

# Demography, Epidemiology, and Statistics

## What's Next?

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**Population Studies Group, LSHTM**

Zoom

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# Outline

Who and what I am

- Nano biography

- Major projects

What can I bring to LSHTM

Vision for future of demography and related fields at LSHTM

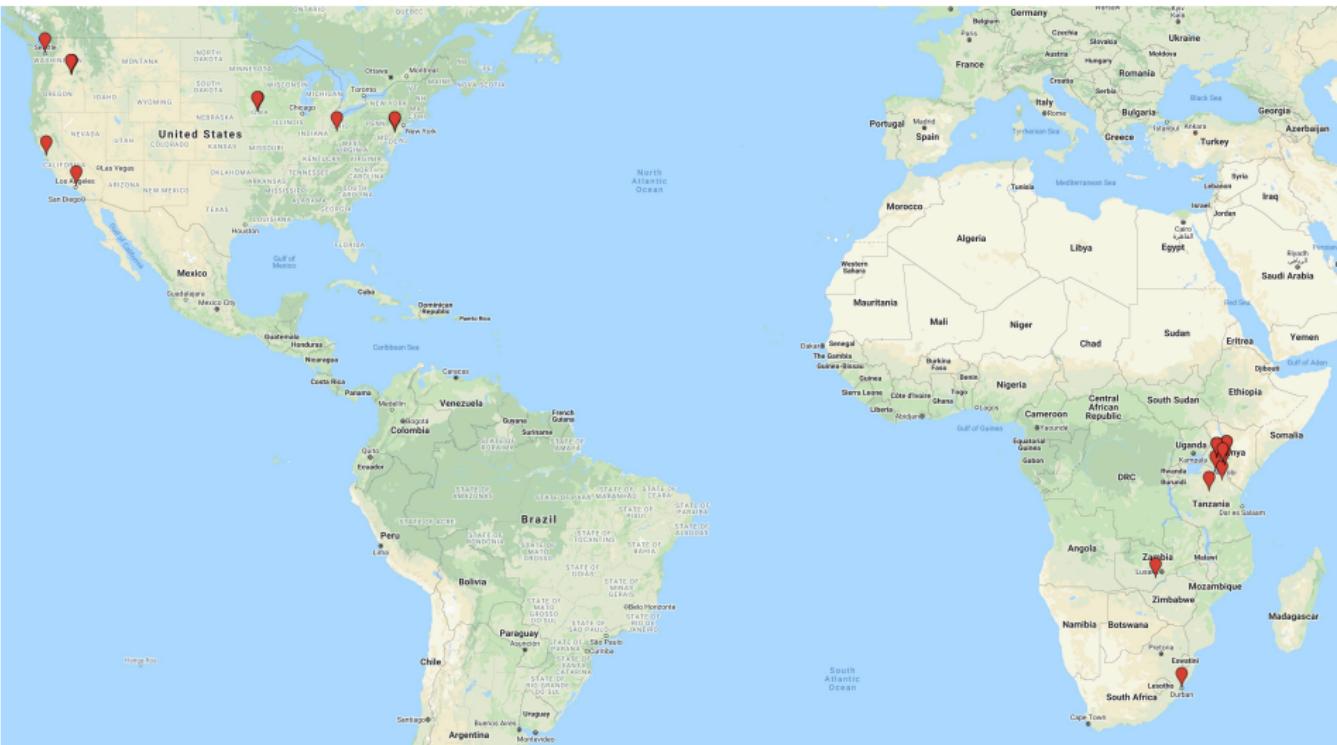
## About me

### Biographical summary:

- ▶ Professor at The Ohio State University, Columbus, Ohio, USA
- ▶ Demographer/Epidemiologist/[Statistician] → multidisciplinary
- ▶ Education in biology, engineering/computer science, and demography
- ▶ Born in Kenya, grew up in East Africa, parents American → mixed identity
- ▶ Most of my career working on topics affecting Africa
- ▶ Current work mostly on
  - ▶ statistical/computational methods for characterizing burden of disease in areas where traditional vital statistics systems do not function
  - ▶ mathematical models of age-specific mortality
  - ▶ methods to improve coverage and accuracy of mortality estimates

More information and PDFs of all publications: [samclark.net](http://samclark.net), [CV](#).

