

# Advanced Regression Methods for Independent Data

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Practical Aspects of Normal Linear Models

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# Practical Aspects of Normal Linear Models

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- Data example
- Functions to fit linear models in R
- Diagnostics for detecting violations of the model's assumptions

# Assumptions of the Normal Linear Model

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So far, we have derived results to perform inference under the normal linear model:

$$\mathbf{Y} \mid \mathbf{X} \sim N(\mathbf{X}\boldsymbol{\beta}, \sigma^2 \mathbf{I}_n).$$

For these inferences to be valid we need the assumptions of the model to hold:

- Homoscedasticity:  $\text{var}(\mathbf{Y} \mid \mathbf{X}) = \sigma^2 \mathbf{I}_n$ 
  - The errors (and thus the  $Y_i$ 's at each  $\mathbf{x}_i$ ) have constant variance
- Normality:  $\mathbf{Y} \mid \mathbf{X} \sim N[\mu(\mathbf{X}), \sigma^2 \mathbf{I}_n]$ 
  - The errors (and thus the  $Y_i$ 's at each  $\mathbf{x}_i$ ) are normally distributed
- Correct specification of the linear model:  $E(\mathbf{Y} \mid \mathbf{X}) = \mu(\mathbf{X}) = \mathbf{X}\boldsymbol{\beta}$ 
  - There is a linear relationship between  $Y_i$  and  $\mathbf{x}_i$  given by  $E(Y_i \mid \mathbf{x}_i) = \mathbf{x}_i\boldsymbol{\beta}$

Are these assumptions reasonable given our data?

# Assumptions of the Normal Linear Model

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Other considerations:

- Are there single points that determine our conclusions? Outliers?
- Did we skip other possible covariates that should be included in the model?
- Are the errors independent? (see 571)

# Diagnostics

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- Goal: to assess the adequacy of assumptions underlying a confirmatory analysis, or to be used for model exploration
- Not to be viewed as a way of avoiding careful initial thought about the model, especially in a confirmatory analysis
- Inference (confirmatory analysis) requires the model to *not* have been chosen on the basis of the current data set, otherwise, inferences are invalid!

# Diagnostics

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- In a frequentist analysis, the operating characteristics seen in this class (e.g. coverage of confidence intervals, error rates of hypothesis tests) are based upon repeated sampling under the same fixed model
- Inferences under a model selected using the data will lead to understatements of variability or overconfidence in your results
- Incidentally, *post-selection* inference is currently a very hot topic (lot's of new work, none of it covered here)

## Example: Exploratory Analysis

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- FEV: forced expiratory volume. FEV1: amount of air you can force from your lungs in one second.
- Data from 654 children and youths ages 3–19 in East Boston, 1980. (Childhood Respiratory Disease Study).
- For more information visit: <http://www.statsci.org/data/general/fev.html>

```
> url <- "http://www.statsci.org/data/general/fev.txt"
> data <- read.table(file = url, header = T, sep="\t", stringsAsFactors = F)
> data$Sex <- factor(data$Sex, levels=c("Male","Female"), labels=c(0,1))
> data$Smoker <- factor(data$Smoker, levels=c("Non","Current"), labels=c(0,1))
> head(data)
```

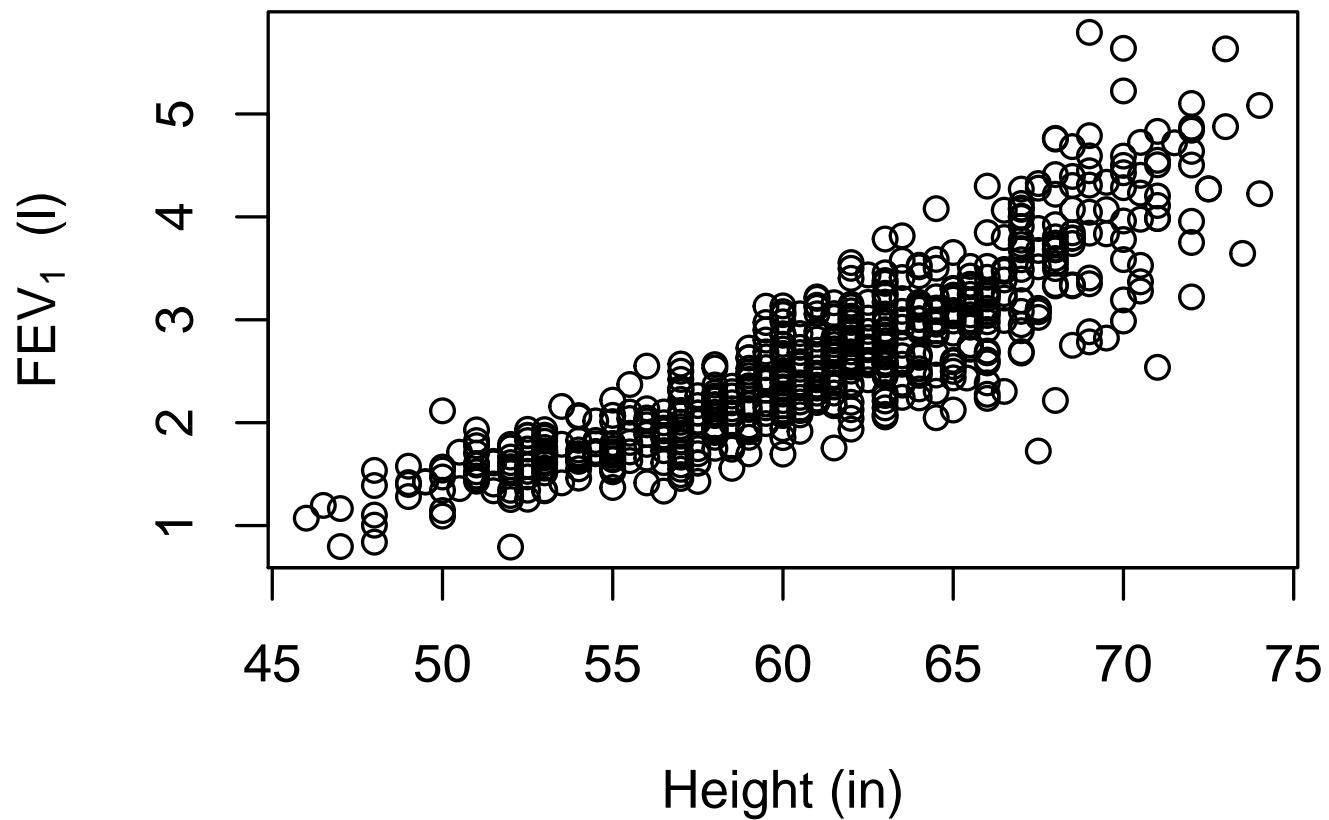
	ID	Age	FEV	Height	Sex	Smoker
1	301	9	1.708	57.0	1	0
2	451	8	1.724	67.5	1	0
3	501	7	1.720	54.5	1	0
4	642	9	1.558	53.0	0	0
5	901	9	1.895	57.0	0	0
6	1701	8	2.336	61.0	1	0

## Example: Exploratory Analysis

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Let's first consider an *exploratory analysis*:

Can FEV<sub>1</sub> be predicted from something more easily measured, such as height?





# Example: Exploratory Analysis

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Let's start assuming  $E(\text{FEV1} \mid \text{Height}) = \beta_0 + \beta_1 \text{Height}$

(to illustrate how to detect problems with a model; this model is not going to be the greatest)

The R function `lm` fits linear models:

```
> model <- lm(FEV ~ Height, data=data)
```

Exact  $t$ -test assuming normal i.i.d. errors

```
> coef(summary(model))
```

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	-5.4326788	0.181459887	-29.93873	1.453077e-124
Height	0.1319756	0.002954958	44.66241	1.574556e-200

Confidence intervals

```
> confint(model, level = 0.95)
```

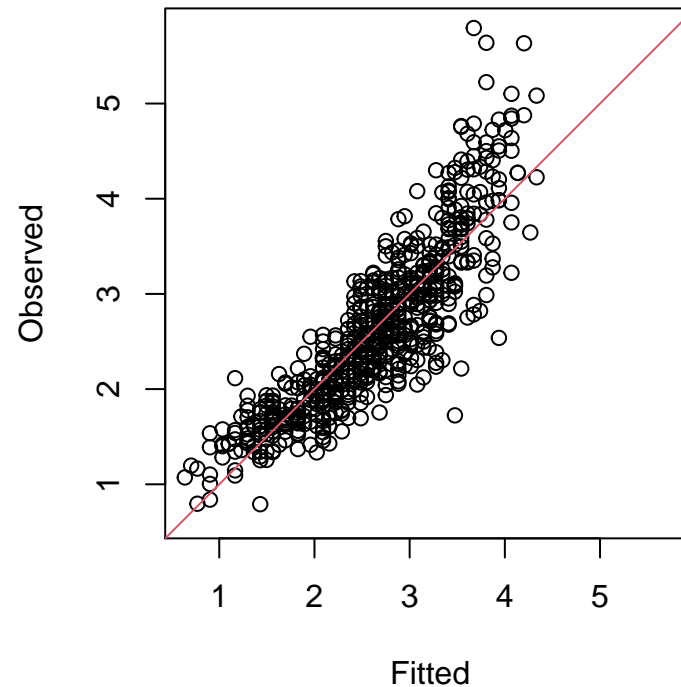
	2.5 %	97.5 %
(Intercept)	-5.7889951	-5.076363
Height	0.1261732	0.137778

# Example: Exploratory Analysis

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Does the model have a decent fit? An observed vs. fitted plot:

```
> limits <- range(data$FEV, fitted(model))  
> plot(fitted(model), data$FEV, xlab="Fitted", ylab="Observed", xlim=limits, ylim=limits)  
> abline(a=0, b=1, col=2)
```



We want all points to lie around the diagonal. Not a great model, as expected.

