

CANSSI - Letter of Submission

SAC Review

1. *Provide details about the mentoring of the HQP, linking HQP directly to specific mentors. Include details on the mentoring of the student at Laval and how the student will be a full participant in the team. Keep in mind that it is unusual for a postdoctoral fellow to play a major role in mentoring, without the involvement of a senior researcher.*

The project will have 1 post-doctoral student, 2 graduate students (1 PhD student and 1 Master's student), and 2 undergraduate summer students per year. The post-doctoral student will split time between Toronto and Halifax, being supervised by Patrick Brown and Meredith Franklin while in Toronto and by Cindy Feng and Daniel Rainham while in Halifax. One of the graduate students will be at either the University of Toronto or Dalhousie University, and the other will be INRS in Quebec. If the first graduate student is at the University of Toronto, they will be supervised by Patrick Brown and Meredith Franklin. If they are at Dalhousie University, they will be supervised by Cindy Feng and Daniel Rainham. The student at INRS will be supervised by Fateh Chebana.

ADD: A comment about Laval?

2. *Clarify how the team will function and how team members will interact and collaborate. Describe the roles of the lead investigators in the project and research.*

There will be weekly meetings between students and their students. If students are involved in more than one project, they may attend more than one meeting. There will also be a virtual monthly meeting involving all team members, where students or supervisors will provide updates on their projects and if possible one student will present their research to the group.

ADD: the roles of the lead investigators.

3. *Provide more details on how the aims associated with the application are related to the statistical methodology.*

The first research aim is to develop a multi-pollutant air quality index. We will do this by developing the bcGAIM. With a Poisson response distribution and the response variable being the appropriate health outcome, the bcGAIM will output a relative risk for every combination of (measured or forecasted) pollutant values input into the model. The air quality health index will take the relative risks as inputs and output warnings, based on cutpoints for the relative risk. Forecasted pollutant values will be provided by Environment Canada. The inquiry into shape-constrained priors is motivated by the multi-pollutant model. We may believe that increasing levels of an multi-pollutant mixture are associated with worse health outcomes or that air pollution "events" such as forests fires lead to worse health outcomes. To express this prior knowledge, we may wish to constrain s to be non-negative, non-decreasing, and so on. A major goal of this project is to develop interpretable priors that express these constraints in a Bayesian framework.

The second research aim is to investigate how mixtures of air pollutants affect daily COVID-19 mortality. This is an application of the bcGAIM, where the response variable is COVID-19 mortality and the argument of s is a linear combination of pollutants. The multi-pollutant model includes day-of-the-week effects and seasonal terms, as well as smooth functions of confounders such as time and temperature. The research into relevant regression variables and confounders for COVID-19 is ongoing, and COVID-19 data sets are available at the national and state/provincial levels. However, they have different levels of geographical granularity, and include different variables. However, there are a number of viable

modeling approaches we could take for the COVID-19 inquiry; the response to Reviewer 5’s second to last question contains more details.

The third research aim is to develop multi-pollutant exposure models for health effects. This will be pursued with collaborators, using the bcGAIM to model their outcomes of interest. **ADD:** a few sentences – potential (epidemiological) outcomes of interest, motivations behind these applications, and the applicability of the bcGAIM.

4. *Briefly describe the available data sets and the confounders present therein.*

The daily air pollution data is from the National Air Pollution Surveillance (NAPS) Program, a network of 250 stations across Canada that is managed by Environment Canada and Environment and Climate Change Canada. Potential environment confounders for the air pollution model, such as temperature and humidity, is from Environment and Climate Change Canada. The COVID-19 data is from official data sources provided by provincial authorities. These data sets are all publicly available. The daily health outcome data is provided courtesy of Health Canada and INSPQ (the Quebec Public Health Institute), and is not publicly available. The daily health outcome data provided by Health Canada is aggregated count data at the census tract or city level. Depending on the province in question, the COVID-19 case and mortality data has variables such as age, socio-economic status, and so on. Since the multi-pollutant model and COVID-19 models are being developed separately, the data sets identified for each model will be combined for use in each model.

