Chapter 9: Hierarchical Models

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Outline

Introduction

Heart transplant mortality data

Individual and combined estimates

Equal mortality rates

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Posterior inferences

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Comparing hospitals

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- In many statistical problems, we are interested in learning about a large number of parameters which are connected in some way.
- In this chapter, we illustrate the concept of hierarchical models, using a data example of heart transplant mortality data, following Chapter 7 of Jim Albert's book.
- For more examples of hierarchical models, please read Chapter 8 in Peter Hoff's book, which provides another example of hierarchical normal models for grouped data.
- Bayesian hierarchical modeling has wide applications. For example,
 Bayesian (generalized linear) mixed effects models are useful in
 epidemiology, economics, psychology, etc. Bayesian topic models,
 such as latent Dirichlet allocation, are important in machine learning
 and natural language processing.

- For example, suppose one is interested in learning about the mortality rates due to heart transplant surgery for 94 hospitals.
- Each hospital has a true mortality rate λ_i , and it is reasonable to believe a priori that $\lambda_1, \ldots, \lambda_{94}$ are similar, which implies a dependence structure among these parameters.
- If one is told some information about a particular hospital's true rate, that information would likely affect one's belief about the rate of a second hospital.

- In many-parameter situations such as this, it is natural to construct a prior distribution in a hierarchical fashion.
- In hierarchical models, the observations are given distributions conditional on parameters, and the parameters in turn have distributions conditional on additional parameters called hyperparameters.

Specifically, we begin by specifying a sampling model

$$y \sim p(y|\theta),$$

and the parameter θ is assigned a prior distribution with unknown hyperparameter λ :

$$\theta \sim p(\theta|\lambda)$$
.

• The hyperparameter λ is in turn assigned another prior distribution

$$\lambda \sim p(\lambda)$$
.

More generally, the hierarchical structure may be extended to more than 2 levels.

- A general way of constructing a hierarchical prior is based on the prior belief of exchangeability.
- A set of parameters $\boldsymbol{\theta} = (\theta_1, \dots, \theta_k)$ is exchangeable if the distribution of $\boldsymbol{\theta}$ is unchanged when the parameter components are permuted. This implies that one's prior belief about θ_j will be the same as one's belief about θ_h .
- One can construct an exchangeable prior by assuming $(\theta_1,\ldots,\theta_k)$ are a random sample from a distribution $p(\theta|\lambda)$ and the unknown hyperparmeter λ is assigned a known prior at the second stage, $\lambda \sim p(\lambda)$.

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9.2 Heart transplant mortality data

- Let us consider a heart transplant mortality dataset, where the number of deaths within 30 days of heart transplant surgery is recorded for each of 94 hospitals. The expected number of deaths called exposure is also recorded.
- Let y_i and e_i denote the number of deaths and exposure for the ith hospital respectively. These are observed in the data.
- This dataset is contained in the LearnBayes package.

```
require(LearnBayes)
data(hearttransplants)
y <- hearttransplants$y</pre>
```

e <- hearttransplants\$e

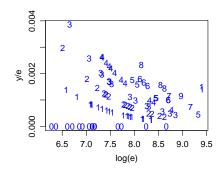
9.2 Heart transplant mortality data

A standard model assumes

$$y_i \sim \mathsf{Poisson}(e_i \lambda_i)$$

and the objective is to estimate the mortality rate per unit exposure λ_i .

- The fraction y_i/e_i is the number of deaths per unit exposure and provides an estimate of the death rate for the *i*th hospital.
- The figure on the right plots $\{y_i/e_i\}$ against $\{\log e_i\}$ for all hospitals, where each point is labeled by y_i .
- The estimated rates are highly variable, especially for hospitals with small exposures.



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9.3 Individual and combined estimates

• Suppose we are interested in simultaneously estimating the true mortality rates $\{\lambda_i\}$ for all hospitals. One option is to use the individual death rates

$$y_1/e_1,\ldots,y_{94}/e_{94}.$$

- These rates can be poor estimates, especially for hospitals with small exposures, as there is high variability.
- Some hospitals did not experience any deaths and the individual death rate $y_i/e_i=0$ would likely underestimate the hospital's true mortality rate.