# Diagnostics: Residuals

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Goal: Identify points that are not well fit by the model

- Raw residuals:  $e = (e_1, \dots, e_n)^T$ , with  $e_i = Y_i - \hat{Y}_i = Y_i - \mathbf{x}_i \hat{\boldsymbol{\beta}}$
- ‘Hat’ matrix:  $\mathbf{P} = \mathbf{H} = \mathbf{X}(\mathbf{X}^T \mathbf{X})^{-1} \mathbf{X}^T$
- Note that we had used  $\mathbf{P}$  before to denote  $\mathbf{H}$ , but the literature on diagnostics prefers  $\mathbf{H}$  for ‘hat’ matrix, since  $\mathbf{H}$  ‘puts a hat’ on  $\mathbf{Y}$ :

$$\mathbf{H}\mathbf{Y} = \mathbf{X}\hat{\boldsymbol{\beta}} = \hat{\mathbf{Y}}$$

- Under i.i.d. errors  $\text{var}(e \mid \mathbf{X}) = \text{var}[(\mathbf{I}_n - \mathbf{H})\mathbf{Y} \mid \mathbf{X}] = \sigma^2(\mathbf{I}_n - \mathbf{H})$ , so letting  $h_i$  be the  $i$ th diagonal element of  $\mathbf{H}$ ,

$$\text{var}(e_i \mid \mathbf{X}) = \sigma^2(1 - h_i) \quad \text{and} \quad \frac{e_i}{\hat{\sigma} \sqrt{(1 - h_i)}}$$

has mean zero and variance 1 in large samples if the model is correct.

- These residuals are called both ‘standardized’ (MASS R package, Wakefield) and ‘internally studentized’ (Seber and Lee).

# Diagnostics: Residuals

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- The value of  $\hat{\sigma}^2$  can be influenced by poorly fit points.
- May prefer to use 'externally studentized' (Seber and Lee) or 'studentized' (MASS R package) residuals

$$\frac{e_i}{\hat{\sigma}_{(i)} \sqrt{(1 - h_i)}}$$

that replace  $\hat{\sigma}^2$  with  $\hat{\sigma}_{(i)}^2$ : the estimate of  $\sigma^2$  based on all observations but the  $i$ th (Why is this better?)

- Under normality of  $\mathbf{Y}$ , can show that these have a  $t_{n-k-2}$  distribution conditional on  $\mathbf{X}$ . (Seber and Lee, Chapter 10.)

# Example

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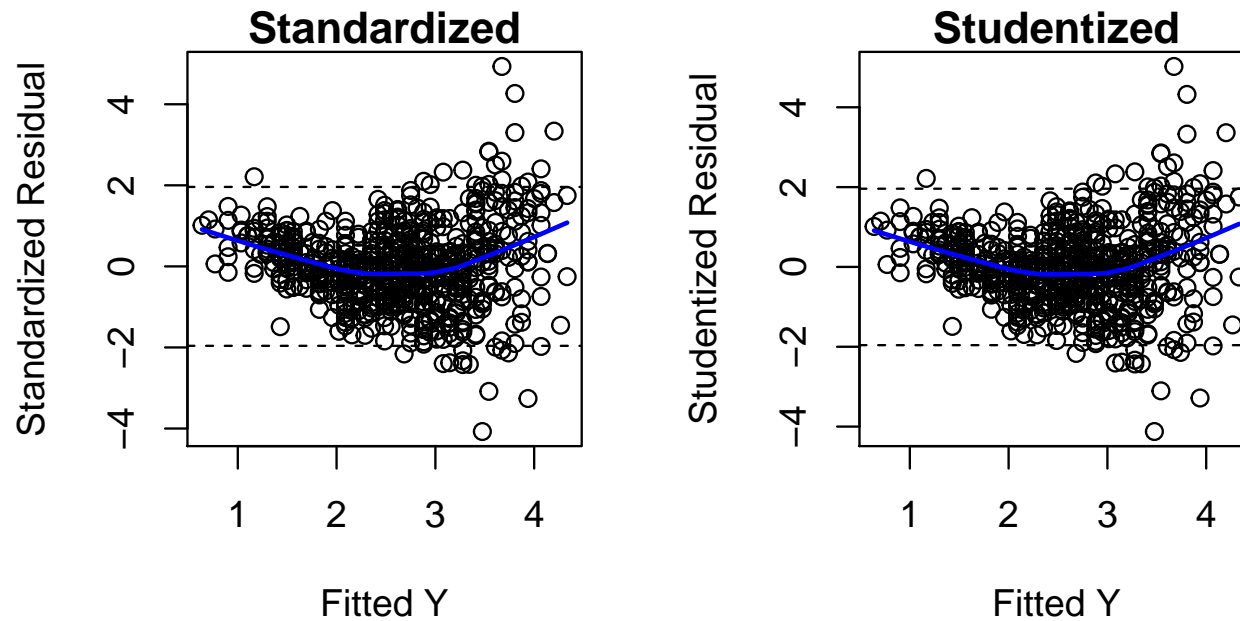
Continuing with our example

```
> library(MASS)
> estd <- stdres(model) # Standardized residuals
> estud <- studres(model) # Studentized residuals
> yhat <- predict(model)

> par(mfrow = c(1,2))
> plot(yhat, estd, ylab = "Standardized Residual", xlab = "Fitted Y")
> lines(lowess(yhat, estd), lwd = 2, col = "blue")
> abline(h = 1.96, lty = 2)
> abline(h = -1.96, lty = 2)
> title(main = "Standardized")
> plot(yhat, estud, ylab = "Studentized Residual", xlab = "Fitted Y")
> lines(lowess(yhat, estud), lwd = 2, col = "blue")
> abline(h = 1.96, lty = 2)
> abline(h = -1.96, lty = 2)
> title(main = "Studentized")
```

# Example

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Linearity? Constant variance? Outliers?

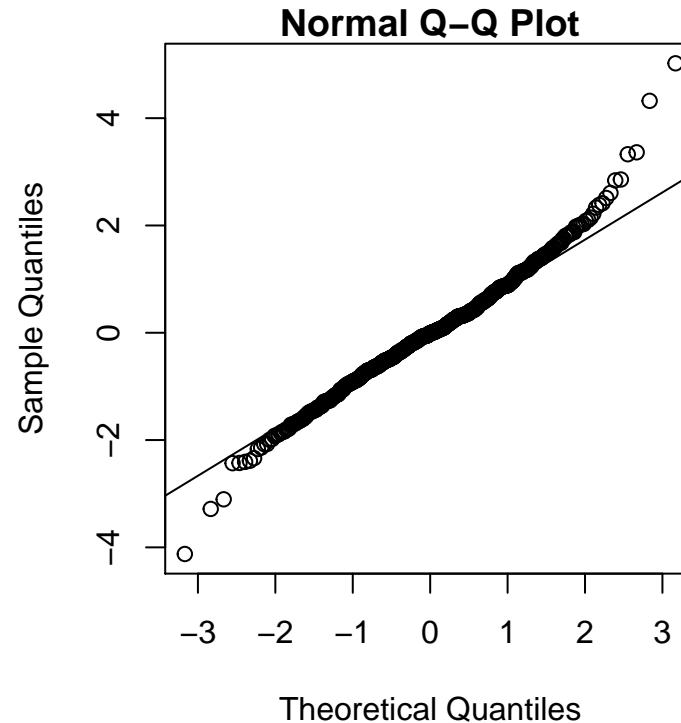
- Homoscedasticity assumption is not justified
- Mean model (regression function) is misspecified
- How about normality?

# Example

---

If we still want to check normality of errors, we may check QQ plot of some type of the residuals: this compares the quantiles of a dataset with those of the standard normal.

```
> qqnorm(estud)  
> qqline(estud)
```



In this case we have evidence of heavier tails than under the standard normal.