5. *Discuss why you model mortality from asthma, rather than occurrence.*

The bcGAIM can be fit to any health outcome of interest. For multi-pollutant model, the outcome will be chosen in consultation with epidemiologists we are collaborating with. The air quality health index will be based off of the relative risks estimated by the multi-pollutant model. For the COVID-19 model, the outcome of interest is COVID-19 mortality. For the other epidemiological applications, the outcome of interest would be specialized to the application. For example, if the outcome of interest is asthma, we would use asthma as the response variable. If the outcome of interest is pneumonia, we would use pneumonia as the response variable. In summary, the outcome used to fit the bcGAIM model can be chosen based on the application. If the covariates input into s are pollutants, we can convert the estimated relative risks into an outcome specific air quality index if we desired. In summary, the outcome chosen when modeling with the bcGAIM depends on the research question being considered.

6. *Detail the technical challenges to be addressed, provide references to what is already known and clearly state what is to be developed. In your discussion, include the following.*

- (a) *Provide explicit information on the kinds of constraints you will place on the prior distributions. Provide more extensive references to the literature on shape constrained models.*

The *Research Aims* section contains a more extensive discussion on Bayesian shape-constrained inference, complete with references and additional discussion on what is new in our approach. The key observation is that we will view the bcGAIM with shape-constrained s as nested within the bcGAIM with unconstrained s . We wish to reparameterize s such that there is a parameter θ that controls how strongly the bcGAIM deviates from monotonicity. Thus, setting the value of θ controls the strength of the shape constraint on s .

- (b) *Describe the challenges of introducing Bayesian approaches.*

There are a number of challenges in introducing a Bayesian cGAIM. The first is that developing priors of the type discussed above can be difficult, especially if there is no obvious reparameterization of s that admits such a θ . In the frequentist setting, the cGAIM provides for shape-constrained inference of s while simultaneously constraining α . There is no Bayesian implementation with similar capabilities, and we intend for the bcGAIM to fill this gap. The α parameter is likely to be multi-modal, which poses inference challenges. The key question is if α is truly multi-modal, or if it is an artifact of modeling/prior assumptions. It is very important that we carefully examine this point for the multi-pollutant model, as the size of air pollution effects are small and assumptions

can have an outsized impact on the results. This a significant question that will require statistical, subject-area, and computational expertise to resolve.

- (c) *You propose to initiate the models in STAN. Does this mean the research is very straightforward? If not, what are the challenges?*

There are two reasons we chose to initially develop the bcGAIM in Stan. The first is that the Stan performs optimization using Hamiltonian Monte Carlo, which enables estimation of α . The second is that allows us to incrementally introduce approximations to the target density, as detailed in the *Research Aims* section. That being said, we expect significant statistical and computational challenges as we progress in developing the bcGAIM. Consider the multi-pollutant model. One issue is that the size of air pollution effects are very small, such that they can have wide credible intervals (relative to the size of the effect) even in a single-pollutant model. We expect it will take some time to develop the bcGAIM to the point where it develops useful estimates of α . Another issue is that there is a significant amount of data – there are over 6,000 daily observations across more than 25 regions in Canada. Fitting all 25 regions in a hierarchical model in Stan is not exactly feasible. Stan provides an excellent platform for incrementally introducing approximations to the target density. Stan’s flexibility allows us to continuously build on the initial model throughout the project, which is why it was chosen.

Reviewer 1

1. *From a methodological perspective, the proposed extensions are not particularly novel. However, the application of Bayesian nonparametric regression in the context of air pollution epidemiology is novel.*

The *Research Aims* contains additional details on the proposed extensions in the bcGAIM. Of these, the "nested model" construction of shape-constrained priors for Gaussian processes and the approximations proposed to render the hierarchical model less computationally demanding are perhaps more novel than they may have appeared in the LOI.

Reviewer 2

1. *What sort of research would be needed to construct the new bcAQHI once the new bcGAIM is built and computationally implemented?*

With a Poisson response distribution and the response variable being the appropriate health outcome, the bcGAIM will output a relative risk for every combination of (measured or forecasted) pollutant values input into the model. The bcAQHI will take the relative risks as inputs and output warnings, based on cutpoints for the relative risk. The key task is determining the cutpoints, which we may do in a model-based way or using expert knowledge. Finally, forecasted pollutant values for next-day predictions will be provided by Environment Canada.

