What contributes to a successful rehabilitation: ADAG analysis Mario Biggeri Federico Ciani **Eleftherios Giovanis** Martina Menon Federico Perali

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Purpose

- The aim of the study is to explore the factors that contribute to the rehabilitation of patients with acquired brain injury (ABI).
- Which factors are important to health recovery;
- Demographic (gender and age)
- Socio-economic (income, education and employment status)
- Social support (family, siblings, social care)

Family environment (support, togetherness and quality of relationships)

Motivation

- Application of Bayesian Networks and Directed Acyclic Graphs (DAGs)
- Causal inference has a central role in public health
- The determination that an association is causal indicates the possibility for intervention and thus for policy making
- Causation can have profound public health consequences;
- Giving the signal to reduce or avoid hazardous events and increasing exposure to the beneficial ones
- Practitioners decide on interventions on the basis of consequences produced by presumed causal relationships
- Causal inference is embedded in regulatory processes and medical practises

Previous Research

• Various studies explored the determinants of health outcomes.

□ Factors explored:

Body Mass Index (BMI) has negative effects

□ Income

Education

□ Age

Employment status

Lifestyle (e.g. smoking, alcohol consumption)

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• This study explores additional factors related to social support and family environment

Basics of Bayesian Networks (BNs)

- A Bayesian network is a graphical model for probabilistic relationships among a set of variables
- The graphical-models approach to causal inference was mainly applied in computer science and developed by:
- Spirtes, Glymour, Scheines (2000), Causation, Prediction, and Search, 2nd edition.
- Pearl (2000), Causality: Models, Reasoning, and Inference.

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Basics of Bayesian Networks (BNs)

• Overall

□BNs are graphical models, capable of displaying relationships clearly and intuitively, which would otherwise be impossible or very difficult to do with the single equation econometric modelling.

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- They are directional, thus being capable of representing cause-effect relationships.
- They can handle uncertainty, based on probability relationships.

They can be used to represent indirect causation in addition to direct.

Basics of Bayesian Networks (BNs)

• DAGs are visual representations of causal assumptions

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• Their two main uses are the determination of the identifiability of causal effects from observed data and the derivation of testable implications of a causal model.

Data

• The data have been collected from surveys taken place in the main hospitals in the provinces of Verona and Florence in Italy.

• The individual questionnaire was administered to the person with ABI when it was possible and only individuals who were above 18 years old were included in the sample.

• Two main health outcomes are examined; the EQ-VAS and the EQ-5D

Health Before Injury

Traumatic

Vascular



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Health After Injury

Traumatic

Vascular



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Health at the Time of Interview

Traumatic

Vascular



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Transition from health before trauma to health after trauma

Traumatic

Vascular



Transition from health after trauma to current health

Traumatic

Vascular



Utility

- Utility function
- U=U(X,Q,L;Z)
- *U* depends on the quality of health outcomes
- *X* the consumption of food expenditures

- *Q* quality of health outcomes
- *L* denotes the leisure
- Z includes observable individual and household characteristics (e.g. gender, age, employment status)
- The utility is conditioning on the health status after the trauma H_e and the health stock or the health status before the trauma/injury defined as H_0 .

Health Production Function

- Then it is assumed the household's human capital production function for health status to be:
- H=f(A, H0, FE,S;Ζ,δ)
- *A* is the quality of leisure before and after the injury
- H_0 is the health status before the injury
- *FE* refers to the family environment (quality of family relations, the degree of family support, and the family togetherness)
- *S* denotes the support, such as receiving help from family, spouse, family members and social services
- δ denotes unobservable heterogeneity

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• *A*, *H*₀, *FE* and *S* are positive "goods", where a marginal increase in any one of them indirectly increase the household utility through the improvement on health

The basic schematic of the health rehabilitation process





$$\phi_{t-1}^{h0}, \phi_{t-1}^{A}, \phi_{t-1}^{E}$$

Denote respectively the health status, the quality of leisure and employment status in period *t*-1 before the trauma

ϕ_t^A , FE_t , S_t

Are respectively the quality of leisure, the quality of family environment and the social support after trauma, employment status in period *t* after the trauma

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	OLS Estimates			
	VARIABLES	(1) EQ-5D	(2) EQ-VAS	(3) Health Recovery
	Health Before Trauma (Good)	0.00254^{**}	0.106^{*}	0.0544^{*}
Health recovery is the transition of health states	Quality of Leisure Before Trauma (High)	(0.00107) 0.00947^{**} (0.00418)	(0.057) 0.482^{**} (0.202)	(0.0274) 0.168 (0.265)
	Quality of Leisure After Trauma (High)	(0.00418) 0.0249^{***} (0.00322)	(0.202) 1.028^{***} (0.166)	(0.203) 0.708^{***} (0.196)
(EQ-VAS after	Employment (Employed) Employment (Betired)	(0.00322)	-2 973	-4 956*
the trauma and EQ-VAS at the time of interview	Employment (Student)	(0.0572) 0.0718	(1.786) 7 8061*	(2.527) 7 220
	Employment (Housewife)	(0.0617) -0.0423	(4.218) 6.4173	(6.212) 4 185
	Log of Equivalent Household Income	(0.1334) -0.0403	(10.901) 2.627	$(15.730) \\ 0.520$
	Gender(Male)	$(0.0382) \\ 0.0682$	$(1.853) \\ 1.584$	$(2.516) \\ -0.326$
	Age	(0.0453) - 0.00279^*	$(2.276) \\ -0.0789$	$(3.115) \\ 0.0392$
	Education (High)	$(0.00146) \\ 0.0388$	$(0.0797) \\ 4.057$	$(0.103) \\ 9.253^*$
	Quality of Family Environment (High)	$(0.0613) \\ 0.0325^*$	(3.662) 3.792^{***}	(4.858) 3.074^{**}
	Aid from parents	(0.0185) 0.0772	(1.031) 11.29^{**}	(1.315) 7.679*
	Aid from Spouse	(0.0715) 0.0820 (0.0626)	(4.442) 6.591^*	(3.959) 7.115^*
	Aid from Siblings-Children	(0.0686) 0.0264 (0.0748)	(3.907) 5.783 (4.086)	(3.570) -3.439 (5.204)
	Paid Aid	(0.0748) -0.1766^{***} (0.0526)	(4.080) -9.456^{***} (2.566)	(3.294) -6.554* (3.362)
	Aid from Social Service	(0.0520) -0.0553 (0.0747)	(2.500) 5.7886* (3.470)	(3.302) 1.5429 (4.765)
	Area (Florence)	(0.0147) 0.181^{***} (0.0517)	9.253^{***} (2.608)	(4.100) -11.48^{***} (3.554)
Supra	R-squared	0.271	0.242	0.141

Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1

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DAG for EQ-5D



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DAG for EQ-VAS



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DAG for Health Recovery



Conclusions

- Income, education and gender are insignificant
- Age is significant only in the case of EQ-5D
- On the contrary the results suggest that the most important factors are:

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- □ Health before the brain injury
- Quality of leisure activities before and after the injury
- The quality of family environment
- □ The support from family members