9.3 Individual and combined estimates

- It seems desirable to combine the individual estimates in some way
 to obtain improved estimates. In Bayesian hierarchical modeling, it
 is a common practice to "borrow strength" from across different
 subgroups of data.
- Suppose we can assume that the true mortality rates are equal across hospitals; $\lambda_1 = \cdots = \lambda_{94}$. Under this "equal-means" Poisson model, the estimate of the mortality rate for the *i*th hospital would be the pooled estimate

$$\frac{\sum_{i=1}^{94} y_i}{\sum_{i=1}^{94} e_i}.$$

 However, this estimate is based on the strong assumption that the true mortality rates are equal across hospitals, which is questionable since one would expect some variation in the true rates.

9.3 Individual and combined estimates

A third possibility is the compromise estimate

$$(1-\omega)\frac{y_i}{e_i} + \omega \frac{\sum_{j=1}^{94} y_j}{\sum_{j=1}^{94} e_j}.$$

This estimate shrinks the individual estimate y_i/e_i towards the pooled estimate $\sum_{i=1}^{94} y_i/\sum_{i=1}^{94} e_i$ where the parameter $0 < \omega < 1$ determines the size of the shrinkage.

 We will see that this shrinkage estimate is a natural by-product of the application of an exchangeable prior model to the true mortality rates.

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- Before considering an exchangeable model, let's illustrate fitting and checking the model where the mortality rates are assumed equal.
- Let $\mathbf{y} = (y_1, \dots, y_{94})$. Suppose $y_i \sim \mathsf{Poisson}(e_i \lambda)$ for $i = 1, \dots, 94$ and the common mortality rate λ is assigned a prior $p(\lambda) \propto \frac{1}{\lambda}$. Then

$$p(\lambda|\mathbf{y}) \propto p(\lambda) \prod_{i=1}^{n} p(y_i|\lambda) \propto \frac{1}{\lambda} \prod_{i=1}^{n} [\lambda^{y_i} \exp(-e_i \lambda)]$$
$$\propto \lambda^{\sum_{i=1}^{n} y_i - 1} \exp\left(-\lambda \sum_{i=1}^{n} e_i\right).$$

• This is recognized as a Gamma(a, b) density, where

$$a = \sum_{i=1}^{n} y_i = 277, \quad b = \sum_{i=1}^{n} e_i = 294681.$$

• Note that $E(\lambda|\mathbf{y}) = \sum_{i=1}^{n} y_i / \sum_{i=1}^{n} e_i$ (the pooled estimate).

• To check the suitability of this fitted model, we consider the posterior predictive distribution. Let y_i^* denote the number of transplant deaths for hospital i with exposure e_i in a future sample.

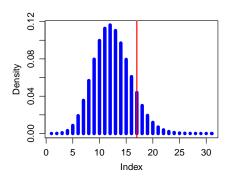
$$p(y_i^*|\mathbf{y}, e_i) = \int \underbrace{p(y_i^*|e_i, \lambda)}_{\mathsf{Poisson}(e_i\lambda)} \underbrace{p(\lambda|\mathbf{y})}_{\mathsf{Gamma}(a, b)} d\lambda.$$

It can be shown that $p(y_i^*|\mathbf{y}, e_i)$ is a negative binomial distribution, NB $\left(a, \frac{b}{b+e_i}\right)$ (refer to Chapter 2).

- If the number of observed deaths y_i is in the middle of this predictive distribution, then our observation is consistent with our model fit.
- On the other hand, if the observed y_i is in the extreme tails of $p(y_i^*|\mathbf{y}, e_i)$, then the model is inadequate in fitting this observation.

