Modeling and Handling Overdispersion Health Science Data with Zero-Inflated Poisson Model

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Health sciences research often involves analyses of repeated measurement or longitudinal count data analyses that exhibit excess zeros. Overdispersion occurs when count data measurements have greater variability than allowed. This phenomenon can be carried over to zero-inflated count data modeling. Referred to as zero-inflation, the Zero-Inflated Poisson (ZIP) model can be used to model such data. The Zero-Inflated Negative Binomial (ZINB) model is used to account for overdispersion detected in count data. The ZINB model is considered as an alternative for the Zero-Inflated Generalized Poisson (ZIGP) model for zero-inflated overdispersed count data. Consequently, zero-inflated models have been proposed for the situations where the data generating process results are overdispersed. This study considers modeling and handling overdispersion data among children with Thalassemia disease using the ZIP, ZINB and ZIGP models.

Key words: Count data; zero-inflation models; overdispersion; Thalassemia.

Introduction

Count data with too many zeros are common in a number of applications. Ridout, et al. (1998) cited examples of data with too many zeros from various disciplines including agriculture, econometrics, species abundance, medicine and recreational facility use. Several models have been proposed to handle count data with too many zeros. Lambert (1992) described Zero-Inflated Poisson (ZIP) models with an application to defect in manufacturing. Lee, et al. (2001) generalized the ZIP model to accommodate the extent of individual exposure and Hall (2000) described the Zero-Inflated Negative Binomial (ZINB) model and incorporated random effects into ZIP and ZINB models.

The Poisson model emphasizes count data. Overdispersion implies that there is more variability around a model’s fitted values than is consistent with a Poisson formulation and Poisson regression can be useful in the analyses of such data. Tsou (2006) demonstrated that a Poisson regression model could be adjusted to become asymptotically valid for inference about regression parameters, even if the Poisson assumption fails. Because positive counts may still be overdispersed with respect to the zero-truncated Poisson distribution, in the last decade Zero-Inflated Generalized Poisson (ZIGP) models have been found useful for the analyses of count data with a large amount of zero-outcomes (Famoye & Singh, 2003). The generalized Poisson model has been used to model dispersed count data. It is a good competitor to the negative binomial model when
the count data is over-dispersed. ZIP and ZINB models have been proposed for the situations where the data generating process results into too many zeros (Famoye & Singh, 2006).

Methodology

Zero-Inflated Poisson Model

Consider the ZIP model, which is denoted by $\Pr(Y_i = y_i)$, in which the response variable $Y_i = (i,2,...,n)$ has a probability mass function (pmf) given by

$$
\Pr(Y_i = y_i) = \begin{cases}
\omega_i + (1 - \omega_i) e^{-\theta_i}, & y_i = 0, \\
(1 - \omega_i) \frac{\theta_i^{y_i} e^{-\theta_i}}{y_i!}, & y_i > 0,
\end{cases}
$$

(1)

Where $0 \leq \omega_i < 1$ and $\theta_i > 0$. The random variable $Y_i$ has a Poisson ($\theta_i$) distribution when $(\omega_i) = 0$. The parameters $\theta_i$ and $\omega_i$ depend on vectors of covariates $x_i$ and $z_i$, respectively. The ZIP model is given by

$$
\log(\theta_i) = x'_i \beta, \log(\frac{\omega_i}{1 - \omega_i}) = z'_i \gamma
$$

(2)

and the mean and variance ZIP model are given by

$$
E(Y_i) = (1 - \omega_i) \theta_i,
Var(Y_i) = (1 - \omega_i) \theta_i (1 + \omega_i \theta_i)
$$

(3)

Zero-Inflated Negative Binomial Model

For zero-inflated and overdispersed data a frequent modeling choice is the Zero-Inflated Negative Binomial (ZINB) model. The response variable $Y_i(i = 1,2,...,n)$ has a pmf given by

$$
\Pr(Y_i = y_i) = \begin{cases}
\omega_i + (1 - \omega_i) (1 + \kappa \theta_i)^{-\frac{y_i}{\kappa}}, & y_i = 0, \\
(1 - \omega_i) \frac{\Gamma(y_i + \theta_i / \kappa)}{y_i! \Gamma(\theta_i / \kappa)} (1 + \kappa \theta_i)^{-\frac{y_i}{\kappa}} (1 + \theta_i / \kappa)^{-\theta_i}, & y_i > 0
\end{cases}
$$

