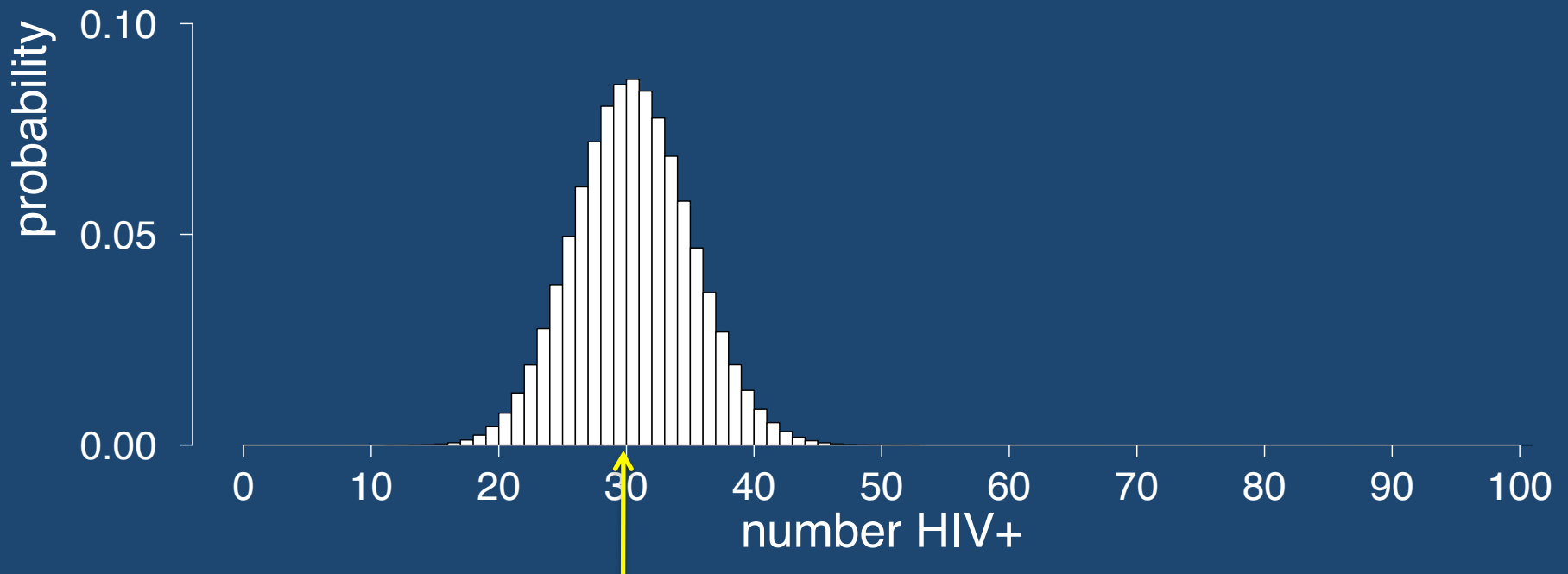


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In a population of 1,000,000 people with a true prevalence of 30%, the probability distribution of number of positive individuals if 100 are sampled:

$$f(x) = \binom{100}{x} (0.3)^x (0.7)^{100-x}$$



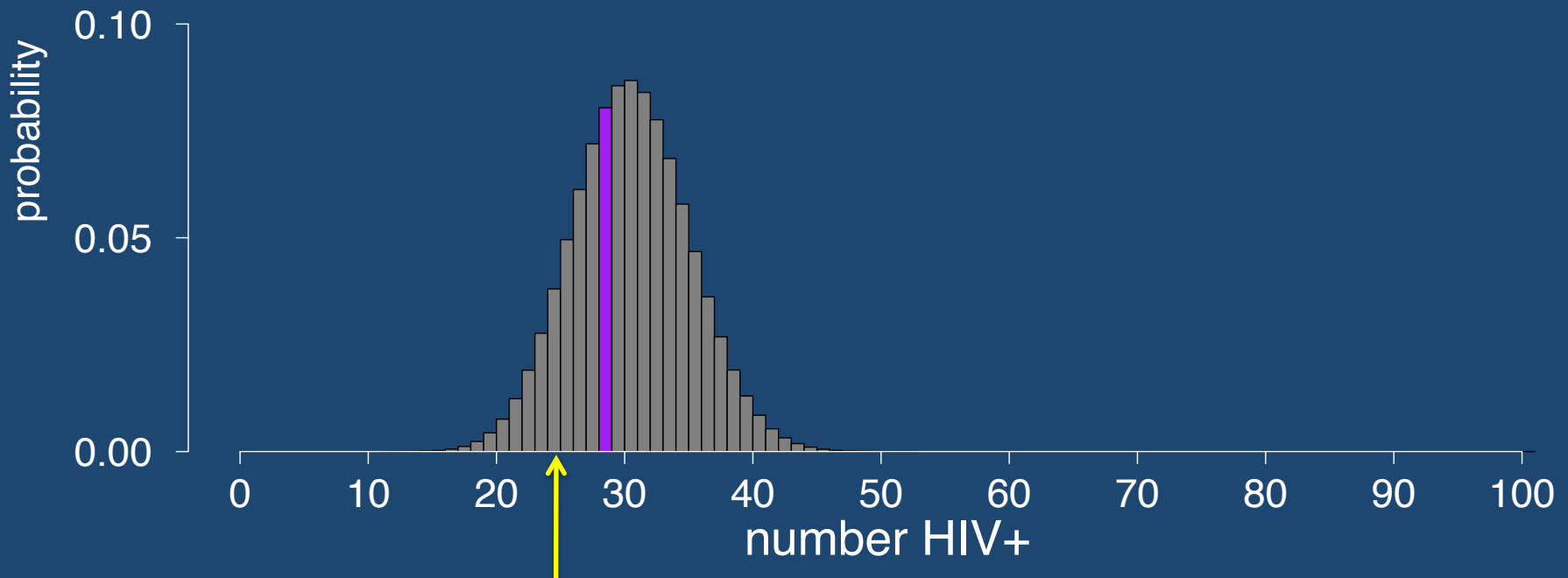
We sample 100 people once and 28 are positive:

```
> rbinom(n = 1, size = 100, prob = .3)
[1] 28
```

Introduction to Likelihood

hypothetical prevalence: 30 %

$$\text{dbinom}(28, 100, 0.3) = 0.0804$$

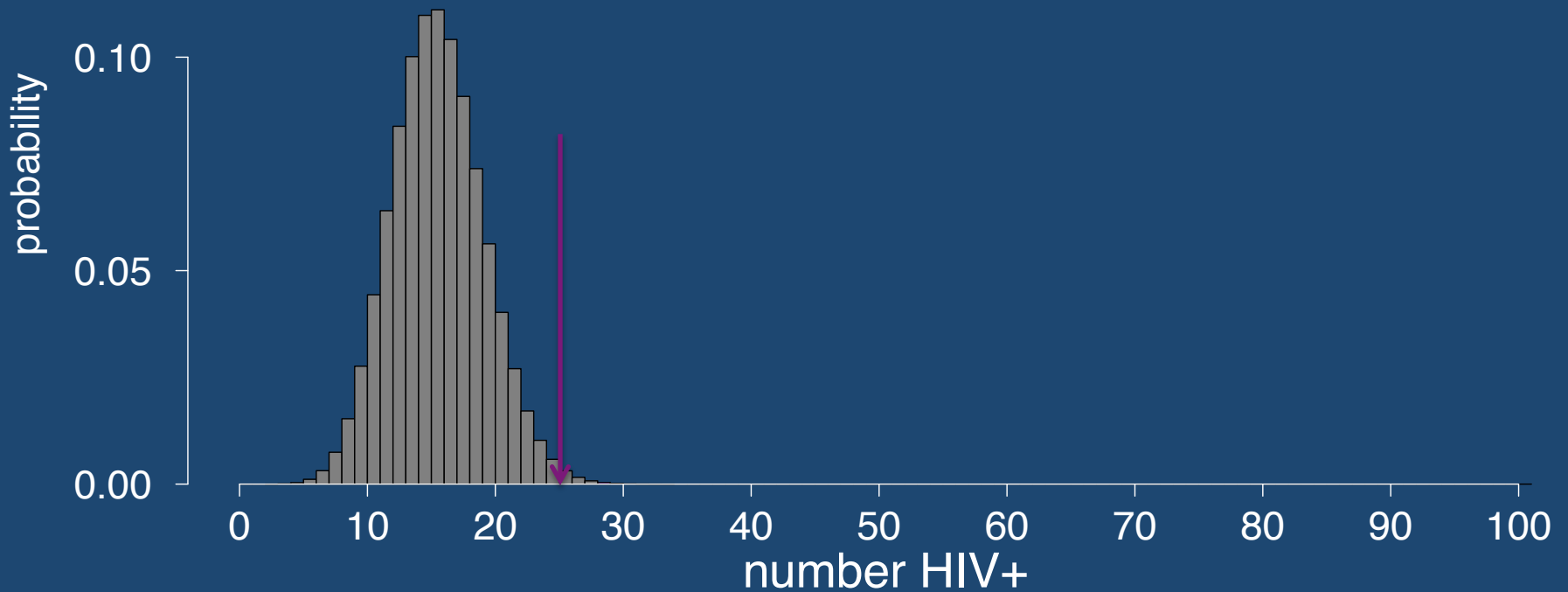


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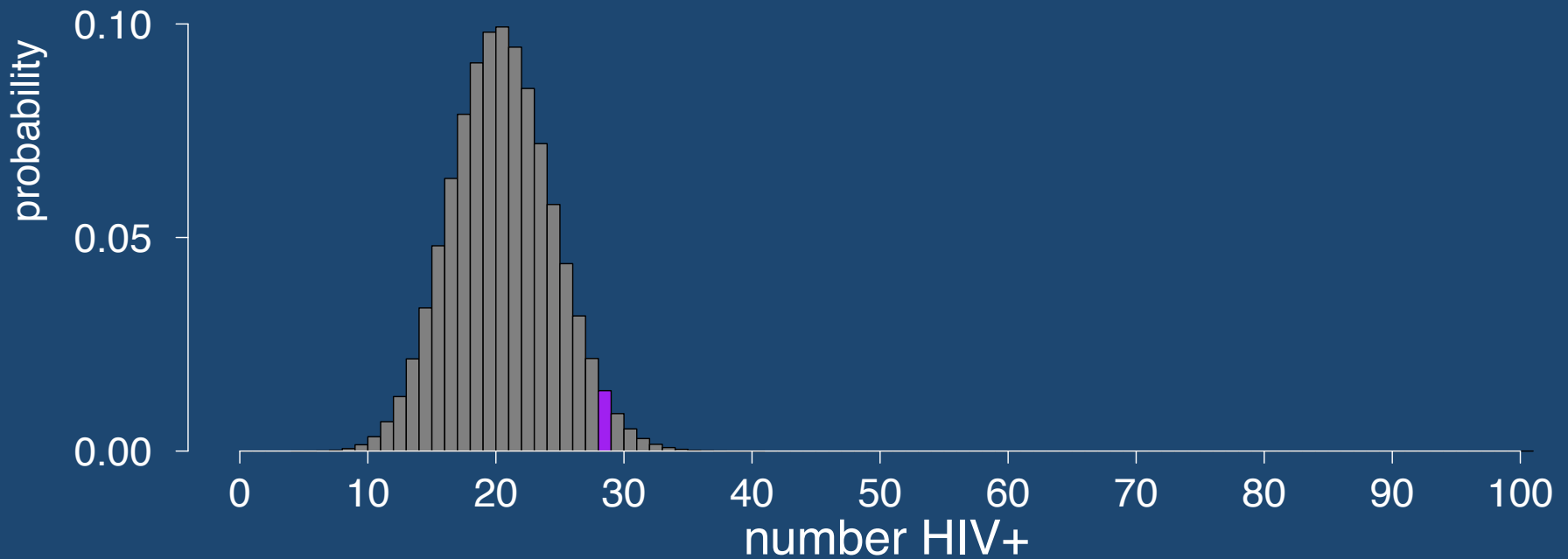
hypothetical prevalence: 15 %