# Lived/worked in East/Southern Africa and USA



23 places where Sam has lived

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# Research and applications

## Research themes

- ▶ Africa-related demography and epidemiology
- ▶ Orphan mortality
- ▶ Methods
- ▶ Data methods
- ▶ Interviewer effects
- ▶ Small-area estimates
- ▶ *Indirect estimates of mortality*
- ▶ COVID-19 in Ohio
- ▶ Verbal autopsy

## Software

## Applications

*In the following project summary slides, the paper titles are clickable links to the papers themselves*

## Africa: demography and epidemiology (selected publications)

### HIV

- ▶ Returning home to die: Circular labour migration and mortality in South Africa
- ▶ Prevalence of HIV among those 15 and older in rural South Africa
- ▶ HIV Incidence Among Older Adults in a Rural South African Setting: 2010–2015

### Epidemographic transition

- ▶ The Evolving Demographic and Health Transition in Four Low- and Middle-Income Countries: Evidence from Four Sites in the INDEPTH Network of Longitudinal Health and Demographic Surveillance Systems
- ▶ The Unfolding Counter-Transition in Rural South Africa: Mortality and Cause of Death, 1994–2009
- ▶ Socioeconomic differences in mortality in the antiretroviral therapy era in Agincourt, rural South Africa, 2001–13: a population surveillance analysis

## Africa: demography and epidemiology (selected publications)

### Household composition and mortality

- ▶ Household context and child mortality in rural South Africa: the effects of birth spacing, shared mortality, household composition and socio-economic status
- ▶ Assessing Changes in Household Socioeconomic Status in Rural South Africa, 2001–2013: A Distributional Analysis Using Household Asset Indicators
- ▶ Childhood mortality among former Mozambican refugees and their hosts in rural South Africa

## Orphan mortality

### Childrens' risk of dying related to their mother's death

- ▶ Young Children's Probability of Dying Before and After Their Mother's Death: A Rural South African Population- Based Surveillance Study
- ▶ The impacts of maternal mortality and cause of death on children's risk of dying in rural South Africa: evidence from a population based surveillance study (1992-2013)
- ▶ *Forthcoming:* Linking The Timing Of A Mother's And Child's Death: Comparative Evidence From Two Rural South African Population-based Surveillance Studies, 2000 - 2015

## Methods

### Various methods development publications

- ▶ A General Age-Specific Mortality Model With an Example Indexed by Child Mortality or Both Child and Adult Mortality
- ▶ The age pattern of increases in mortality affected by HIV: Bayesian fit of the Heligman-Pollard Model to data from the Agincourt HDSS field site in rural northeast South Africa
- ▶ Probabilistic population projections for countries with generalized HIV/AIDS epidemics
- ▶ Estimates of age-specific reductions in HIV prevalence in Uganda: Bayesian melding estimation and probabilistic population forecast with an HIV-enabled cohort component projection model
- ▶ Modeling Age-Specific Mortality for Countries with Generalized HIV Epidemics
- ▶ A parsimonious characterization of change in global age-specific and total fertility rates

## Data methods

### Tools for longitudinal data management

- ▶ Toward a Unified Timestamp with explicit precision
- ▶ A general temporal data model and the structured population event history register

## Interviewer effects

Interviewers affect the data they collect

- ▶ Let's Talk about Sex, Maybe: Interviewers, Respondents, and Sexual Behavior Reporting in Rural South Africa
- ▶ Fieldworker effects on substance use reporting in a rural South African setting
- ▶ Validation, Replication, and Sensitivity Testing of Heckman-Type Selection Models to Adjust Estimates of HIV Prevalence