# Example

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Also, there are lots of tests of normality available:

- Kolmogorov-Smirnov
- Lilliefors
- Shapiro-Wilk
- Anderson-Darling
- Cramer-von Mises
- D'Agostino
- Anscombe-Glynn
- D'Agostino-Pearson
- Jarque-Bera
- Martinez-Iglewicz



# Deletion Diagnostics

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- To measure the influence of the  $i$ th observation on the coefficient estimates, it can be useful to compute

$$\Delta\beta_{(i)} = \hat{\beta} - \hat{\beta}_{(i)}$$

where  $\hat{\beta}_{(i)}$  is the OLS estimate of  $\beta$  based on all observations but the  $i$ th.

- Measures how much higher or lower each element of  $\hat{\beta}$  becomes when the  $i$ th observation is added to the data.
- Observations for which this difference is 'large' for an element  $\beta_j$  of  $\beta$  have a high influence on the estimation of  $\beta_j$ .
- These diagnostics are a good practice regardless of whether your inferences are fully parametric.

# Deletion Diagnostics

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- Usually only care about  $\Delta\beta$ 's for coefficients of interest, or linear combinations of them.
- Can identify important data errors, or influential single observations that should be reported.
- Computation:

$$\Delta\beta_{(i)} = \hat{\beta} - \hat{\beta}_{(i)} = \frac{(\mathbf{X}^T\mathbf{X})^{-1}\mathbf{x}_i^T e_i}{1 - h_i}$$

(details in Seber & Lee, Theorem 10.1).

- This is implemented in R as `dfbeta`

# Deletion Diagnostics

---

- We can also examine influence on the test statistic or  $p$ -value, but this does depend on the assumptions of the model being used
- Easy to compute difference in test statistic if the sample size is not large

$$\Delta t_{j(i)} = \frac{\hat{\beta}_j}{\text{se}(\hat{\beta}_j)} - \frac{\hat{\beta}_{j(i)}}{\text{se}(\hat{\beta}_{j(i)})}$$

and the associated  $\Delta p_{j(i)}$  (the change in  $p$ -values)

- For homoscedastic linear models

$$\widehat{\text{var}}(\hat{\beta}_{(i)}) = \hat{\sigma}_{(i)}^2 (\mathbf{X}_{(i)}^T \mathbf{X}_{(i)})^{-1},$$

with  $\mathbf{X}_{(i)}$  obtained from removing the  $i$ th row from  $\mathbf{X}$ , and

$$\hat{\sigma}_{(i)}^2 = \frac{1}{n - k - 2} \left[ (n - k - 1) \hat{\sigma}^2 - \frac{e_i^2}{1 - h_i} \right]$$

(see SL, p. 268)

- $\text{se}(\hat{\beta}_{j(i)})$  is the square root of the  $j$ th diagonal entry of  $\widehat{\text{var}}(\hat{\beta}_{(i)})$

# Deletion Diagnostics

---

- R implements an approximation of  $\Delta t_{j(i)}$  as dfbetas, given by

$$\Delta \beta_{j(i)} / \sqrt{\hat{\sigma}_{(i)}^2 (\mathbf{X}^T \mathbf{X})_j^{-1}}$$

with  $(\mathbf{X}^T \mathbf{X})_j^{-1}$  being the  $j$ th diagonal entry of  $(\mathbf{X}^T \mathbf{X})^{-1}$

By looking at delta-betas, we can see whether the estimates and inferences are unduly influenced by a single observation.

- If nothing weird, lucky you!
- If yes, examine data points for validity
  - if not valid, omit or correct
  - if valid, make scientific judgement of which  $\hat{\beta}$  is primary and report both.

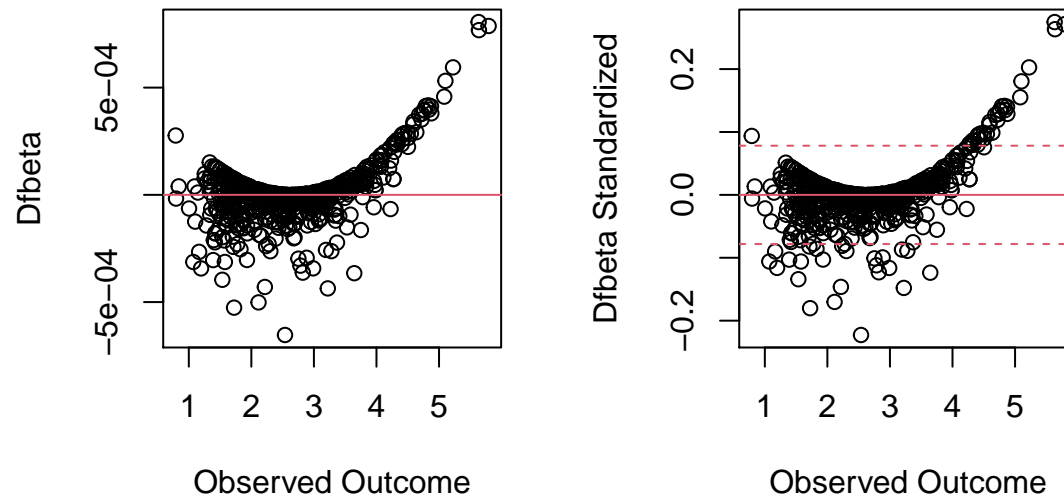
# Example

---

Continuing with our example

```
> deltabetas <- dfbeta(model)
> deltabetas_st <- dfbetas(model)

> par(mfrow=c(1,2))
> plot(data$FEV, deltabetas[,2], ylab = "Dfbeta", xlab = "Observed Outcome")
> abline(h=0, col=2)
> plot(data$FEV, deltabetas_st[,2], ylab = "Dfbeta Standardized", xlab = "Observed Outcome")
> abline(h=0, col=2);
> abline(h=2/sqrt(nrow(data)), lty=2, col=2); abline(h=-2/sqrt(nrow(data)), lty=2, col=2)
```



The standardized delta-betas are deemed to be of concern if larger than  $2/\sqrt{n}$  in absolute value, but this guidance implicitly relies on the distribution of the test statistics to be approx. normal

# Example

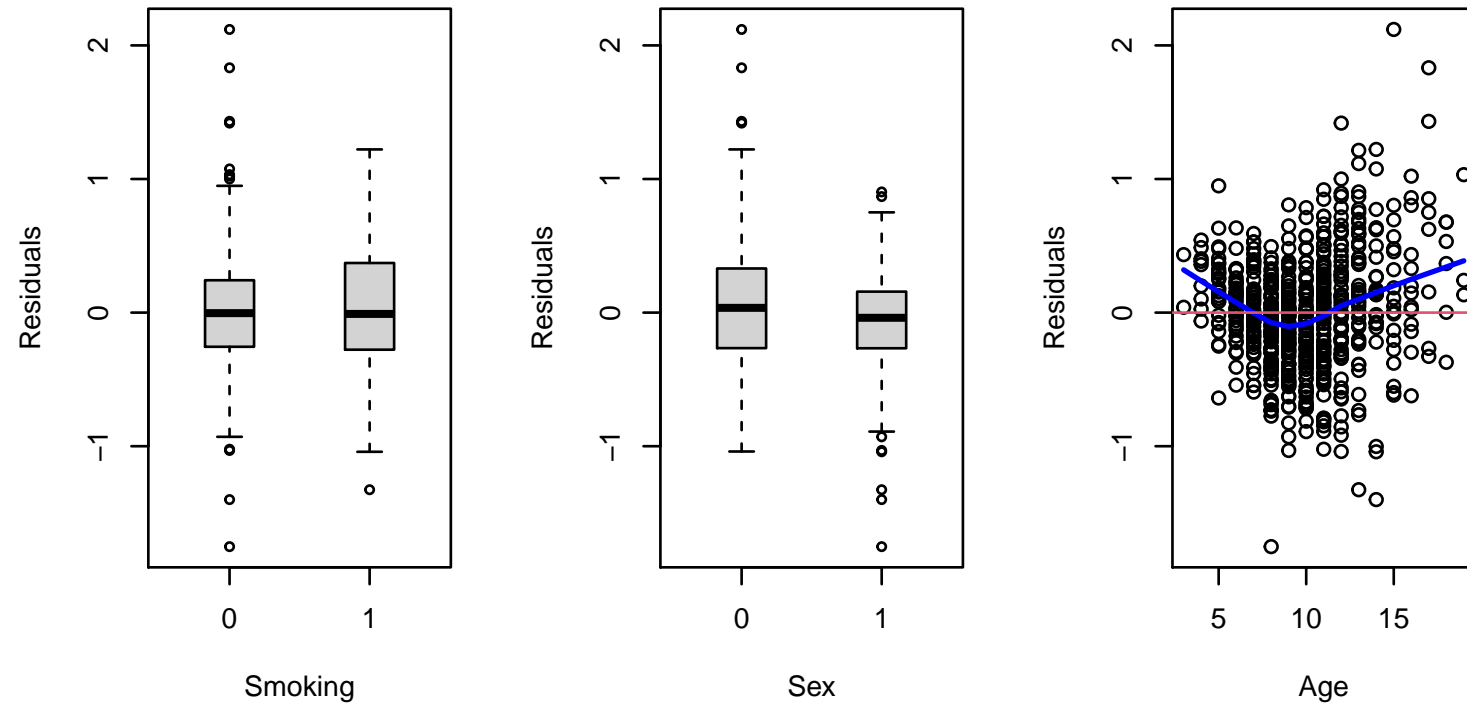
---

How about other variables? Recommended to plot residuals vs. other variables

```
> par(mfrow = c(1,3))
> plot(model$residuals~data$Smoker, xlab = "Smoking", ylab = "Residuals",
+ col = 'lightgray', boxwex = .35)
> plot(model$residuals~data$Sex, xlab = "Sex", ylab = "Residuals",
+ col = 'lightgray', boxwex = .35)
> plot(data$Age, model$residuals, xlab = "Age", ylab = "Residuals",)
> lines(lowess(data$Age, model$residuals), lwd = 2, col = "blue")
> abline(h=0, col=2)
```

# Example

---



No surprises here, this model is terrible!