2. *The cGAIM itself is by no means a new idea. The original model for a single group ($K=1$) goes back to Hardle (1993). In fact, one seems to get Hardle's model if one drops the f_k 's from the model. Wang et. al. (2015) presents a multigroup version ($K>1$) to get around the curse of dimensionality, the whole point of this approach. But special cases were published between 1993 and 2015.*

There are new features in the cGAIM – it considers constraints and groupwise additive index terms, while much of the existing literature only considers one or the other. While Hardle, Hall, and Ichimura (1993) examine a single index model and Wang et. al. (2015) consider a multiple index model, neither consider constraints. Two papers that consider constrained estimation are Xia and Tong (2006), where the authors constrain s to be monotonic and the components of α to be non-decreasing, and Fawzi et al. (2016), where the authors constrain the components of α to be non-negative and sum to one but do not constrain s . In comparison, the cGAIM allows any linear constraint to be placed on α and different shape constraints on s including monotonicity, convexity, and concavity (Masselot et. al., 2020). Additional comparisons between the cGAIM and bcGAIM are given in the *Research Aims* section.

3. *The third main topic seems the most novel in as much as it will show how the new bcAQHI might be used to assess COVID-19 mortality. Of course, it would seem more reasonable to me to build a new bcAQHI designed specifically for that purpose. And that led me to wonder about the health outcome to be used to fit the bcGAIM-the all-causes mortality-to get the alpha and in turn the index. For example, ozone would seem more relevant as a risk index for asthma and PM 2.5 for COPD. Why not just publish the pollutant concentrations themselves?*

The bcGAIM is a modeling framework - it describes fixed effects, smooth functions of confounders, and a smooth function of a linear combination of covariates. For the multi-pollutant model, the bcGAIM estimates the relative risk of an observed air pollutant mixture, which is transformed into the bcAQHI by identifying cutpoints for the relative risk. If we would like to estimate relative risks, we would use the bcGAIM. If we would like to determine levels to provide warnings, we would transform the bcGAIM into an application-specific bcAQHI. For the COVID-19 model, we would like to report relative risks. For this application, we would fit the bcGAIM using COVID-19 mortality to estimate the relative risk of the pollutant mixture. We would also use COVID-19 specific fixed effects and confounders for this model. If desired, we could apply cutpoints to the estimated relative risks to obtain warning levels COVID-19 specific air quality index.

Regarding the pollutant concentrations, in Canada they are publicly available via the National Air Pollution Surveillance (NAPS) Program. However, it is very difficult to understand their health effects without using a model-based approach. For the multi-pollutant model, the key benefit of the bcGAIM (and the bcAQHI) is that it provides an ease of interpretation for these health effects that just publishing data does not. Compared to single-pollutant models, it provides a measure of the relative risk of the mixture of air pollutants in the ambient air. Moreover, this is a much better representation of the health risks an individual will face than what is estimated by a single pollutant model.

4. *The conversion of the cGIAM to a bcGIAM should be feasible. A major challenge will be the big data problem since daily health counts for all-cause mortality will be modeled, and this using a semi-parametric model. But the task would be simplified by the intended approach of designing a different model for each Canadian city, how many we don't know. But they do not intend to incorporate random city effects*

in the Bayesian framework to enable strength to be borrowed deficiency in the intended approach, but perhaps a compromise needed for feasibility.

There are significant challenges relating to the size of the data. We will be examining 25+ regions in Canada over a 20+ year period (6,000+ days) of daily data. Fitting the bcGAIM to each city independently is computationally feasible, while fitting a hierarchical model across 25 regions is less feasible but perhaps more desirable. We have given further thought to this goal since submitting the LOI, and will be implementing various Laplace approximations in the target density to lessen the computational burden. This would allow us to produce estimates of the relative risks of the pollutant mixture using a hierarchical model. The details of the proposed approximation are discussed in the *Research Aims* section.

5. *A complicated issue and I had to do a lot of digging to figure out how the team of Investigators was assembled. In part, this involves those listed as Collaborators. The LOI could have done a better job of clarifying the links of the Investigators and Collaborators in the proposed project.*

There are four investigators in the project. Patrick Brown and Meredith Franklin are at the University of Toronto, while Cindy Feng is at Dalhousie University in Halifax. A collaborator, Daniel Rainham, is also at Dalhousie University. The fourth investigator, Fateh Chebana, is at INRS in Quebec. Patrick has relations with Health Canada and is currently researching the effects of air pollution, while Fateh has relations with INSPQ and worked with Pierre Masselot to develop the cGAIM. Cindy Feng and Daniel Rainham... **ADD:** more details

There is one postdoctorate, one PhD, and one Master's student involved in the project. The postdoctorate student will split time between the University of Toronto and Dalhousie University. When in Toronto, his activities will be supervised by Patrick and Meredith. When in Halifax, his activities will be supervised by Cindy and Daniel. One graduate student will be based at the University of Toronto and co-supervised by Patrick and Meredith. The other will be based at INRS and supervised by Fateh. The graduate students will also spend summer sessions at the home institutions of the other investigators. Finally, the undergraduate summer students will be under the supervision of the investigator that applied for their funding. The *Anticipated Roles of Trainees* and *Anticipated Organization of Collaboration* sections contain more details on how collaboration is organized, and the role of the investigators.