$\text{dbinom}(28, 100, 0.15) = 0.000353$



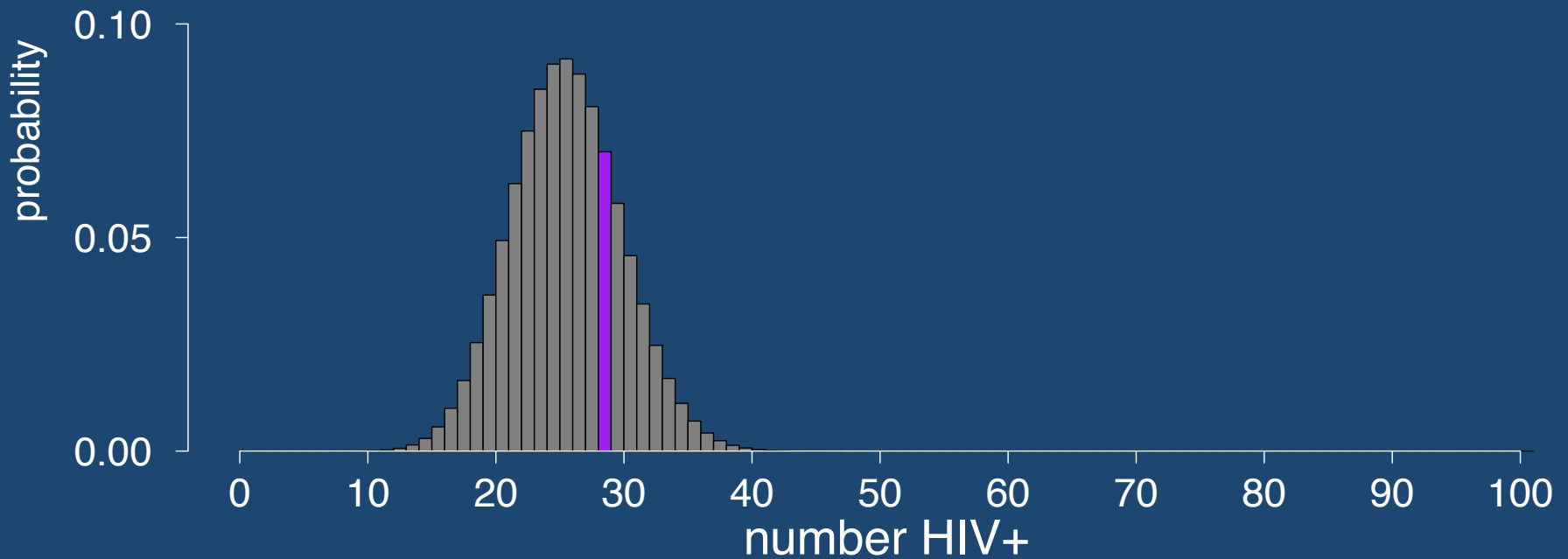
hypothetical prevalence: 20 %

$$\text{dbinom}(28, 100, 0.2) = 0.0141$$



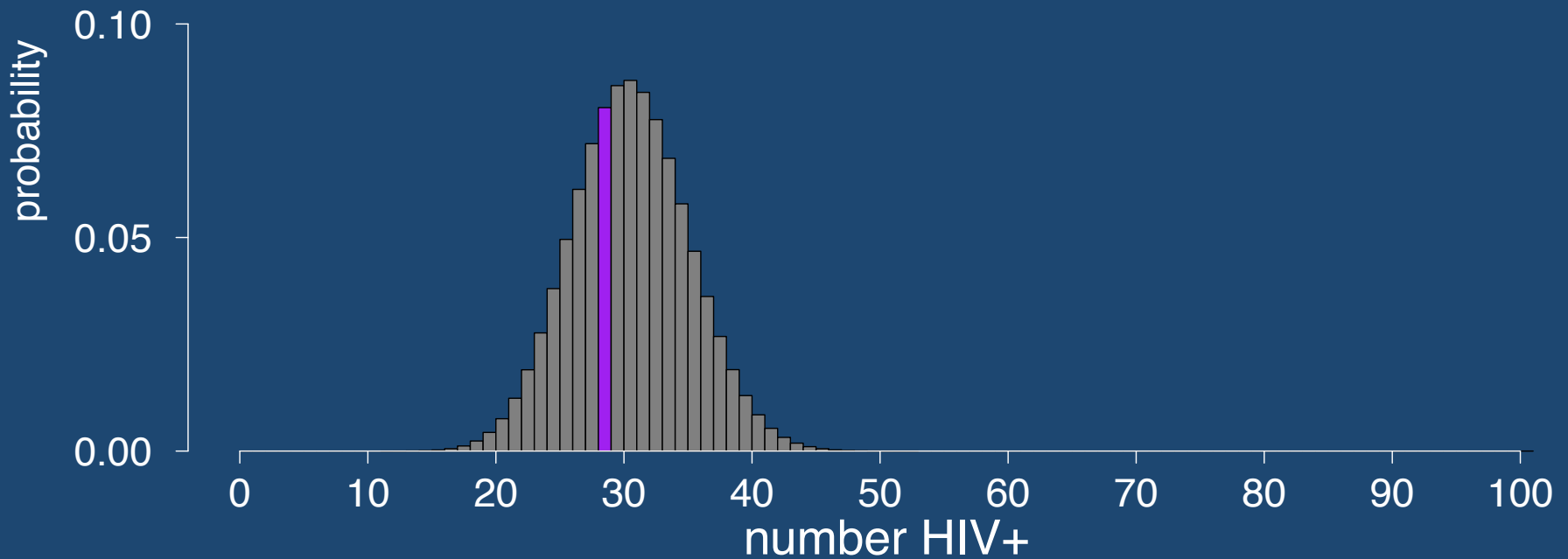
hypothetical prevalence: 25 %

$\text{dbinom}(28, 100, 0.25) = 0.0701$



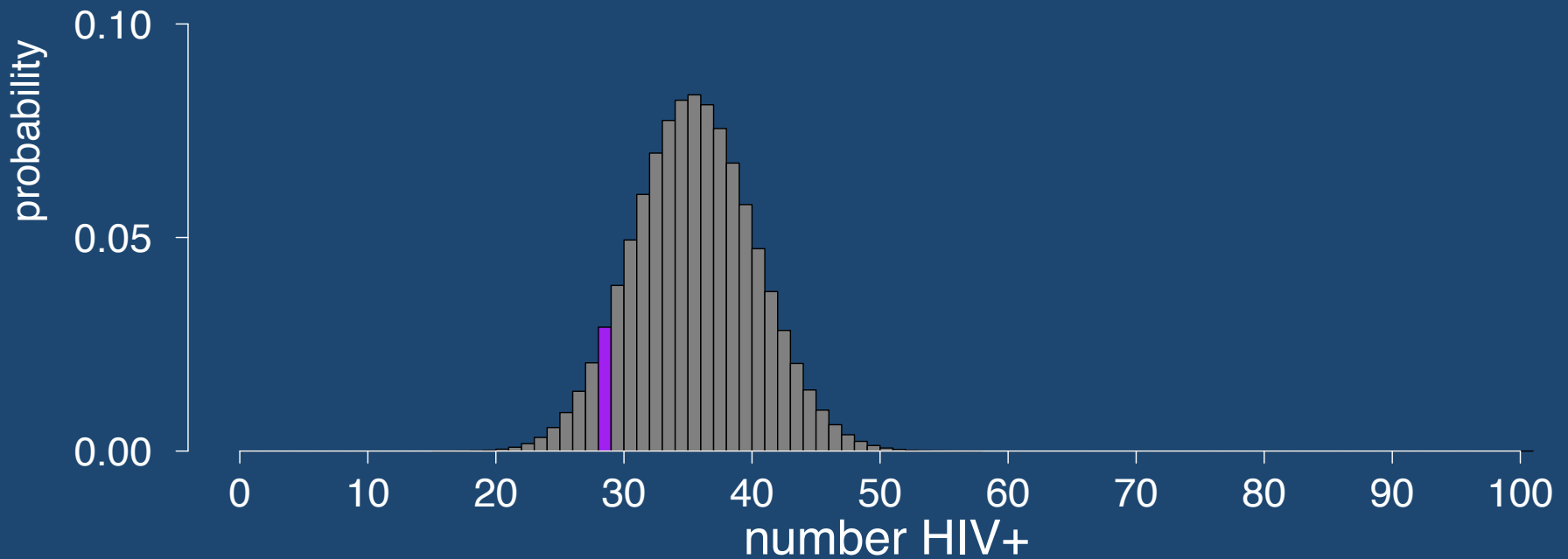
hypothetical prevalence: 30 %

$$\text{dbinom}(28, 100, 0.3) = 0.0804$$



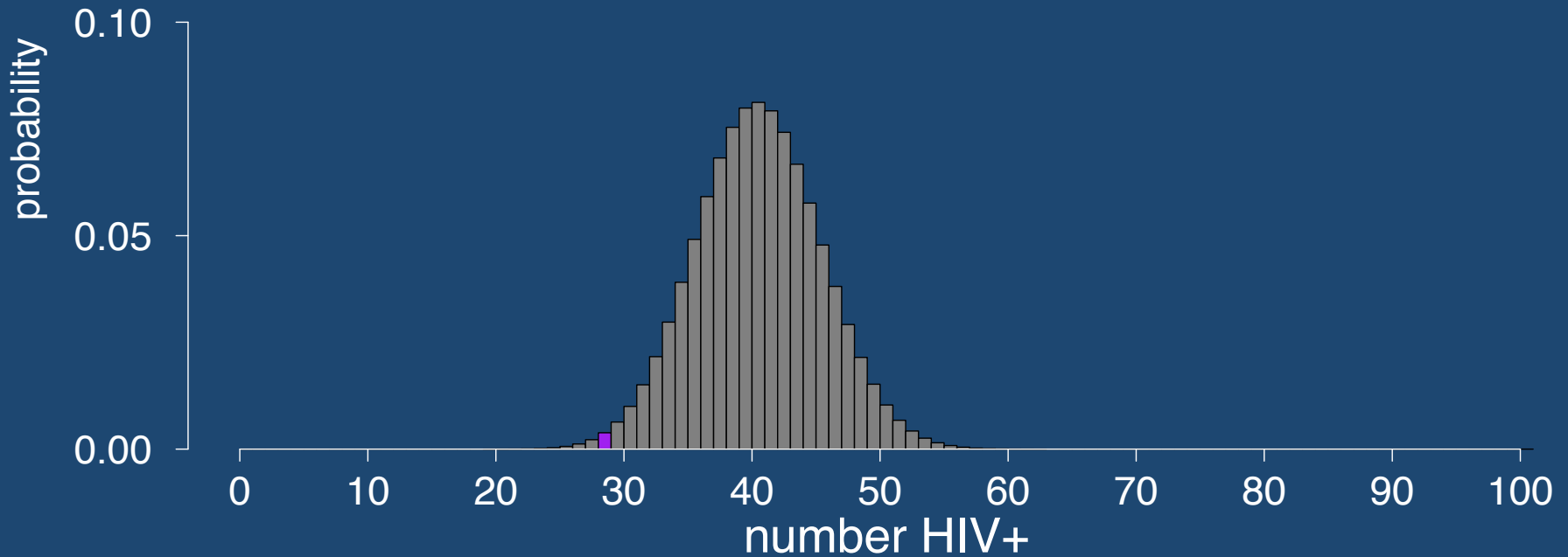
hypothetical prevalence: 35 %

$$\text{dbinom}(28, 100, 0.35) = 0.029$$



hypothetical prevalence: 40 %

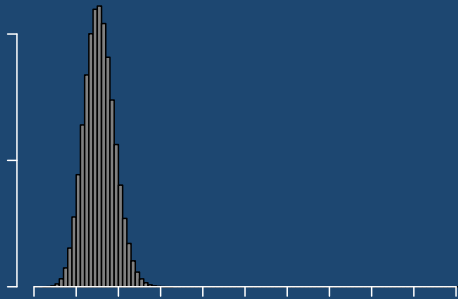
$\text{dbinom}(28, 100, 0.4) = 0.00383$



Which prevalence gives the greatest probability of observing **exactly** 28/100?

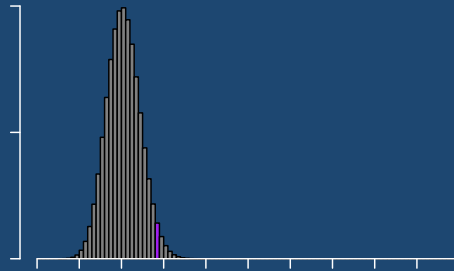
hypothetical prevalence: 15 %

0.000353



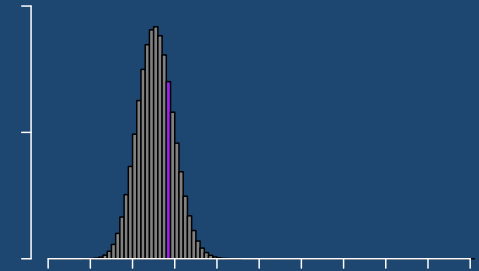
hypothetical prevalence: 20 %

0.0141



hypothetical prevalence: 25 %

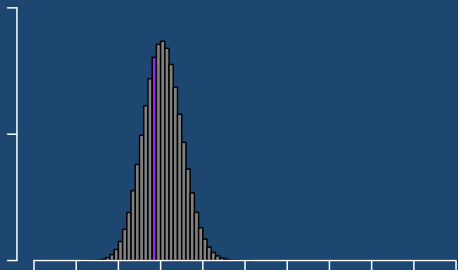
0.0701



probability

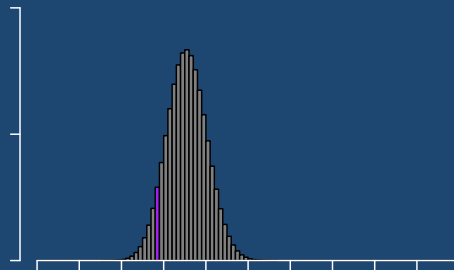
hypothetical prevalence: 30 %

0.0804



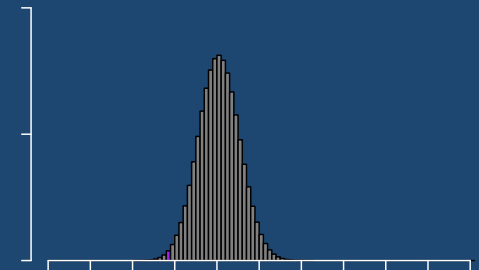
hypothetical prevalence: 35 %

0.029



hypothetical prevalence: 40 %

0.00383

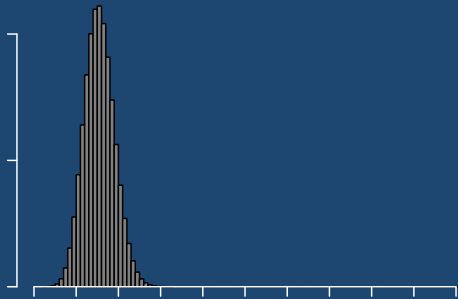


number HIV+

Which of these prevalence values is most likely given our data?

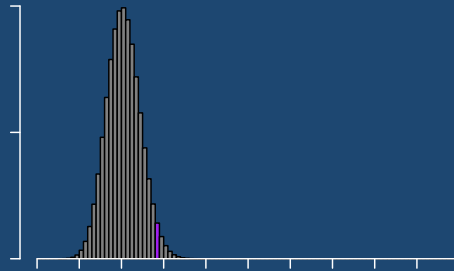
hypothetical prevalence: 15 %

0.000353



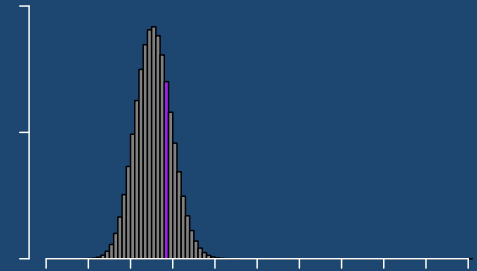
hypothetical prevalence: 20 %

0.0141



hypothetical prevalence: 25 %

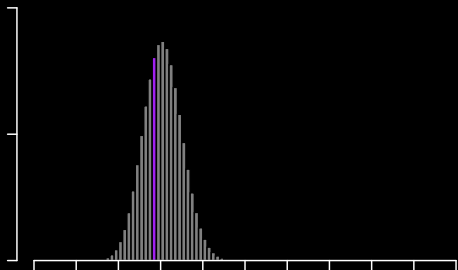
0.0701



probability

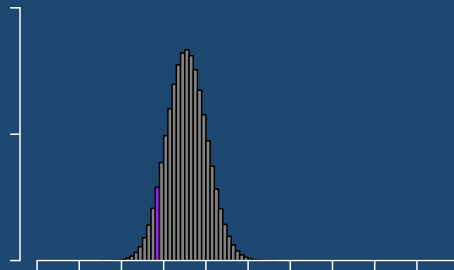
hypothetical prevalence: 30 %

0.0804



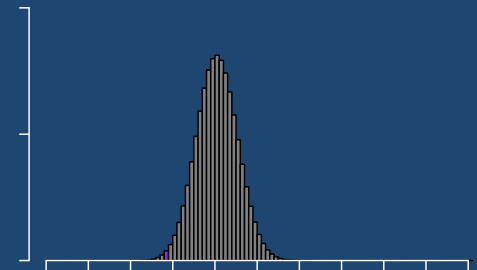
hypothetical prevalence: 35 %

0.029



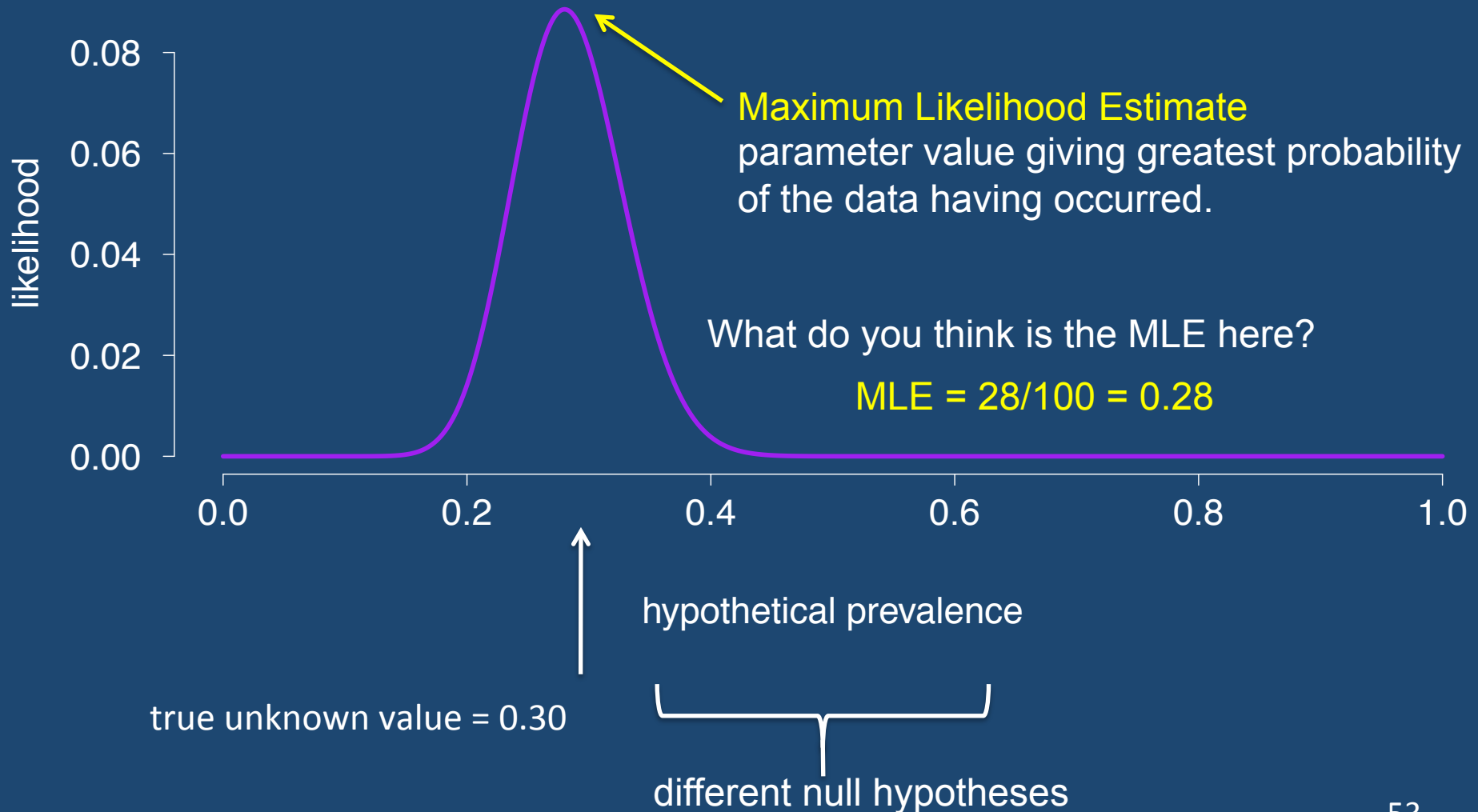
hypothetical prevalence: 40 %

0.00383



number HIV+

$p(\text{our data given prevalence}) = \text{LIKELIHOOD}$



Defining Likelihood

- $L(\text{parameter} \mid \text{data}) = p(\text{data} \mid \text{parameter})$

- Not a probability distribution.

function of x



PDF: $f(x|p) = \binom{n}{x} (p)^x (1 - p)^{n-x}$

- Probabilities taken from many different distributions.