## How do Ideal Diagnostics Look Like?

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- The assumptions of the normal linear model do not hold in the previous example, but how would the diagnostics look like if the model was correct?
- Since we have a fully parametric model, we can simulate fake data from it!

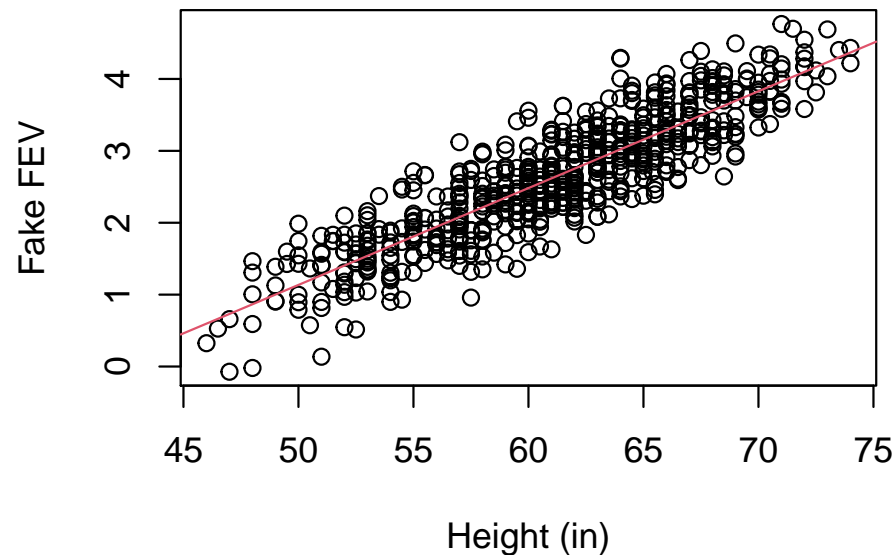


# How do Ideal Diagnostics Look Like?

---

Fake data generated from the model:

```
> n_samp <- nrow(data)
> sd_error <- summary(model)$sigma # estimate of the error std. dev.
> set.seed(32)
> Y_ideal <- fitted(model) + rnorm(n_samp, 0, sd_error) # fake responses according to fitted model
> model_ideal <- lm(Y_ideal ~ data$Height) # re-fit model using fake response
> plot(Y_ideal ~ data$Height, xlab = "Height (in)", ylab = "Fake FEV")
> abline(coef(model_ideal), col=2)
```

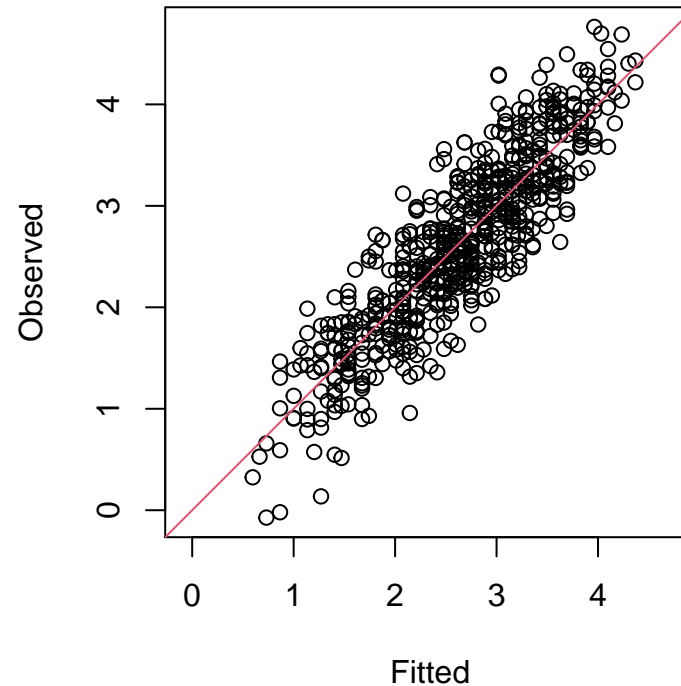


# How do Ideal Diagnostics Look Like?

---

Ideal fitted vs observed plot:

```
> limits_fake <- range(fitted(model_ideal), Y_ideal)
> plot(fitted(model_ideal), Y_ideal, xlab="Fitted", ylab="Observed",
+       xlim=limits_fake, ylim=limits_fake)
> abline(a=0, b=1, col=2)
```



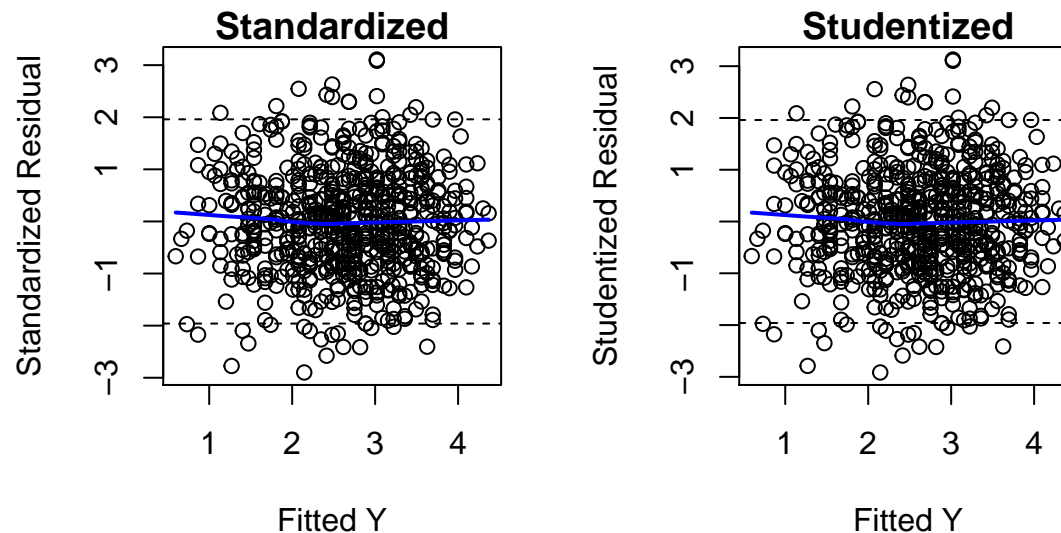
(even if the model is correct, these plots could make you think there's something wrong)

# How do Ideal Diagnostics Look Like?

---

Residual plots:

```
> estd_ideal <- stdres(model_ideal); estud_ideal <- studres(model_ideal)
> yhat_ideal <- fitted(model_ideal); par(mfrow = c(1,2))
> plot(yhat_ideal, estd_ideal, ylab = "Standardized Residual", xlab = "Fitted Y")
> lines(lowess(yhat_ideal, estd_ideal), lwd = 2, col = "blue")
> abline(h = 1.96, lty = 2); abline(h = -1.96, lty = 2); title(main = "Standardized")
> plot(yhat_ideal, estud_ideal, ylab = "Studentized Residual", xlab = "Fitted Y")
> lines(lowess(yhat_ideal, estud_ideal), lwd = 2, col = "blue")
> abline(h = 1.96, lty = 2); abline(h = -1.96, lty = 2); title(main = "Studentized")
```



