

# **Epidemiological Reasoning**

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*The 2004 Surgeon General's Report*

*The Objectivist Center (TOC) Summer Seminar*

*Union College*

*12 July 2005*

*[www.StatLit.org/pdf/2005SchildUnion6Up.pdf](http://www.StatLit.org/pdf/2005SchildUnion6Up.pdf)*

# **Association versus Causation**

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*“Association is not causation.”* This ambiguous claim includes at least 4 different statements.

**Association (without manipulation) is ...**

1. **not ever** [sufficient to infer] causation.
2. **not always** [sufficient to infer] causation
3. **sometimes** [sufficient to infer] causation.
4. **sometimes** [evidence for] causation.
5. **always** evidence of causation somewhere.

*#1 is false (statistically); #2 - #5 are true.*

# **Using Association as evidence of Causation**

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Using association as evidence for causation is necessary when manipulation is:

1. impossible (cosmology).
2. possible but unethical (smoking).
3. possible & ethical but expensive.
4. possible & ethical but takes time.
5. possible & ethical but requires choice.

# Epidemiology

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Epidemiology typically involves

- observational studies.
- ordinal, nominal or binary predictors.
- binary outcomes (live or die)
- relative risk, odds ratio, attributable fraction

Epidemiology seldom involves

- random assignment
- Pearson correlation coefficient

# **Epidemiology and Public Health**

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Epidemiology, epidemics & communicable diseases:

- 1796: Small Pox & William Jenner
- 1854: Cholera & John Snow
- 1944: Tuberculosis (TB)

Epidemiology studies personal health:

- 1964: Smoking and Cancer
- 1981: “Causes of Cancer” by Doll & Peto
- 1992: Second-hand smoke (ETS) EPA Assessment

Epidemiology studies lifestyle:

- 1990s onward

# **Epidemiology: Study of Health Risk Factors**

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Health - Reuters

**Smoking Ups Impotence Risk in Younger Men**

Health - HealthDay

**Mom's Poor Diet Can Up Diabetes Risk in Child**

## **Epidemiology: Conflicting Claims**

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5/96: British Medical Journal (BMJ) article cites **“overwhelming evidence”** that **excessive consumption [of salt] causes high blood pressure, heart disease and strokes.**

5/96: Journal of American Medical Assoc. (JAMA) article concludes that **"dietary salt intake has little effect on blood pressure in the population at large."**

# **The New Epidemiology: Study of Social Risk Factors**

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TV violence is

- a contributing factor to increases in violent crime and antisocial behavior. .
- a "risk factor" that contributes to increasing a person's aggressiveness.

just as every cigarette increases the chance that someday the smoker will get lung cancer, so every exposure to violence increases the chances that someday a child will behave more violently than they otherwise would.



# **Epidemiological Reasoning: Probabilistic Causation**

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Suppose:

- 80% of lung cancer deaths involve smokers
- 20% of smokers die of lung cancer

Thus, in relation to death from lung cancer, smoking may be (speaking loosely):

- very ‘necessary’ but far from ‘sufficient’

Q. Is smoking a cause of lung cancer death?

We can’t run an experiment.

# **Epidemiological Reasoning: Criteria**

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- Statistically significant (statistical criteria)

## **Hill (1965) criteria:**

- Strength of Association (Relative Risk)
- Coherence, Plausibility & Analogy  
(Fits with known facts & theories)
- Dose-response relationship
- Consistency (repeatability)
- Temporality (cause precedes effect)

# 2004 Surgeon General's Report

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Systematized reporting of epidemiological results as a basis for public health decisions.

- 1 Gave current statistics on effects of smoking
- 2 Reviewed language used in previous reports.
- 3 Classified strength of evidence for causation into four categories...
- 4 Was silent on minimum strength of association needed to control for confounding.

See [www.cdc.gov/tobacco/sgr/sgr\\_2004/](http://www.cdc.gov/tobacco/sgr/sgr_2004/)

# #1: Quantitative Effects of (Active) Smoke

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Tobacco use remains the leading preventable cause of disease and death in the US,

- causing approximately 440,000 deaths/year
- costing approximately \$157 billion in annual health-related economic losses.

Nationally, smoking results in more than 5.6 million years of potential life lost each year.

