431 Class 06

Thomas E. Love

2018-09-13

Today's Agenda

- Announcements, including Minute Papers and Homework 1 Review
- Who Wrote the Anti-Trump New York Times op-ed: R in Action
- Selements of Data Analytic Style What was the most useful thing?
- Kidney Cancer Maps
- Visualizing NHANES: Course Notes Chapters 3-6

From David Robinson at varianceexplained.org

VARIANCE EXPLAINED

ABOUT ME POSTS LEARN R TEXT MINING IN R INTRODUCTION TO EMPIRICAL BAYES



David Robinson

Chief Data Scientist at DataCamp, works in R and Python.

- ☑ Twitter
- Github
- Stack Overflow

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Recommended Blogs

DataCamp

Who wrote the anti-Trump New York Times op-ed? Using tidytext to find document similarity

Like a lot of people, I was intrigued by "I Am Part of the Resistance Inside the Trump <u>Administration</u>", an anonymous New York Times op-ed written by a "senior official in the Trump administration". And like many data scientists, I was curious about what role text mining could play.



This is a useful opportunity to demonstrate how to use the <u>tidytext package</u> that Julia Silge and I developed, and in particular to apply three methods:

Using TF-IDF to find words specific to each document (examined in more detail in <u>Chapter 3 of our book</u>)

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- · Using widyr to compute pairwise cosine similarity
- How to make similarity interpretable by breaking it down by word

Since my goal is R education more than it is political analysis, I show all the code in the post.

Two Tasks To Start Class

Task 1: Elements of Data Analytic Style

Last time, I asked you to write down (so that you can share) the most important/interesting/surprising thing you learned from reading the four chapters of Jeff Leek's *Elements of Data Analytic Style*.

Form a group of about 5 people. We'll need 10 groups. Your group will be identified by the folder you receive, as Group A, B, \dots , J. Now, as a group,

- Have everyone read out their statement
- ② Identify **two** statements that you are willing to share, as a group.
- Have one person from your group type those statements into the Google Form at http://bit.ly/431-2018-class6-leek.

When you finish this Task, move on to Task 2 (next slide)

Task 2: Kidney Cancer Death Rates

Your map shows U.S. counties.

 The shaded counties are in the top 10% of age-standardized rates for death due to cancer of the kidney/ureter for white males, in 1980-1989.

Your Tasks

- Describe the patterns you see in the map.
- Speculate as to the cause of these patterns.

Highest kidney cancer death rates



Lowest kidney cancer death rates



Return to NHANES

```
library(NHANES); library(magrittr); library(tidyverse)
set.seed(20180911) # note same seed as Class 5
nh_2 \leftarrow sample_n(NHANES, size = 1000) \%
    select(ID, Gender, Age, Height, Weight, BMI,
           Pulse, Racel, HealthGen, Diabetes)
nh 3 <- nh 2 \%
    filter(Age > 20 & Age < 80) %>%
    select(ID, Gender, Age, Height, Weight, BMI,
           Pulse, Race1, HealthGen, Diabetes) %>%
    na.omit
```

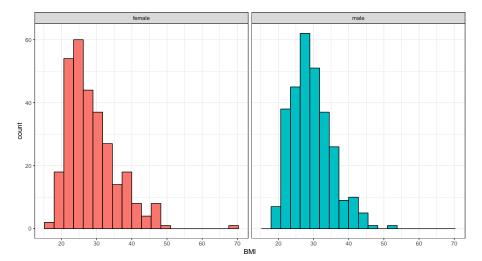
1 female 296 28.6 0.261 2 male 292 29.5 0.137

<fct> <int> <dbl> <dbl>

- ullet If skew1 < 0.2, we rarely infer anything but symmetry.
- If skew 1 > 0.2, we might infer substantial skew, but DTDP.

Skew1 and A Relevant Picture (code on next slide)

Do the female data appear skewed? Do the male data?



