

# A Bayesian hierarchical framework to evaluate policy effects through quasi-experimental designs in a longitudinal setting

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GEOMED, Hasselt

9-11 September 2024

**MRC**  
Centre for Environment & Health



Medical  
Research  
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**Imperial College  
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# Policies are everywhere



# Policies are everywhere



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# More policies = less evidence?

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ITV REPORT 31 May 2018 at 12:01am

## Smoking ban 'helped drive spike in violence at prison'



A ban on smoking in jails has been phased in since the beginning of 2016 (Anthony Devlin/PA)  
Photo: PA Wire/PA Images

# More policies = less evidence?

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HEDDLU POLICE CN10 DYX

- Evaluating the effects of policy interventions is of crucial importance.
- Robust statistical methods needed.

# Can we infer causality?

- Randomised clinical trials are not viable

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## Quasi-experimental designs

Research design used to estimate the causal impact of an intervention on its target population without random assignment.

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## Quasi-experimental designs

Research design used to estimate the causal impact of an intervention on its target population without random assignment.

- How to deal with possible dependencies (presence of pre- and post-intervention trends, similarity across space/units)?
- Find comparable control groups to deal with residual confounding.

# Outline

- Quasi-experimental design in a longitudinal setting.
- Adding dependency: hierarchical models as a general framework.

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- Adding dependency: hierarchical models as a general framework.
- Examples: incinerators and infant health
- Examples: welfare policies in the UK and mental health

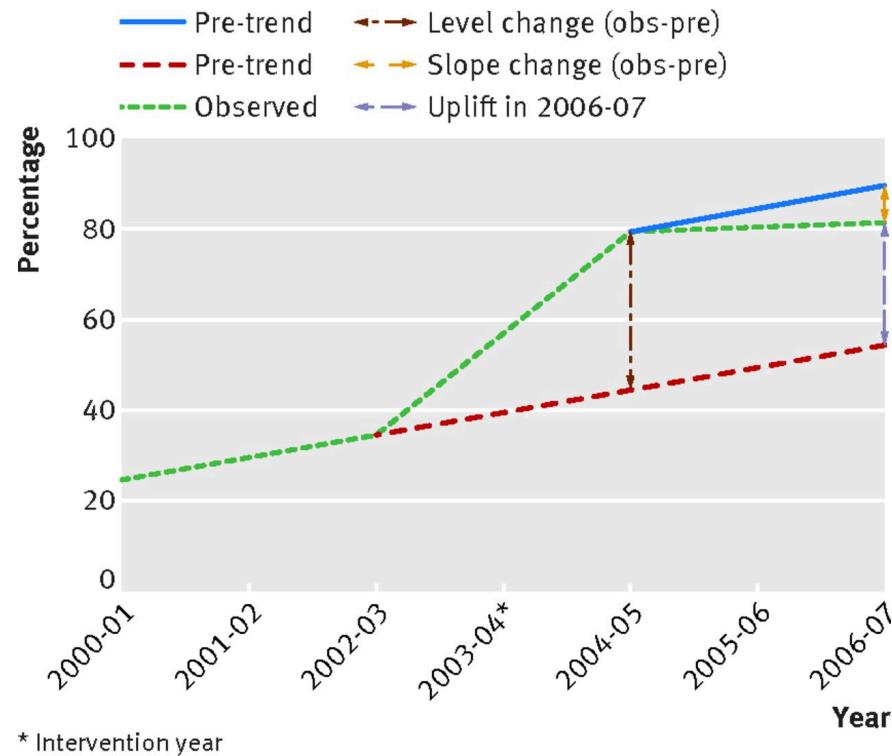
# Outline

- Quasi-experimental design in a longitudinal setting.
- Adding dependency: hierarchical models as a general framework.
- Examples: incinerators and infant health
- Examples: welfare policies in the UK and mental health
- Future directions: Spillover

# Longitudinal setting: ITS

## Interrupted Time Series (ITS)

A time series of a particular outcome of interest is "interrupted" by an intervention at a known point in time. Particularly useful for "natural experiments" in real world settings.



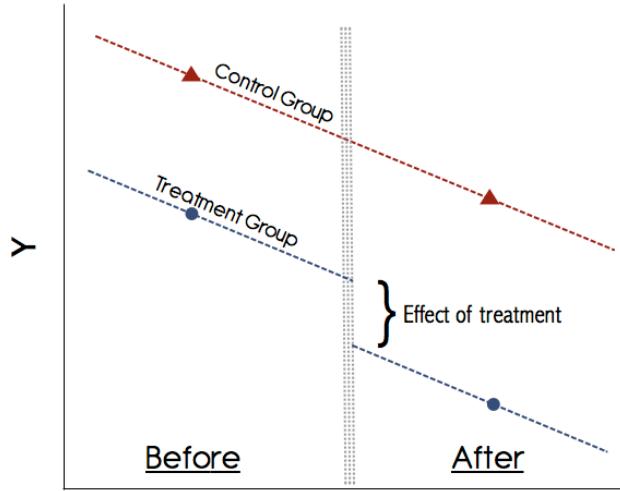
In its general formulation:

- Linear effect of intervention.
- Do not account for external time varying effects or autocorrelation.
- Do not include controls.
- Causal effects: step and slope change.

Kontopantelis et al., BMJ 2015; 350: h2750

# Difference in difference

If controls are available the difference-in-difference approach (DID) is a popular choice:



- Do not account for external time varying effects or autocorrelation
- Before-after approach
- Causal effects: step change

D. Polsky, M. Baiocchi, in Encyclopedia of Health Economics, 2014

Other methods under this umbrella: segmented regression, change-in-change, regression discontinuity...

# A general framework

These methods have been developed to perform causal inference on longitudinal data dealing with specific data availability

- They are similar!

## AIM

- Build a general framework for quasi-experimental designs in a longitudinal setting
- Deal with a common limitation: lack of additional dependence (e.g. in space) & generally simplified assumptions on trends (computational reasons / to make life easy)

⇒ Bayesian Hierarchical Modelling Framework

# Can we re-frame this?

## Bayesian Hierarchical Framework

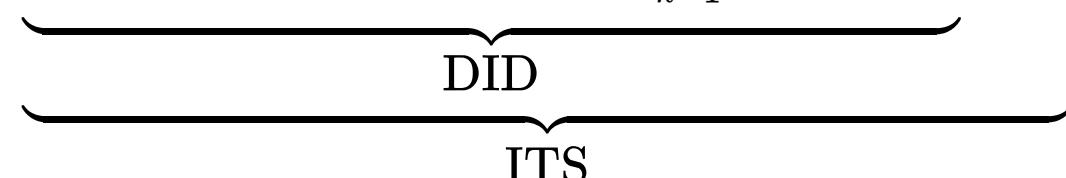
## Why hierarchical

## Why Bayesian

For each unit  $i = 1, \dots, I$  (areas or individuals) and time  $t = 1, \dots, T \geq 2$ , the data comprise:

- the outcome  $y_{it}$ ;
- a vector of  $K$  covariates (confounders)  $\mathbf{X}_{it} = (X_{it1}, \dots, X_{itK})$ ;
- an indicator variable  $z_t = 1$  if the intervention is being applied at time  $t$  and 0 otherwise;
- an indicator variable  $w_i = 1$  if unit  $i$  is exposed and 0 if it is a control.