## Small-area estimates and Hyak

### Small-area estimation for child mortality

- ▶ Space-time Smoothing of Complex Survey Data: Small Area Estimation for Child Mortality
- ▶ Changes in the spatial distribution of the under-five mortality rate: Small-area analysis of 122 DHS surveys in 262 subregions of 35 countries in Africa

### UNICEF small-area estimates of child mortality

- ▶ Subnational Under-five Mortality Estimates, 1990–2019

### Hyak – merging health and demographic surveillance and sample surveys

- ▶ HYAK mortality monitoring system: innovative sampling and estimation methods – proof of concept by simulation

# COVID-19

## Partnership with Ohio Department of Health

- ▶ CV19 prevalence survey: [Estimating Seroprevalence of SARS-CoV-2 in Ohio: A Bayesian Multilevel Poststratification Approach with Multiple Diagnostic Tests](#)
- ▶ Excess deaths study
- ▶ Lessons: [Monitoring epidemics: Lessons from measuring population prevalence of the coronavirus](#)

## Verbal autopsy – burden of disease

### Verbal autopsy methods

- ▶ Probabilistic Cause-of-Death Assignment Using Verbal Autopsies
- ▶ Using Bayesian Latent Gaussian Graphical Models to Infer Symptom Associations in Verbal Autopsies
- ▶ Bayesian Factor Models for Probabilistic Cause of Death Assessment with Verbal Autopsies

### Research

- ▶ An integrated approach to processing WHO-2016 verbal autopsy data: the InterVA-5 model
- ▶ Direct maternal deaths attributable to HIV in the era of antiretroviral therapy: evidence from three population-based HIV cohorts with verbal autopsy

### Applications

- ▶ Member of WHO Verbal Autopsy Reference Group: standards, lots of work on new instrument, etc.
- ▶ Data for Health Initiative integrating verbal autopsy into CRVS
- ▶ ALPHA Network verbal autopsy

# Software, applications, & reproducibility

## Software and applications

- ▶ Github site
- ▶ openVA
- ▶ Data for health initiative: verbal autopsy in CRVS

## Reproducibility

- ▶ *Open science*
- ▶ Data available
- ▶ All replication code available
- ▶ Preprint
- ▶ Open source tools
- ▶ If method, open source software that implements the method, e.g. R package or Python module
- ▶ Example: SVD-Comp

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# Possible contributions to LSHTM

## Academia

- ▶ *Multidisciplinary*
- ▶ *International*
- ▶ Research
- ▶ Mentoring/teaching
- ▶ Funding

## Community

- ▶ Engagement
- ▶ Impact and application

## Vision

## Academia

Multidisciplinary – all my work in the overlap between:

- ▶ Demography
- ▶ Epidemiology
- ▶ Statistics
- ▶ Data Science

International

- ▶ Africa: INDEPTH and ALPHA Networks of HDSS sites
- ▶ South African HDSS sites
- ▶ Developing work in Latin America: Brazil and Colombia
- ▶ Recently, CV19 work in Ohio

## Academia

### Research

- ▶ Verbal autopsy project with prominent partners: WHO, CDC, D4H, countries
- ▶ Mortality modeling project with UN Population Division
- ▶ CV19 surveillance in Brazil, Colombia
- ▶ Pandemic preparedness: pre-configured surveillance capabilities
- ▶ UNICEF/small-area estimates of child mortality collaboration
- ▶ Variety of smaller projects and new things developing: MITS Alliance/Gates, individual HDSS sites

### Mentoring/teaching

- ▶ Masters and PhD students moved on to employment both in academia and industry
- ▶ Lots of co-publication with graduate students
- ▶ Experience teaching both graduate and undergraduate students – demographic methods, statistics, global health

## Academia

### Funding

- ▶ NIH
- ▶ Gates
- ▶ Wellcome
- ▶ Variety of contracts, mainly D4H through Vital Strategies and CDC Foundation

