Modelling health-related behaviour

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Focus

- Methodological: challenges in the application of MLM
- Substantive:
- smoking and drinking · Approach:
 - overview and informal discussion

health-related

behaviour, particularly

Multilevel Analysis

- · Once you know that hierarchies exist you see them everywhere' (Kreft, 1990)
- For many (most?) research questions: - the real world has a complex structure **and/or** - we impose one during research design
- · Ignoring structure leads to impoverished analyses and inferential error

Examples of real world hierarchies

- Education
- pupils (1) in schools (2) pupils (1) in classes(2) in schools (3)
- **Geography** houses(1) in neighbourhoods(2) in regions(3) in countries(4)
- Business
- individuals(1) within teams(2) within organizations(3)
- **Psychology** individuals(1) within family(2) individuals(1) within twin sibling pair(2)
- Economics
- employees(1) within firms(2)
- NB all are structures in the POPULATION (ie exist in reality)



Multistage sampling designs

- Multistage designs (usually) generate dependent data
 - individuals living within the same PSU can be expected to be more alike than a random sample
- · The 'design effect':
- Inferential procedures (inflated SE's so problems with confidence limits, tests)
- Type 1 errors: finding a relationship where none exists
- Multilevel models take account of this dependency and automatically correct for the 'design effect'



















Interactions

- · Within Level
 - Smoking as a function of age
 - Smoking f sex
 - Smoking f age and sex
- · Cross-level
 - Differential effects for younger people in deprived areas?
 - Differential effects for deprived people in deprived places?



















Conclusions

- · Stones left unturned
 - Group and Grand Mean Centring
 - Latent variables
 - Meta-analysis
 - Responses at different level
 - MCMC
 - SUTVA
- Realistically complex modeling
- The limits of data and data limitation