(4)

Where $0 \leq \omega_i \leq 1$ and $\theta_i > 0$, $\kappa$ is the dispersion parameter with $\kappa > 0$ and $\Gamma(.)$ is the gamma function. The mean and the variance of the model are defined as

$$
E(Y_i) = (1 - \omega_i) \theta_i + \omega_i \kappa \theta_i,
Var(Y_i) = (1 - \omega_i) \theta_i (1 + \theta_i \kappa^{-1} + \omega_i \theta_i)
$$

(5)

The response variable $Y_i$ has a negative binomial distribution with mean $\theta_i$ and dispersion parameter $\kappa$ when $\omega_i = 0$ (Garay, et al., 2011). Ridout, et al. (2001) fitted various models to these data on the basis of the Poisson and negative binomial distributions and their zero-inflated counterpart.

Zero-Inflated Generalized Poisson Model

The generalized Poisson model (ZIGP) was proposed by Consul & Famoye (1992) and Famoye (1993). They emphasized the model to count data that are affected by a number of known predictor variables. Because positive counts may still be overdispersed with respect to the zero-truncated Poisson distribution, ZIGP models have been found to be useful for the analyses of count data with a large number of zero-outcomes. The generalized Poisson model has been used to model a household fertility data set (Wang & Famoye, 1997) and to model injury data (Wulu, et al., 2002). The generalized Poisson distribution for random variable $Y_i$ takes the pmf given by
The mean and variance of $Y_i$ are

$$\mu_i = E(Y_i) = \frac{\lambda_i}{1-\kappa},$$

$$Var(Y_i) = \frac{\lambda_i}{(1-\kappa)^2} = \frac{1}{(1-\kappa)^2} E(Y_i) = \phi,$$

(7)

where $\phi = 1/(1-\kappa)^2$ is a dispersion parameter. When $\kappa = 0$, the generalized Poisson distribution reduces to a Poisson distribution with parameter $\lambda_i$ and is a case of equidispersion in the model, if $\kappa < 0$, the generalized Poisson model represents count data with underdispersion, and if $\kappa > 0$, generalized Poisson model represents count data with overdispersion. When there are more zero observations than expected, the generalized Poisson model will not provide good fit in general. Sampling zeros can be fitted into the ZIGP model, but not structural zeros. A good alternative to fit zero-inflated count data is a ZIGP model. The ZIGP model is defined as

$$Pr(Y_i = y_i) =
\begin{cases}
\omega_i + (1-\omega_i)e^{-(1-\kappa)y_i}, & y_i = 0, \\
(1-\omega_i)((1-\kappa)\theta_i + \kappa y_i)^{y_i-1} \frac{(1-\kappa)\theta_i}{y_i!} \exp \left[\frac{-(1-\kappa)}{\theta_i - \kappa y_i} \right], & y_i > 0
\end{cases},$$

(8)

where $\theta_i > 0$. The mean and variance of the ZIGP distribution are given by

$$E(Y_i) = (1-\omega_i)\theta_i$$

$$Var(Y_i) = (1-\omega_i)\theta_i [1/(1-\kappa)^2 + \omega_i \theta_i].$$

(9)

The parameters $\theta_i$ and $\omega_i$ depend on vectors of covariates $x_i$ and $z_i$, respectively. $\omega_i$ specifies the probability of structural zero status and can be modeled using a logit link function in which

$$\text{logit}(\omega_i) = \log \omega_i/(1-\omega_i) = z_i' \gamma$$

(10)

where $z_i$ is the $i^{th}$ row vector of the covariate matrix and $\gamma$ is the parameter vector.

Results

To show the utility of the developed approach, the Zero-Inflated count models was applied to a real data set of underlying Thalassemia disease among children. Thalassemia is a genetic blood disorder in which the body makes an abnormal form of hemoglobin, the protein in red blood cells that carries oxygen. Thalassemia are common autosomal recessive disorders (Thursz, 2007). This study involved a sample of 930 for children age between 1-12 years. To build this dataset, the numbers of diagnoses among children aged 1-12 years who suffer from Thalassemia were counted. The data were collected at the Medical Record Unit in Hospital Universiti Sains Malaysia (HUSM), Kubang Kerian, Kelantan in north-east Malaysia 2005 to 2010. For the purpose of this study, the count data is used. The diagnosis is considered as the response variable and the selected variables are: disease of blood, health services, heart failure, Influenza, Anemia, Pneumonia, acute bronchitis, Asthma, Acute Tonsillitis, Jaundice and Tuberculosis.