LIKELIHOOD: $L(p|x) = \binom{n}{x} (p)^x (1 - p)^{n-x}$

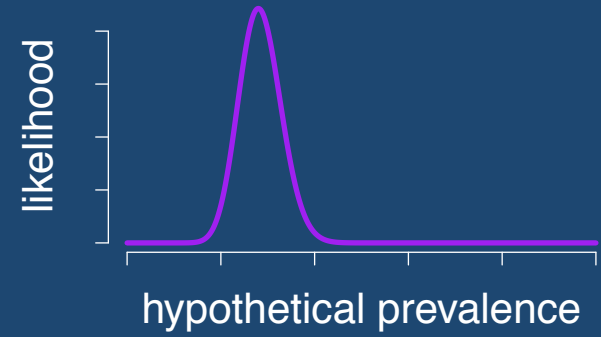


function of p

Deriving the Maximum Likelihood Estimate

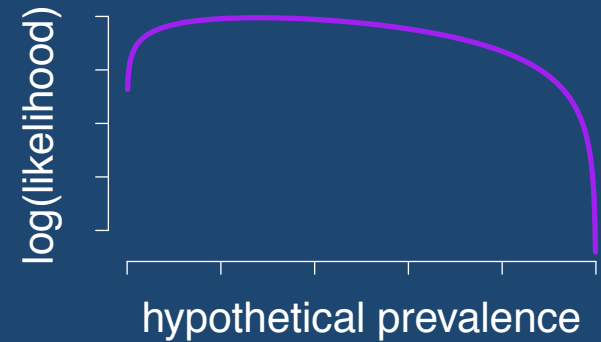
maximize

$$L(p) = \binom{n}{x} (p)^x (1-p)^{n-x}$$



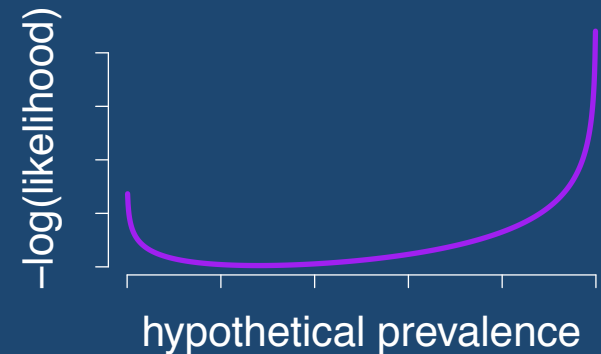
maximize

$$\log(L(p)) = \log \left[\binom{n}{x} (p)^x (1-p)^{n-x} \right]$$

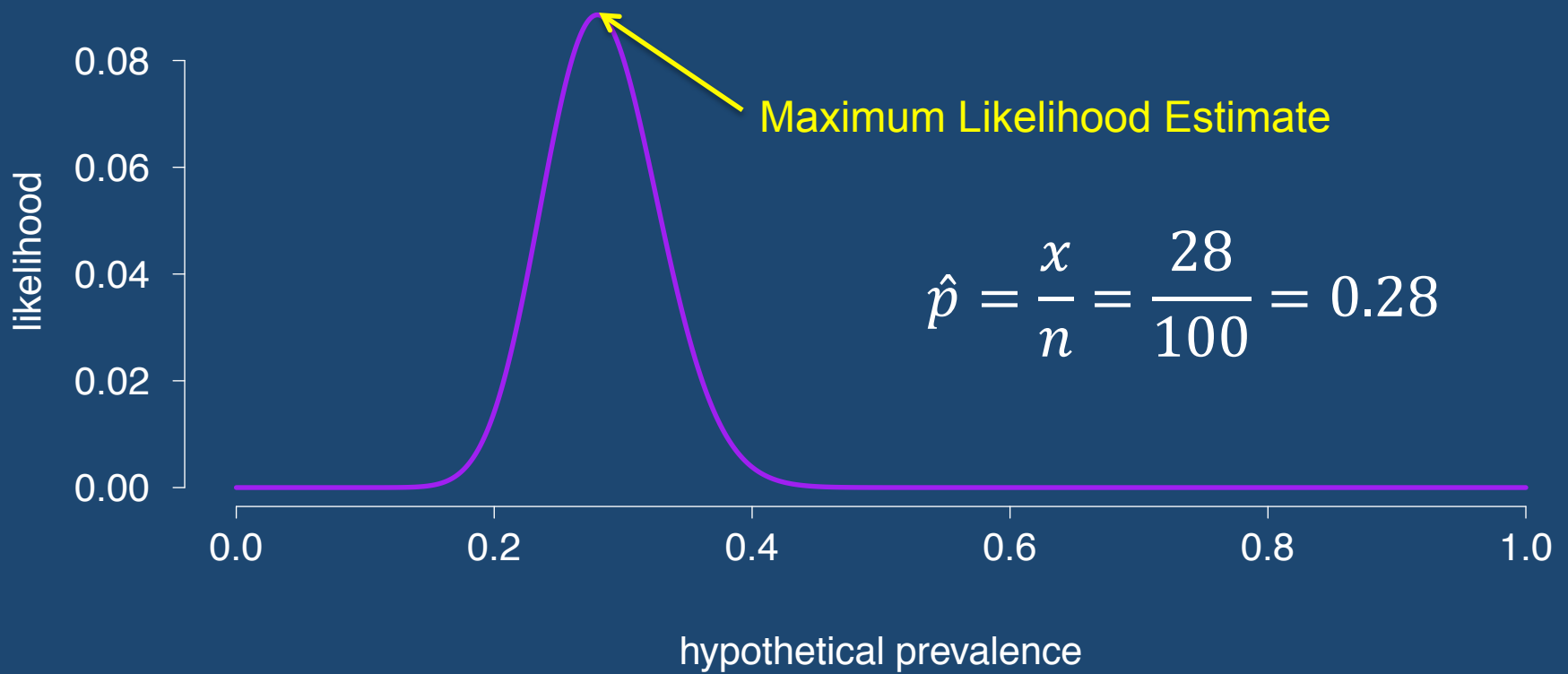


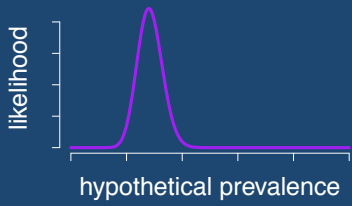
minimize

$$l(p) = -\log \left[\binom{n}{x} (p)^x (1-p)^{n-x} \right]$$

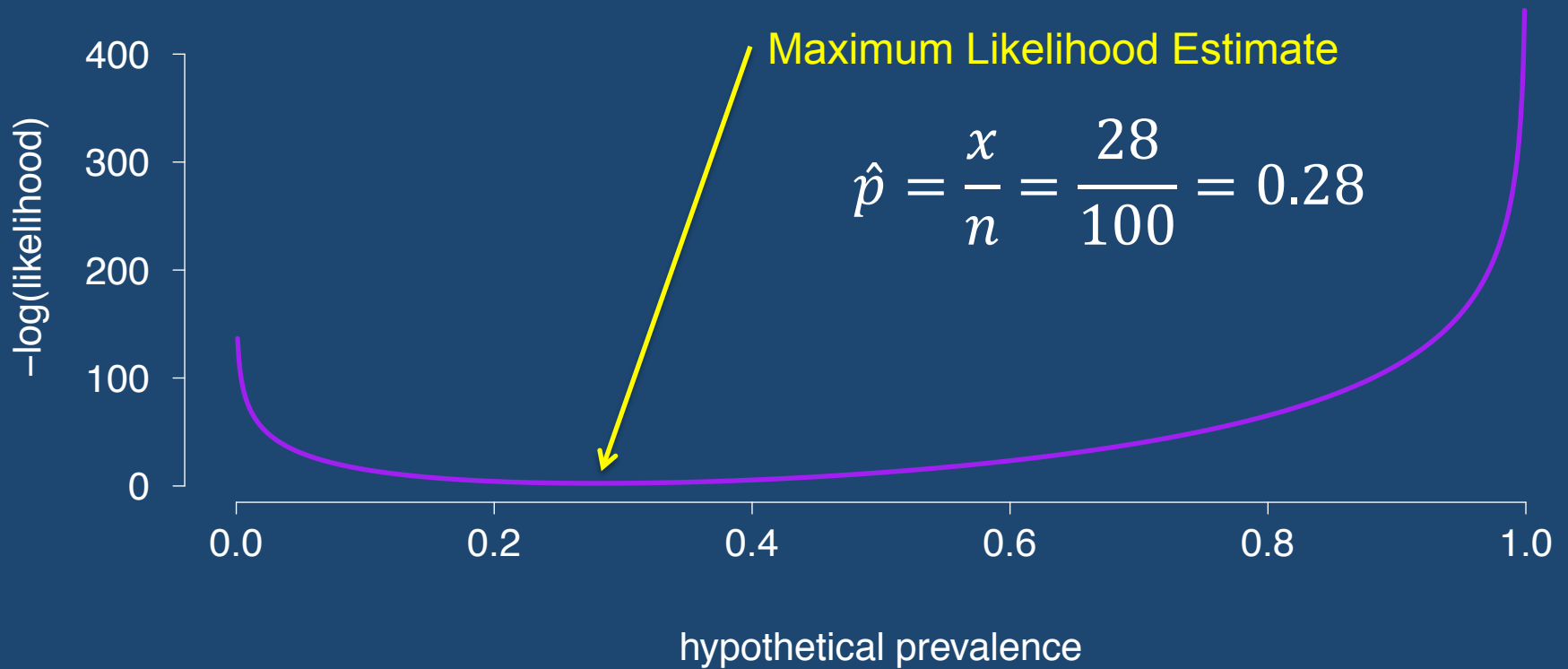


Likelihood





we usually minimize the $-\log(\text{likelihood})$



Building Confidence Intervals

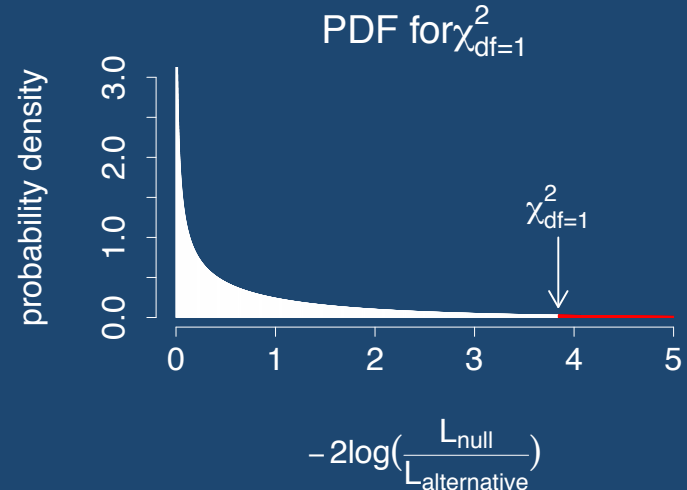
Likelihood Ratio Test

If the null hypothesis were true then

$$2 \log \left(\frac{L(\text{alternative hypothesis})}{L(\text{null hypothesis})} \right) \sim \chi_{df=1}^2$$

Why does this work?

- Adding irrelevant parameters *always* improves the fit.
- How much should fit improve due to chance alone by adding an irrelevant parameter?
- Fit improvement, as measured above, is approximately χ_{df}^2 distributed with $df =$ to the difference in parameters used to fit.



Building Confidence Intervals

Likelihood Ratio Test

If the null hypothesis were true then

$$2 \log \left(\frac{L(\text{alternative hypothesis})}{L(\text{null hypothesis})} \right) \sim \chi_{df=1}^2$$

$$2 \log(L_{MLE}) - 2 \log(L_{null}) \sim \chi_{df=1}^2$$

$$-2l_{MLE} + 2l_{null} \sim \chi_{df=1}^2$$

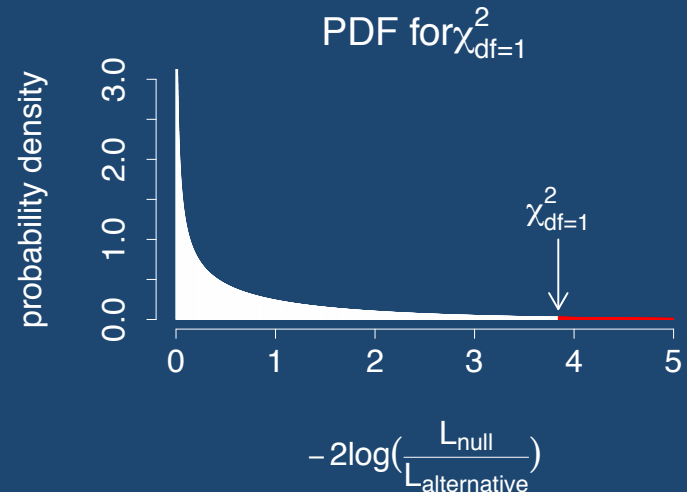
So if our $\alpha = .05$, then we reject any null hypothesis for which

$$-2l_{MLE} + 2l_{null} > \chi_{df=1, \alpha=.05}^2 = 3.84 \quad > \text{qchisq}(p = .95, df = 1) \\ [1] 3.841459$$