Skew1 and A Relevant Picture (code)

```
ggplot(nh_3, aes(x = BMI, fill = Gender)) +
  geom_histogram(bins = 20, col = "black") +
  guides(fill = FALSE) +
  theme_bw() +
  facet_wrap(~ Gender)
```

```
nh_3 %>%
   filter(Gender == "female") %$%
   summary(BMI)
  Min. 1st Qu. Median Mean 3rd Qu. Max.
  16.60 23.48 26.73 28.56 32.04
                                       69.00
nh 3 %>%
   filter(Gender == "male") %$%
   psych::describe(BMI)
```

vars n mean sd median trimmed mad min max
X1 1 292 29.49 5.74 28.7 29.06 5.49 19.23 52.65
range skew kurtosis se
X1 33.42 0.74 0.61 0.34

Numerical Summary of BMI by Gender: 3/3

```
nh_3 %>%
   group_by(Gender, Diabetes) %>%
   summarize("Count" = n(),
            "skew1" = (mean(BMI) - median(BMI))/sd(BMI),
            mean(BMI), median(BMI))
# A tibble: 4 \times 6
# Groups: Gender [?]
 Gender Diabetes Count skew1 `mean(BMI)` `median(BMI)`
 <fct> <fct> <int> <dbl>
                               <dbl>
                                           <dbl>
1 female No 269 0.254 28.1
                                            26.4
2 female Yes 27 0.123 32.8
                                            31.9
3 male No 257 0.109 29.0
                                           28.4
4 male Yes 35 0.259
                          33.3
                                           31.3
```

```
mosaic::favstats(BMI ~ Gender + Diabetes, data = nh 3)
  Gender.Diabetes min Q1 median Q3
                                             max
        female.No 16.60 23.300 26.40 31.10 69.00
2
         male.No 19.23 25.500 28.40 32.60 45.30
3
      female. Yes 21.20 26.730 31.90 39.00 47.11
4
        male. Yes 21.55 27.515 31.28 39.65 52.65
                sd n missing
     mean
1 28.13249 6.812739 269
2 28.96914 5.200491 257
3 32.83926 7.649917 27
4 33.30286 7.808263 35
```

This is clearly the easiest approach, in my view.

Does Diabetes affect Pulse-BMI association? (code)

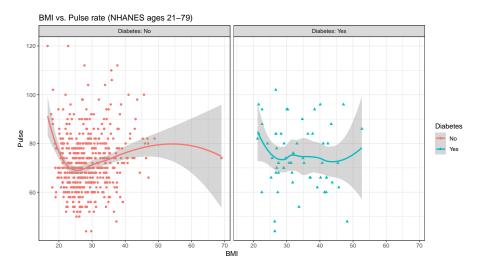
Could we see whether subjects who have been told they have diabetes show different BMI-pulse rate patterns than the subjects who haven't?

• Let's try doing this by changing the **shape** and the **color** of the points based on diabetes status.

```
ggplot(data = nh_3,
    aes(x = BMI, y = Pulse,
        color = Diabetes, shape = Diabetes)) +
    geom_point() +
    geom_smooth(method = "loess") +
    labs(title = "BMI vs. Pulse rate (NHANES ages 21-79)") +
    facet_wrap(~ Diabetes, labeller = "label_both") +
    theme_bw()
```

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Does Diabetes status affect Pulse-BMI association?



Correlation of BMI and Pulse by Diabetes?

- Recall that the correlation coefficient for the relationship between BMI and Pulse in the full sample was quite close to zero.
 - Specifically, it was 0.0917
- Grouped by diabetes status, do we get a different story?

```
nh_3 %>%
group_by(Diabetes) %>%
summarize(cor(BMI, Pulse))
```

Working with a Categorical Outcome (Self-Reported General Health) in NHANES

General Health Status

Here's a Table of the General Health Status results. This is a self-reported rating of each subject's health on a five point scale (Excellent, Very Good, Good, Fair, Poor.)

```
nh_3 %>%
    select(HealthGen) %>%
    table() %>%
    addmargins()
```

| Excellent | Vgood | Good | Fair | Poor |
|-----------|-------|------|------|------|
| 69 | 206 | 223 | 76 | 14 |
| Sum | | | | |
| 588 | | | | |

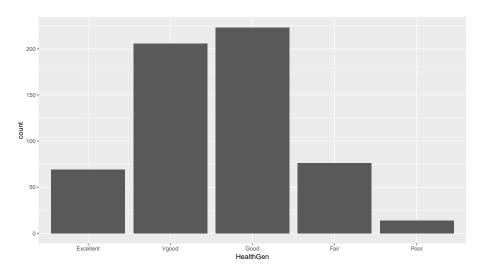
The HealthGen data are categorical, which means that summarizing them with averages isn't as appealing as looking at percentages, proportions and rates.