The generalised linear predictor for the average of the outcome  $\mu_{it}$ :

$$E[y_{it}] = h(\mu_{it}) = \alpha_0 + \alpha_1 w_i + \delta_0 z_t + \delta_1 w_i z_t + \sum_{k=1}^K \beta_k X_{itk} + \gamma_i + \lambda_t$$


# Can we re-frame this?

Bayesian Hierarchical Framework

Why hierarchical

Why Bayesian

- Flexible structure - adapt to data availability:

⇒ Can include controls and non linearity in time trends.

- Account for dependencies in space / across units:

⇒  $\gamma$  can be modelled as exchangeable or spatially structured (neighborhood or distance based);

- $\delta_1$  identifies the causal effect of the intervention. Additional time dependent causal effects can be obtained through  $\lambda_t$  if appropriate.

$$E[y_{it}] = h(\mu_{it}) = \alpha_0 + \alpha_1 w_i + \delta_0 z_t + \delta_1 w_i z_t + \sum_{k=1}^K \beta_k X_{itk} + \gamma_i + \lambda_t$$

DID

ITS

# Can we re-frame this?

Bayesian Hierarchical Framework

Why hierarchical

Why Bayesian

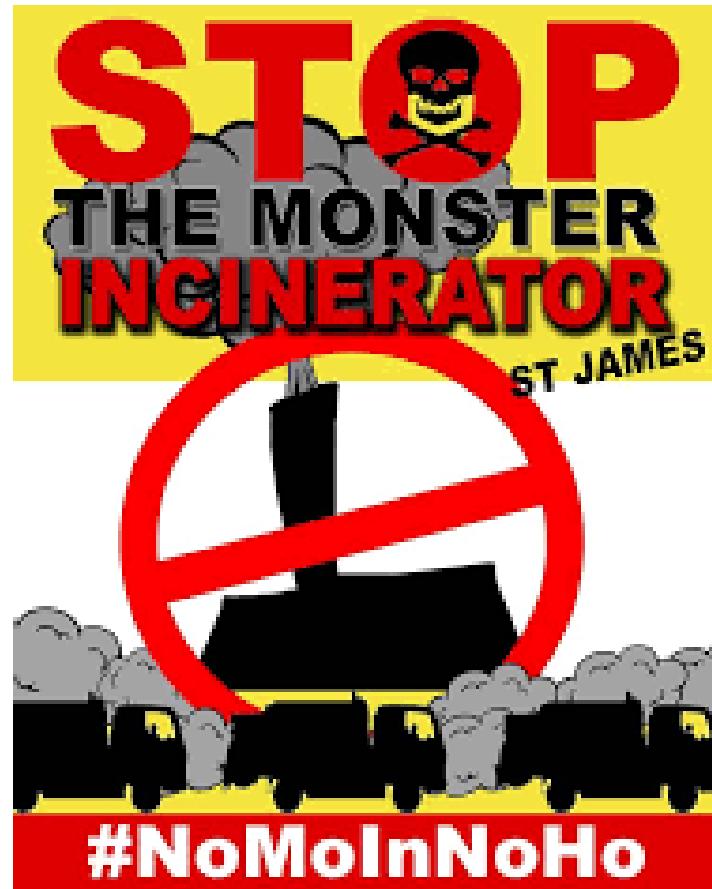
- Can include relatively vague information in the priors, which can still help regularise the inference
  - Avoid inconsistent estimates because of small numbers/separation
  - Use Penalised Complexity (PC) priors
    - Direct characterisation of full uncertainty in all model parameters
  - Can then rescale (e.g. from regression coefficients to original scores etc) and still obtain samples from the full posterior distributions
  - Particularly helpful for generalised linear models and for obtaining functions of original parameters
  - Can aggregate at any space-time resolution

## Example: incinerators effects on health

- Recent increase in incineration of municipal waste in response to European Union (EU) legislation to divert waste from landfills.
- Few studies available, despite public concern about potential for adverse effects from this and other waste management processes on birth and other health outcomes.

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Climate & Energy

## To get to zero-waste, hundreds of European cities are spurning incineration

By Mark Hildesdon

April 22, 2024 2:30 PM GMT+1 · Updated 4 months ago

Industry Insight from Ethical Corporation Magazine, a part of Thomson Reuters.

Smokestacks at an incineration plant in France. REUTERS/Charles Platiau (FRANCE ENVIRONMENT) [Purchase Licensing Rights](#)

# The project



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Current research projects

Patient and Public Involvement (PPI)

Previous research projects ▾

Rapid Inquiry Facility

Incinerators study ▾

Frequently asked questions

Environment and Health Atlas for England and Wales

Health Impacts of Bioaerosols from Large Scale Biocomposting Waste Facilities

Light-at-night exposure and the risk of female breast cancer in England

Traffic Pollution and Health in London

A general framework to adjust for missing confounders in observational studies

Acute coronary syndrome admission rate and outcomes in Indian Asians

Tools for characterising multi-pollutant patterns of exposure for use in environmental health studies

Analysis of HES inpatient data for CO hospital admissions in England

Associations between measures of green space and birth outcomes

## Incinerators study



### Project Background:

[Frequently asked questions](#) >

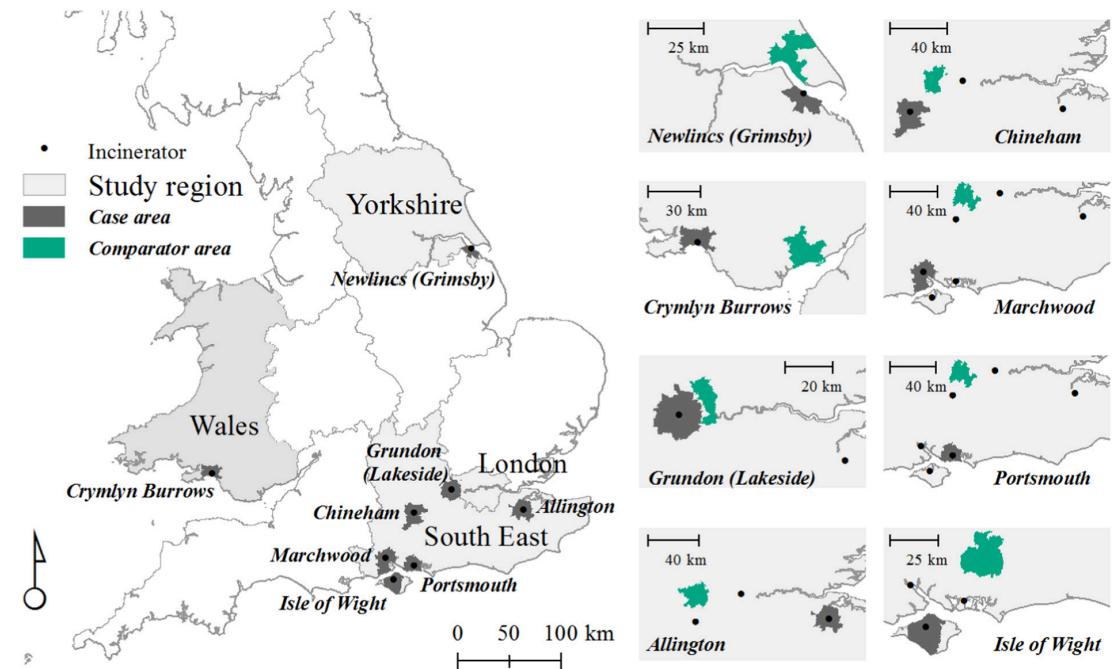
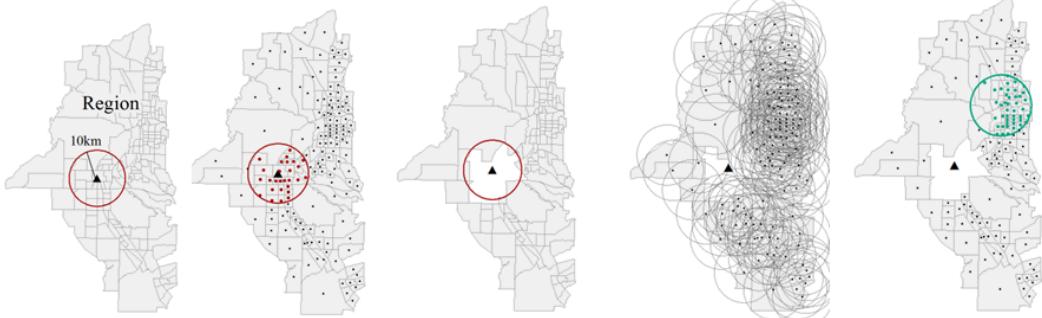
The use of incineration for waste disposal in the UK is increasing due to EU restrictions on the use of landfill. A number of new Municipal Waste Incinerators (MWIs) have been built and between 2003 and 2010 there were 22 operating in England, Scotland and Wales. The incineration process and emissions of modern MWIs are regulated by the Waste Incineration (England and Wales) Regulations 2002 which sets operational conditions, technical requirements, and emission limit values. However there is public concern over any possible health risks associated with modern incineration and this study has been commissioned to extend the evidence base and provide more information to the public on this subject.