To handle overdispersion in a zero-inflated dataset, a one-sided test was used and the level of significance was set as $\alpha = 0.05$. The data analyses were performed in SAS 9.3, using proc genmod and proc nlmixed. In counting the number of responses to an exposure a patient may have no diagnosis response because of their immunity or resistance to a disease.

In the dataset, there were 930 patients and among these, 635 patients had no diagnosis (see Table 1); thus, there are 68% zero counts in the data. The overdispersion might have been
due to many excess zeros for the case when \( y = 0 \) because 68% of observed counts are zeros. Frequency (percent) of patients who received a different type of diagnosis is a total of 125 (13.4%), while patients who received two different types of diagnosis was 95 (10.2%). For patients who received three different types of diagnosis the frequency (percent) was 58 (6.2%) and patients who received four different types of diagnosis was 17 (1.8%). Mean (standard deviation) of the variables diagnosis showed a value of 600 (1019), while the variance of 1039. Because the data has too many zeros and is overdispersed the zero-inflation model can be applied.

The dispersion parameters of all models correspond to 0.599 for the dispersion index. This value indicates that the dispersion in the data is not large and could be corrected by the use of a model that incorporates a dispersion parameter such as ZIP, ZINB or ZIGP. The models of ZIP, ZINB and ZIGP are positively associated (\( p < 0.0001 \)) by implementing each of the models to the data using Proc Nlmixed (see Table 2). The analyses of fitting zero-inflated models variable include: Disease of Blood, Health Services, heart failure, Influenza, Anemia, Pneumonia, acute bronchitis, Asthma, Acute Tonsillitis, Jaundice and Tuberculosis.

A fit of these models gives a deviance of 1137.4476 on 930 d.f. The deviance (D) is equivalent to the likelihood-ratio test statistic \( G^2 \) that is defined as:

\[
G^2 = 2 \sum_{i=1}^{n} y_i \log\left(\frac{y_i}{\hat{\mu}_i}\right)
\]  

Consequently, a test of overdispersion of the data, which is measured by the ratio of deviance/d.f. = 1.233. Because this value is greater than 1, there is strong evidence that the data is overdispersed and therefore \( E(Y_i) \neq Var(Y_i) \). All three models fit the data well with corresponding log-likelihoods of: -559.8034 (ZIP), -568.7238 (ZINB) and -558.3192 (ZIGP) obtained from output ProcGenmod (see Table 3). Clearly, the ZIGP model seems to fit the data best as it has the smallest Akaake Information Criterion (AIC=1148.6384). Although the ZIP, ZINB and ZIGP all fit the data well, the effect of having a diagnosis in patients does not appear to have any significant effect on the number of diagnoses under these models.

Conclusion

This article focused on handling overdispersion data that involves zero-inflation models. Overdispersion can be modeled when counts show more variability than previously assumed models. However, the consideration of zero-inflation for sample size less than 50 is not encouraged, it is recommended to evaluate scores for sample sizes \( \geq 100 \). The parametric bootstrap method is recommended for sample size between 50 and 100 for a reliable performance (Jung, Jhun & Lee, 2005).

Three different methods were used in this study: (i) ZIP model, (ii) ZINB model and (iii) ZIGP model with covariate dependence. The ZIP model described in Lambert’s (1992) seminal work provides a sufficient fit to data when overdispersion in raw data is caused by zero-inflation. The ZINB model should be considered if data continue to suggest additional overdispersion (overdispersion can be the result of excess zeroes): The ZIP model is not appropriate for these data, because the Poisson model does not accommodate the remaining overdispersion and not accounted for through zero-inflation. The ZIGP model is applied in different fields to model zero-inflated and overdispersed data. The ZIGP could provide a better fit than the ZINB when there is a large zero-fraction; this implies that the ZIGP model could be a reasonable alternative to the ZINB model.