Ch 1. 2004 US Surgeon General's Report

# **Epi Reasoning: “Deaths Attributed”**

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## **Hypothetical Deaths due to lung cancer**

2% Non-smokers

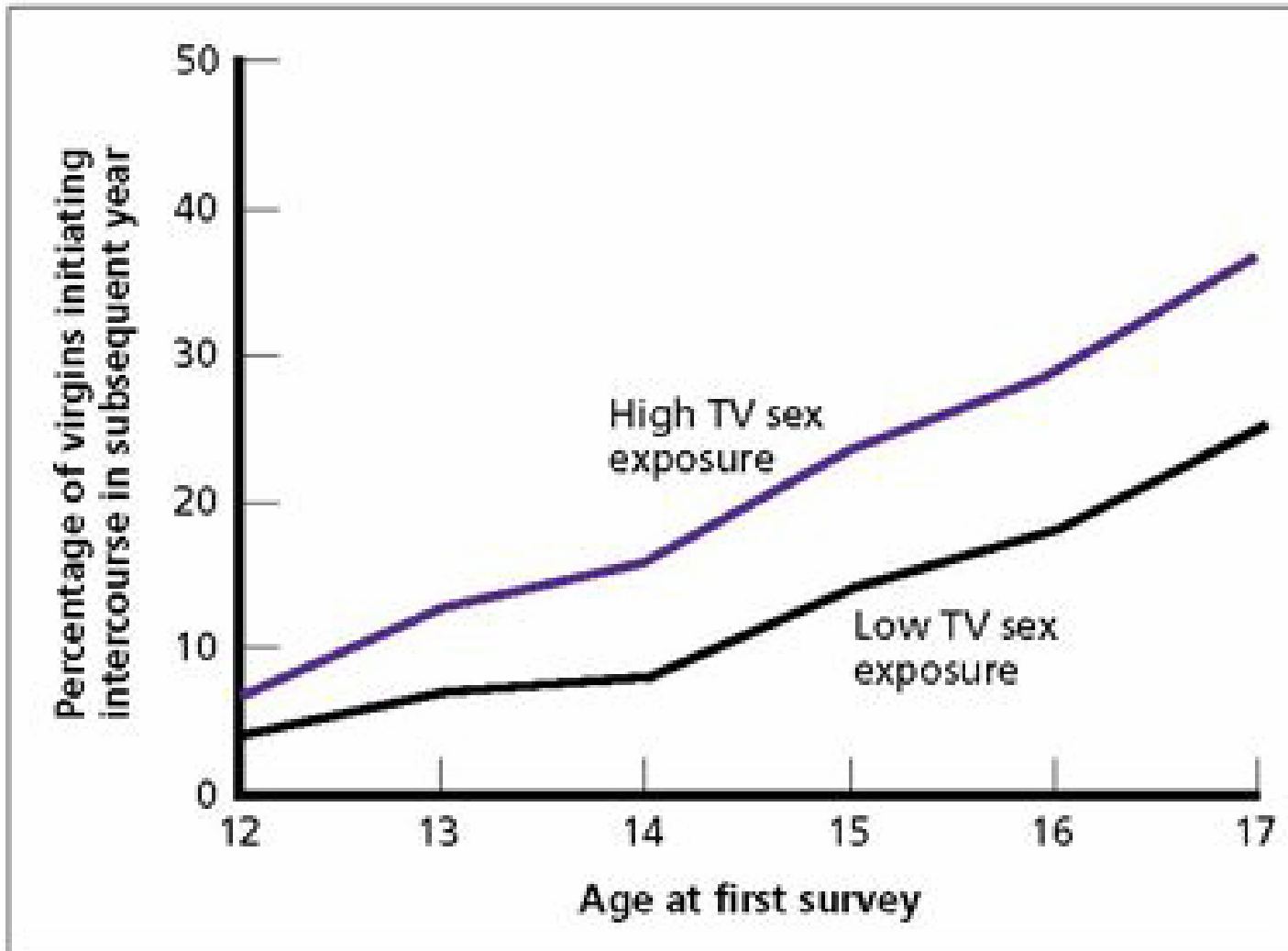
Smokers 20%

Base

**Excess Lung Cancer Deaths**

**90% of these smoker deaths due to lung cancer  
are *attributable to smoking***

# Twice as likely: 50% attributable to TV Sex



## #2: Grammar of Association vs. Causation

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Reviewed 250 statements in reports: 1964 – 2002