- For illustration, let us consider hospital 94, for which $e_{94}=12131$, $y_{94}=17$. Did this hospital have an unusually high number of deaths?
- The R-code below plots the posterior predictive distribution NB $\left(277, \frac{294681}{294681+12131}\right)$ and adds a vertical red line showing the actual number of transplant deaths y_{94} .

 Since the observed y₉₄ is in the tail portion of the distribution, it seems inconsistent with the fitted model – it suggests that hospital 94 actually has a higher true mortality rate than estimated from this equal-rates model.



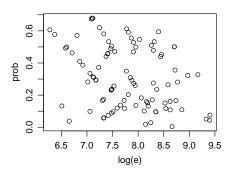
• We can check the consistency of the observed y_i with its posterior predictive distribution for all hospitals. For each hospital, we compute the probability that the future observation y_i^* is at least as extreme as y_i :

$$\min \{ P(y_i^* \leq y_i), P(y_i^* \geq y_i) \}$$
.

 The R-code below computes the probabilities of "at least as extreme" for all observations and plots the probabilities against the log exposures.

```
> prob1 <- pnbinom(y,size=a,prob=b/(b+e))
> prob2 <- 1- prob1 + dnbinom(y,size=a,prob=b/(b+e))
> prob <- apply(cbind(prob1,prob2),1,min)
> plot(log(e),prob)
> sum(prob<0.1)
[1] 15</pre>
```

- A number of these tail probabilities appear small (15 are smaller than 0.10). Hence, the equal-rates model is inadequate for explaining the distribution of mortality rates for the group of 94 hospitals.
- We will have to assume differences between the true mortality rates, which will be modeled by the exchangeable model described next.



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• At the first stage of the prior, we assume that conditional on α and μ ,

$$\lambda_1, \ldots, \lambda_{94} | \alpha, \mu \stackrel{\text{i.i.d.}}{\sim} \mathsf{Gamma}(\alpha, \alpha/\mu).$$

The prior conditional mean and variance of λ are given by μ and μ^2/α respectively.

• At the second stage of the prior, the hyperparameters μ and α are assumed independent, with

$$p(\mu) \propto \frac{1}{\mu}, \ \mu > 0$$

and

$$p(\alpha) = \frac{z_0}{(\alpha + z_0)^2}, \quad \alpha > 0.$$

The parameter z_0 is the prior median of α . In this example, we let $z_0 = 0.53$ (we will discuss the suitability of this value later).

The joint posterior distribution is given by

$$p(\lambda_1,\ldots,\lambda_{94},\alpha,\mu|\mathbf{y}) \propto p(\mu)p(\alpha)\prod_{i=1}^{94}[p(y_i|\lambda_i)p(\lambda_i|\alpha,\mu)].$$

• The posterior distribution of $\lambda_1, \ldots, \lambda_{94}$, conditional on μ and α , is

$$p(\lambda_1, \dots, \lambda_{94} | \mathbf{y}, \alpha, \mu) \propto \prod_{i=1}^{94} [p(y_i | \lambda_i) p(\lambda_i | \alpha, \mu)]$$

$$\propto \prod_{i=1}^{94} [e^{-e_i \lambda_i} \lambda_i^{y_i} \cdot \lambda_i^{\alpha-1} e^{-\alpha \lambda_i / \mu}] \propto \prod_{i=1}^{94} [e^{-\lambda_i (\alpha / \mu + e_i)} \lambda_i^{(\alpha + y_i) - 1}].$$

Therefore, conditional on μ and α , $\lambda_1, \ldots, \lambda_{94}$, have independent posterior distributions and

$$\lambda_i | y_i, \alpha, \mu \sim \mathsf{Gamma}(\alpha + y_i, \alpha/\mu + e_i).$$

- This result is due to the conditionally independent structure of the hierarchical model and the choice of a conjugate prior at stage 2.
- It follows that

$$\mathsf{E}(\lambda_i|y_i,\alpha,\mu) = \frac{\alpha + y_i}{\alpha/\mu + e_i} = B_i\mu + (1 - B_i)\frac{y_i}{e_i},$$

where
$$B_i = \frac{\alpha}{\alpha + e_i \mu}$$
.