$$l_{null} - l_{MLE} > 1.92$$

If $\log(L_{MLE}) - \log(L_{null}) > 1.92$,

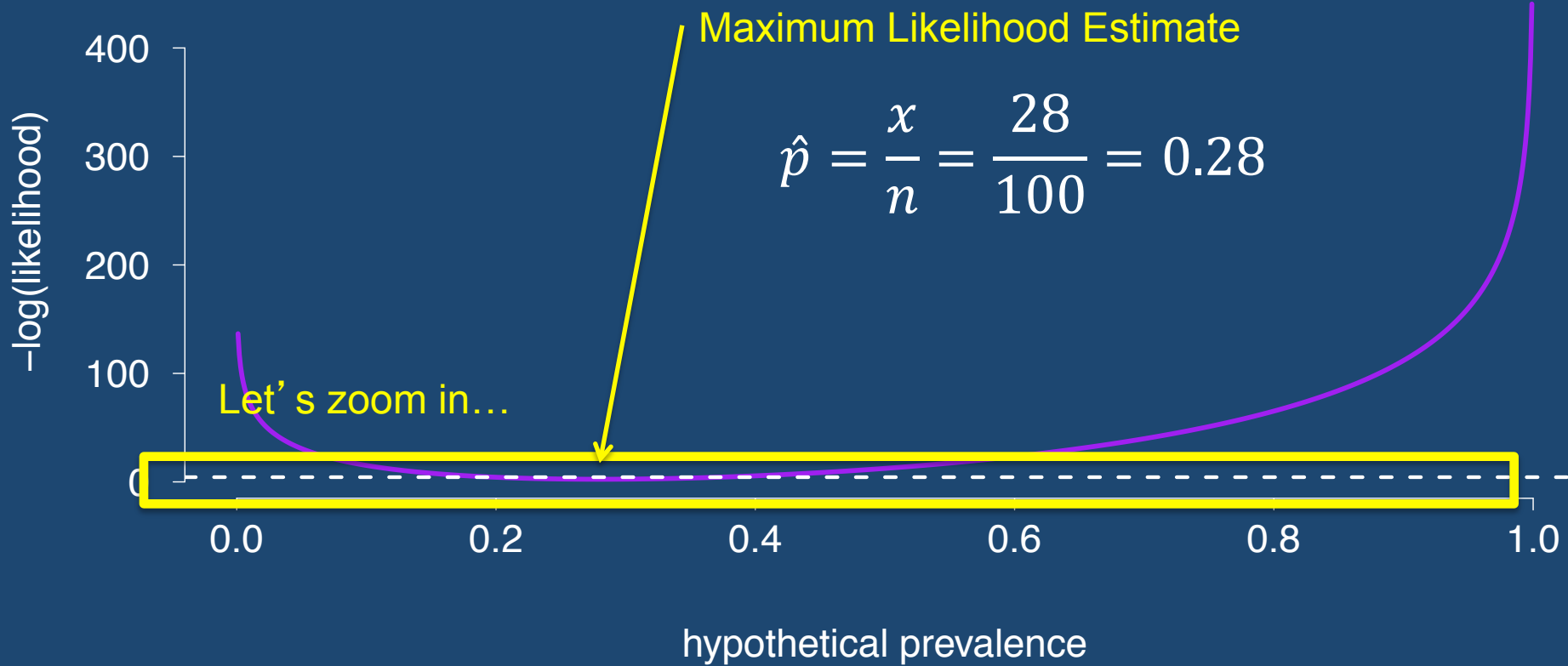
we reject that null hypothesis. 59



Building Confidence Intervals

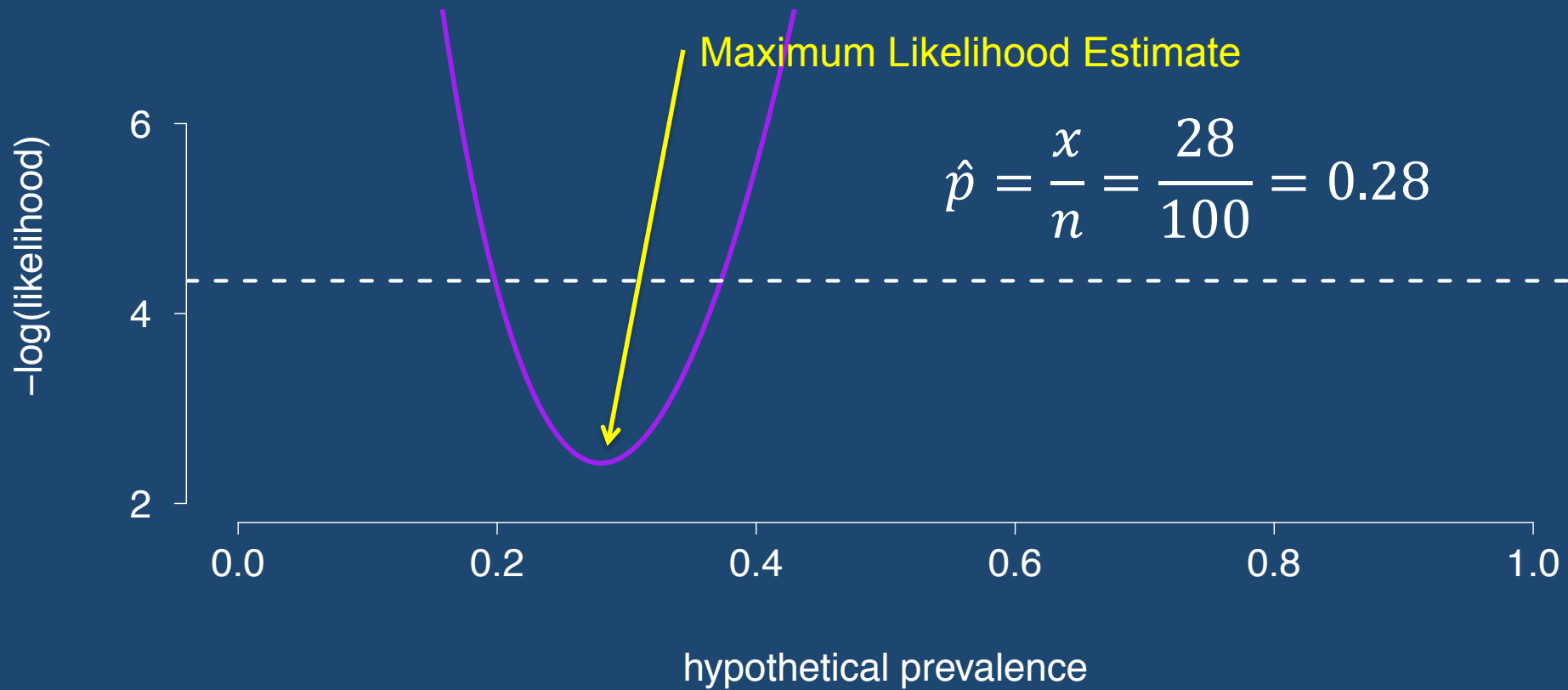
Likelihood Ratio Test

we usually minimize the $-\log(\text{likelihood})$



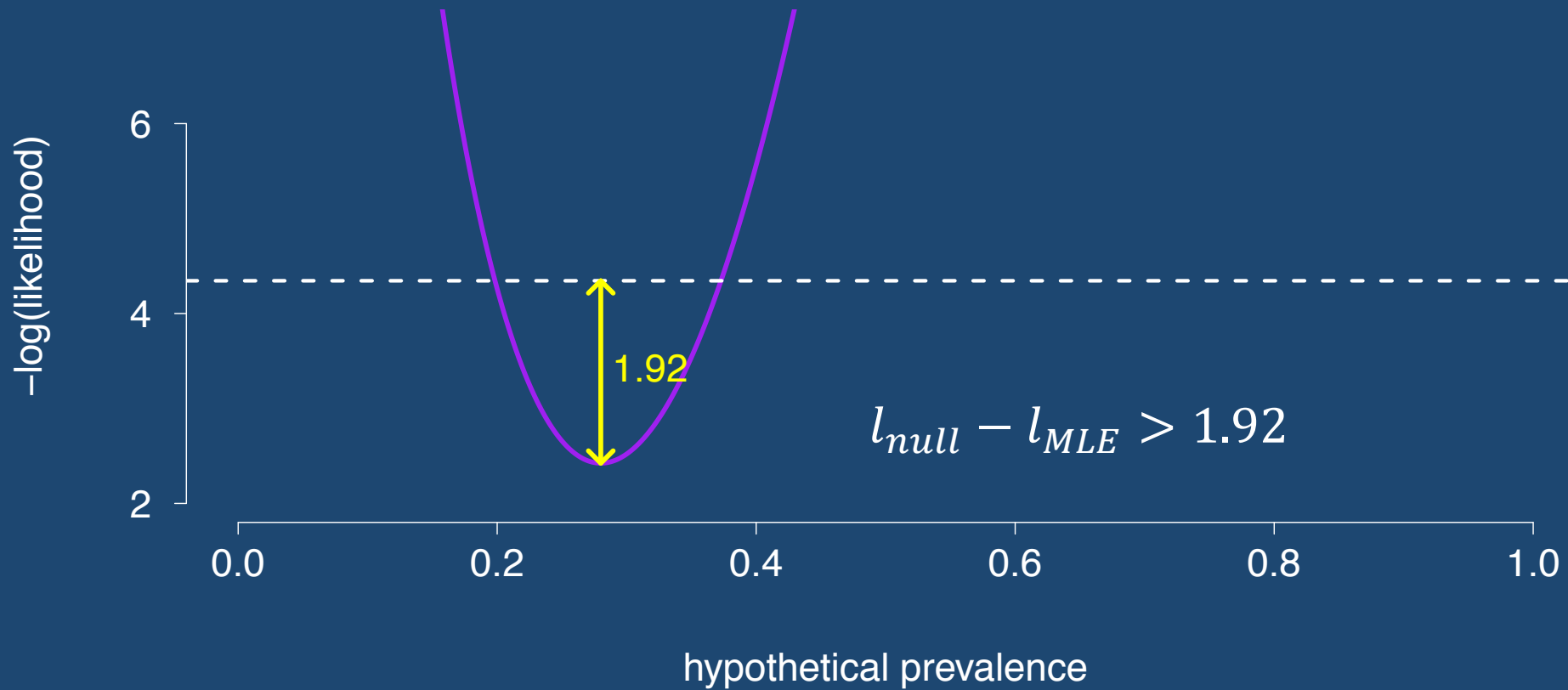
Building Confidence Intervals

Likelihood Ratio Test



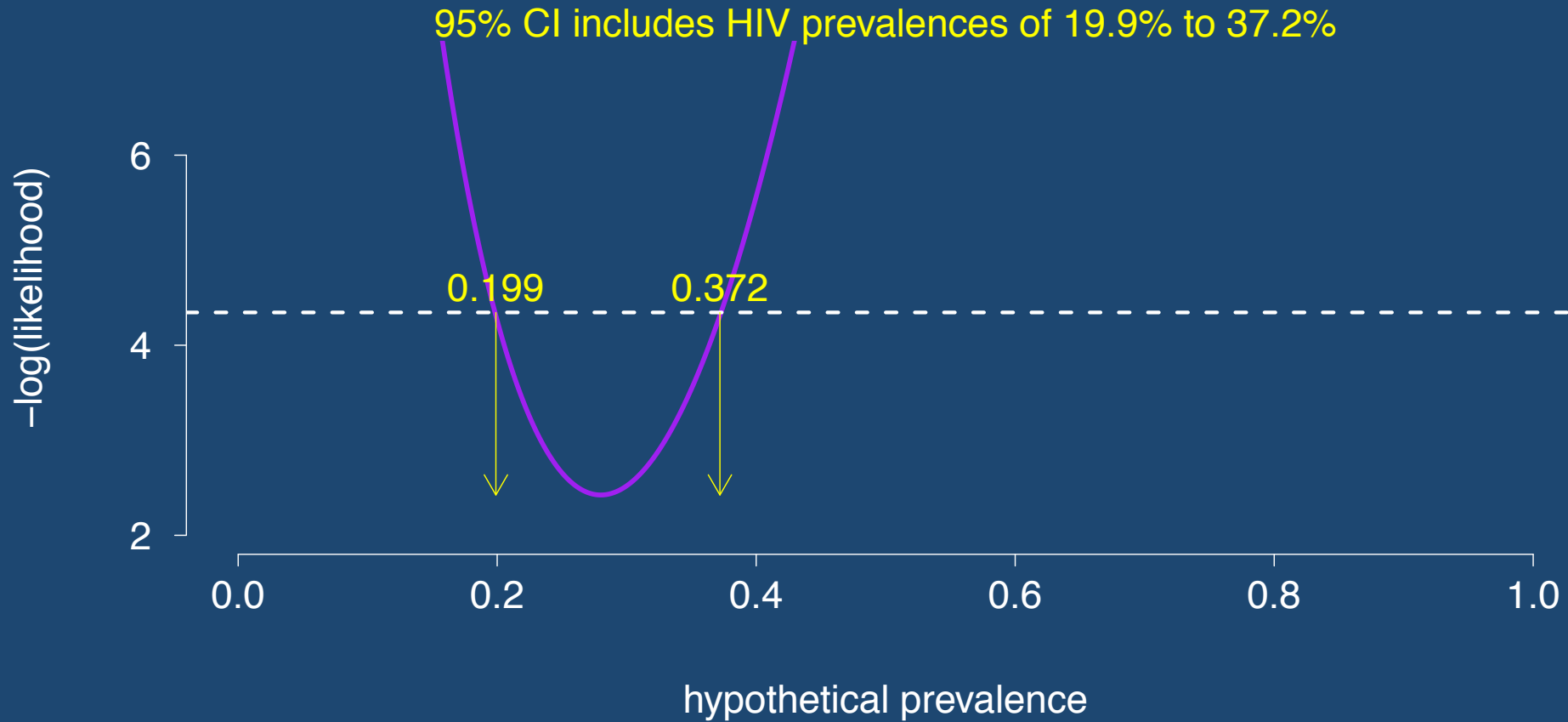
Building Confidence Intervals

Likelihood Ratio Test



Building Confidence Intervals

Likelihood Ratio Test



Outline

1. Recap: Classical and Mechanistic Epidemiology
2. Why fit models to data?
3. Review of Linear Regression
4. Maximum Likelihood and Fitting Simple Models
5. Fitting Dynamic Models to Data
6. Summary

Statistical Models

- Account for bias and random error to find **correlations** that may imply causality.
- Often the first step to assessing relationships.
- Assume **independence** of individuals (at some scale).

&

Dynamic Models

- Systems Approach: Explicitly model multiple **mechanisms** to understand their interactions.
- Links observed relationships at different scales.
- Explicitly focuses on **dependence** of individuals

By developing dynamic models in a probabilistic framework we can account for dependence, random error, and bias while linking patterns at multiple scales.

Fitting Dynamic Models to Data

Adapt our dynamic models in a probabilistic framework so we can ask:

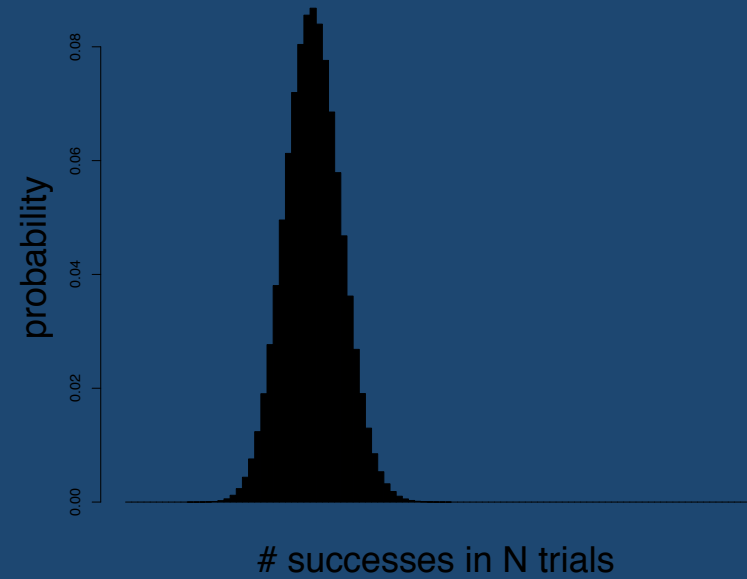
What is the probability that a model would have generated the observed data?



What is the likelihood of a model given the data?