## Community

### Engagement

- ▶ SAC for INDEPTH and ALPHA Networks
- ▶ WHO Reference Group participation – Verbal Autopsy and previously Health Statistics
- ▶ UNICEF IGME contributor
- ▶ IUSSP Council
- ▶ PAA, various roles
- ▶ NIH review panels

### Impact and application

- ▶ Open source software
- ▶ D4H openVA integration into CRVS – software development, implementation, and training

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# Critical issues

Looking forward a decade or two:

## 1. Health

- ▶ Poor health results in wasted time, opportunities, and resources – can't address other challenges in poor health
- ▶ Existing health issues: NCDs/aging, malaria, HIV, etc.
- ▶ **Future zoonotic transmission-related epidemics**
- ▶ **Bringing missing people – roughly half of global population – into the general accounting of health**

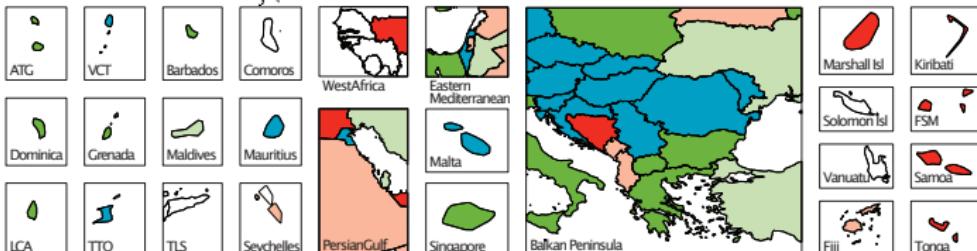
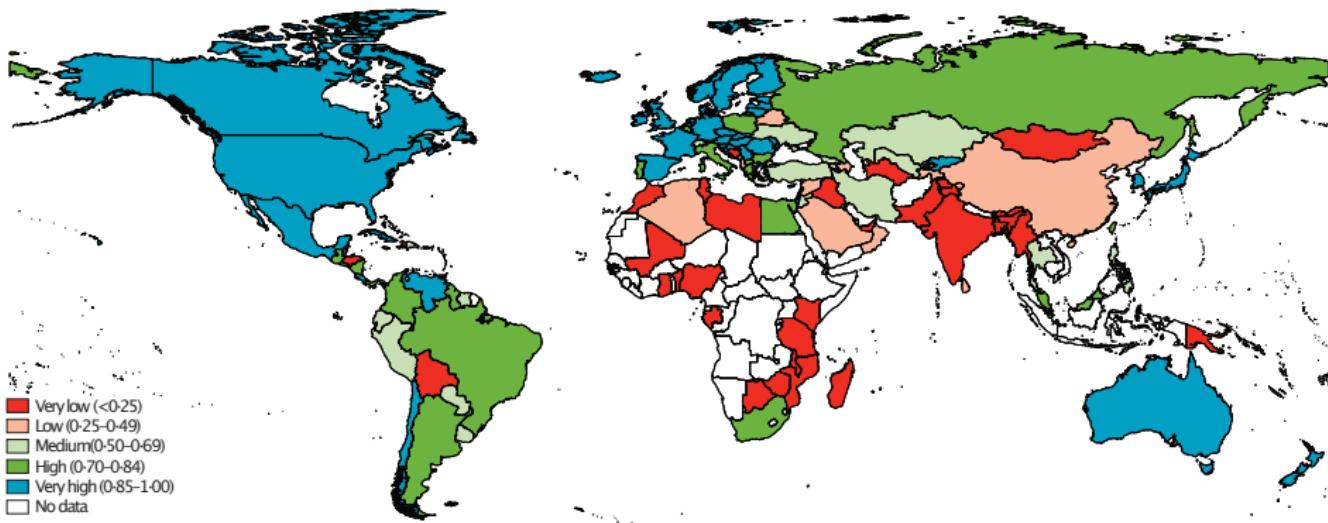
## 2. Climate change

- ▶ Agriculture
- ▶ Habitability, flooding, etc.
- ▶ Extreme weather
- ▶ Lots of unforeseen feedbacks and effects ...
- ▶ **Human activity creates this**

## 3. Inequality, xenophobia, and bigotry of various kinds

- ▶ Holding us all back and a terrific waste of human capital
- ▶ **Historical, structural situations – e.g. colonialism, slavery**
- ▶ Lots of morally dubious structures and behaviors ...