6. *It is challenging to coordinate and run such a program successfully and we don't get a clear impression from the LOI that the applicants have thought about this issue very much. What is clear is that it is designed to provide the pipeline from data through to the AQHI. That is excellent. What is not clear is how the collaboration is to be managed and what I for one would like to see if a proposal is invited is an active group interaction plan.*

Regarding organization, there will be weekly meetings between supervisors and trainees. Trainees that are working on more than one project may attend more than one weekly meeting, particularly if they are working with off-site collaborators. The postdoctoral student will organize a monthly meeting that everyone attends, which will be held virtually. Each trainee will be supervised by one or more of the investigators, and the postdoctoral student will split time between locations to facilitate knowledge transfer and to help build team cohesion.

7. *The discussion of the bcGIAM is well done including the parts about the implementation of the computation strategies. But the LOI should have explained it better. For a start the big picture with its three main objectives should have been better described in general terms and how they relate to one another before diving into details re the cGIAM.*

The bcGAIM project has three research objects: to develop a multi-pollutant air quality health index (AQHI), to develop multi-pollutant exposure models for various health effects, and to investigate how mixtures of pollutants affects daily COVID-19 mortality. These three tasks are all applications of the bcGAIM. The bcAQHI is derived from the relative risks estimated by the bcGAIM, the exposure models are bcGAIM models (with different fixed effects, smooth functions, and mixtures), and the COVID-19 model is the bcGAIM with daily COVID-19 mortality as the outcome. Thus, the methodological innovations are found in the bcGAIM, namely in developing interpretable priors and implementing

approximate inference algorithms. The research aims - the bcAQHI, epidemiological studies, and COVID-19 studies - are potential high-impact applications of the bcGAIM that we will be pursuing.

Reviewer 3

1. *The naive case fatality rate that the investigators plan to explore with regard to Objective 3 is subject to errors caused by an undercount of both the numerator and the denominator and known to be a poor measure of the mortality risk of the disease.*

While reported COVID-19 mortality rates are subject to reporting error and there may be inaccuracies in the reported data, it is the best data available. If there are anomalies such as persistent under-reporting, under-reporting on weekends or holidays, different inclusion criteria (long-term care cases and deaths may not be reported in some regions), or any others we can address them during data processing or model-fitting. For instance, we can add a day-of-the-week effect to account for delayed reporting on weekends, have the model impute missing values, or relate cases and deaths to help detect systematic under-reporting.

2. *Although four methodological advancements of the bcGAIM are listed in the Methods section, those seem to be rather incremental changes of the cGAIM.*

The *Research Aims* section has additional material explaining the differences between the cGAIM and bcGAIM. The major benefit is in quantifying the uncertainty of α . Secondary benefits include being able to specify the strength of the monotonicity constraint, and the ability to extend the bcGAIM to additional smooth functions s or additional covariates in each s . As detailed in *Research Aims*, quantifying the uncertainty in the estimate of α is crucial for conducting inference with the multi-pollutant model. The extensibility of the bcGAIM and being able to control the strength of the shape constraint are also important features that will play an important role when in developing the multi-pollutant model.

3. *How the bcGAIM helps with developing a simple, intuitive air quality index that simultaneously accounts for the health effects of multiple air pollutants is not explained.*

This was clarified in the response to the first question by Reviewer 2.

4. *The potential for impact in statistics and inferential data science seems to be marginal considering that methodological advancements of the bcGAIM listed in the Methods section are deemed to be rather incremental changes of the cGAIM.*

The bcGAIM has novel innovations that will enable new statistical reasoning to applied to mixtures of interest, such as in the multi-pollutant problem. There are a number of statistical challenges in developing the bcGAIM. For one, fitting a model to daily observations across 25+ regions in Canada is a significant computational task. The bcGAIM attempts to address this by applying a (non-linear) one-dimensional function to a linear combination of related covariates, which both eases the computational burden and improves the interpretability of the model. To accomplish this, we must set shape-constrained priors on s and estimate α . These are both challenging problems and are discussed in more detail in the *Research Aims* section. It also has additional material to clarify the differences between the cGAIM and bcGAIM.