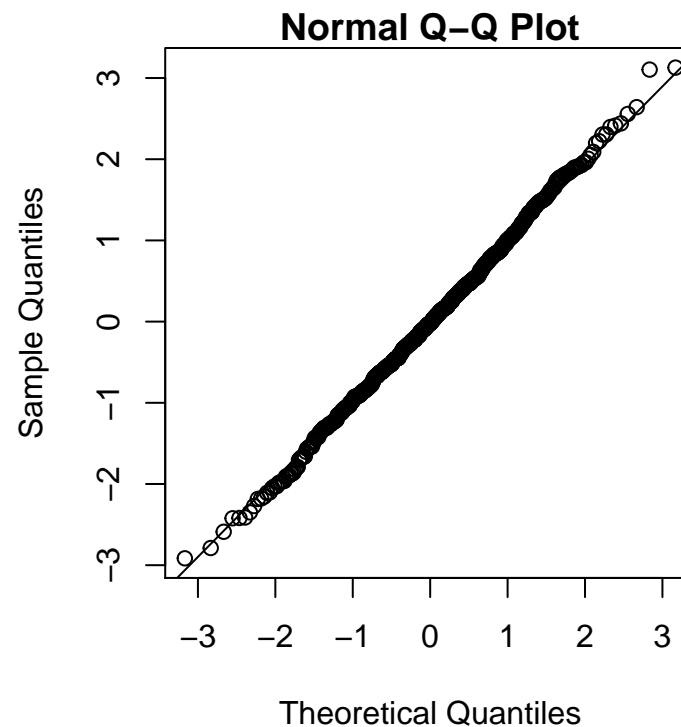
(residuals don't have to all be between -2 and 2, trend line doesn't have to be exactly flat)

# How do Ideal Diagnostics Look Like?

---

Q-Q plot:

```
> qqnorm(estud_ideal)
> qqline(estud_ideal)
```

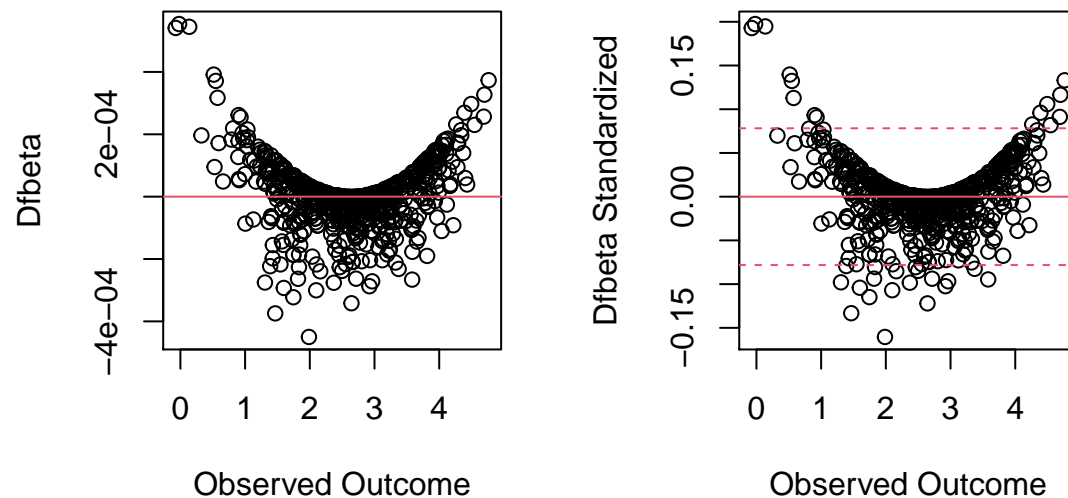


(even if the model is correct, upper/lower quantile pairs are more affected by variability)

# How do Ideal Diagnostics Look Like?

Dfbetas:

```
> deltabetas_ideal <- dfbeta(model_ideal); deltabetas_st_ideal <- dfbetas(model_ideal)
> par(mfrow=c(1,2))
> plot(Y_ideal, deltabetas_ideal[,2], ylab = "Dfbeta", xlab = "Observed Outcome")
> abline(h=0, col=2)
> plot(Y_ideal, deltabetas_st_ideal[,2], ylab = "Dfbeta Standardized", xlab = "Observed Outcome")
> abline(h=0, col=2)
> abline(h=2/sqrt(nrow(data)), lty=2, col=2); abline(h=-2/sqrt(nrow(data)), lty=2, col=2)
```



(the threshold  $2/\sqrt{n}$  for detecting influential points is simply a rough guide; better to compare dfbetas across observations: is there one that is orders of magnitude larger than the rest?)

# Recap on Model Exploration

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Traditionally, *iterative model building* follows these steps:

- Start with a model, check its assumptions against the data using diagnostics
- If something is off, make adjustments to the model, and check assumptions again
- Repeat until finding a satisfactory fit

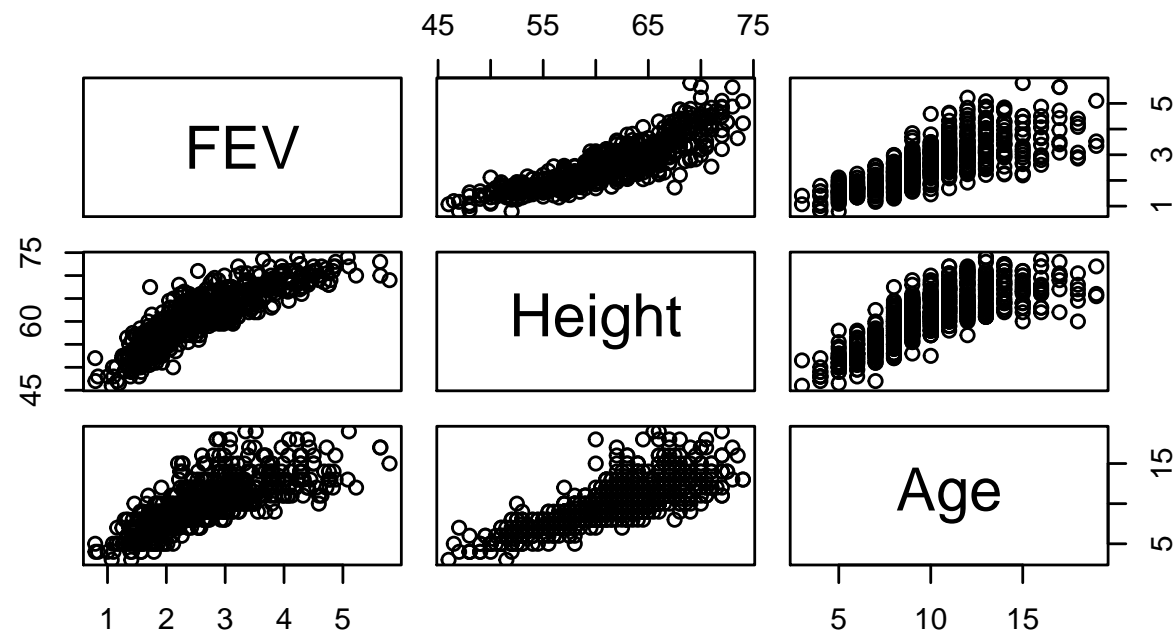
But how to choose the initial model?: Unless there is a strong scientific motivation, simple data exploration can inform the initial model

# Model Exploration

---

Model exploration usually starts with simple plots

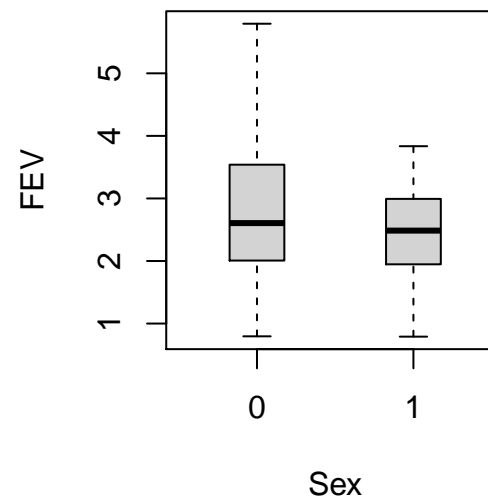
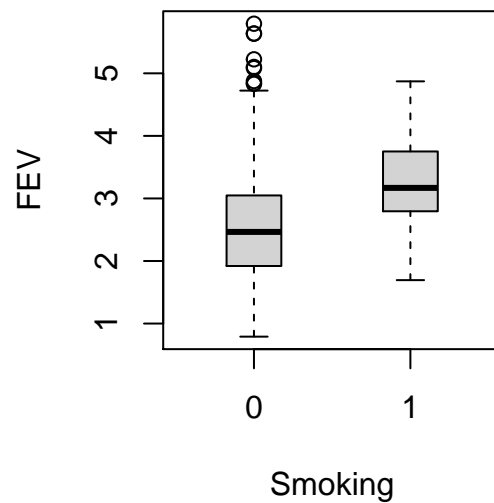
```
> pairs(data[,c(3,4,2)])
```



# Model Exploration

---

```
> par(mfrow=c(1,2))
> plot(FEV ~ Smoker, data=data, xlab = "Smoking", ylab = "FEV",
+ col = 'lightgray', boxwex = .35)
> plot(FEV ~ Sex, data=data, xlab = "Sex", ylab = "FEV",
+ col = 'lightgray', boxwex = .35)
```