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1. Association/relation; associated/related
2. Comparison: more, greater, stronger, bigger, etc.
3. Link, connection, factor: risk factor
4. Changes (active verb): Increases, cuts, contributes
5. Logical connection: 'due to' (*Risk due to ...*)
6. *Causal* factor, time relation (leads to, results in)
7. *Causally* associated/related; a *causal* relation
8. *A cause: judged to be causal, causes, effect of.*

# Change/Compare Grammars Observational Studies

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Change and compare grammars imply causation

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1. Electrical fields *increase* miscarriages
2. Night shift work *Ups* Breast Cancer Risk (40%)
3. HRT *raises* Cancer (24%) and Stroke (41%) Risks
4. Alcohol *Ups* Breast Cancer Risk (6% /glass-wk)
5. Eggs & Hot Dogs *Cut* Breast Cancer Risk (18%)
6. Broccoli *Reduces* Breast Cancer Risk (24%)
7. Parental tobacco *leads to* brain tumors (22%)
8. Non-shavers *more likely* to have stroke (70%)



# Epidemiological Studies: Cheaper; Always Possible

NON-EPI STUDIES:	OUTCOME	
PREDICTOR	Repeatable <i>(Migraine)</i>	Non-Repeatable <i>(Death)</i>
Changeable <i>(Medicine, \$, Education)</i>	<i>Before/After:</i> Physical Exp. or Stat Exp.	Statistical Exp. / Clinical Trial: <i>Random Assign</i>
Unchangeable Physical: <i>Race</i> Moral: <i>Smoker</i>		

## #3: Strength of Evidence for Causation (4 levels)

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- A. Evidence is **inadequate** to infer the presence or absence of a causal relationship (which encompasses evidence that is sparse, of poor quality, or conflicting).
- B. Evidence is **suggestive of no causal relationship**.
- C. Evidence is **suggestive but not sufficient** to infer a causal relationship.
- D. Evidence is **sufficient** to infer a causal relationship

## **Suggestive but not sufficient to Infer Causation**

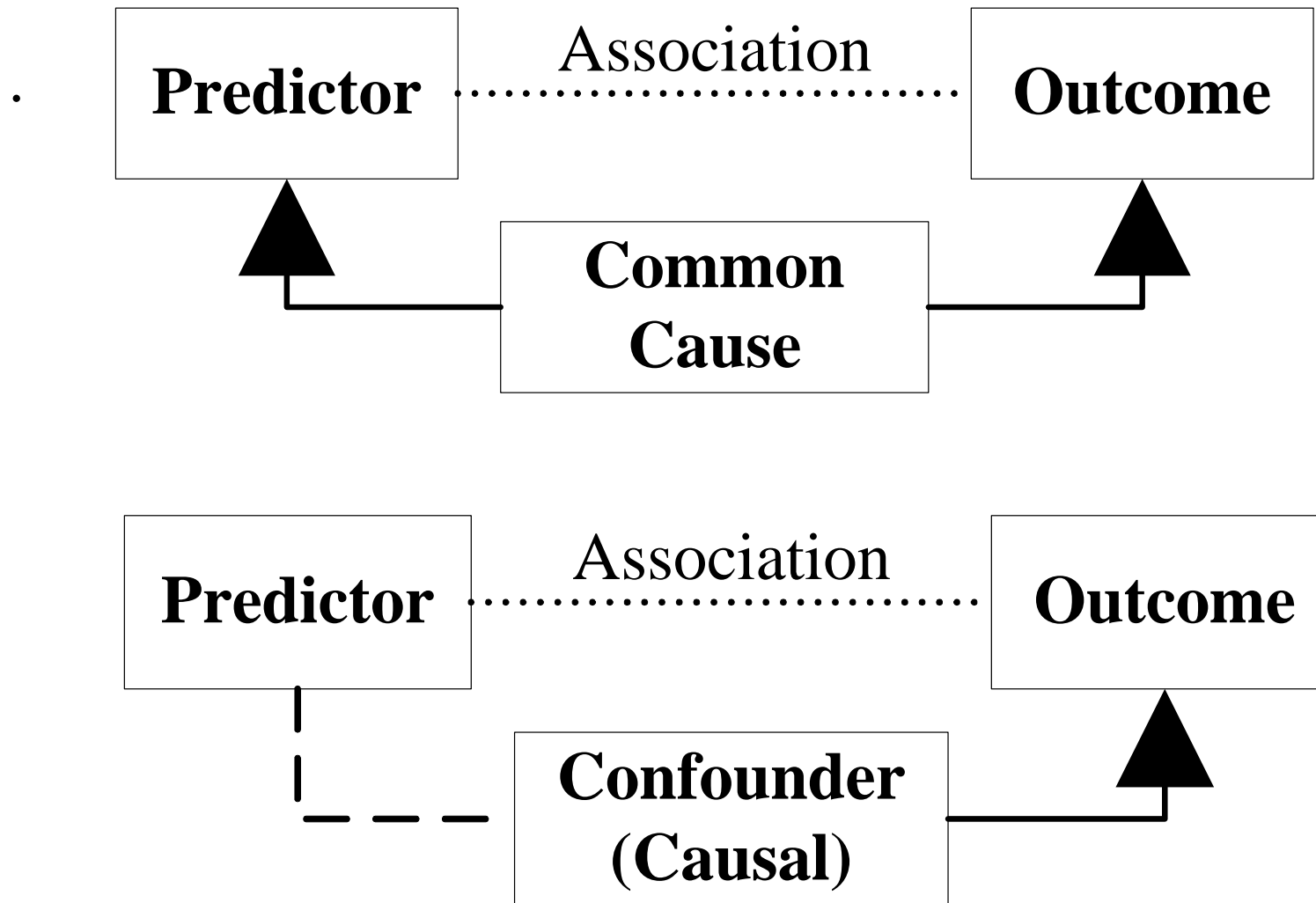
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Male cigarette smokers have higher death rate from coronary artery disease than non-smoking males.