• Thus the conditional posterior mean of λ_i can be viewed as a shrinkage estimator, where B_i is the shrinkage fraction of the posterior mean away from the estimate y_i/e_i toward the prior mean μ .

• Since a conjugate model structure was used, the marginal posterior density of μ and α can be obtained (up to a proportionality constant) by integrating out the rates $\lambda_1, \ldots, \lambda_{94}$ from the joint posterior density:

$$p(\mu, \alpha | \mathbf{y}) = \int p(\lambda_1, \dots, \lambda_{94}, \alpha, \mu | \mathbf{y}) \, d\lambda_1 \dots, d\lambda_{94}$$

$$\propto \frac{1}{\mu(\alpha + z_0)^2} \prod_{i=1}^{94} \left\{ \frac{(\alpha/\mu)^{\alpha}}{\Gamma(\alpha)} \int e^{-\lambda_i (\alpha/\mu + e_i)} \lambda_i^{(\alpha + y_i) - 1} d\lambda_i \right\}$$

$$= \frac{1}{\mu(\alpha + z_0)^2} \prod_{i=1}^{94} \left\{ \frac{(\alpha/\mu)^{\alpha}}{\Gamma(\alpha)} \frac{\Gamma(\alpha + y_i)}{(\alpha/\mu + e_i)^{\alpha + y_i}} \right\}.$$

The joint posterior density can be written as

$$p(\lambda_1,\ldots,\lambda_{94},\alpha,\mu|\mathbf{y})=p(\lambda_1,\ldots,\lambda_{94}|\alpha,\mu,\mathbf{y})p(\alpha,\mu|\mathbf{y}).$$

Thus we can simulate random draws from the joint posterior by using the composition method:

Simulating from the joint posterior

For $t = 1, \ldots, T$,

- 1. simulate $(\alpha^{(t)}, \mu^{(t)}) \sim p(\alpha, \mu | \mathbf{y});$
- 2. simulate $(\lambda_1^{(t)}, \dots, \lambda_{94}^{(t)}) \sim p(\lambda_1, \dots, \lambda_{94} | \alpha^{(t)}, \mu^{(t)}, \mathbf{y})$.

The second step can be performed easily since $\lambda_1,\ldots,\lambda_{94}$ have independent posterior distributions conditional on μ and α . Thus we can just simulate

$$\lambda_i^{(t)} | \alpha^{(t)}, \mu^{(t)} \sim \mathsf{Gamma}(\alpha^{(t)} + y_i, \alpha^{(t)}/\mu^{(t)} + e_i), \text{ for } i = 1, \dots, 94.$$

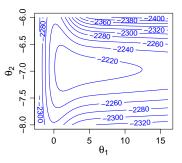
- But first we need to simulate from the marginal posterior density of (μ, α) . Since both parameters are positive, we first transform each to the real-valued parameters, $\theta_1 = \log \alpha$, $\theta_2 = \log \mu$.
- Applying the change of variables formula, the marginal posterior of $\theta = (\theta_1, \theta_2)$ is given by

$$p(\theta|\mathbf{y}) \propto \frac{1}{\mu(\alpha+z_0)^2} \prod_{i=1}^{94} \left\{ \frac{(\alpha/\mu)^{\alpha}}{\Gamma(\alpha)} \frac{\Gamma(\alpha+y_i)}{(\alpha/\mu+e_i)^{\alpha+y_i}} \right\} \cdot \alpha\mu$$
$$= \underbrace{\frac{\alpha}{(\alpha+z_0)^2} \prod_{i=1}^{94} \left\{ \frac{(\alpha/\mu)^{\alpha}}{\Gamma(\alpha)} \frac{\Gamma(\alpha+y_i)}{(\alpha/\mu+e_i)^{\alpha+y_i}} \right\}}_{\exp(\ell(\theta))}.$$