Likelihood of parameters
(given data)

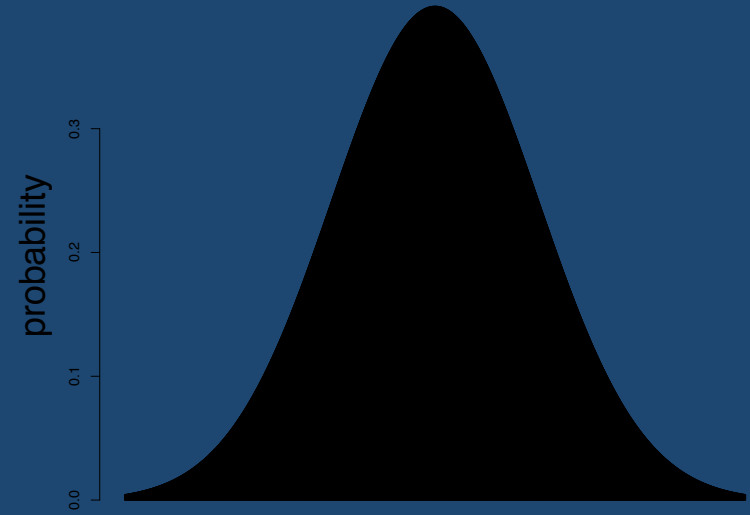
Binomial Distribution



Distribution

Likelihood of parameters
(given data)

Normal Distribution



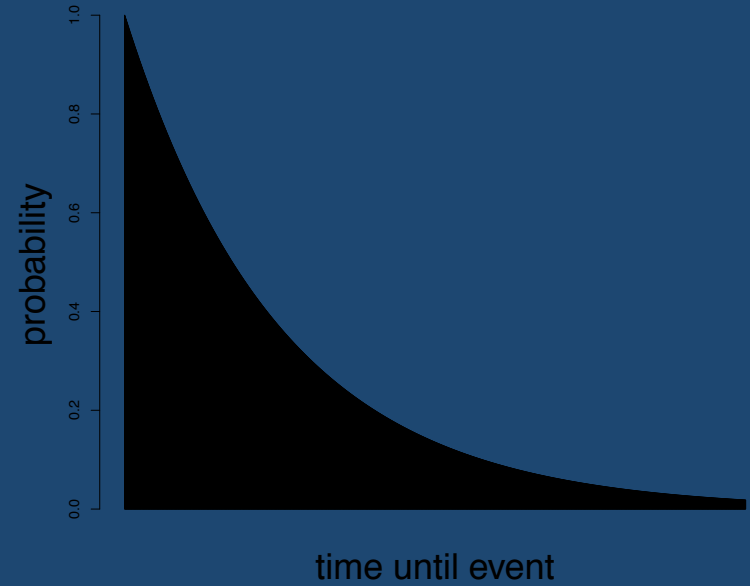
(approximately) continuous variable

Distribution



Likelihood of parameters
(given data)

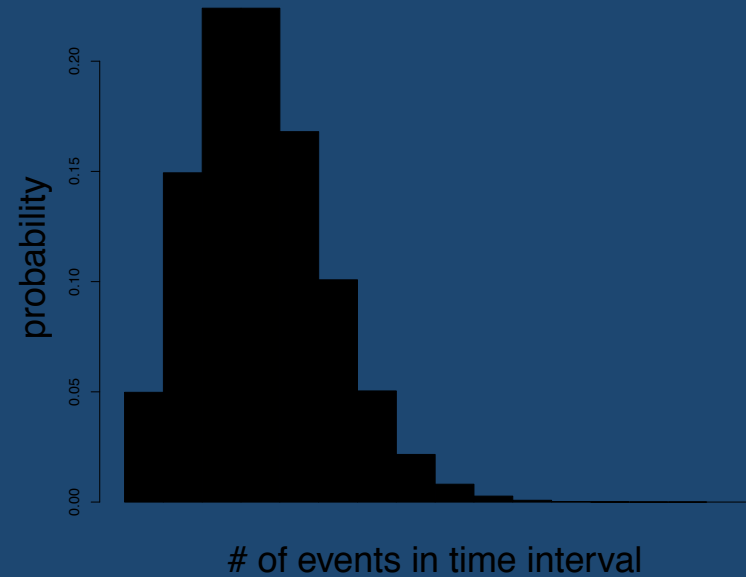
Exponential Distribution



Distribution

Likelihood of parameters
(given data)

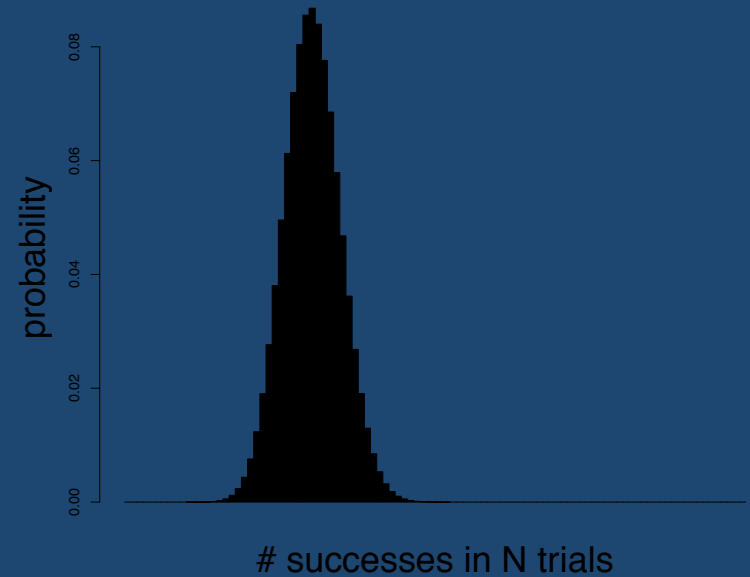
Poisson Distribution



Distribution

Likelihood of parameters
(given data)

Binomial Distribution



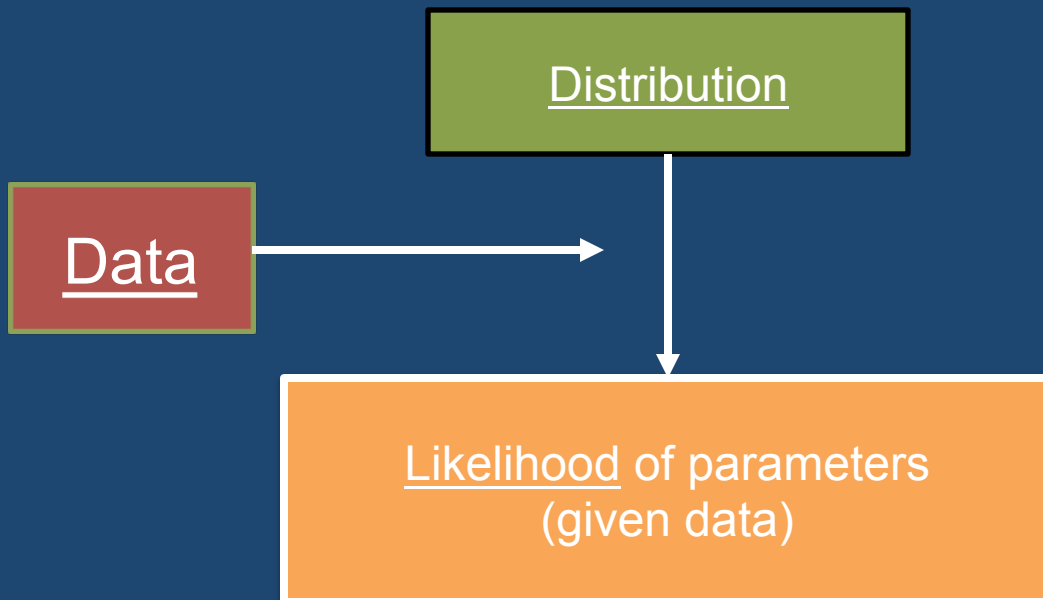
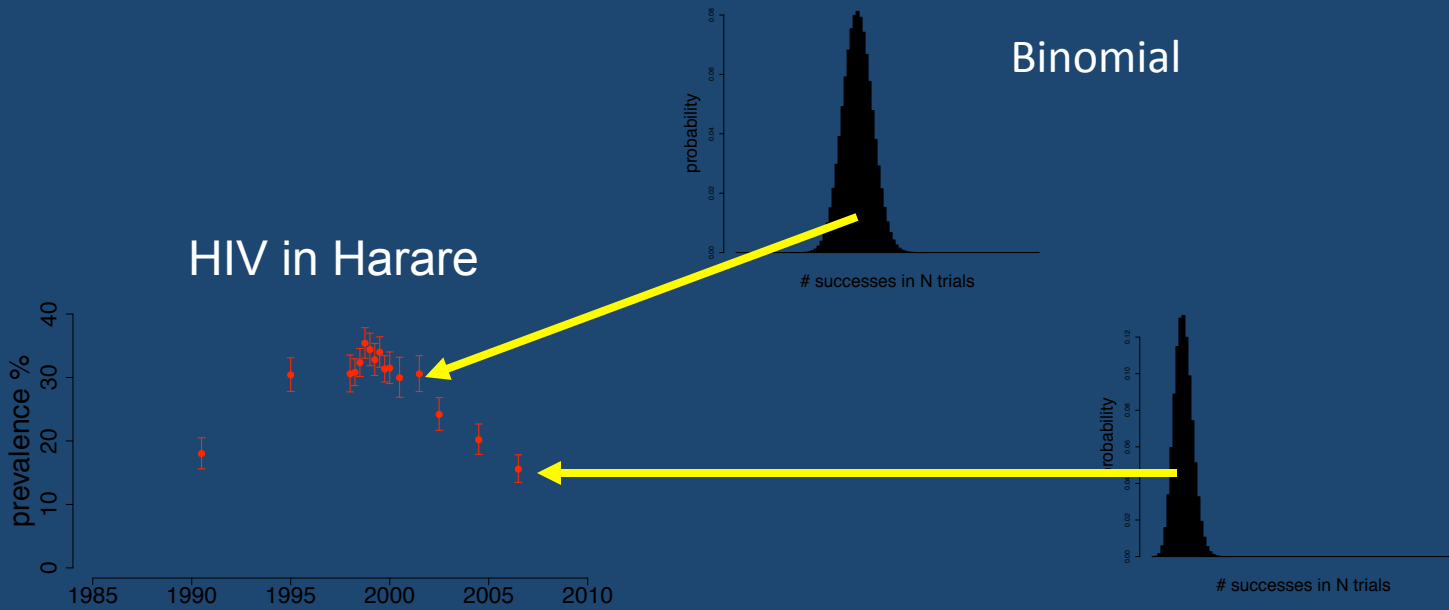
Stochastic Component of Model

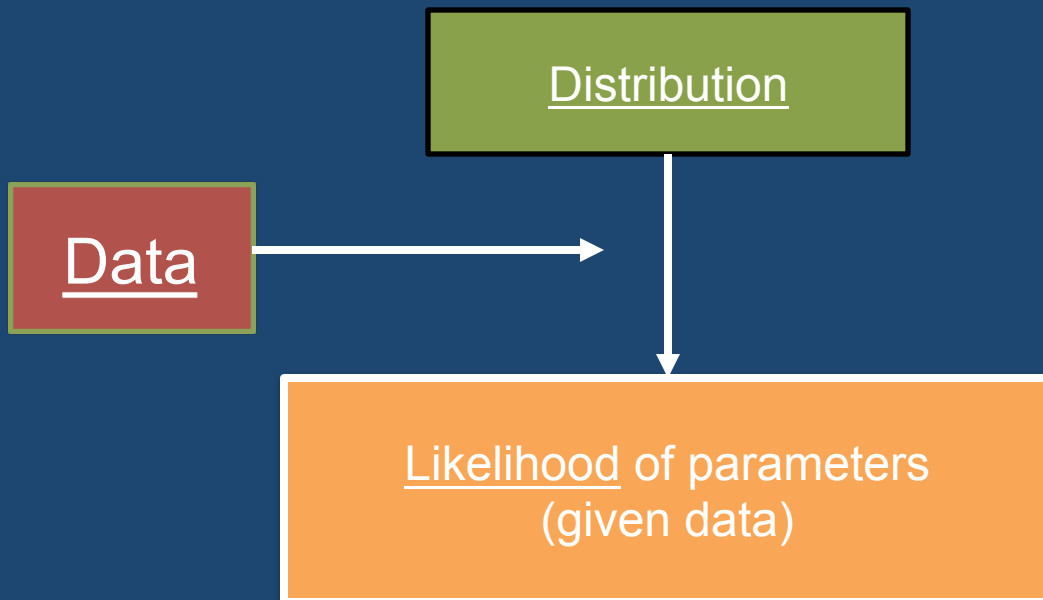
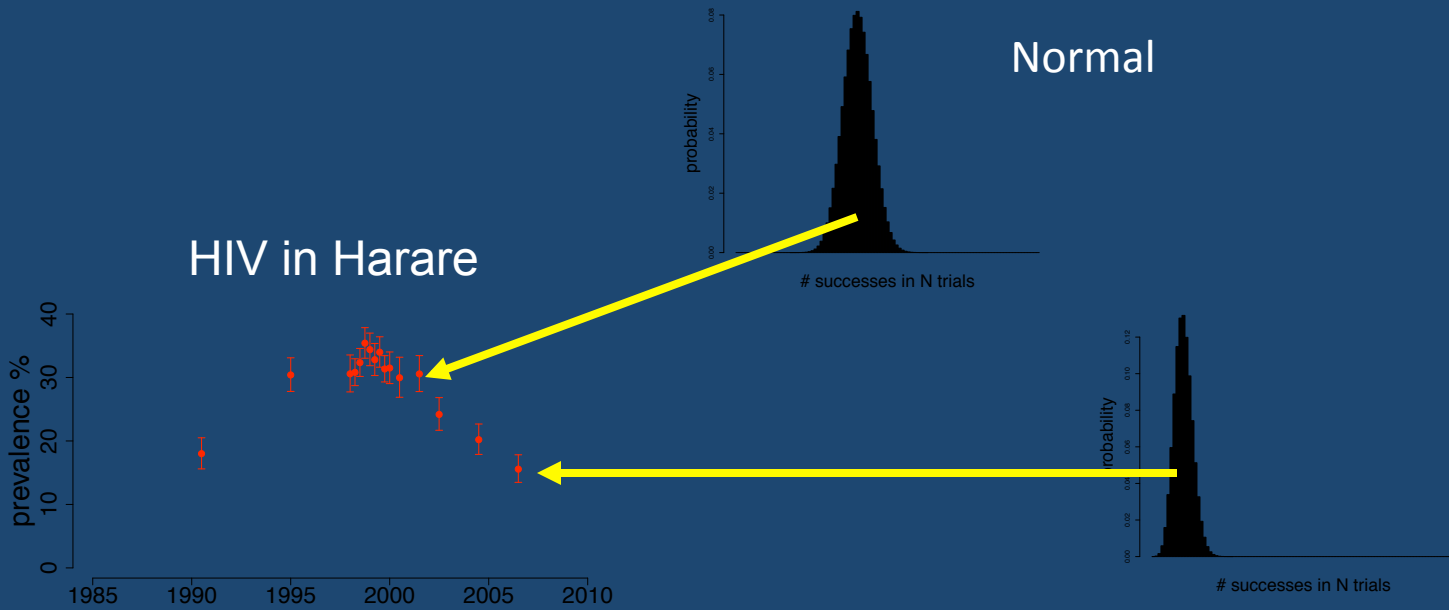