This study investigating potential associations between reproductive and infant health and emissions from municipal waste incinerators (MWIs) in England, Scotland and Wales was announced in January 2012 by the Health Protection Agency, whose functions have since been transferred to Public Health England.



# Data

- Eight Municipal Waste Incinerators (MWIs) opening within 2003-10; study period 1998-2012.
- Exposed areas as middle super output areas whose centroids lay within a 10km radius buffer of each of the eight MWIs.
- Matched 10km buffers as controls, based on live births, mean percentage of low social class, lack of car ownership, overcrowding, male unemployment, population density and non-white percentage ethnicity.



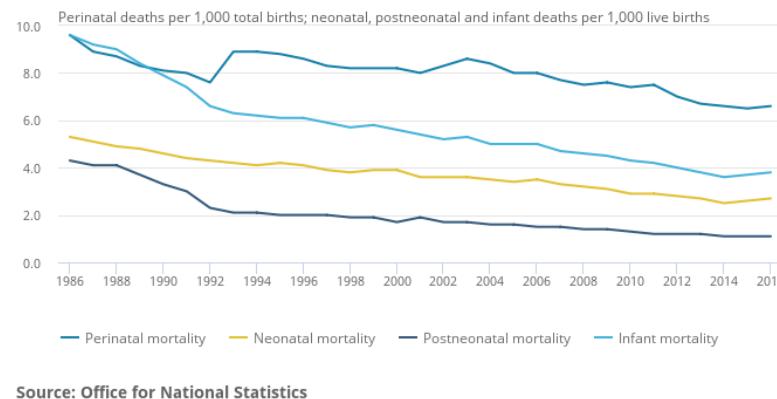
# The model

$y_{it} \sim \text{Bin}(\mu_{it}, n_{it})$  for infant mortality;

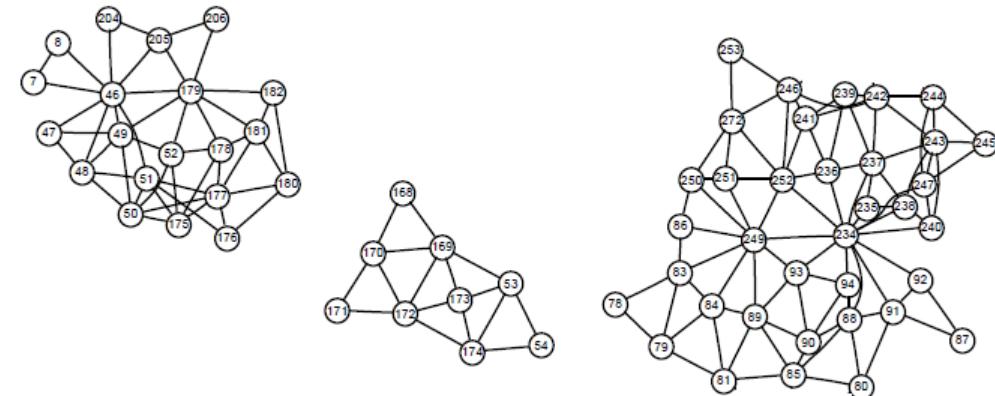
$y_{it} \sim \mathcal{N}(\mu_{it}, \sigma^2)$  for sex ratio.

On the linear predictor

$$h(\mu_{it}) = \alpha_0 + \alpha_1 w_i + \psi_0 t + \psi_1 w_i t + \delta_0 z_t(t - t_0) + \delta_1 w_i z_t(t - t_0) + \sum_{k=1}^K \beta_k X_{ik} + \gamma_i$$



- Linear trends on  $\lambda_t$  and  $\psi_t$
- On  $\gamma_i$  we assume a combination of spatial and unstructured random effects
- Disconnected spatial areas