• The R-code below stores z_0 and the y and e values in the list data, and writes a function logpost for computing $\ell(\theta)$. Note that we use the function lgamma to compute the log of the gamma function.

```
z0 < -0.53
data \leftarrow list(z0=z0,y=y,e=e)
logpost <- function(theta, data){</pre>
 v <- data$v
 e <- data$e
 z0 <- data$z0
 n <- length(y)
 alpha <- exp(theta[1]); mu <- exp(theta[2])</pre>
 L <- (theta[1] - 2*log(alpha+z0) - n*lgamma(alpha)
      + sum(lgamma(alpha+y)) + 94*alpha*(theta[1]-theta[2])
      - sum((alpha+y)*log(alpha/mu+e)))
 return(L)
```

• The figure shows a contour plot of the log posterior $\ell(\theta)$. We see that the mode is close to (2,-7) and we use this value as the starting value in optim.



• We note that the posterior density of (θ_1, θ_2) is non-normal in shape, especially in the direction of θ_1 . A normal approximation to the posterior is likely inadequate and we obtain a simulated sample of θ by using the Metropolis within Gibbs algorithm via the function gibbs.

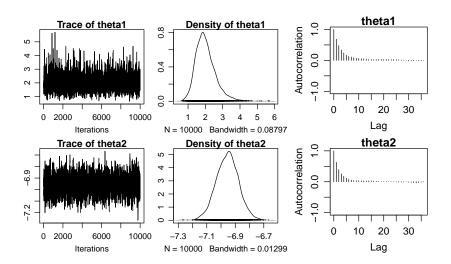
 The R-code below uses the function optim to obtain the posterior mode, which is used as the starting value in the Metropolis within Gibbs algorithm.

 The scale is set at 2.5 times the posterior standard deviation of (θ₁, θ₂) in the normal approximation. The acceptance rates are about 45%. We can use other methods such as rwmetrop and indepmetrop as well.

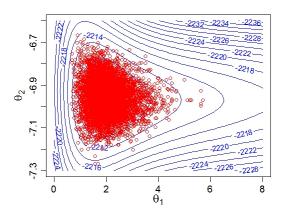
 Using the coda package, we obtain trace plots and autocorrelation plots.

```
require(coda)
mcmcobj <- mcmc(fit$par)
colnames(mcmcobj) <- c("theta1","theta2")
plot(mcmcobj)
autocorr.plot(mcmcobj, auto.layout=FALSE)</pre>
```

• The MCMC chains are mixing well. Estimates of the marginal posterior densities of θ_1 and θ_2 are also shown.



• The figure below shows a simulated sample of size 10000 placed on top of the contour graph. The algorithm appears to give a representative sample from the marginal posterior distribution of θ_1 and θ_2 .



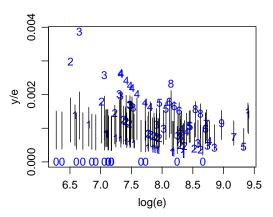
• Now, we can simulate $\lambda_1, \ldots, \lambda_{94}$ from their posterior distributions:

$$\lambda_i^{(t)}|\alpha^{(t)},\mu^{(t)}\sim\mathsf{Gamma}(\alpha^{(t)}+y_i,\alpha^{(t)}/\mu^{(t)}+e_i), \ \ \mathsf{for} \ \ i=1,\ldots,94.$$

- The following R-code uses the rgamma function to simulate $\lambda_i^{(t)}$ from the gamma distribution for t = 1, ..., T and i = 1, ..., 94.
- After obtaining a simulated sample of size 10000 for each λ_i , we summarize our results by computing a quantile-based 90% confidence interval for each λ_i .
- We graph these 90% confidence intervals as vertical lines on the original graph of the log exposures and the individual rates.

9.5 Exchangeable model

• In contrast to the wide variation in the observed death rates, note the similarity in the locations of the probability intervals for the true rates. This indicates that these Bayesian estimates are shrinking the individual rates toward the pooled estimate.