Distribution

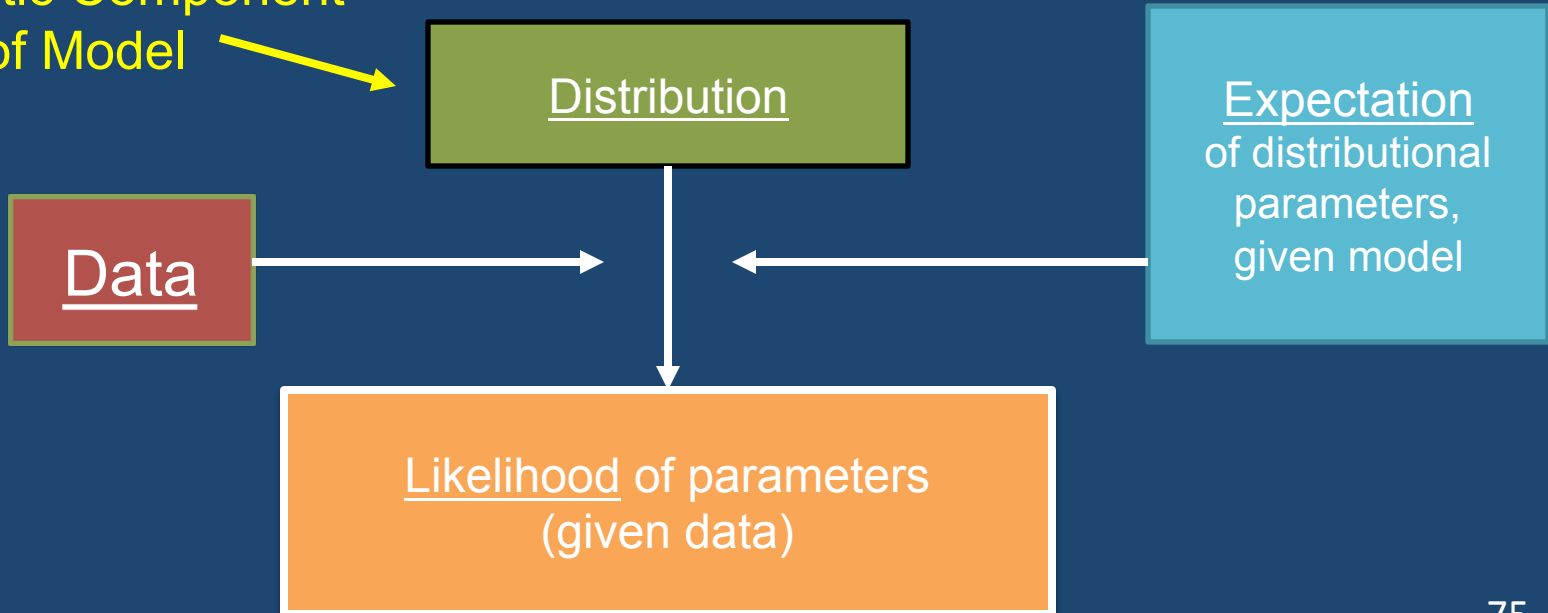


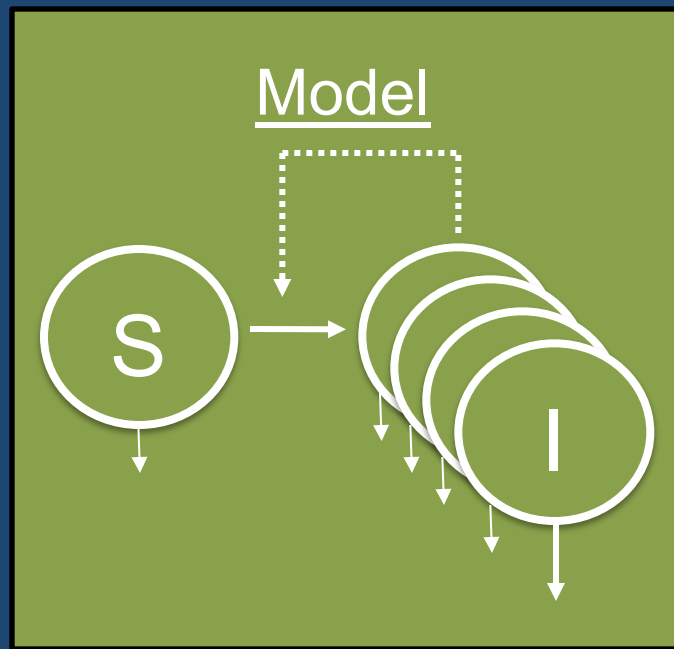
Likelihood of parameters
(given data)





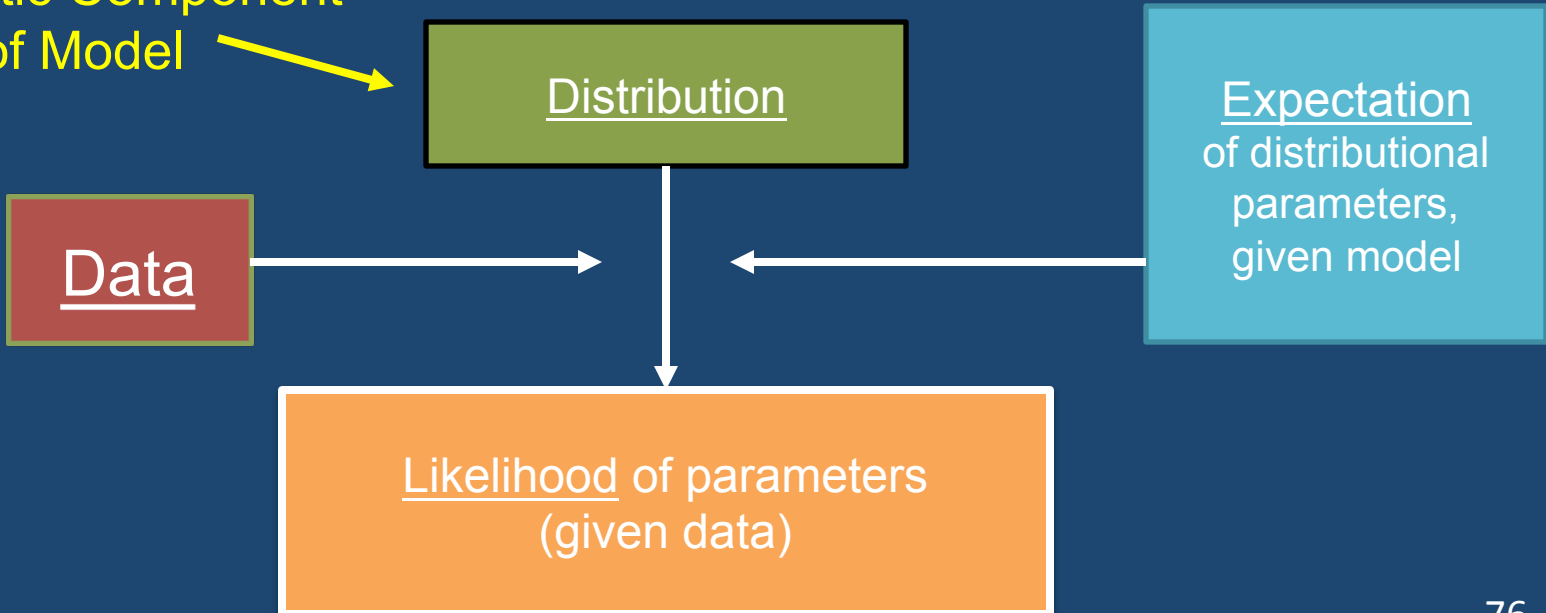
Stochastic Component
of Model

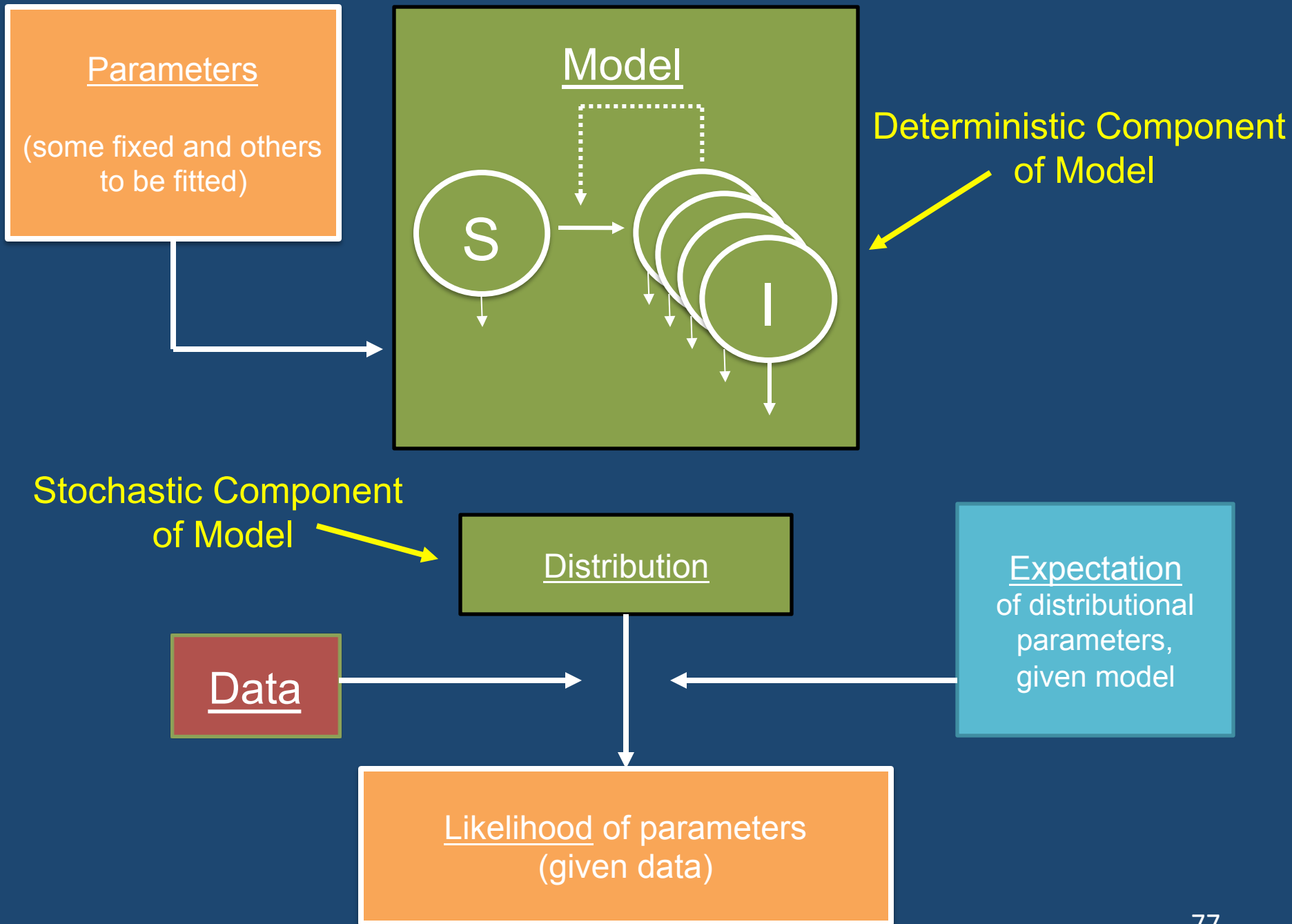


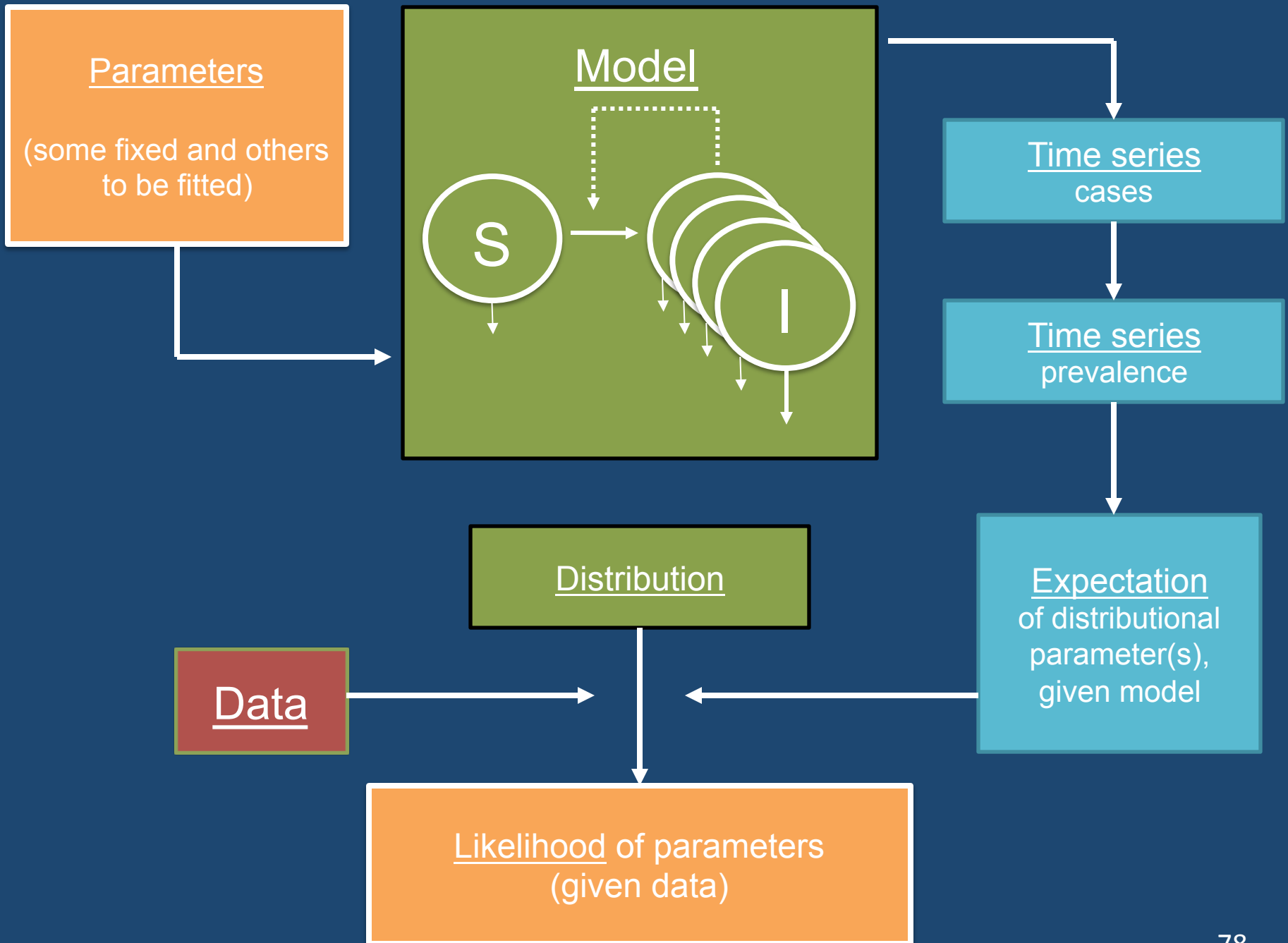


Deterministic Component of Model

Stochastic Component of Model







Collinearity

- Independent variables that vary with each other

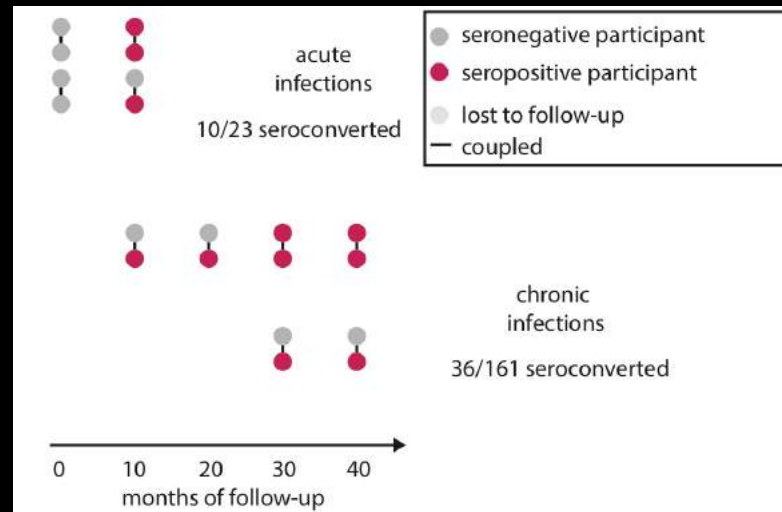
Non-Identifiability

- Multiple parameter sets fit about equally well
- Can be informative in dynamic models