# Model Exploration

---

You may try a simple model first, say:

$$E(\text{FEV1} \mid \mathbf{X}) = \beta_0 + \beta_1 \text{Height} + \beta_2 \text{Height}^2 + \beta_3 \text{Age} + \beta_4 I(\text{Sex}=\text{Female}) + \beta_5 I(\text{Smoker}=\text{Yes})$$

Interpretation of individual parameters:

- $\beta_3$ : a child from this population who is one-year older than another one with the same height, sex and smoking status, is expected to have  $\beta_3$  liters higher FEV (or  $-\beta_3$  liters lower FEV). Question: how about “for every one-year increase in a child’s age we expect  $\beta_3$  liters increase in FEV”?
- $\beta_4$ : a girl from this population is expected to have  $\beta_4$  liters higher FEV compared with a boy from this population with the same height, age and smoking status. (or  $-\beta_4$  liters lower FEV). Analogous way of interpreting  $\beta_5$ .
- $\beta_0$ : nonsensical: expected FEV for a non-smoker boy who is zero years old and zero inches tall. Better approach: instead of Age and Height, use  $\text{Age}-c_1$  and  $\text{Height}-c_2$ , where  $c_1$  and  $c_2$  are meaningful.
- $\beta_1, \beta_2$ : not as easy, could say “ $\beta_1 \text{Height} + \beta_2 \text{Height}^2$  adjusts for height”

Does this model make scientific sense?

# Model Exploration

---

```
> data$HeightC <- data$Height - 60
> data$AgeC <- data$Age - 10
> data$HeightCSq <- data$HeightC^2
> model2 <- lm(FEV ~ HeightC + HeightCSq + Age + Sex + Smoker, data=data)

> round(coef(summary(model2)),2)
```

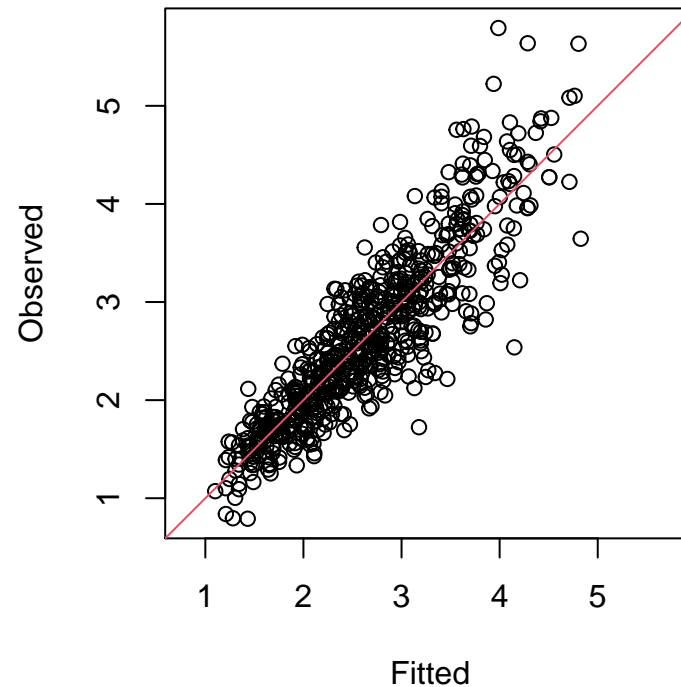
	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	1.79	0.09	20.21	0.00
HeightC	0.10	0.00	21.99	0.00
HeightCSq	0.00	0.00	7.65	0.00
Age	0.07	0.01	7.63	0.00
Sex1	-0.09	0.03	-2.88	0.00
Smoker1	-0.13	0.06	-2.33	0.02

# Model Exploration

---

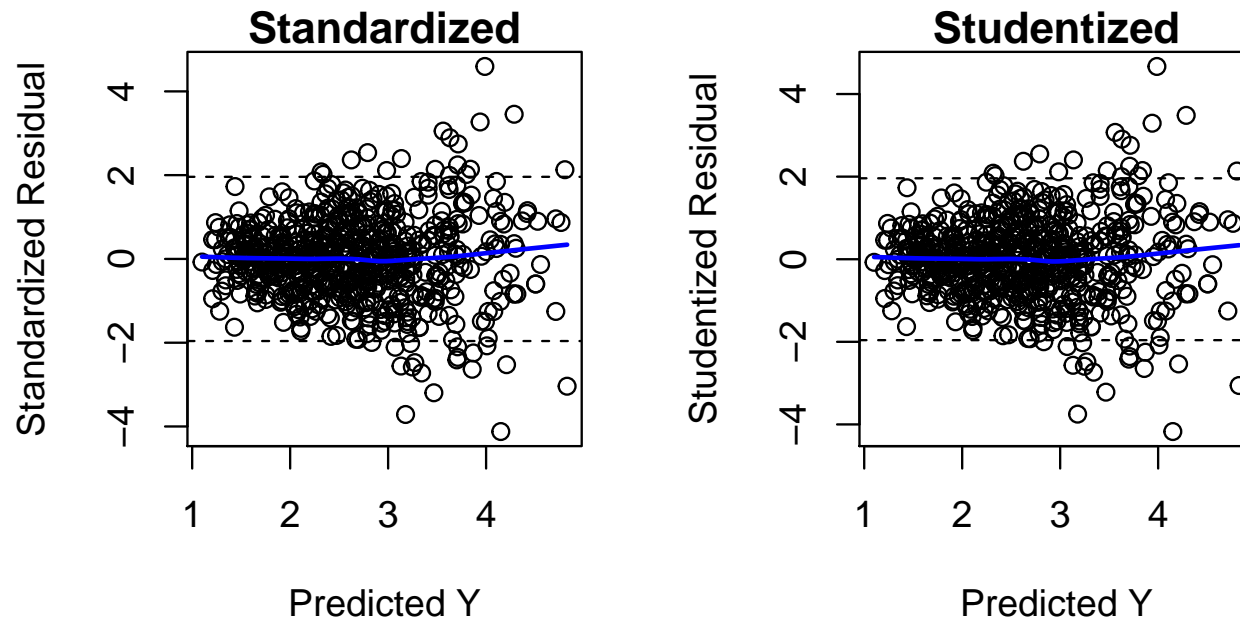
Does the model have a decent fit?

```
> limits2 <- range(data$FEV, fitted(model2))  
> plot(fitted(model2), data$FEV, xlab="Fitted", ylab="Observed", xlim=limits2, ylim=limits2)  
> abline(a=0, b=1, col=2)
```



# Model Exploration

---

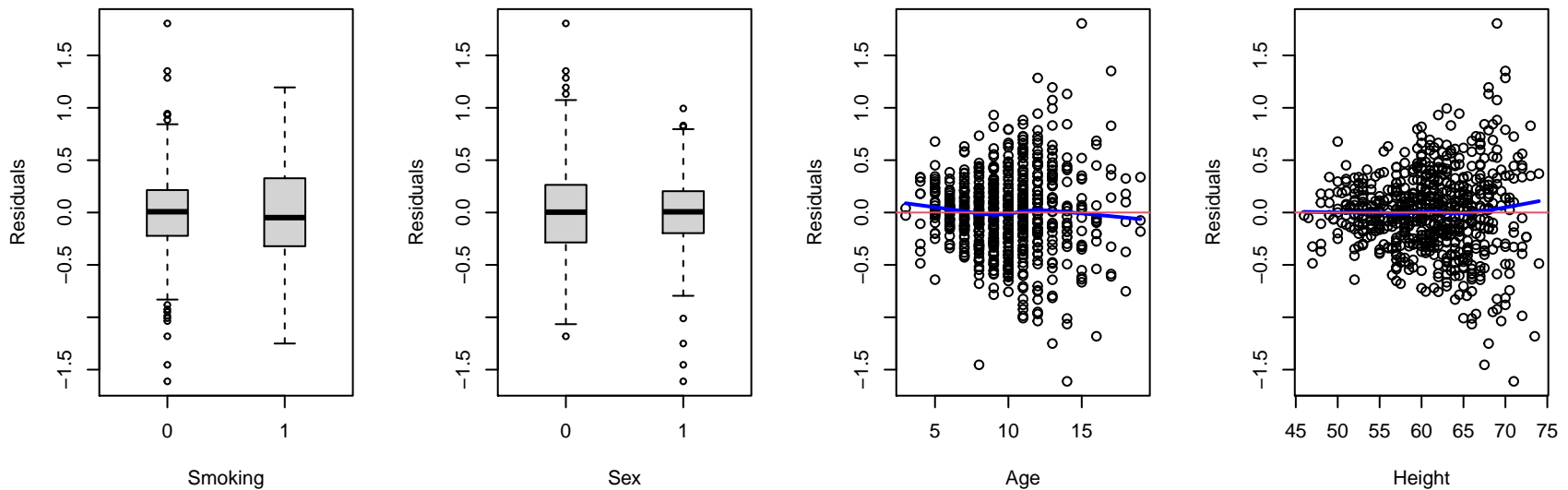


Lack of homoscedasticity seems to be the main issue here, even if we liked the mean model