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9.6 Posterior inferences

• Once a simulated sample of $\{\lambda_1,\ldots,\lambda_{94},\mu,\alpha\}$ have been generated from the joint posterior distribution, we can use this sample to perform various types of inferences.

9.6.1 Shrinkage

Previously, we have seen that

$$\mathsf{E}(\lambda_i|y_i,\alpha,\mu) = B_i\mu + (1-B_i)\frac{y_i}{e_i}, \ \ \mathsf{where} \ \ B_i = \frac{\alpha}{\alpha + e_i\mu}.$$

• We apply the law of total expectation, i.e. E(Y) = E[E(Y|X)]. The posterior mean of λ_i is

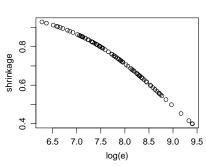
$$\begin{split} \mathsf{E}(\lambda_{i}|\mathbf{y}) &= \mathsf{E}_{\alpha,\mu|\mathbf{y}} \left[\mathsf{E}(\lambda_{i}|y_{i},\alpha,\mu) \right] \\ &= \mathsf{E}_{\alpha,\mu|\mathbf{y}} (B_{i}\mu) + (1 - \mathsf{E}_{\alpha,\mu|\mathbf{y}} (B_{i})) \frac{y_{i}}{e_{i}} \\ &\approx \mathsf{E}_{\alpha,\mu|\mathbf{y}} (B_{i}) \frac{\sum_{i=1}^{n} y_{i}}{\sum_{i=1}^{n} e_{i}} + (1 - \mathsf{E}_{\alpha,\mu|\mathbf{y}} (B_{i})) \frac{y_{i}}{e_{i}}. \end{split}$$

Note that μ is the prior mean of λ and an estimate of μ is $\frac{\sum_{i=1}^{n} y_i}{\sum_{i=1}^{n} e_i}$.

9.6.1 Shrinkage

• In the R-code below, we compute the posterior mean of the shrinkage sizes $\{B_i\}$ for all 94 hospitals and plot them against the logarithms of the exposures.

```
B <- rep(0,94)
for (i in 1:94){
  B[i] <- mean(alpha_draws/
  (alpha_draws + e[i]*mu_draws))
}
plot(log(e),B,ylab="shrinkage")</pre>
```



For hospitals with small exposures, the Bayesian estimate shrinks the individual estimate by 90% toward the combined estimate. In contrast, for large hospitals with high exposures, the shrinkage size is closer to 50%.

9.6.2 Comparing hospitals

- Suppose one is interested in comparing the true mortality rates of the hospitals, say by comparing the "best hospital" against the others.
- First, let us find the hospital with the smallest estimated mortality rate. In the R-code below, we compute the posterior mean of each λ_i and arrange them in increasing order.

```
> lambda_post.mean <- apply(lambda_draws,2,mean)
> order(lambda_post.mean)[1]
[1] 85
```

• Hospital 85 has the smallest estimated true mortality rate (in terms of the posterior mean).

9.6.2 Comparing hospitals

• Suppose we wish to compare hospital *i* with hospital *j*. Then

P(hospital i has smaller mortality rate than hospital j)

$$= \mathsf{P}(\lambda_i < \lambda_j) \approx \frac{1}{T} \sum_{t=1}^T \mathbb{1}\{\lambda_i^{(t)} < \lambda_j^{(t)}\}$$

In the R-code below, we compute the comparison probabilities for all pairs of hospitals and store the results in the matrix compare. The probability that hospital i's rate is smaller than hospital j's rate is stored in the (i,j) element of compare.

```
compare <- matrix(0,94,94)
for (i in 1:93){
  for (j in (i+1):94){
    compare[i,j] <- sum(lambda_draws[,i] < lambda_draws[,j])/T
    compare[j,i] <- 1 - compare[i,j]
}}</pre>
```

9.6.2 Comparing hospitals

• To compare hospital 85 with the rest, we look at the 85th column of the matrix compare. This gives the probabilities $P(\lambda_i < \lambda_{85})$ for all i. We display these probabilities for the first 24 hospitals.

```
[1] 0.1864 0.1904 0.0797 0.1276 0.1354 0.2285 0.2061 [8] 0.1601 0.0542 0.2116 0.1938 0.1754 0.2008 0.0955 [15] 0.0657 0.2234 0.2305 0.0826 0.2672 0.1506 0.1424 [22] 0.1479 0.0481 0.0769
```

 Hospital 85 is better than most of these hospitals since most of the posterior probabilities are close to zero.