Rakai *Retrospective Couples* Cohort

7x as infectious for first 5 month
26x as infectious for first 3 months

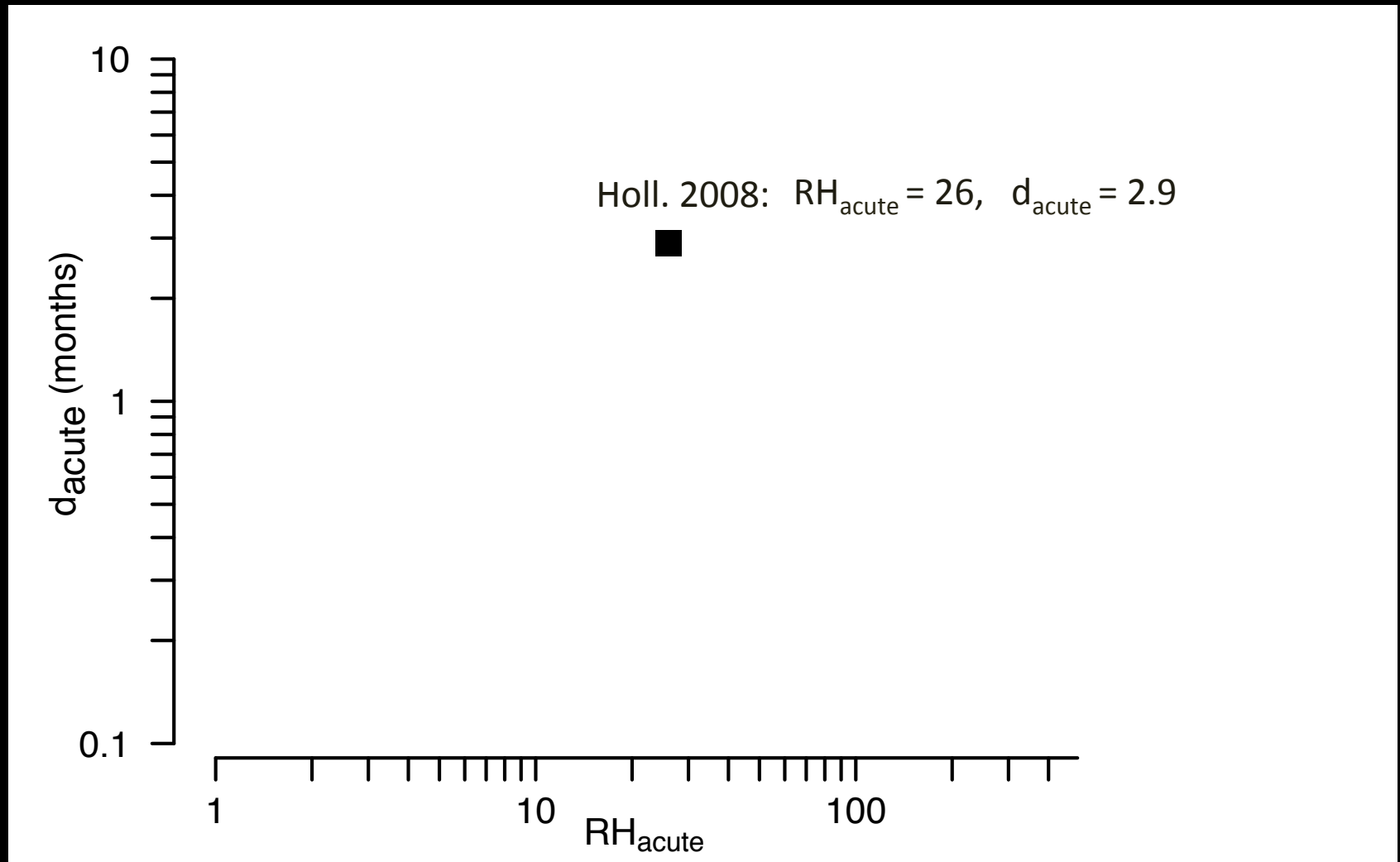
$$EHM_{\text{acute}} = 30 \text{ or } 70$$



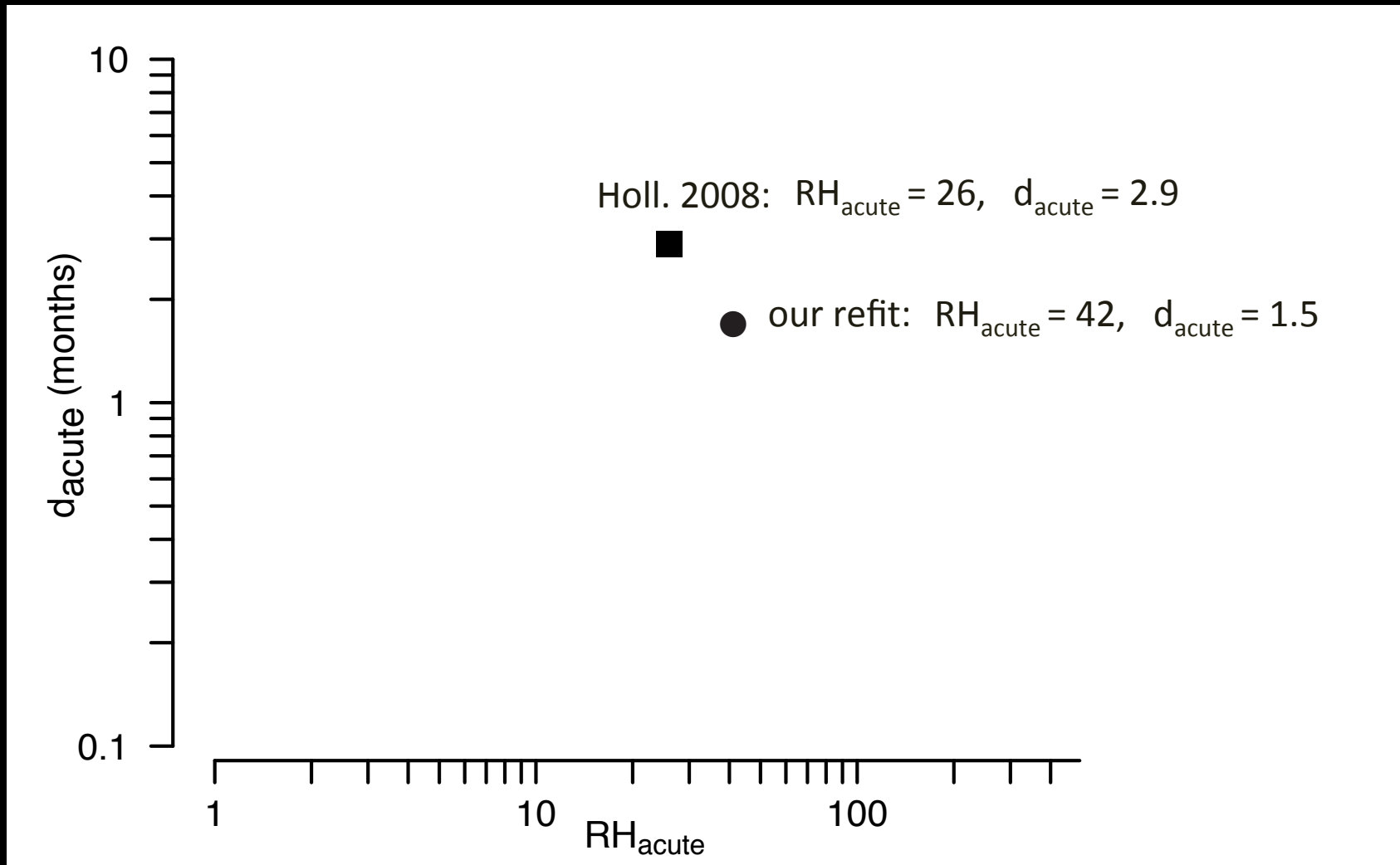
Comparing Results

Study	RH_{acute}	d_{acute} (months)
Wawer et al. (2005)	7.25 (3.05 – 17.3)	5
Hollingsworth et al. (2008)	26	2.9 (1.23-6)

Collinearity in Fitted Parameters

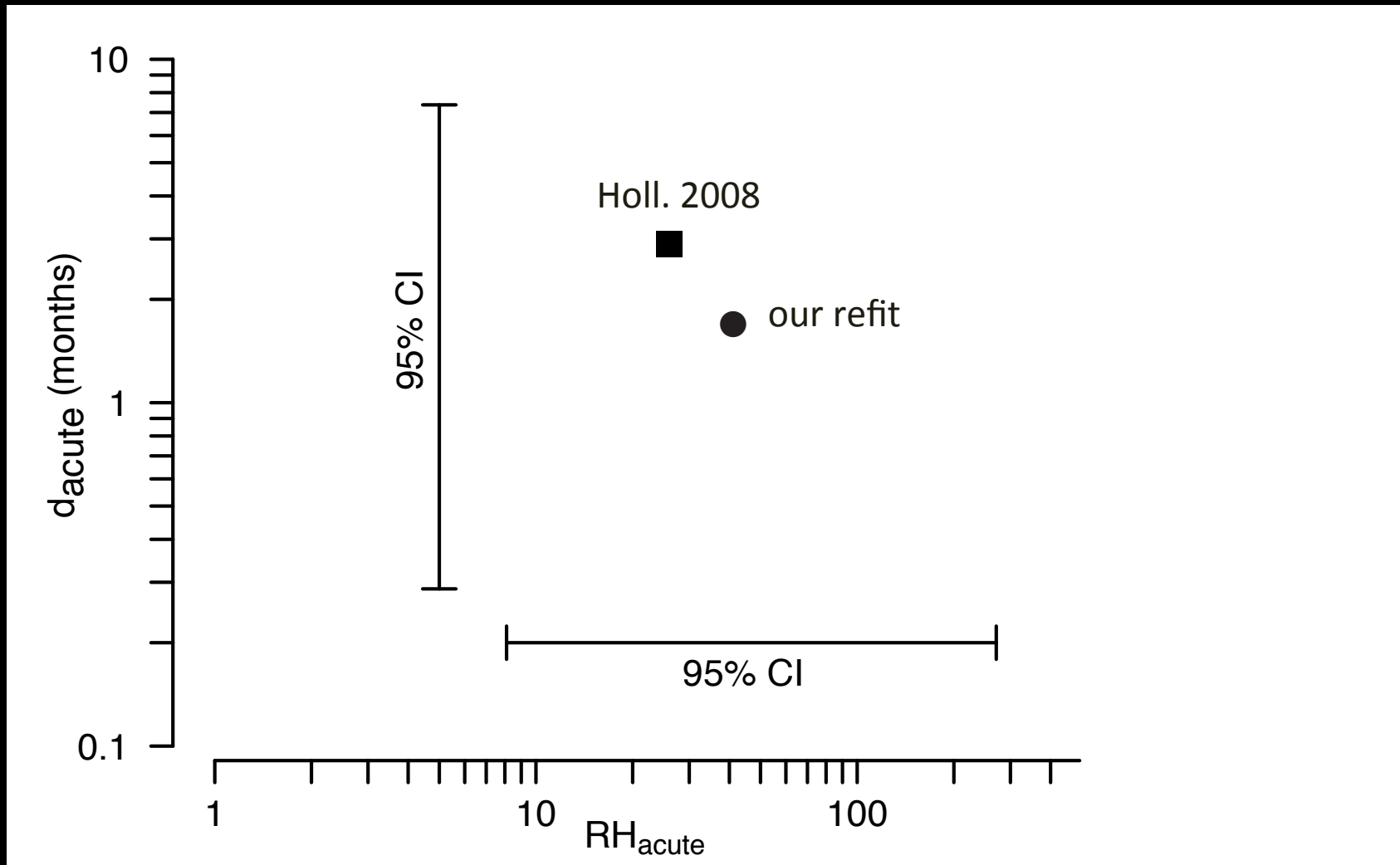


Collinearity in Fitted Parameters



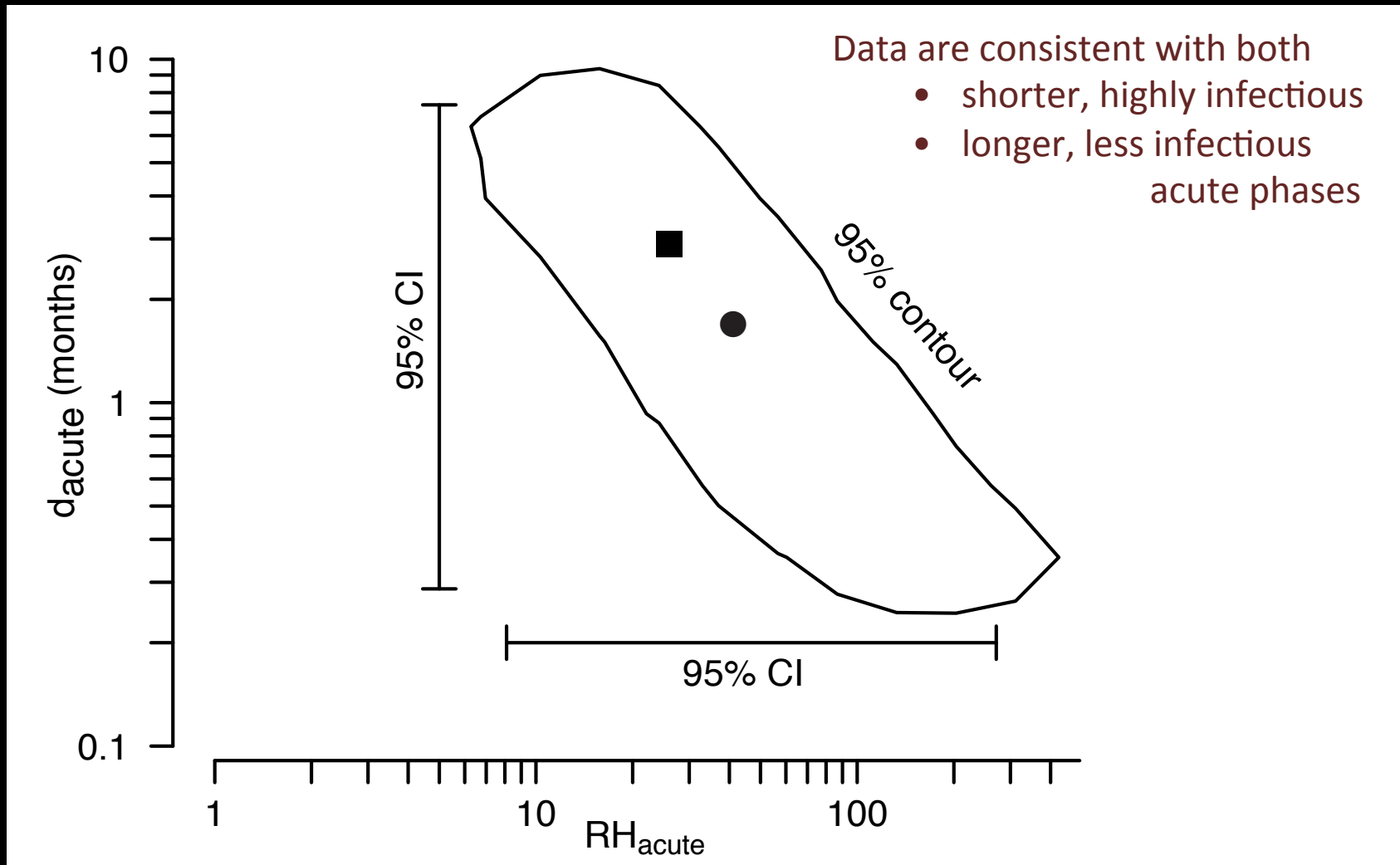
Refit the same model using Bayesian MCMC