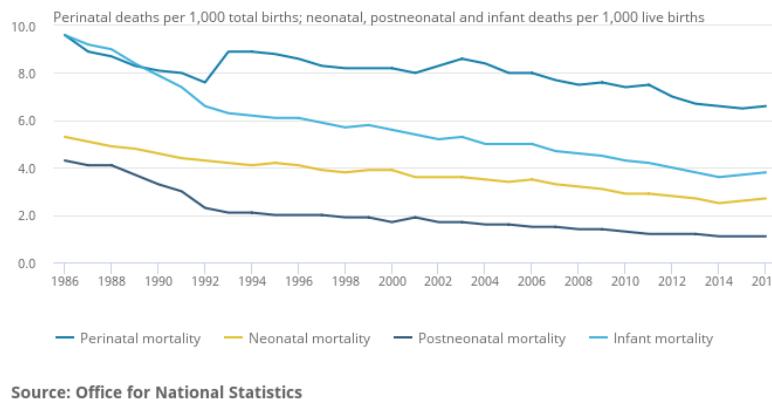
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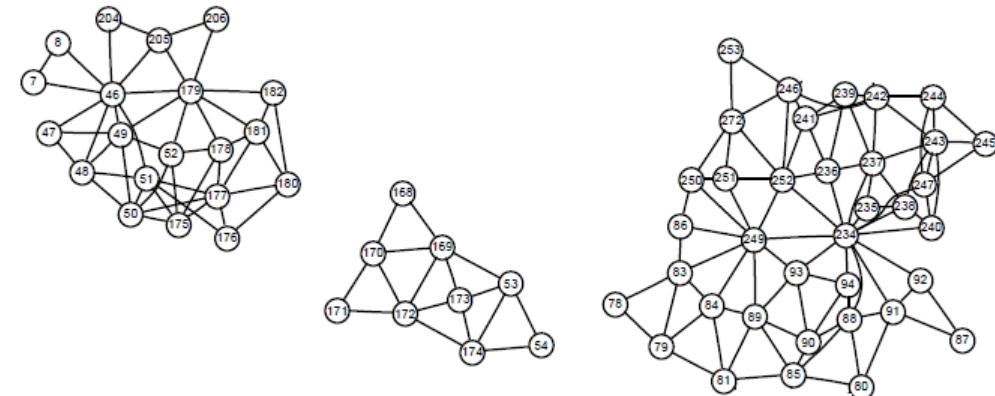
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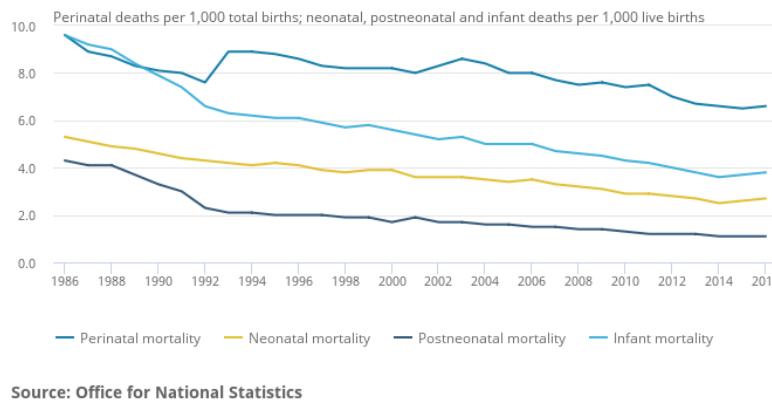
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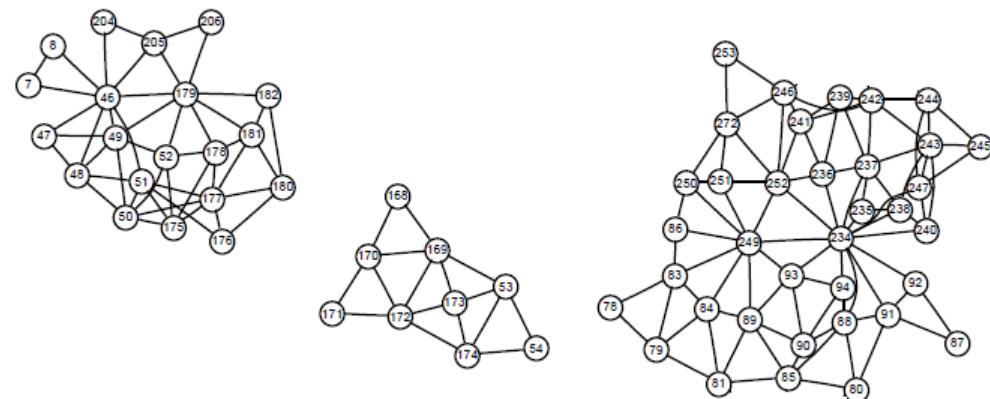
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- Linear trends on  $\lambda_t$  and  $\psi_t$
  - On  $\gamma_i$  we assume a combination of spatial and unstructured random effects
  - Disconnected spatial areas



# Interpretation

		Intervention indicator $z_i$		
		0	1	
Exposure group $w_i$	0	$\alpha_0 + \psi_0 t$	$\alpha_0 + \psi_0 t + \delta_0(t - t_0)$	$\delta_0(t - t_0)$
	1	$\alpha_0 + \alpha_1 + \psi_0 t + \psi_1 t$ $\alpha_1 + \psi_1 t$	$\alpha_0 + \psi_0 t + \psi_1 t + \delta_0(t - t_0) + \delta_1(t - t_0)$ $\alpha_1 + \psi_1 t + \delta_1(t - t_0)$	$(\delta_0 + \delta_1)(t - t_0)$

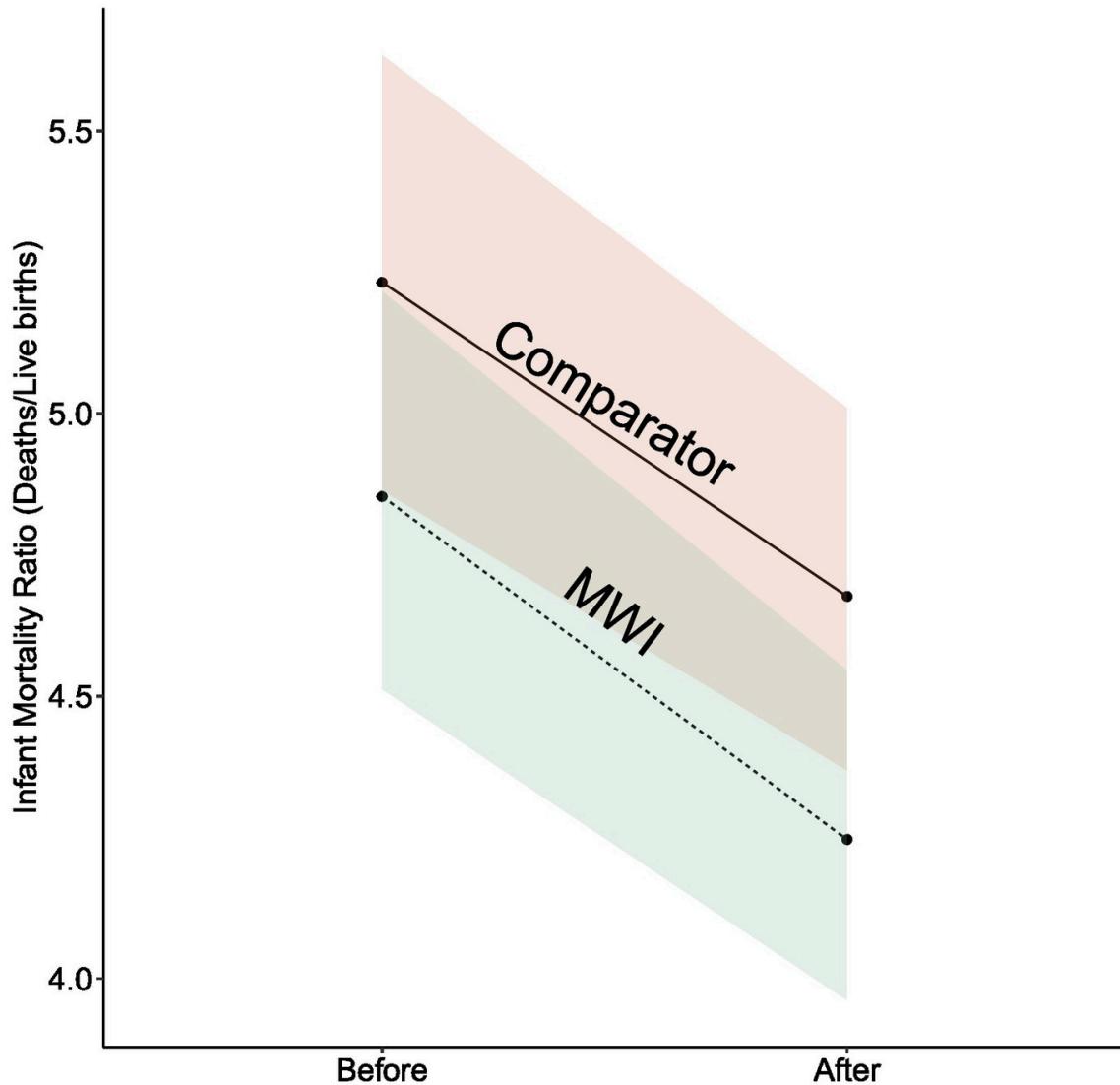
- $\delta_0$ : potential discontinuity in controls before-after intervention.
- $\delta_1$ : difference of differences before - after intervention between exposed and controls (at intervention time).