## Health context - global VSPI (Mikkelsen et al., 2015)



## Continue what I'm doing

- ▶ Verbal autopsy and burden of disease
- ▶ Mortality models
- ▶ Innovative data collection, monitoring, e.g. Hyak
- ▶ Epidemic monitoring
- ▶ New and updated methods, e.g. Bayes Brass indirect estimation for child mortality
- ▶ Variety of focused studies

## An alternative to IHME

- ▶ A global repository for health and population data, analysis, and forecasts is very useful
- ▶ IHME is one way of doing it – *located and operating in Global North with little involvement of Global South*
- ▶ *Areas of most interest for population and health change are in Global South*
- ▶ **Begin creating an alternative to IHME that is largely located in and focuses on the Global South**
- ▶ *Pragmatic approach* is to start with something comparatively small and focused and build from there:
  - ▶ Build on existing partnerships
  - ▶ Mutual partnerships with leadership and full participation from/in Global South
  - ▶ Integrated human capital development: *for me, focusing on data science related to health*
  - ▶ Mortality the COD in Africa and other developing regions
  - ▶ Population estimates and forecasts for some countries and subnational areas in Africa

## Why?

- ▶ New data sources: digital exhaust, social media, remote sensing, administrative records, etc. – *many are unanchored and voluminous*
- ▶ Advances in computing and statistical methods – *computing power, storage, networking, and Bayesian statistics (efficient posterior sampling)*
- ▶ Traditional demographic methods are mostly deterministic and cannot handle new data sources → probabilistic methods – Bayes
- ▶ Need innovative approaches to data amalgamation and synthesized data collection/amalgamation and analysis, i.e. *real-time*, adaptive monitoring

## Statistical Demography:

- ▶ **Generally probabilistic approach** – flexible quantification of uncertainty from variety of sources, not just sampling – often a Bayesian framework
- ▶ Flexible and amenable to data amalgamation
- ▶ Incorporates modern data science and open source software approaches and workflows
- ▶ Explore how machine learning can be used
- ▶ Embraces open science and reproducibility
- ▶ Not just methods – *integrated data collection and methods*
- ▶ *Training in demography/epidemiology, statistics, and computer science*
- ▶ Develop career opportunities and credit for people who primarily collect data

# Demography in climate change research

## Why?

- ▶ Human activities driving climate change
- ▶ Scale and growth of human population are key drivers
- ▶ Population dynamics potentially affected by climate change
- ▶ Economics links human activities and climate effects – markets and policy
- ▶ **Climate, population, and economic models largely function independently**
- ▶ **Need integrated model to fully understand how the three affect each other**
- ▶ Complex, non-linear system with lots of feedbacks!

# Demography in climate change research

## Population, climate, and economics modeling

- ▶ Construct modeling framework that links
  - ▶ population size and dynamics,
  - ▶ climate, and
  - ▶ markets and economic policy
- ▶ Use the model to
  - ▶ explore scenarios and gain heuristic understanding of joint system
  - ▶ discover as-yet unknown synergies in the joint system – positive and negative
  - ▶ characterize alternative interventions – effects, costs, timescales
  - ▶ produce joint forecasts of all three systems together
- ▶ Requires interdisciplinary team of demographers, statisticians, economists, atmospheric and other earth scientists, epidemiologists, and others

Hopefully, encourage some hope that we can do things to have a positive effect on climate change, population dynamics, and health