1964: “...more prudent from the public health viewpoint to **assume** that the established **association has causative meaning**, than to suspend judgment until no uncertainty remains.”

2004: “placing it in the “suggestive” category ... although it falls *short of proving causation*, this evidence still makes causation *more likely than not*.”

# Epidemiology & Context: Untangling Confounders



# **Relative Risk = 1.19**

## **16% Attributable**

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1993: EPA & ETS (second-hand smoke):

- “3,000 American nonsmokers die each year from lung cancer caused by ETS.
- 150,000 to 300,000 children under 18 months of age get pneumonia or bronchitis.
- Second-hand smoke worsens condition of up to one million asthmatic children.

## #4: Criteria for Causation Strength of Association

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In Epidemiology, strength of association is typically measured using Relative Risk.

$RR > 3$  is a rule of thumb to avoid spurious results due to **confounding**. (Taubes)

$RR > 10$ : lung cancer among smokers

$RR < 2$ : problems from 2nd-hand smoke

# **Problem Selecting Epidemiological Minimum**

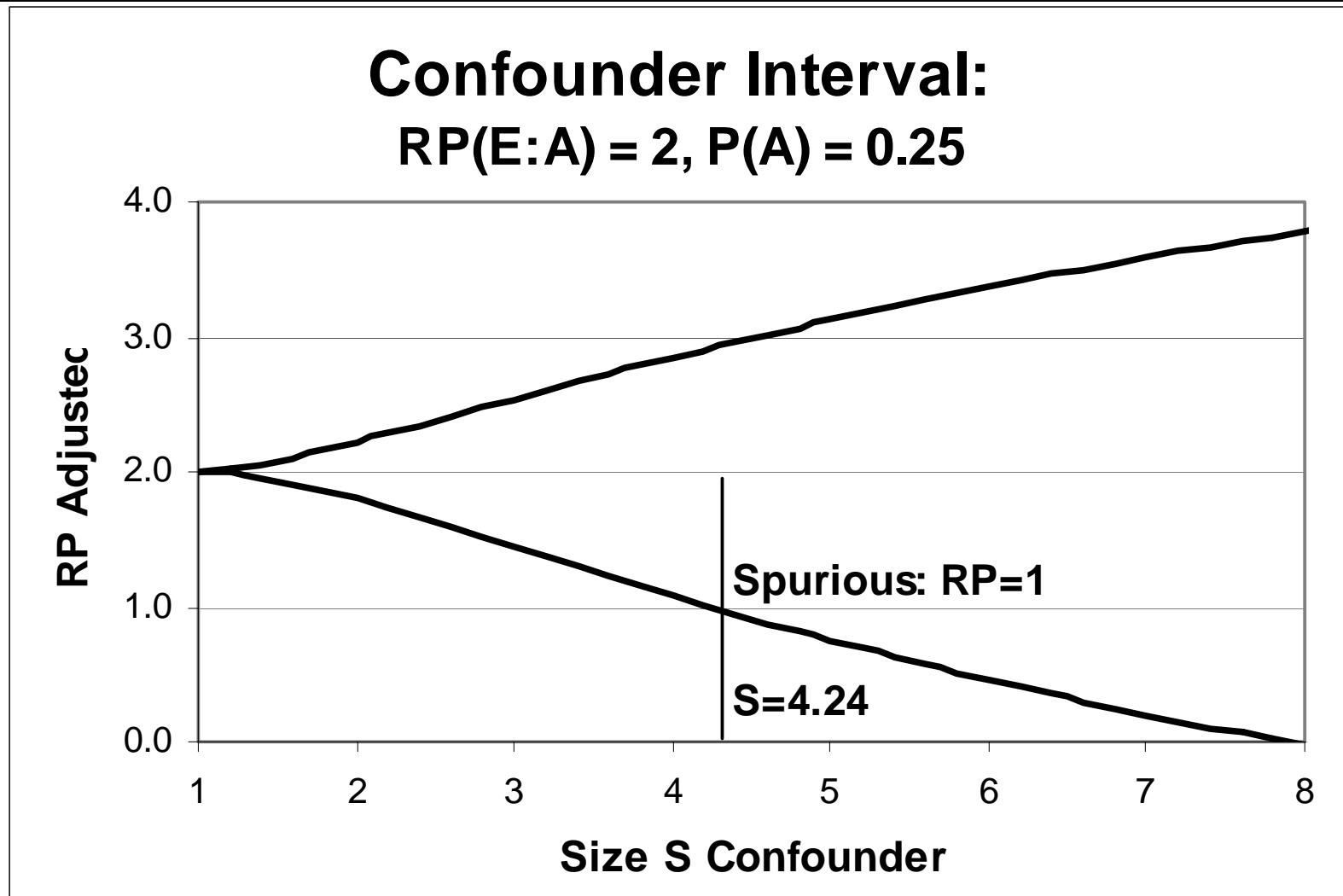
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Sir Richard Doll: No single study is persuasive unless the lower limit of its 95% confidence level falls above a **threefold** increased risk.

As a rule of thumb, says Angell of the New England Journal, “we are looking for a relative risk of **3 or more**” before accepting a paper.

John Bailar, epidemiologist: “*There is no reliable way of identifying the dividing line.*”

# Model of a Confounder: Schield & Burnham (2004)





# **Goal: Help People make better Decisions using Data**

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Decisions based on observational data:

- Public health: quarantine, medical testing
- Education policy: best practices, league ratings
- Public policy (people): E.g., The Bell Curve, “More Guns; Less Crime”