# Interpretation

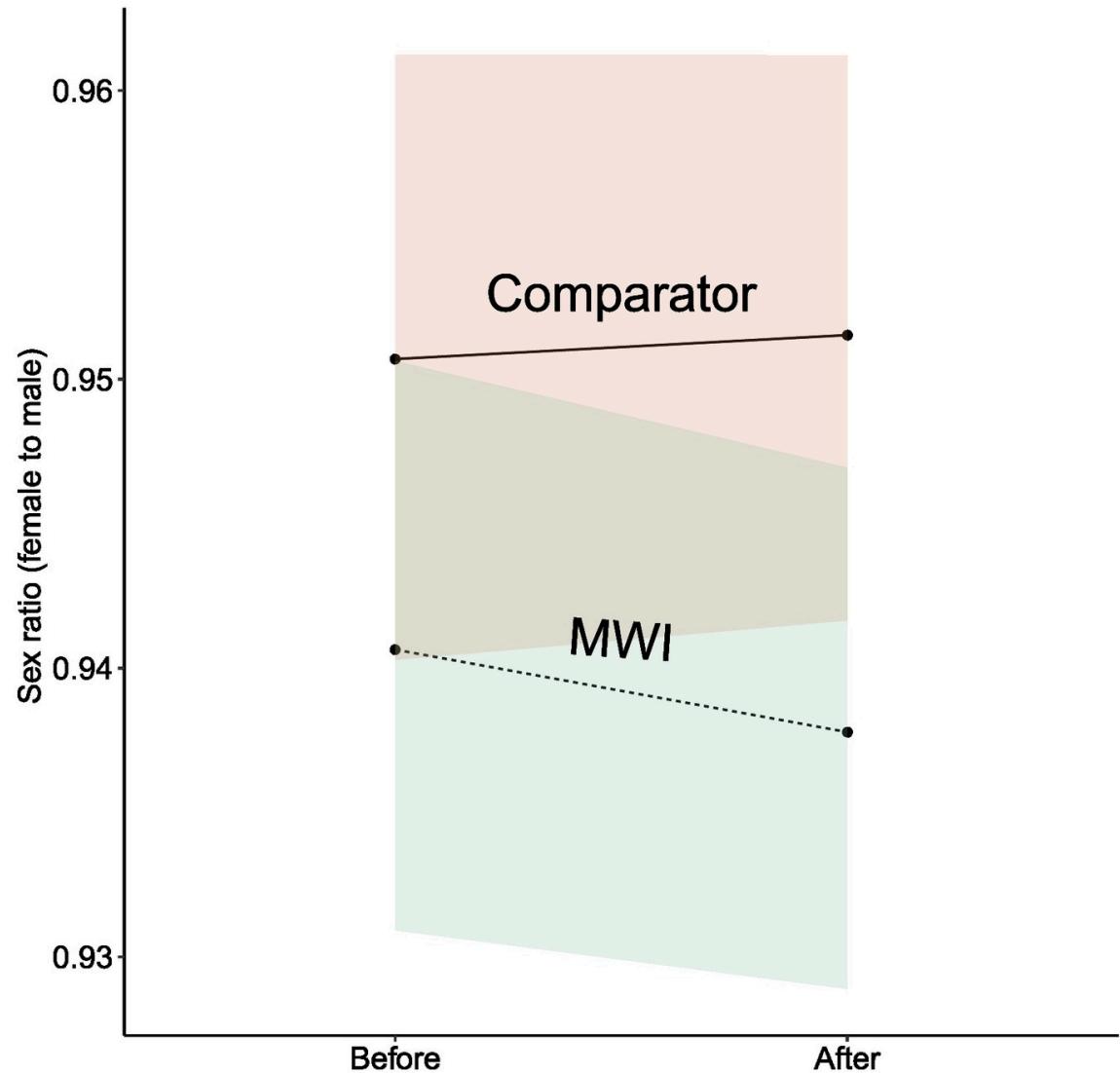
		Intervention indicator $z_i$		
		0	1	
Exposure group $w_i$	0	$\alpha_0 + \psi_0 t$	$\alpha_0 + \psi_0 t + \delta_0(t - t_0)$	$\delta_0(t - t_0)$
	1	$\alpha_0 + \alpha_1 + \psi_0 t + \psi_1 t$ $\alpha_1 + \psi_1 t$	$\alpha_0 + \psi_0 t + \psi_1 t + \delta_0(t - t_0) + \delta_1(t - t_0)$ $\alpha_1 + \psi_1 t + \delta_1(t - t_0)$	$(\delta_0 + \delta_1)(t - t_0)$

- $\delta_0$ : potential discontinuity in controls before-after intervention.
- $\delta_1$ : difference of differences before - after intervention between exposed and controls (at intervention time).
- Rich output means that we can easily look at differences for specific times before-after.
- Potential flexibility of the model traded-off with the difficulty in interpretation if a more flexible time trend is considered.

# Results



- No evidence of an effect on infant mortality and sex ratio



# Example: Welfare policies and mental health

- As a modern welfare state, one of the core functions of Government is to promote equitable social and economic wellbeing for its citizens.
- Broad set of policy levers, ranging from taxation, welfare reform, migration policy to the provision of public health care
- Ineffective implementation of policy may result in negative consequences for population mental health, especially when intentionally or unintentionally generates or perpetuates social and economic inequities in society

The screenshot shows a top navigation bar with a logo icon and the text "Home / Grant funding / Funded people and project / Find grants awarded / Evaluating Policy Implementations TO Predict MEntal health [EPITOME]". Below the navigation is a search bar with placeholder text "Search EPITOME" and a magnifying glass icon.



**Evaluating Policy Implementations TO Predict MEntal health [EPITOME]: a Bayesian hierarchical framework for quasi-experimental designs in longitudinal settings**

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Year of award: 2021

**Dr James Kirkbride**  
University College London, United Kingdom

**Dr Sara Geneletti**  
London School of Economics and Political Science (LSE), United Kingdom

**Prof Gianluca Baio**  
University College London, United Kingdom

**Prof Marta Blangiardo**  
Imperial College London, United Kingdom

# Universal credit

- UC was introduced in the UK in the early 2010s by the coalition government led by the Conservatives
- Theoretical aim was to simplify and facilitate access and receipt of welfare according to need.
- In practice lengthy delay in payment and increased sanction with individuals receiving reduced amounts or no amount of welfare support at all for long periods

[theguardian.com/society/2019/mar/08/nhs-bosses-benefit-stress-driving-mental-health-care-demand](https://theguardian.com/society/2019/mar/08/nhs-bosses-benefit-stress-driving-mental-health-care-demand)

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## NHS bosses: Benefit stress driving mental health care demand

Universal credit and welfare changes have 'high impact' on treatment needs, report says