Support and contribute to South-based human capital development

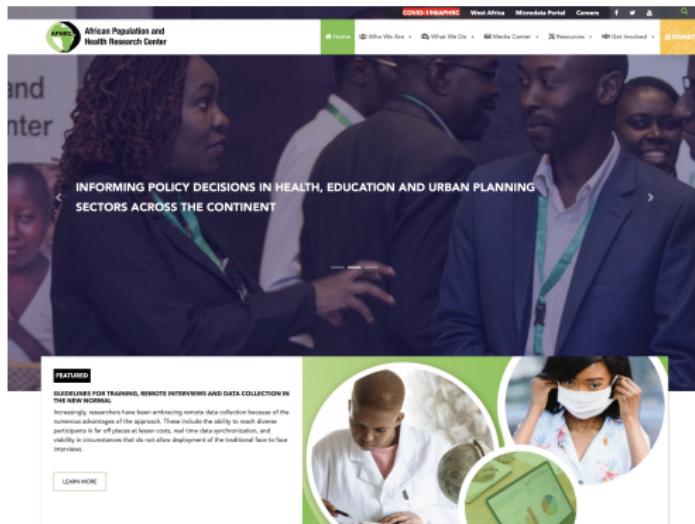
### Examples

- ▶ The African Population and Health Research Center – **APHRC** ([APHRC, 2021](#))
- ▶ The Consortium for Advanced Research and Training in Africa – **CARTA** ([CARTA, 2021](#))

# African Population and Health Research Center – APHRC

## APHRC

- ▶ **Africa-led**
- ▶ Nairobi, Kenya
- ▶ Dakar, Senegal
- ▶ population & health research
- ▶ research capacity strengthening – *training*
- ▶ policy engagement and communications
- ▶ high impact, growing quickly
- ▶ URL: [aphrc.org](http://aphrc.org)

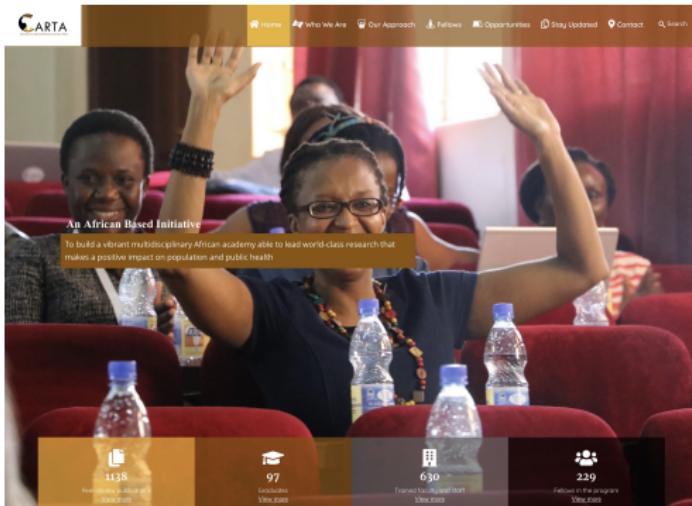


# Consortium for Advanced Research Training in Africa – CARTA

**Mission: Build high-level capacity for population and public health-related research in Africa**

## CARTA

- ▶ **wholly within Africa and Africa-led**
- ▶ consortium of African universities
- ▶ PhD training across consortium
- ▶ support young researchers: PhD, postdoc, faculty
- ▶ build critical mass of locally-trained and highly effective researchers
- ▶ URL: [cartafrica.org](http://cartafrica.org)





## References

- APHRC (Accessed March 23, 2021). APHRC – African Population and Health Research Center. <https://aphrc.org>.
- CARTA (Accessed March 23, 2021). CARTA – Consortium for Advanced Research Training in Africa. <https://cartafrica.org>.
- Mikkelsen, L., D. E. Phillips, C. AbouZahr, P. W. Setel, D. De Savigny, R. Lozano, and A. D. Lopez (2015). A global assessment of civil registration and vital statistics systems: monitoring data quality and progress. *The Lancet* 386(10001), 1395–1406.