# Model Exploration

## Residuals vs covariates

```
> par(mfrow = c(1,4))
> plot(model2$residuals ~ data$Smoker, xlab = "Smoking", ylab = "Residuals",
+ col = 'lightgray', boxwex = .35)
> plot(model2$residuals ~ data$Sex, xlab = "Sex", ylab = "Residuals",
+ col = 'lightgray', boxwex = .35)
> plot(data$Age, model2$residuals, xlab = "Age", ylab = "Residuals",)
> lines(lowess(data$Age, model2$residuals), lwd = 2, col = "blue")
> abline(h=0, col=2)
> plot(data$Height, model2$residuals, xlab = "Height", ylab = "Residuals",)
> lines(lowess(data$Height, model2$residuals), lwd = 2, col = "blue")
> abline(h=0, col=2)
```



# Comments on Model Building

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- We could continue iterating, using these plots and tests to decide if we should include/remove variables, add interactions or higher order terms
- There are model selection methods that automate such strategies, termed *stepwise regression*
  - Forward selection: start with no variables, at each step test the addition of a new variable, end when no variable is worth adding
  - Backward elimination: start with all variables, at each step test the deletion of each variable, end when no further variable can be deleted
  - Bidirectional elimination: a combination of the above, testing at each step for variables to be included or excluded
  - The 'tests' might be done using  $F$ -tests,  $t$ -tests, adjusted  $R^2$ , AIC, BIC, etc. See the functions `add1`, `drop1`, `step`, `stepAIC` in R
- Criticism
  - The tests that you are running are all based on the same data: you are using the same data to test dozens, hundreds of hypothesis
  - Leads to lots of 'false discoveries', data-dredging
  - Selected models might not be scientifically meaningful

# Comments on Model Building

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- Someone wants to study a phenomenon/association and has access to some data
- You are aware of the above issues, so you want to avoid them as much as possible (don't torture your data; they'll tell you whatever you want).
- What do you do?
  - Read about the problem
  - Determine which variables would impact the response and should control for
  - Conduct exploratory analyses (plots for associations, summary statistics, etc)
  - Think carefully about the model/assumptions you'll use
  - Specify a model that makes *scientific* sense
  - You make it clear that this is still an *exploratory* analysis, and might recommend a replication study for a *confirmatory* analysis
  - Try to avoid fooling yourself!

# Example: Context-Based Initial Model Formulation

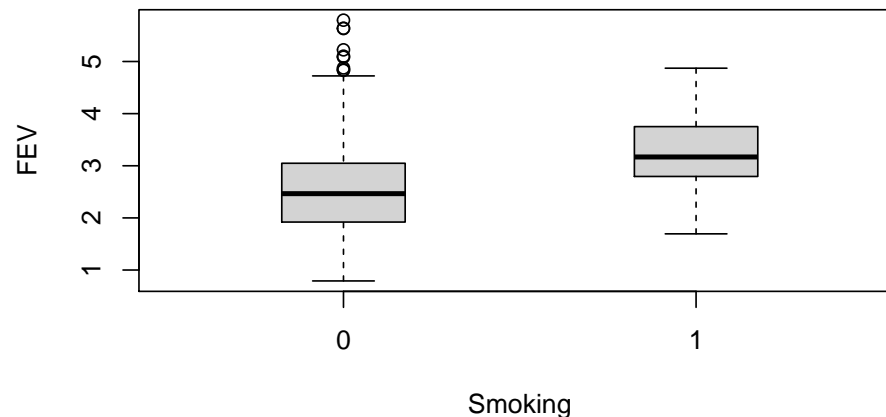
---

We previously used the FEV data to illustrate some practical issues of diagnostics and model building.

A more sensible way in which these data could appear is as follows:

- A researcher approaches you because she is interested in assessing children's pulmonary function in the absence or presence of smoking cigarettes
- A preliminary analysis shows a relationship, but not in the direction we expected!

```
> plot(FEV~Smoker, data=data, xlab = "Smoking", ylab = "FEV",  
+ col = 'lightgray', boxwex = .35)
```





## Example: Context-Based Initial Model Formulation

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- You think hard about it: what factors could be 'confounding' this relationship and what variables are generally associated with FEV?
  - Men and women have different body-types, so sex should be included
  - Who smokes? Little kids don't, hopefully, so we should account for age
  - Taller people should have higher pulmonary function
  - While age and height should be related with FEV, the relationship might be different depending on smoking status and sex
- You formulate a concrete scientific question: after accounting for other factors, is there still association between smoking status and FEV?
- You do some exploratory analysis (we already did some in this class), formulate a model that helps answer the question

## Example: Context-Based Initial Model Formulation

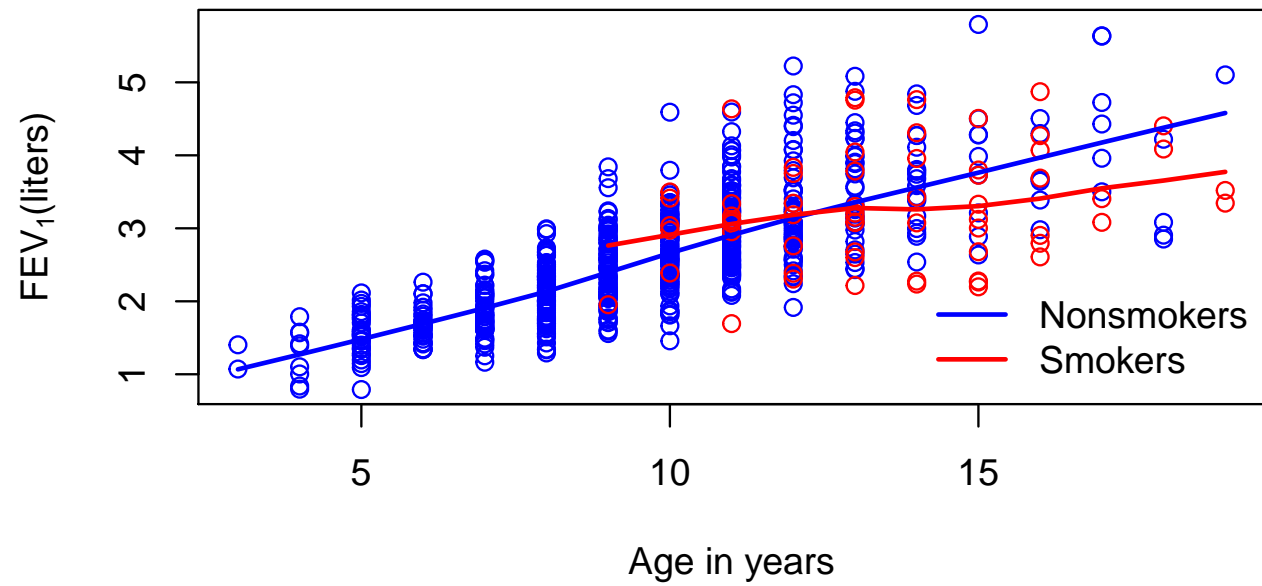
---

Let's look at the relationship of FEV with age for smokers and non-smokers.

```
> plot(FEV~Age, data=data, xlab = "Age in years",
+       ylab = expression(paste(FEV[1], "(liters)")), type = "n")
> with(data,
+       {
+         points(Age[Smoker == 0], FEV[Smoker == 0], col = "blue");
+         points(Age[Smoker == 1], FEV[Smoker == 1], col = "red");
+         lines(lowess(Age[Smoker == 0], FEV[Smoker == 0]), lwd = 2, col = "blue");
+         lines(lowess(Age[Smoker == 1], FEV[Smoker == 1]), lwd = 2, col = "red");
+       }
+       )
> legend("bottomright", col = c("blue", "red"), lwd = 2,
+       legend = c("Nonsmokers", "Smokers"), bty = "n")
```

## Example: Context-Based Initial Model Formulation

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## Example: Context-Based Initial Model Formulation