Bar Chart for Categorical Data

Usually, a **bar chart** is the best choice for a graphing a variable made up of categories.

```
ggplot(data = nh_3, aes(x = HealthGen)) +
    geom_bar()
```

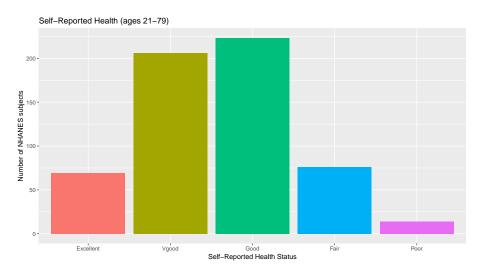
Original Bar Chart of General Health



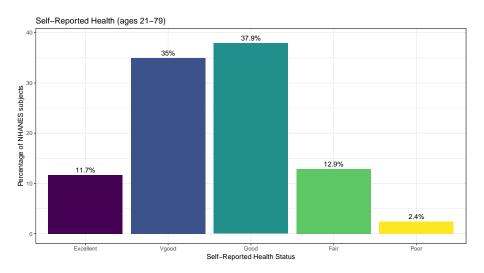
Improving the Bar Chart

There are lots of things we can do to make this plot fancier.

The Improved Bar Chart



Or, we can really go crazy... (code on next slide)



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```
nh_3 %>%
    count(HealthGen) %>%
    ungroup() %>%
    mutate(pct = round(prop.table(n) * 100, 1)) %>%
    ggplot(aes(x = HealthGen, y = pct, fill = HealthGen)) +
    geom_bar(stat = "identity", position = "dodge") +
    scale_fill_viridis d() +
    guides(fill = FALSE, col = FALSE) +
    geom_text(aes(y = pct + 1,  # nudge above top of bar
                  label = paste0(pct, '%')), # prettify
              position = position dodge(width = .9),
              size = 4) +
    labs(x = "Self-Reported Health Status",
         y = "Percentage of NHANES subjects",
         title = "Self-Reported Health (ages 21-79)") +
    theme bw()
```

Working with Tables

We can add a marginal total, and compare subjects by Gender, as follows...

```
nh_3 %>%
    select(Gender, HealthGen) %>%
    table() %>%
    addmargins() %>%
    knitr::kable()
```

| | Excellent | Vgood | Good | Fair | Poor | Sum |
|--------|-----------|-------|------|------|------|-----|
| female | 39 | 116 | 100 | 33 | 8 | 296 |
| male | 30 | 90 | 123 | 43 | 6 | 292 |
| Sum | 69 | 206 | 223 | 76 | 14 | 588 |

Getting Row Proportions

We'll use prop.table and get the row proportions by feeding it a 1.

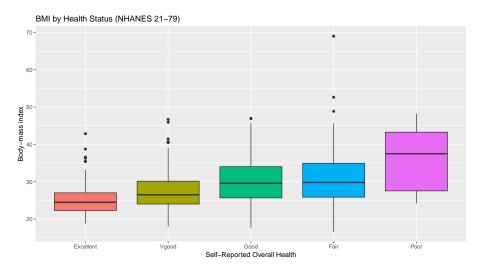
```
nh_3 %>%
    select(Gender, HealthGen) %>%
    table() %>%
    prop.table(.,1) %>%
    round(.,2) %>%
    knitr::kable()
```

| | Excellent | Vgood | Good | Fair | Poor |
|--------|-----------|-------|------|------|------|
| female | 0.13 | 0.39 | 0.34 | 0.11 | 0.03 |
| male | 0.10 | 0.31 | 0.42 | 0.15 | 0.02 |

BMI by General Health Status

Let's consider now the relationship between self-reported overall health and body-mass index.

What happens with the Poor category?



Summary Table of BMI distribution by HealthGen