Reviewer 4

1. *The team has the potential to provide an excellent environment for interdisciplinary training of students. It would be helpful to add the names of the faculty supervisors/collaborators to the mentoring plan. The part for the roles of personnel could be further clarified.*

Clarification can be found in the answer to the second question posed by Reviewer 2, as well as the *Anticipated Roles of Trainees* and *Anticipated Organization of Collaboration* sections. These two sections contain more details on how collaboration is organized, and the role of the investigators.

Reviewer 5

1. *A potential weakness would be that while well motivated by multi-pollutant modeling, the investigators could strengthen the proposal by identifying other applications where this form of model would be applicable.*

The *Research Aims* section contains a brief discussion of other applications, with some further discussion in *Anticipated Roles of Trainees*.

2. *What is the relationship between the linear combination that goes into the smooth function and the air quality index? How will the index provide measures that indicate it is safe or not based on the smooth function and or linear combination of the exposures? In terms of data, is this based on hospital admissions (asthma or other conditions or only mortality). More details on data sources related to aims would be helpful.*

The bcGAIM estimates the relative risk of the linear combination of the pollutants, and is translated into an air quality index based on cutpoints on the levels of the relative risk. For the air quality index, we are collaborating with epidemiologists and they will advise on the appropriate health outcome to use for the air quality index.

3. *While the researchers describe this as a constrained or shape constrained model, the proposal lacks details about what shape constraints are desired. There is a significant literature on Bayesian shape constrained modeling (monotonicity in particular) but limited references are provided. How does the proposed research build on this and what will be novel and contribute to general statistical methodology? Is this a straightforward model to fit in STAN or code directly or are there methodological advancements to be made there?*

The *Research Aims* section contains additional details on the bcGAIM, more extensive references to the literature on shape-constrained inference, and details on the challenges to fitting the bcGAIM in Stan.

4. *The researchers cite Stringer et. al. (2020) as developing a Bayesian single pollutant version of a case-crossover model using non-MCMC methods such as Integrated Nested Laplace Approximations (INLA). Given the space limitations of the proposal it is not clear that such results will immediately carry over to the Bayesian shape constrained model where both the (constrained) smooth function of the linear combination of the exposures, the weights in the linear combination of exposures and the smooth functions of confounders has to be estimated, in addition to the other smooth functions of confounders. INLA like methods have been used to solve an array of complex problems, so this may be feasible. While this might provide computational efficiencies in point estimation, how does this address the importance of uncertainty quantification of the Bayesian model over the frequentist model of Masselot et. al. (2020)?*

The *Research Aims* section gives more detail on the INLA-like approximation. To summarize those additions, the bcGAIM has link function $g(\lambda_t) = X^T \beta + s(\alpha^T Z_t) + f_1(W_{1,t}) + \dots + f_K(W_{K,t})$. Conditional on α , we can simplify the estimation problem by considering parameters ϕ , θ , and α and estimating $\pi(\eta|Y, \theta, \alpha)$, $\pi(\alpha|Y, \theta)$, $\pi(\theta|Y)$, and $\pi(\eta|Y) = \int \pi(\eta|Y, \theta, \alpha) \pi(\theta|Y, \alpha) \pi(\alpha|Y) d\theta d\alpha$ (the last one numerically). The Laplace approximation can be applied to $\pi(\eta|Y, \theta, \alpha)$ and $\pi(\theta|Y)$ (within Stan), and $\pi(\theta|Y, \alpha)$ can be estimated using HMC. We will also develop an approximation of $\pi(\theta|Y, \alpha)$ outside of Stan. We will release both Stan models (exact and approximate), as well as the standalone approximate inference algorithm, in an R package.

5. *In discussing priors to induce shape constraints, the proposal rejects the idea of placing a prior on the expansion of the smooth function, but rather to place it directly on s . What types of priors on functions spaces are going to be used; Gaussian Process priors or others? How are the constraints incorporated?*

We will be considering shape constraints on Gaussian processes, a widely used and flexible class of functions. The shape constraints would be incorporated by re-parameterizing the Gaussian process, or exploiting its structure to enforce the desired shape constraint. Ideally, a re-parameterization would create a parameter whose value directly relates to the shape constraint. For example, Kamal et. al. (2020) proposes a re-parameterization of the anisotropic Matern function where one parameter controls the anisotropic ratio of the Matern random field, and another the anisotropic angle. Alternatively, the

Gaussian process contains mathematical structure that allows us to introduce an object that plays a similar role. The *Research Aims* section contains a brief discussion of shape-constrained Bayesian inference, and additional discussion on our approach to developing shape-constrained priors.