It is surprising that in all these models, it appears that the ZIGP model provided a good fit to the data because it had the smallest value of Akaake Information Criterion (AIC). Although the ZIGP model appears to be a good competitor to the ZIP and ZINB models, it is unknown under what conditions, if any, which model would perform best.
Table 1: Diagnosis Count from 930 Thalassemia Patients in HUSM

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>635</td>
<td>68.3</td>
</tr>
<tr>
<td>1</td>
<td>125</td>
<td>13.4</td>
</tr>
<tr>
<td>2</td>
<td>95</td>
<td>10.2</td>
</tr>
<tr>
<td>3</td>
<td>58</td>
<td>6.2</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>1.8</td>
</tr>
<tr>
<td>Total</td>
<td>930</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2: Summary of Zero-Inflated Model Fit

<table>
<thead>
<tr>
<th>Variable</th>
<th>ZIP Estimate (Standard Error)</th>
<th>ZINB Estimate (Standard Error)</th>
<th>ZIGP Estimate (Standard Error)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease of Blood</td>
<td>1.0144 (0.3594)</td>
<td>0.4763 (0.3546)</td>
<td>0.4737 (0.3594)</td>
</tr>
<tr>
<td>Health Services</td>
<td>1.2116 (0.0883)</td>
<td>0.5075 (0.0722)</td>
<td>0.5075 (0.0925)</td>
</tr>
<tr>
<td>Heart failure</td>
<td>0.9702 (0.1048)</td>
<td>0.5222 (0.1009)</td>
<td>0.5222 (0.1012)</td>
</tr>
<tr>
<td>Influenza</td>
<td>0.9429 (0.1852)</td>
<td>0.5852 (0.1781)</td>
<td>0.5852 (0.1783)</td>
</tr>
<tr>
<td>Anemia</td>
<td>0.7778 (0.1004)</td>
<td>0.4996 (0.0873)</td>
<td>0.4997 (0.0944)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>0.9062 (0.1147)</td>
<td>0.5174 (0.1142)</td>
<td>0.5173 (0.1143)</td>
</tr>
<tr>
<td>Acute bronchitis</td>
<td>0.9116 (0.0913)</td>
<td>0.5072 (0.0713)</td>
<td>0.5071 (0.0904)</td>
</tr>
<tr>
<td>Asthma</td>
<td>1.1563 (0.0939)</td>
<td>0.5869 (0.0910)</td>
<td>0.5869 (0.0963)</td>
</tr>
<tr>
<td>Acute Tonsillitis</td>
<td>0.7234 (0.1743)</td>
<td>0.3794 (0.1743)</td>
<td>0.3794 (0.1746)</td>
</tr>
<tr>
<td>Jaundice</td>
<td>1.2890 (0.3675)</td>
<td>0.5771 (0.3823)</td>
<td>0.5767 (0.3888)</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>0.6550 (0.3857)</td>
<td>0.3791 (0.3702)</td>
<td>0.3789 (0.3702)</td>
</tr>
</tbody>
</table>

References


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**Table 3: Parameter Estimates, Standard Errors (in parentheses) for All Models**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>ZIP</th>
<th>ZINB</th>
<th>ZIGP</th>
</tr>
</thead>
<tbody>
<tr>
<td>$a_0$</td>
<td>-17.4510 (246.90*)</td>
<td>3.9808 (0.4553*)</td>
<td>3.9811 (0.4615*)</td>
</tr>
<tr>
<td>$b_0$</td>
<td>-1.9236 (0.08624*)</td>
<td>-0.5294 (0.0517*)</td>
<td>-0.5294 (0.1125*)</td>
</tr>
<tr>
<td>Log likelihood</td>
<td>-569.8034</td>
<td>-568.7238</td>
<td>-558.3192</td>
</tr>
<tr>
<td>AIC$^a$</td>
<td>1151.6069</td>
<td>1153.6069</td>
<td>1148.6384</td>
</tr>
<tr>
<td>BIC$^b$</td>
<td>1228.9698</td>
<td>1235.8050</td>
<td>1226.0013</td>
</tr>
<tr>
<td>Pearson Chi-Square $\chi^2$</td>
<td>416.0162</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deviance</td>
<td>393.0901</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.f</td>
<td>918</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*significant at level 0.05, $a =$ Akaike’s information criteria (AIC), $b =$ Bayesian information criterion