Denis Campbell  
Health policy editor

Fri 8 Mar 2019 01.01 CET

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# Data & Model

- UK Household Longitudinal Survey ("Understanding Society")
- Age 16-64 with
  - (i) employment status,
  - (ii) Lower Layer Super Output Area (LSOA) of residence,
  - (iii) responded at least once to mental health questionnaire - score from 0 - 36 derived from the GHQ-12 questionnarie where higher scores indicating more severe impairment
- **Exposure variable** was defined as unemployment status
- **Policy definition** contextual awareness using monthly statistics (Department of Work and Pensions) of UC - when it reaches 25% we assume the Local Authority has switched to UC.
- **Confounders** (individuals) age, education level, ethnicity, relationship status, and sex; (area level) social deprivation and ethnic diversity

$$\begin{aligned} E(Y_{it}) = h(\mu_{it}) = \\ \alpha_0 + \alpha_1 w_{it} + \\ \psi_0 \textcolor{red}{t}_i + \psi_1 \textcolor{red}{t}_i w_{it} + \\ \delta_0^* z_{it} + \delta_1^* z_{it} w_{it} + \\ \delta_0 z_{it}(t - \textcolor{red}{t}_{0i}) + \delta_1 z_{it}(t - \textcolor{red}{t}_{0i}) w_{it} + \\ \sum_{k=1}^K \beta_k X_{itk} + \lambda_t + \gamma_i \end{aligned}$$

- $\gamma_i$  includes individual, spatial random effect and strata/clusters coming from the survey design
- Start of the policy is not fixed

# Results: fixed effects

	<b>Parameter (95% Credible Interval)</b>	<b>Pr(Parameter &gt; 0) × 100</b>
<b>Control:</b>		
Intercept, $\alpha_0$	10.6979 (9.5313, 11.7864)	100.00
Time, $\psi_0$	0.0089 (-0.0165, 0.0327)	80.90
Intervention, $\delta_0^*$	-0.0222 (-0.285, 0.2413)	42.50
Time <sup>+</sup> , $\delta_0$	-0.0004 (-0.0019, 0.001)	27.30
<b>Difference:</b>		
Intercept, $\alpha_1$	2.1617 (1.9858, 2.3503)	100.00
Time, $\psi_1$	0.0026 (0.0001, 0.0053)	97.80
Intervention, $\delta_1^*$	0.5316 (0.1236, 0.9639)	99.70
Time <sup>+</sup> , $\delta_1$	-0.0011 (-0.002, -0.0003)	0.50
<b>Exposed:</b>		
Intercept, $\alpha_0 + \alpha_1$	12.8423 (11.7108, 13.9713)	100.00
Time, $\psi_0 + \psi_1$	0.0115 (-0.0142, 0.0355)	86.10
Intervention, $\delta_0^* + \phi_1^*$	0.507 (0.0414, 0.9603)	98.20
Time <sup>+</sup> , $\delta_0 + \delta_1$	-0.0015 (-0.0031, 0.0002)	4.30

# Standardised change

## Standardised percent change

It estimates the change in the score in the exposed population before and after the intervention, while adjusting for what happens in the controls during the same period.

- E=exposed;
- C=non exposed;
- A= time points after the introduction of the policy;
- B=time points before the introduction of the policy

1  $p^{EA} = \mu^{EA}$  average of the posterior distribution of the linear predictor for all exposed individuals after the intervention only

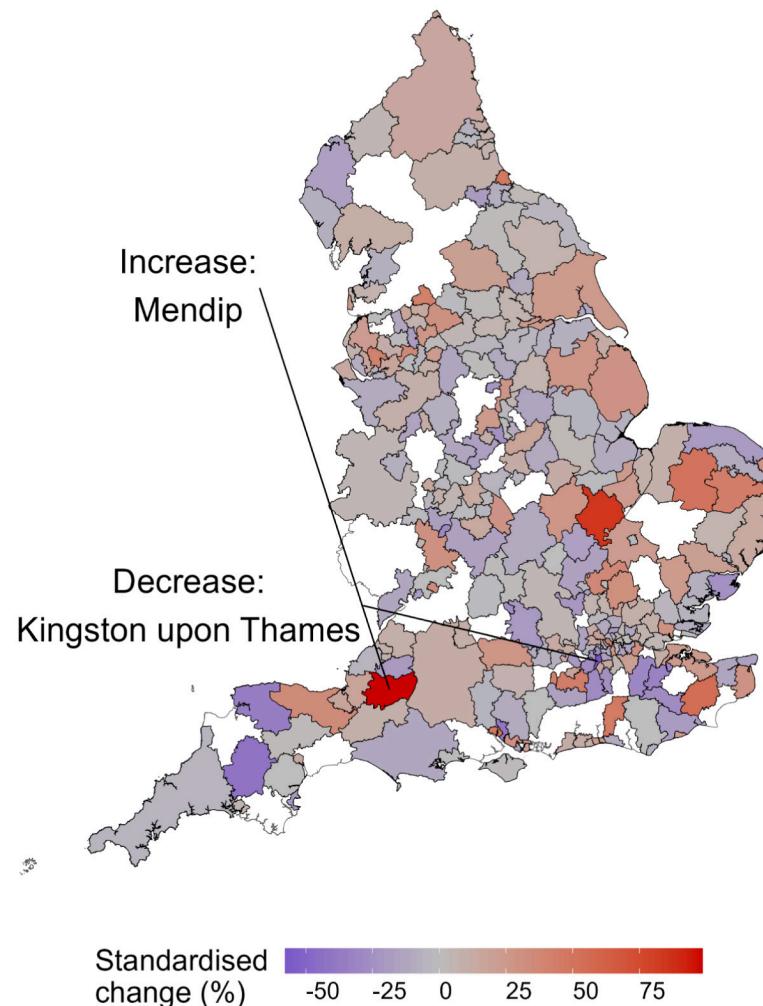
2  $\tilde{p}^{EB} = \mu^{EB} \frac{\mu^{CA}}{\mu^{CB}}$  average of the posterior distribution of the linear predictor for all exposed individuals before the intervention only → rescaling using the controls