6. *While the impact of pollutant exposure and COVID-19 exposure is suggested by Wu et. al. (2020), how does this model relate to the models for total mortality? Will this be a joint model for COVID versus non COVID deaths with common smooth s function or different smoothed functions? Or will there be different linear combinations of exposures or the same? Or will this utilize the proposed Air-Quality index? What data are available and do they provide the necessary information about potential confounders or other covariates? (socio-economic status, access to health insurance, housing status (group living such as nursing homes, dorms, single family, number of family members etc) co-morbidities, etc. Are individual level data available or is this aggregated data at say a county level? Missing data is clearly an issue with COVID-19 deaths but is not addressed.*

To investigate the relationship between air pollution and COVID-19 mortality, we will fit the bcGAIM to COVID-19 mortality. The granularity of COVID-19 case and mortality reporting varies widely depending on the reporting region. In Canada, the Government of Ontario's Treasury Board Secretariat provides many COVID-19 data sets, including "Long-Term Care Home COVID-19 Data", "Confirmed positive cases of COVID-19 in Ontario", and "Status of COVID-19 cases in Ontario". The "Confirmed positive cases of COVID-19 in Ontario" data set contains age, gender, location (by public health unit), and the patient outcome. The "Status of COVID-19 cases in Ontario" data set contains daily tests completed, test outcomes, case outcomes, current hospitalizations, and current patients in ICUs.

It is important to note that none of these data sets were available at the time of our LOI submission. The Government of Ontario has gradually made additional information available to the public, a trend that will likely continue in Ontario and other reporting regions. It's very reasonable to expect more data in Ontario (and elsewhere) to be made available over time. Already, we have access to rich COVID-19 data sets for Ontario. We can incorporate demographic and socio-economic variables at the census tract or city-level, which is similar to the county-level aggregation seen in Wu et. al. (2020). We could, for example, compare COVID-19 mortality in low-income vs. high-income regions, in majority white vs. majority minority regions, or in densely populated vs. less densely populated regions.

The John Hopkins COVID-19 Github page lists their data sources. In the United States, reporting is done by state agencies and occasionally by large cities such as New York and Illinois. The finest resolution these regions report data most often aggregated at the county-level, and variables such as age, gender, and race/ethnicity are usually provided. Many regions also provide hospitalization and ICU data. We can again introduce demographic or socio-economic variables at the country-level. While there are still data limitations, fairly rich COVID-19 data sets are available today that will allow us to conduct meaningful inquiries into the relationship between COVID-19 and air pollution exposure.

7. *As this is a very application motivated proposal it would be useful to know what data are available for each of the aims and how they will be integrated.*

The daily air pollution data is from the National Air Pollution Surveillance (NAPS) Program, a network of 250 stations across Canada that is managed by Environment Canada and Environment and Climate Change Canada. Potential environment confounders for the air pollution model, such as temperature and humidity, is from Environment and Climate Change Canada. The COVID-19 data is from official data sources provided by provincial authorities. These data sets are all publicly available. The daily health outcome data is provided courtesy of Health Canada and INSPQ (the Quebec Public Health Institute), and is not publicly available.

The bcGAIM is a general model - it contains fixed effects β , smooth functions of potential confounders $f = (f_1, \dots, f_k)$, and a smooth function of a linear combination s whose coefficients α are also of interest. In our applications, the response is a mortality or morbidity outcome of interest. We will be fitting two versions of the bcGAIM to these two problems - one for the multi-pollutant model that produces the bcAQHI, and one for the COVID-19 investigation. The response for the COVID-19 model will be COVID-19 mortality, and it will also have different fixed effects and confounders. More details

on data sources related to the COVID-19 model are provided in the response to the previous question.

The daily health outcome data provided by Health Canada is aggregated count data at the census tract or city level. Depending on the province in question, the COVID-19 case and mortality data has variables such as age, socio-economic status, and so on. Since the multi-pollutant model and COVID-19 models are being developed separately, the data sets identified for each model will be combined for use in each model. It is less likely they will be combined across models, as discussed in the previous response.

8. *The proposal mentions developing random effects in the smooth function. What do these capture and what is the motivation? i.e spatial random effects, treating the weights as random effects (to allow spatial variation). Additional clarity would be helpful.*

By random effects, we are referring to Gaussian processes such as random walks. For the hierarchical multi-pollutant model, we will likely also include a city-level spatial random effect.