

1. (a) Do not reject $H_0 : \beta_{S \times G} = 0$ since $G^2 = 0.7713$ with a p -value = 0.3798. There is insufficient evidence to include the interaction term in the model. Hence, there is insufficient evidence to indicate that the ORs differ for men and women.
- (b) Using the homogeneous association model, reject $H_0 : \beta_S = 0$ since the Wald $X^2 = 29.0$ with a p -value < 0.0001. There is strong evidence of partial association between smoking and depression, controlling for gender.
- (c) The log odds ratio for depression comparing females to males is

$$\text{logit}(\hat{\pi}(F, \text{yes})) - \text{logit}(\hat{\pi}(M, \text{yes})).$$

- i. Homogeneous association model:

$$\text{logit}(\hat{\pi}(F, \text{yes})) - \text{logit}(\hat{\pi}(M, \text{yes})) = 0.9368.$$

Thus, $\widehat{OR} = e^{0.9368} = 2.552$.

- ii. Model with interaction:

$$\text{logit}(\hat{\pi}(F, \text{yes})) - \text{logit}(\hat{\pi}(M, \text{yes})) = 0.6474 + 0.3648 = 1.0122.$$

Thus, $\widehat{OR} = e^{1.0122} = 2.752$.

2. (a) Since the response categories are ordered, we can consider using a POM. The score statistic for the POM assumption is $X^2 = 1.6130$ with a p -value = 0.4464. Thus, we have no reason to doubt the adequacy of the POM.

- (b)

$$P(Y = 1) = \frac{1}{1 + e^{-3.12+0+2.50} + e^{-3.43+0+2.32}} = 0.535.$$

- (c) $\widehat{\text{logit}}(P(Y \leq 1)) = 2.475 - 0 - 2.159 = 0.316$, so $\hat{P}(Y = 1) = e^{0.316}/(1 + e^{0.316}) = 0.578$, which is similar to the value in (b).

- (d) Since the coefficients of task and ventilation are negative, choosing task=insulation and ventilation=ordinary will make $\widehat{\text{logit}}(P[Y \leq j])$ smaller. Thus, there will be a smaller probability for small exposure. Thus, the combination of (insulation, ordinary) leads to a high probability for higher exposure (larger values of Y). A similar argument (changing the signs) will say that the combination of (tile, negative pressure) will lead to the lowest exposure.

3. (a) We fail to reject $H_0 : \beta_{\text{race}} = \beta_{\text{ses1}} = \beta_{\text{ses2}} = 0$ since $G^2 = 354.36 - 353.63 = 0.73 < 7.81 = \chi^2_{3,0.05}$. Thus, there is insufficient evidence that these two variables are needed in the model.

- (b) Keeping the other variables constant, the difference in logits is

$$\text{logit}(\hat{\pi}(\text{crowding} = 1, \text{passive} = 1, \dots)) - \text{logit}(\hat{\pi}(\text{crowding} = 0, \text{passive} = 0, \dots)) = 0.2493 + 0.7131 = 0.9624.$$

Thus, the odds ratio equals $e^{0.9624} = 2.618$ indicating that the odds of having at least one lower respiratory infection when in a crowded setting exposed to passive smoke are 2.618 times the odds of having at least one lower respiratory infection when in a noncrowded setting not exposed to passive smoke.

- (c)
 - Estimated sensitivity: $\hat{P}(\hat{y} = 1 | y = 1) = 62/114 = 0.544$
 - Estimated specificity: $\hat{P}(\hat{y} = 0 | y = 0) = 104/170 = 0.612$
 - Estimated probability of correct classification: $(62 + 104)/284 = 0.585$
- (d) The model with lowest AIC_C is model 4 with **crowding, agegroup, risk**. To see if **passive** is needed as well, we do not reject $H_0 : \beta_{\text{passive}} = 0$ since $G^2 = 355.5 - 354.4 = 1.1 < 3.84 = \chi^2_{1,0.05}$. Thus, model 3 does not improve upon model 4. We compare the model 5 to see if **agegroup** is useful using $G^2 = 366.8 - 355.5 = 11.3 > 5.99 = \chi^2_{2,0.05}$. We need to include **agegroup** in the model and conclude that Model 4 is the most appropriate model.
- (e) The Hosmer-Lemeshow test has $X^2 = 11.7599$ with a p -value = 0.1622. Thus, there is no indication of lack of fit for the preliminary main effects model.