3  $\rho = (p^{EA} - \tilde{p}^{EB})/\tilde{p}^{EB}$

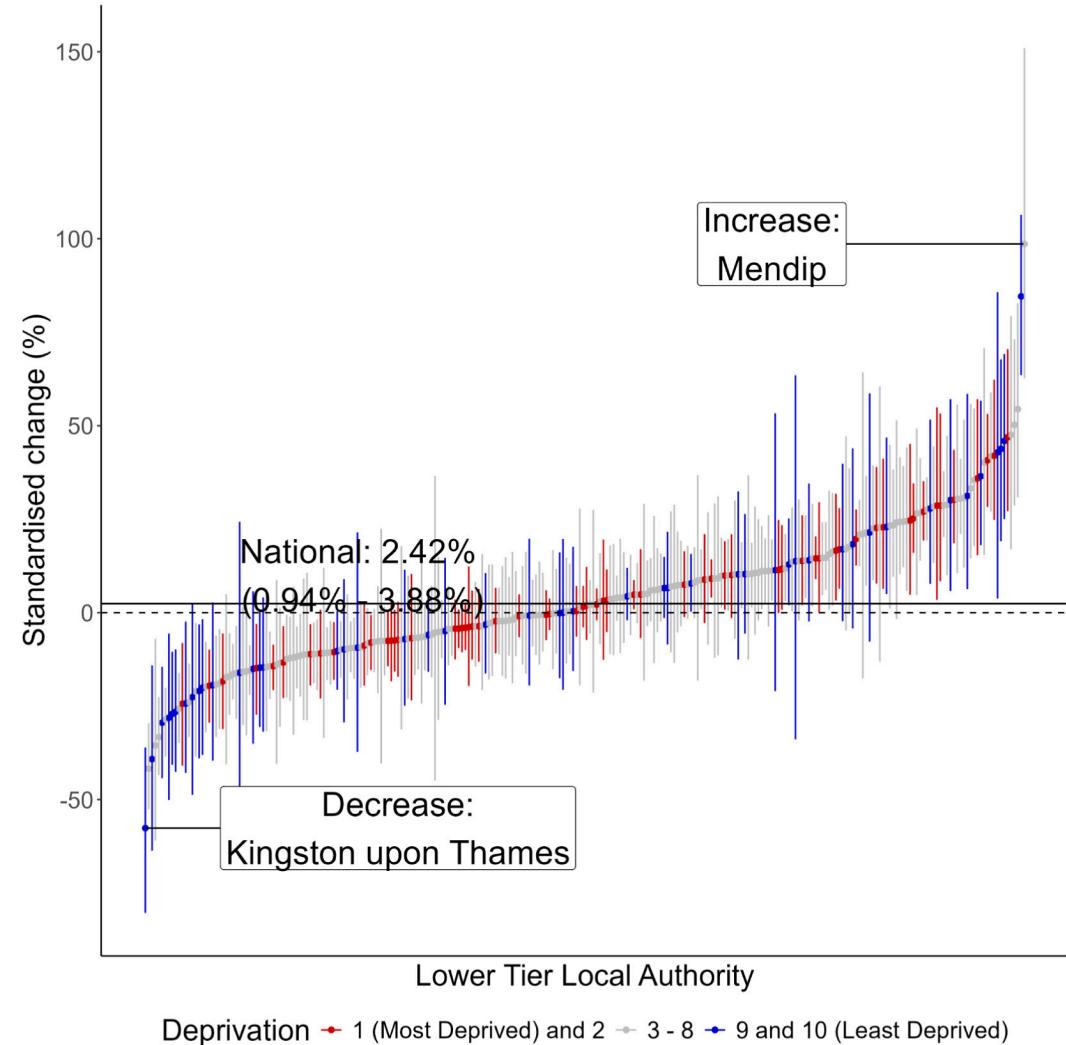
is a standardised change of the impact of UC on mental distress

→ Full posterior distribution

# Results: standardised change



(a) Median standardised change



(b) Uncertainty of standardised change

# The Windrush generation



- After the Second World War, the UK faced severe labour shortages. To make up for this they encouraged people from British Colonies to move to the UK, with the promise of jobs, a better standard of living, and British Citizenship
- Between 1948 and 1970, nearly half a million people moved from the Caribbean to Britain. These individuals became known as the **Windrush Generation**, after the ship which carried some of the first migrants
- The Immigration Act of 1971 meant that only commonwealth citizens who arrived before 1971 were allowed the right to stay in the UK
- However, in 2010 the British Home Office destroyed all migration records from the 1950s and 1960s
- This meant that many people who came to Britain as part of the Windrush Generation, and many of their children, no longer had evidence of their British Citizenship

# Hostile environment and the Windrush scandal

- The UK government (under pressure from nationalist/populist parties pushing for brexit), started a series of immigration reforms, collectively known as the *hostile environment policy*, in 2012 followed by the Immigration Act in 2014
- These policies deliberately aimed to make life difficult for migrants and operated on a "deport first, ask questions later" basis
- In 2017 the "**Windrush scandal**" hits the mainstream media headlines and cost her job to the new Home Secretary, Amber Rudd, but not to the one who actually enacted the policy...



# Data and timeline

We use data from The UK Household Longitudinal Survey ("Understanding Society")

## Participants

- Age 16+, responded at least once to mental health questionnaire

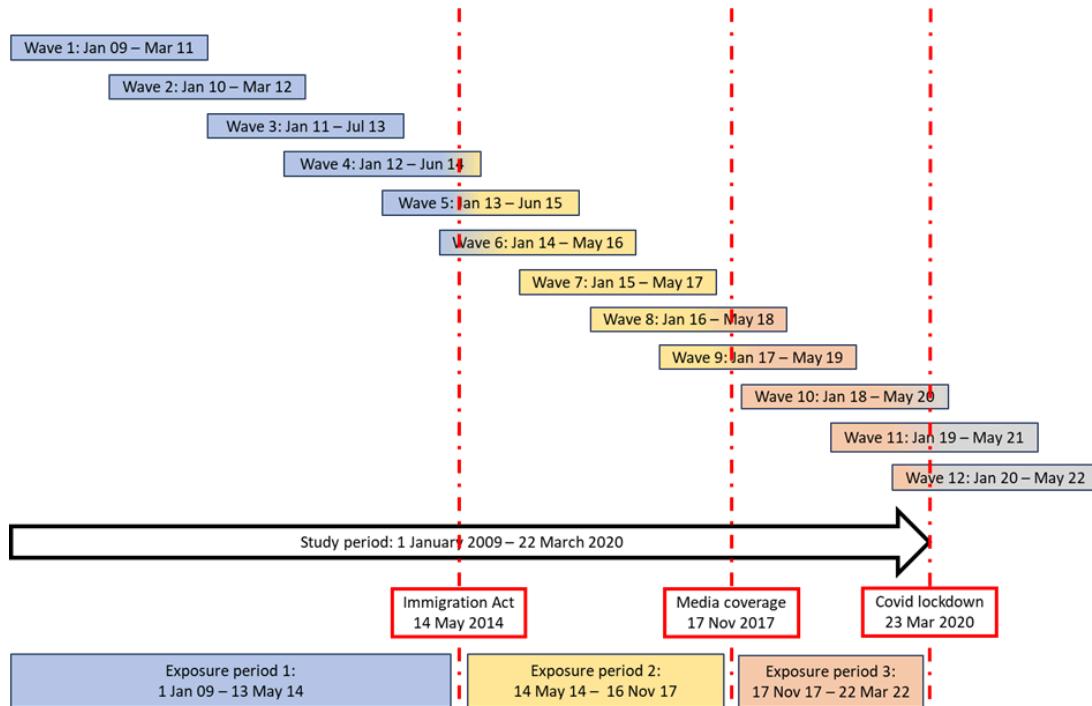
## Timing

- 12x 24 month "waves", January 2009 to March 2020
- Avoid "Covid" confounding...

