## Data Analysis Project

## BIOST 536

In order to make the household density variable that we are interested in in order to perform a grouped linear adjustment with ordinal variables, we must mutate our data by dividing family size by number of rooms.

```
tbdata = tbdata %>% mutate(famSize = case_when(
  famSize == "<4" ~ 1,
  famSize == "4-6" ~ 2,
  famSize == ">6" ~ 3
))

tbdata = tbdata %>% mutate(roomNo = case_when(
  roomNo == "1" ~ 1,
  roomNo == "2" ~ 2,
  roomNo == "3+" ~ 3
))

tbdata = tbdata %>% mutate(householdDensity = (famSize / roomNo))
```

Now, we can fit a logistic regression model to estimate the risk of TB infection associated with the number of windows in a household, adjusting for sex and our household density variable.

```
##
## Call:
  glm(formula = case ~ windowNo + male + householdDensity + income,
##
       family = binomial, data = tbdata)
##
## Deviance Residuals:
     Min
            1Q Median
                               3Q
                                      Max
## -1.856 -1.019 -0.133
                                    1.502
                            1.110
## Coefficients:
                    Estimate Std. Error z value Pr(>|z|)
## (Intercept)
                                 0.3147
                                           1.77 0.07637 .
                      0.5578
## windowNo1
                     -0.9966
                                 0.2574
                                          -3.87 0.00011 ***
## windowNo2-3
                     -1.3068
                                 0.2863
                                          -4.57
                                                   5e-06 ***
## windowNo4+
                     -0.5615
                                 0.3923
                                          -1.43 0.15239
## male
                                           0.11 0.90920
                      0.0216
                                 0.1890
## householdDensity
                      0.0336
                                 0.1462
                                           0.23 0.81847
## incomelow
                      0.8798
                                 0.2511
                                           3.50 0.00046 ***
```

```
## incomemid
                     0.1667
                                0.2265
                                          0.74 0.46173
##
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
##
##
  (Dispersion parameter for binomial family taken to be 1)
##
      Null deviance: 693.15 on 499 degrees of freedom
## Residual deviance: 649.72 on 492 degrees of freedom
## AIC: 665.7
##
## Number of Fisher Scoring iterations: 4
tb_mod_glm_null = glm(case ~ male + householdDensity + income,
                     family=binomial,
                     data=tbdata)
```

In this case, the model estimates that the odds of TB infection for a subpopulation of individuals with 1 window in their house, with the same sex and household density, is 0.369 times the odds of TB infection for a subpopulation of individuals without windows in their house with a 95% CI using model based SEs of [0.221, 0.607].

Comparing individuals with 2-3 windows vs no windows, the OR is now 0.271 with a 95% CI using model based SEs of [0.153, 0.471].

Comparing individuals with 4 or more windows vs no windows, the OR is now 0.57 with a 95% CI using model based SEs of [0.264, 1.233].

Since we have full and null models at this point, we can also run an LR test in order to assess the significance of the number of windows in a house being a risk factor for TB in fection. We'll use the significance level  $\alpha=0.05$ 

```
lrtest(tb_mod_glm, tb_mod_glm_null)
```

```
## Likelihood ratio test
##
## Model 1: case ~ windowNo + male + householdDensity + income
## Model 2: case ~ male + householdDensity + income
## #Df LogLik Df Chisq Pr(>Chisq)
## 1 8 -325
## 2 5 -338 -3 25.4 1.3e-05 ***
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
```

At the aforementioned significance level, we can reject the null hypothesis that the number of windows in a house does not have an effect on the risk of TB infection for this population of individuals.