Collinearity in Fitted Parameters



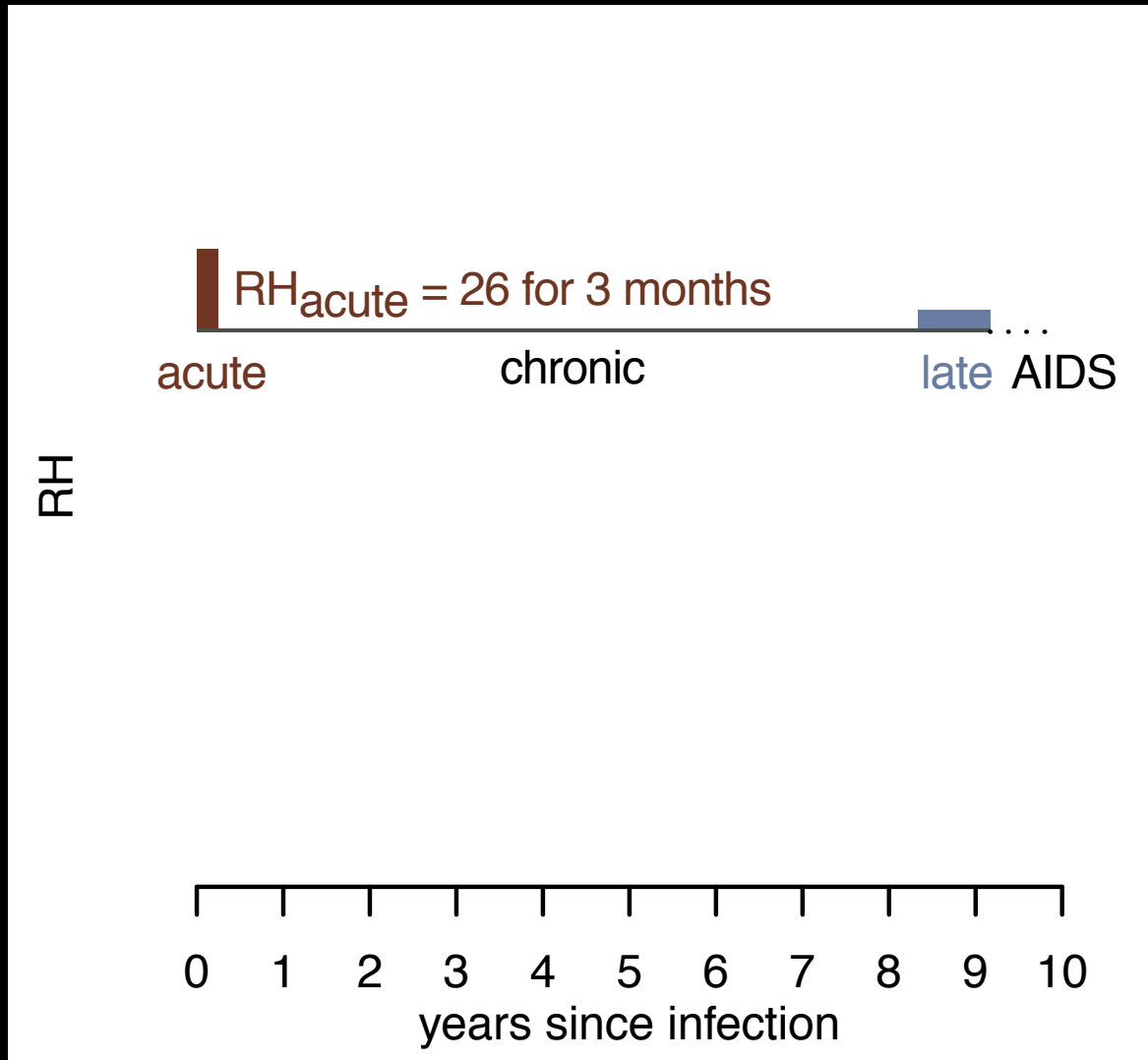
Refit the same model using Bayesian MCMC

Collinearity in Fitted Parameters



Refit the same model using Bayesian MCMC

Collinearity in Fitted Parameters



What is actually
Identifiable?

Excess Hazard-Months
due to acute phase

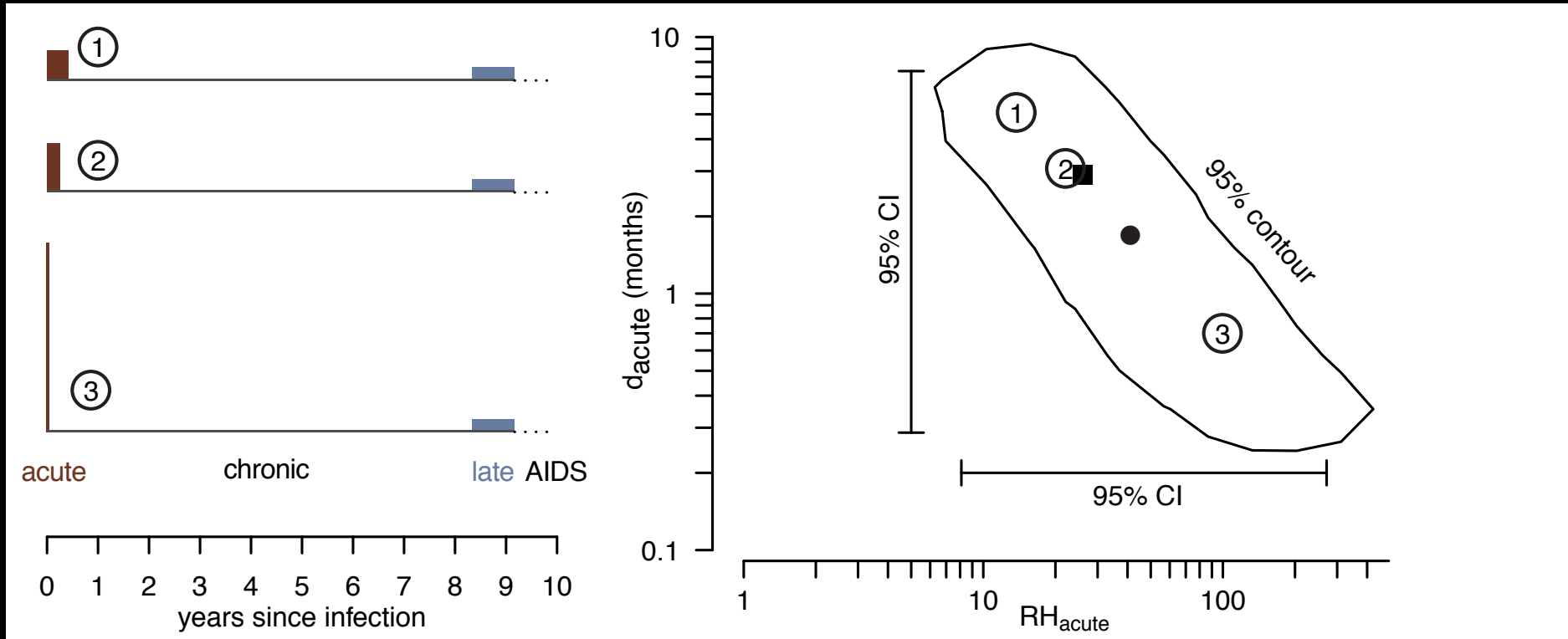
$$EHM_{acute} = (RH_{acute} - 1)d_{acute}$$

$$EHM_{acute} = 25 * 3 = 75$$

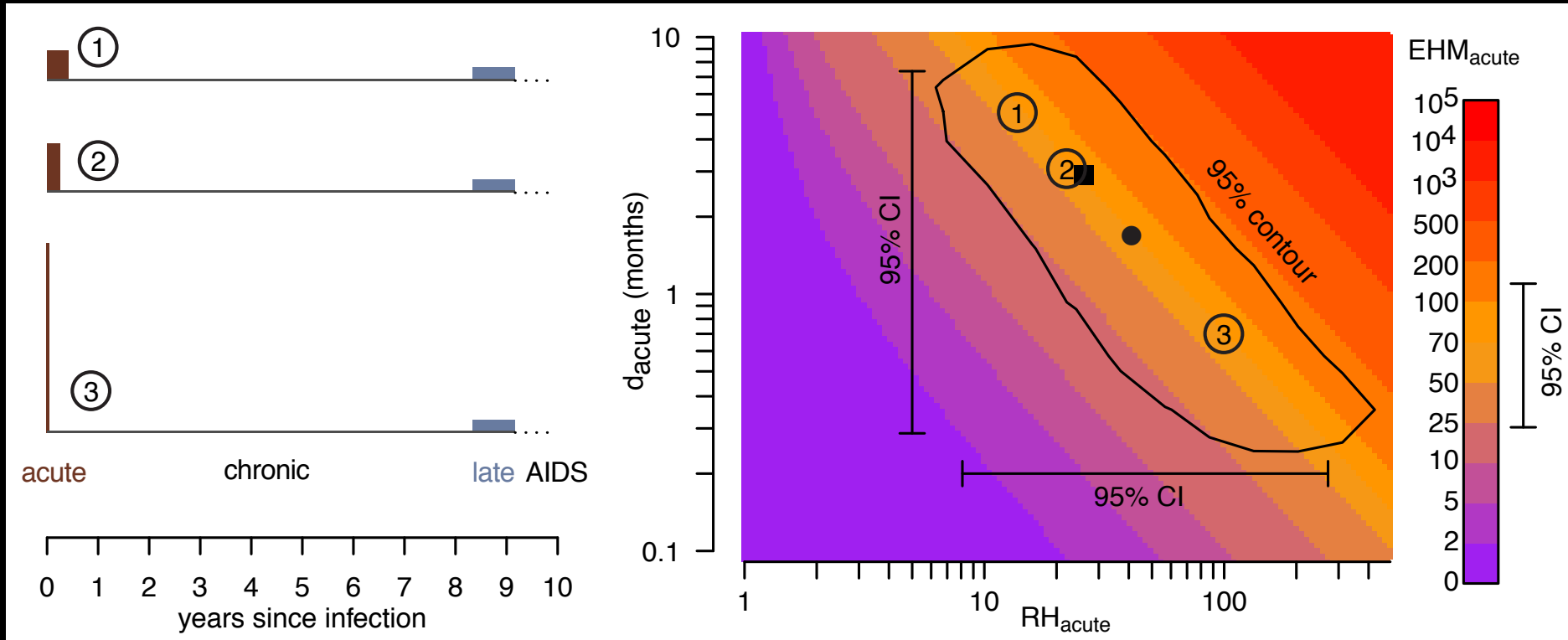
$$EHM_{acute} = 15 * 5 = 75$$

$$EHM_{acute} = 100 * 3/4 = 75$$

Excess Hazard Months ($\text{EHM}_{\text{acute}}$)



Excess Hazard Months (EHM_{acute})



RH_{acute} and d_{acute} are not identifiable from 10-month interval cohorts

We should focus on EHM_{acute}

Formally vs Informally Fitting

- Recently, fitting models to data expected
- Unnecessary for demonstration of qualitative dynamics
- Necessary for
 - parameter estimation
 - inference
 - formal model comparison

Learning More: Methods for Fitting

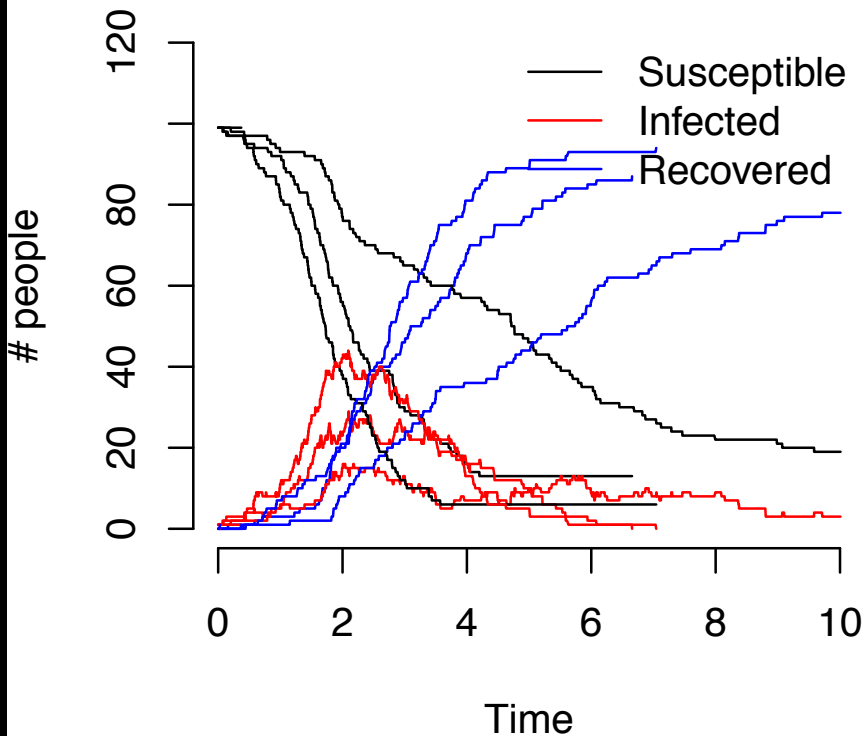
- Least Squares
- Frequentist Maximum Likelihood Fitting
- Bayesian Posterior Estimation (usually MCMC)

Simulating to test methods

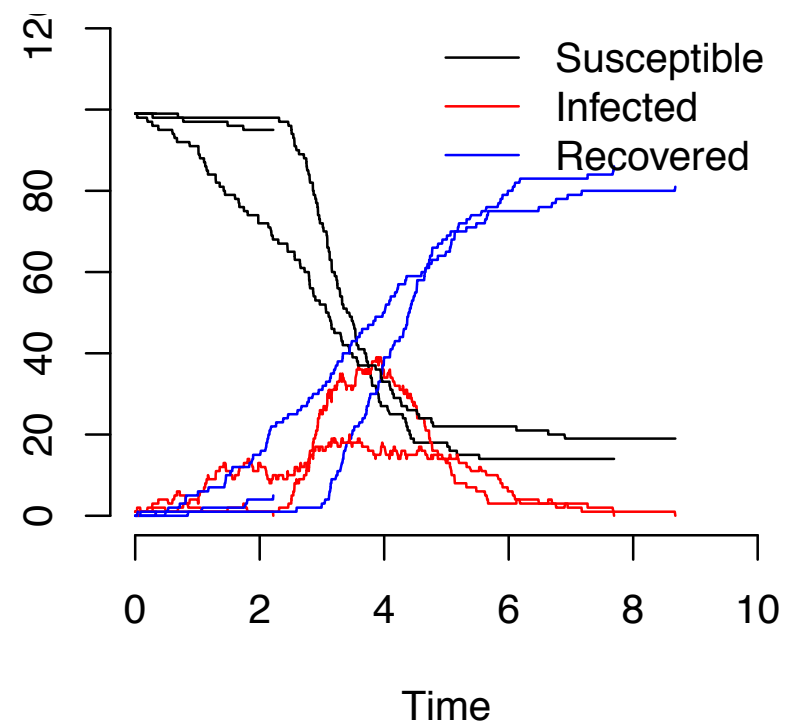
- Create model
- Simulate data
- Can you estimate the inputted parameters for the simulation by fitting?

Simulating to test methods

5 Urban Villages



5 Rural Villages



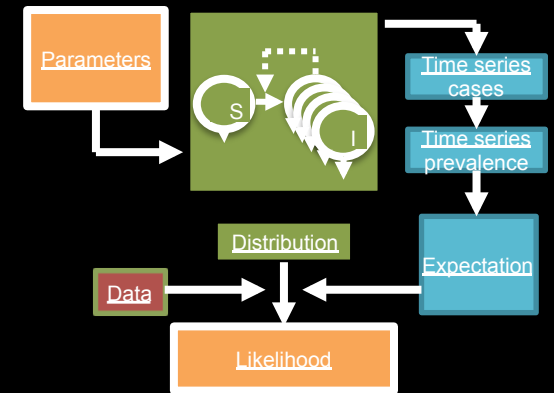
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Summary

- Why we fit

parameter estimation
inference
formal model comparison



- How we fit

Create a **probabilistic framework** that links our model to data—ie, write a **likelihood**

- What to consider when fitting

Assumptions
Overfitting

Goodness of fit
Identifiability



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Title: Models & Data: Introduction to Model Fitting

Attribution:

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For further information or slides in Microsoft Powerpoint please contact Steven Bellan (steve.bellan@uga.edu).