## Outcome & exposure

- Outcome: Mental ill health using the GHQ score
- Exposures:
  - Immigration Act 2014
  - Windrush media coverage 2017
  - Exposed ethnicities: Black African, Black Caribbean, Indian, Pakistani, Bangladeshi vs White
- Main confounders: age, sex, urban/rural, IMD, children, UK born, education, working condition

# Study design



- More than one **policy**
- More than one **exposed groups**

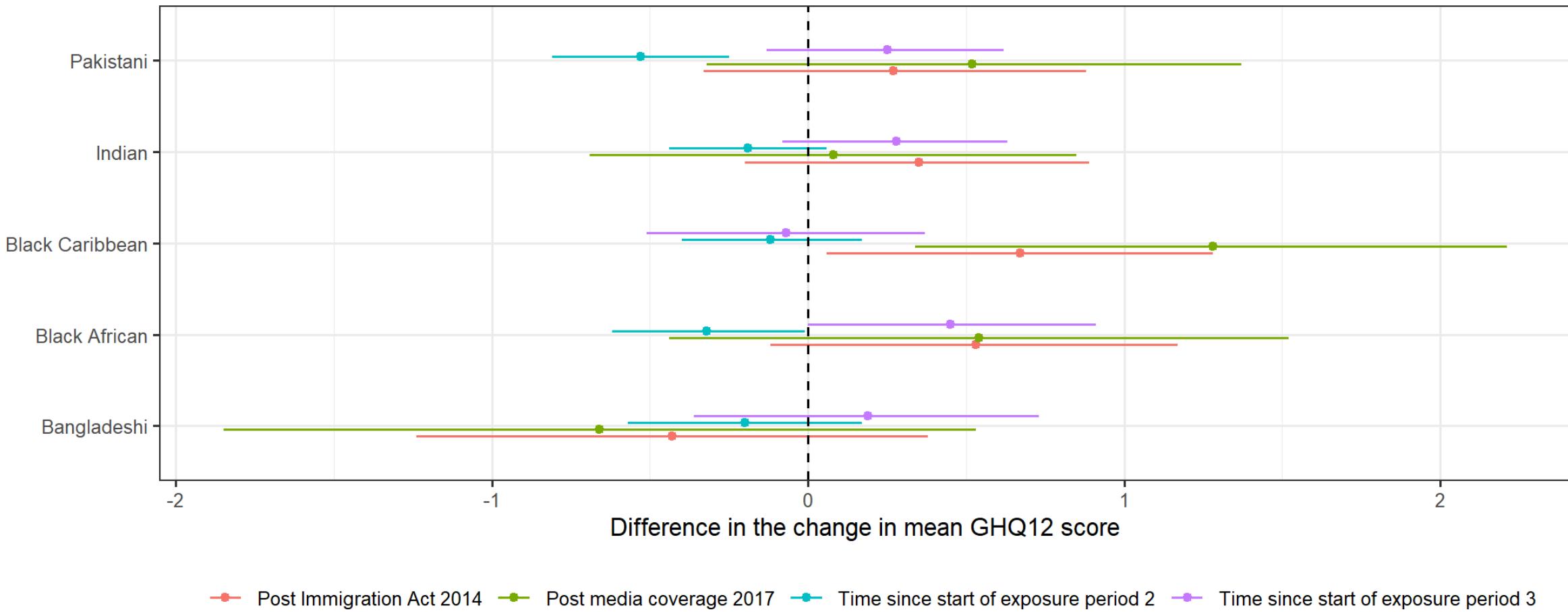
For individual  $i$ , ethnical group  $j$ , month  $t$

$$\begin{aligned}
 E(Y_{it}) = h(\mu_{ijt}) = \\
 \alpha_0 + \alpha_j w_{j_i} + \\
 \psi_0 t + \psi_j w_{j_i} t + \\
 \phi_0^* z_t^1 + \phi_j^* z_t^1 w_{j_i} + \\
 \phi_0 z_t^1(t - t_0^1) + \phi_j z_t^1(t - t_0^1) w_{j_i} + \\
 \delta_0^* z_t^2 + \delta_j^* z_t^2 w_{j_i} + \\
 \delta_0 z_t^2(t - t_0^2) + \delta_j z_t^2(t - t_0^2) w_{j_i} +
 \end{aligned}$$

$$\sum_{k=1}^K \beta_k X_{itk} + \gamma_i + \lambda_t$$

- $\phi_0^*$ ,  $\phi_j^*$ ,  $\delta_0^*$  and  $\delta_j^*$  immediate effect of first and second policies for control and  $j$  exposure groups
- $\phi_0$  and  $\phi_j$ ,  $\delta_0$  and  $\delta_j$  sustained effect of first and second policies for control and  $j$  exposure groups

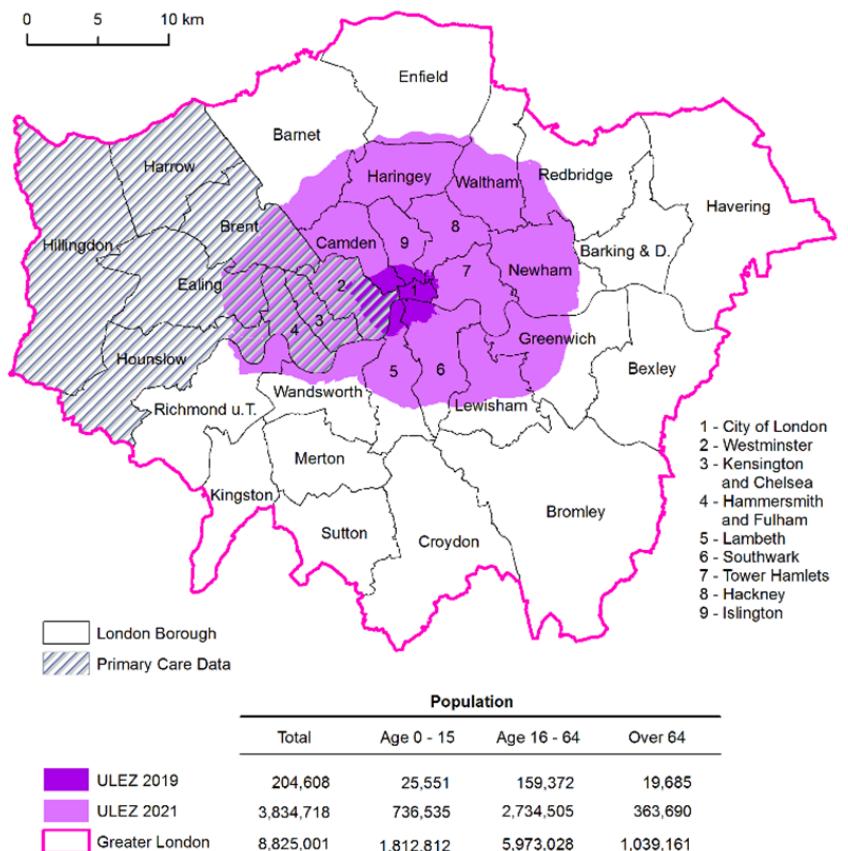
# Results



- evidence of greater psychological distress in people from Black Caribbean backgrounds, which persists over time
- increase in mental distress between the two periods with post media coverage having a bigger effect across all ethnic groups

# Spillover

A positive or a negative impact experienced in one place due to an independent event occurring in another place



- Original policy implemented in 8/4/2019
- First extension in 2021
- Second extension in 2023 to cover the whole of Greater London
- Model framework can be extended so that the intervention effects are specific
- Specified as function of space and/or covariates
- Synthetic controls can be added

# Discussion

- Flexible robust framework which can be adapted to a range of questions at individual and aggregated level
- it naturally allows the construction of additional quantities of interest with their associated uncertainty
- Caveat: it cannot be framed in a traditional causality perspective entirely, but it allows to evaluate the effect of intervention in a regression-type model
- Still some assumptions are needed

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thank you!