```
nh 3 %>%
    group by (HealthGen) %>%
    summarize("BMI n" = n(),
              "Mean" = round(mean(BMI),1),
              "SD" = round(sd(BMI),1).
              "min" = round(min(BMI),1),
              "Q25" = round(quantile(BMI, 0.25),1),
              "median" = round(median(BMI),1),
              "Q75" = round(quantile(BMI, 0.75), 1),
              "max" = round(max(BMI),1)) %>%
    knitr::kable()
```

Resulting table is shown in the next slide.

Not many self-identify in the Poor category

| HealthGen | BMI n | Mean | SD | min | Q25 | median | Q75 | max |
|-----------|-------|------|-----|------|------|--------|------|------|
| Excellent | 69 | 25.5 | 4.9 | 18.8 | 22.3 | 24.5 | 27.0 | 42.9 |
| Vgood | 206 | 27.7 | 5.2 | 18.0 | 24.0 | 26.5 | 30.1 | 46.7 |
| Good | 223 | 30.1 | 5.9 | 17.7 | 25.7 | 29.6 | 34.0 | 47.0 |
| Fair | 76 | 31.2 | 8.7 | 16.6 | 25.9 | 29.8 | 34.9 | 69.0 |
| Poor | 14 | 36.7 | 8.5 | 24.2 | 27.6 | 37.5 | 43.3 | 48.2 |

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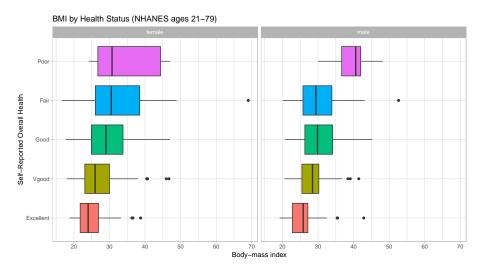
BMI by Gender and General Health Status

We'll start with two panels of boxplots to try to understand the relationships between BMI, General Health Status and Gender.

```
ggplot(data = nh_3,
       aes(x = HealthGen, y = BMI, fill = HealthGen)) +
    geom_boxplot() +
    guides(fill = FALSE) +
    facet_wrap(~ Gender) +
    coord flip() +
    theme_light() +
    labs(title = "BMI by Health Status (NHANES ages 21-79)",
         v = "Body-mass index",
         x = "Self-Reported Overall Health")
```

- Note the use of coord_flip to rotate the graph 90 degrees.
- Note the use of a new theme, called theme light().

BMI by Gender and General Health Status Boxplots

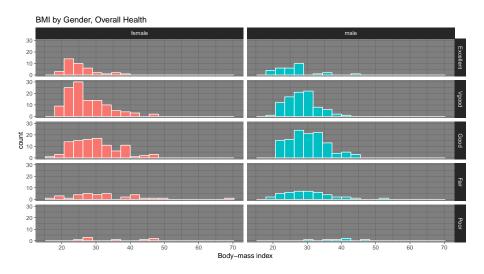


Histograms of BMI by Health and Gender

Here are doubly faceted histograms, which can help address similar questions.

- Note the use of facet_grid to specify rows and columns.
- Note the use of a new theme, called theme_dark().

Histograms of BMI by Health and Gender



Conclusions

This is just a small piece of the toolbox for visualizations that we'll create in this class. Many additional tools are on the way, but the main idea won't change. Using the ggplot2 package, we can accomplish several critical tasks in creating a visualization, including:

- Identifying (and labeling) the axes and titles
- Identifying a type of geom to use, like a point, bar or histogram
- Changing fill, color, shape, size to facilitate comparisons
- Building "small multiples" of plots with faceting

Good data visualizations make it easy to see the data, and ggplot2's tools make it relatively difficult to make a really bad graph.

Reminders

The Course Project

Take a look at the web site. We'll start working on the project in class 2018-09-25.

Homework 2

Due Friday at Noon.

The Signal and the Noise

Please read the Introduction and Chapter 1 before Tuesday's class

Notes on the Kidney Cancer example, 1

I first asked you what you noticed about the map, in the hope that someone would point out the obvious pattern, which is that many of the countries in the Great Plains but relatively few near the coasts are shaded.

- Why might that be? Could these be the counties with more old people? Ah, but these rates are age-adjusted.
- They're mostly in rural areas: could the health care there be worse than in major cities? Or perhaps people living in rural areas have less healthy diets, or are exposed to more harmful chemicals? Maybe, but the confusing fact is that the highest 10% and the lowest 10% each show disproportionately higher rates in those Great Plains counties.

Notes on the Kidney Cancer example, 2

- Consider a county with 100 white males. If it has even one kidney death in the 1980s, its rate is 1 per thousand per year, which is among the highest in the nation. If it has no such deaths, its rate will be 0, which is the lowest in the nation.
- The observed rates for smaller counties are much more variable, and hence they are more likely to be shaded, even if nothing special is truly going on.
- If a small county has an observed rate of 1 per thousand per year, it's probably random fluctuation. But if a large county (like Cuyahoga) has a very high rate, it is probably a real phenomenon.

Source

My source for this example was Andrew Gelman and Deborah Nolan's book *Teaching Statistics: a bag of tricks* which is the source of a number of things we'll see in the course, including some of the "age guessing" example we've previously done.