- In any Bayesian analysis, it is important to assess the sensitivity of any inferences with respect to changes in the model assumptions, including assumptions about the sampling density and the prior.
- Here we briefly explore the sensitivity of our posterior inferences with respect to the choice of parameters in the prior distribution.
- In our prior, we assume $\lambda_1, \dots \lambda_{94} \overset{\text{i.i.d.}}{\sim} \mathsf{Gamma}(\alpha, \alpha/\mu)$, where $p(\mu) \propto 1/\mu$ and $p(\alpha) = z_0/(\alpha + z_0)^2$.
- z_0 is the prior median of α . Since α controls the shrinkage of the individual estimates toward the pooled estimate, it is natural to ask about the sensitivity of the posterior of α to specification of z_0 .

- We focus on the posterior of $\theta_1 = \log \alpha$ since the distribution of θ_1 is approximately symmetric and more amenable to inspection.
- The induced prior for θ_1 is

$$p(\theta_1|z_0) = \frac{z_0}{(e^{\theta_1} + z_0)^2} \cdot e^{\theta_1}.$$

• Suppose we set $z_0=5$ instead of 0.53. Will this tenfold increase in the prior median of α have a substantial impact on the posterior distribution of θ_1 ?

• The SIR algorithm provides a convenient way of converting simulated draws of θ_1 from one posterior distribution to a new distribution. The weights are given by

$$w(\theta_1) = \frac{p(\theta_1|y, z_0 = 5)}{p(\theta_1|y, z_0 = 0.53)}$$

$$= \frac{p(y|\theta_1)p(\theta_1|z_0 = 5)/p(y)}{p(y|\theta_1)p(\theta_1|z_0 = 0.53)/p(y)}$$

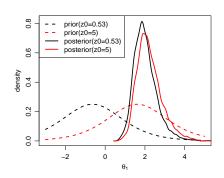
$$= \frac{p(\theta_1|z_0 = 5)}{p(\theta_1|z_0 = 0.53)}.$$

• We resample from the original posterior sample of θ_1 with sampling probabilities proportional to the weights to obtain the new posterior sample.

• The R-code below implements the SIR algorithm. The original draws of θ_1 are stored in theta1_draws and we write a function logprior for computing $\log(p(\theta_1|z_0))$. The log of the weights $w(\theta_1)$ are stored in logw. The normalized weights are stored in W and we resample from the original draws using W as the sampling probabilities. The new draws of θ_1 are stored in theta1_new.

```
theta1_draws <- fit$par[,1]
logprior <- function(theta1,z0){
  log(z0) + theta1 - 2*log(z0 + exp(theta1))
}
logw <- logprior(theta1_draws,5)-logprior(theta1_draws,0.53)
w <- exp(logw-max(logw))
W <- w/sum(w)
idx <- sample(1:T, size=10000,replace=TRUE, prob=W)
theta1_new <- theta1_draws[idx]</pre>
```

- The figure below shows the prior and posterior densities for θ_1 corresponding to $z_0 = 0.53$ and z = 5, and illustrates the impact of the choice of prior on the posterior inference of θ_1 .
- While the original and new priors are substantially different in location, the posteriors are similar in location.
- Thus the choice of z_0 has only a modest effect on the posterior shrinkage of the model. This posterior inference appears to be robust to the change in prior specification of the median of α .