- Public policy (\$): Economics and finance
- Business: data mining and data modelling
- Personal Health: Vitamins, Supplements
- Personal Medical: HRT, chemo, radiation

# **Epidemiological Reasoning**

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Allows “inductive inference” without

- examining weight of evidence
  - identifying plausible mechanisms
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Enables government intervention (public policy) based on public health/safety grounds:

- bypasses individual rights & freedoms
- extends ideas of ‘threat’ & ‘coercion’

# Journalistic Assessment

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Note as “Soft Science” (observational study)

- Not a manipulative experiment (no before/after)
  - Not a statistical experiment (no random assign)
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Evaluate strength of association:

- “Very weak”: less than a factor of 2 (100% more)
- “Modest”: factor of 2 to 3 (100% to 200% more)
- “Moderate: factor of 3 to 5 (200% to 400% more)
- “Strong”: more than a factor of 5 (400% more)

# **Epi Reasoning in Education**

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“Pro and Con” Should be

- a chapter in intro logic/thinking texts
- a chapter in intro statistics texts.
- required in college general education.
- introduced at the secondary level
- used as a wedge for contextual thinking
- used as a wedge for “conceptual literacy”  
(inductive reasoning about core values)



# **Recommendation: Statistical Literacy**

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Study statistics used in **everyday** arguments

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Students in introductory statistics need to

- focus on observational studies & decisions
- focus on context and confounding
- see statistics used to argue for causation
- see statistical prevarication & opportunism
- understand epidemiological reasoning.

# Epidemiology References

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