The figure can be obtained using the R-code below.

```
theta1_grid <- seq(from=-3,to=5,by=0.1)
plot(theta1_grid,exp(logprior(theta1_grid,0.53)),type="l",
 lty=2, vlim=c(0,0.82), lwd=2)
points(theta1_grid,exp(logprior(theta1_grid,5)),type="l",
 lty=2,col="red",lwd=2)
points(density(theta1_draws),type="1",lwd=2)
points(density(theta1_new),type="l",lwd=2,col="red")
legend("topleft",legend=c("prior(z0=0.53)","prior(z0=5)",
       "posterior(z0=0.53)", "posterior(z0=5)"), lty=c(2,2,1,1),
       col=c("black","red","black","red"),lwd=2)
```

- We have used the posterior predictive distribution to examine the suitability of the "equal-rates" model where $\lambda_1=\dots=\lambda_{94}$ and saw that this model seemed inadequate. Here we use the same methodology to check the appropriateness of the exchangeable model.
- Let us consider hospital 94 again, which experienced 17 deaths. To simulate from the predictive distribution of y_{94} , note that

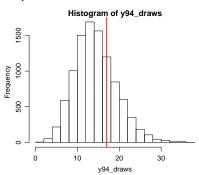
$$p(y_{94}^*|\mathbf{y}) = \int p(y_{94}^*|\lambda_{94}) \, p(\lambda_{94}|\mu,\alpha,\mathbf{y}) \, p(\mu,\alpha|\mathbf{y}) \, \mathrm{d}\mu \, \mathrm{d}\alpha \, \mathrm{d}\lambda_{94}.$$

Since we have already simulated draws of (μ, α) from $p(\mu, \alpha | \mathbf{y})$ and λ_{94} from $p(\lambda_{94} | \mu, \alpha, \mathbf{y})$, it remains to simulate y_{94} from $p(y_{94}^* | \lambda_{94})$.

• This can be performed using the R-code below. We also create a histogram of y_{94}^* and add a vertical line on top, corresponding to the observed $y_{94} = 17$.

```
y94_draws <- rpois(T, e[94]*lambda_draws[,94])
hist(y94_draws)
abline(v=v[94],col="red",lwd=2)</pre>
```

 The observed number of deaths is in the middle of the predictive distribution, which indicates agreement of this observation with the fitted model.



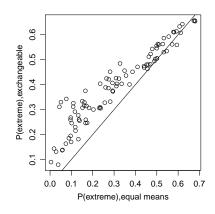
- We can also check the consistency of the observed y_i with its posterior predictive distribution for all hospitals.
- In the R-code below, we compute the probability that the future observation y_i^* is at least as extreme as y_i for all observations.

```
prob.exchange <- rep(0,94)
for (i in 1:94){
  yi_draws <- rpois(T, e[i]*lambda_draws[,i])
  prob1 <- sum(yi_draws <= y[i])/T
  prob2 <- sum(yi_draws >= y[i])/T
  prob.exchange[i] <- min(prob1,prob2)
}</pre>
```

 To compare the goodness of fits of the two models, we plot these probabilities against those in the equal-means model (stored in prob). A comparison line y = x is then placed on top.

```
plot(prob, prob.exchange)
abline(0.1)
```

- The probabilities of extreme for the exchangeable model are larger, indicating that the observations are more consistent with the exchangeable fitted model.
- Only two observations have a probability smaller than 0.1 for the exchangeable model, indicating general agreement of the observed data with this model.



9.6.4 Posterior predictive model checking Reading Assignment

- Please read Chapter 8 in Peter Hoff's book, which is another example of hierarchical models. The model involves group comparisons, in which each group is modeled by a normal distribution.
- The take-home final and the data project will cover the topics in Chapters 1–9.
- Due to the COVID-19 situation, our teaching activity has to end by Week 12. I will not have time to cover Bayesian linear regression, model comparison, variational Bayes, and software implementation such as Stan. I will upload some slides on these topics to a separate folder of "Chapter X" for your reference.