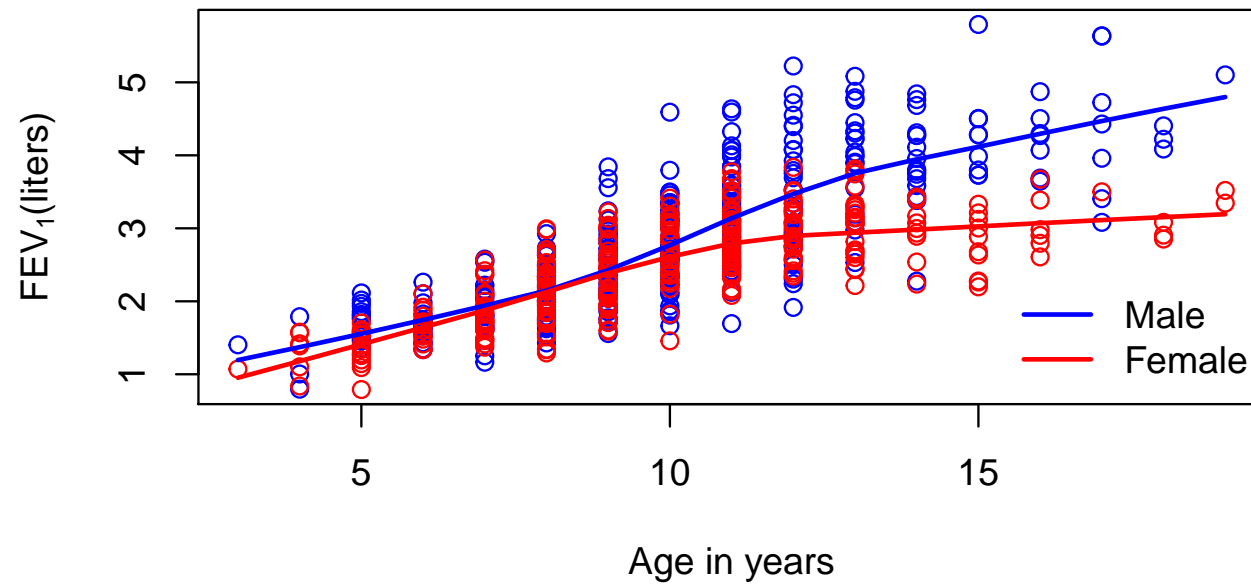
---

Now the relationship of FEV with age for males and females.

```
> plot(FEV~Age, data=data, xlab = "Age in years",
+       ylab = expression(paste(FEV[1], "(liters)")), type = "n")
> with(data,
+       {
+         points(Age[Sex == 0], FEV[Sex == 0], col = "blue");
+         points(Age[Sex == 1], FEV[Sex == 1], col = "red");
+         lines(lowess(Age[Sex == 0], FEV[Sex == 0]), lwd = 2, col = "blue");
+         lines(lowess(Age[Sex == 1], FEV[Sex == 1]), lwd = 2, col = "red");
+       }
+       )
> legend("bottomright", col = c("blue", "red"), lwd = 2,
+       legend = c("Male", "Female"), bty = "n")
```

## Example: Context-Based Initial Model Formulation

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## Example: Context-Based Initial Model Formulation

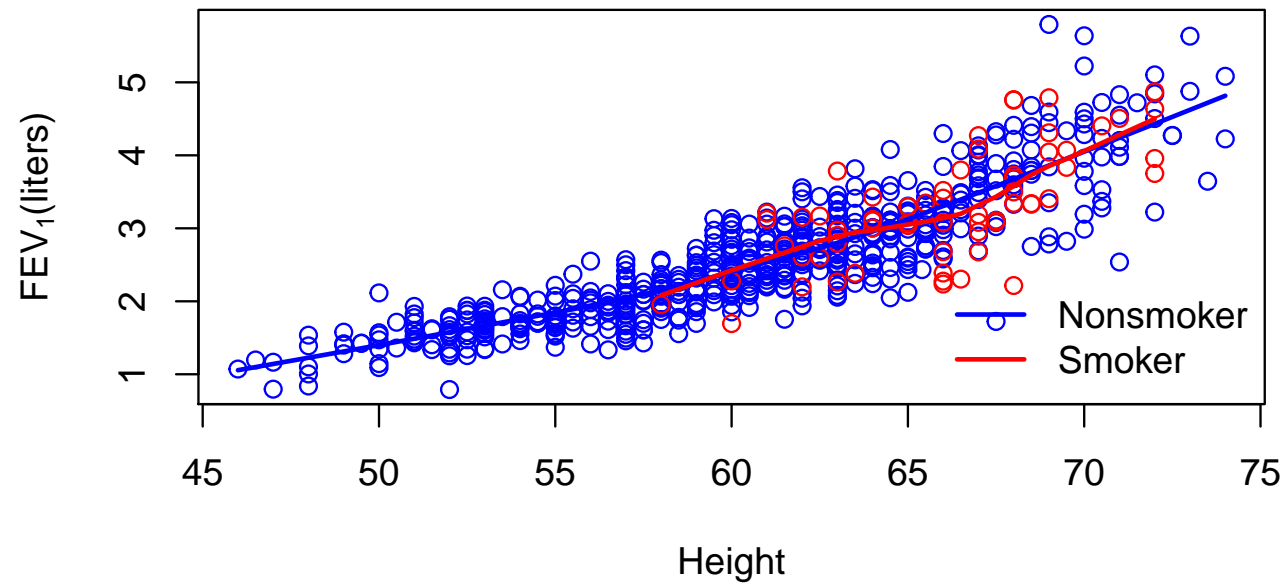
---

Now, let's look at the relationship of FEV with height for smokers and nonsmokers.

```
> plot(FEV~Height, data=data, xlab = "Height",
+       ylab = expression(paste(FEV[1], "(liters)")), type = "n")
> with(data,
+       {
+         points(Height[Smoker == 0], FEV[Smoker == 0], col = "blue");
+         points(Height[Smoker == 1], FEV[Smoker == 1], col = "red");
+         lines(lowess(Height[Smoker == 0], FEV[Smoker == 0]), lwd = 2, col = "blue");
+         lines(lowess(Height[Smoker == 1], FEV[Smoker == 1]), lwd = 2, col = "red");
+       }
+       )
> legend("bottomright", col = c("blue", "red"), lwd = 2,
+       legend = c("Nonsmoker", "Smoker"), bty = "n")
```

## Example: Context-Based Initial Model Formulation

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## Example: Context-Based Initial Model Formulation

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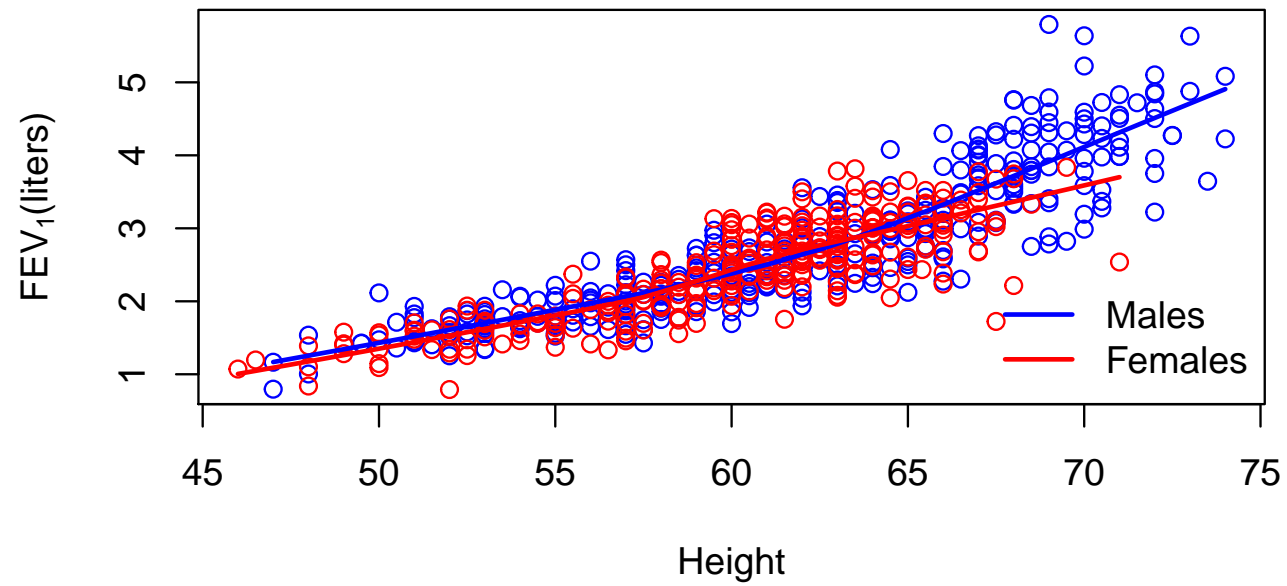
Now, let's look at the relationship of FEV with height for males and females.

```
> plot(FEV~Height, data=data, xlab = "Height",
+       ylab = expression(paste(FEV[1], "(liters)")), type = "n")
> with(data,
+       {
+         points(Height[Sex == 0], FEV[Sex == 0], col = "blue");
+         points(Height[Sex == 1], FEV[Sex == 1], col = "red");
+         lines(lowess(Height[Sex == 0], FEV[Sex == 0]), lwd = 2, col = "blue");
+         lines(lowess(Height[Sex == 1], FEV[Sex == 1]), lwd = 2, col = "red");
+       }
+       )
> legend("bottomright", col = c("blue", "red"), lwd = 2,
+       legend = c("Males", "Females"), bty = "n")
```



## Example: Context-Based Initial Model Formulation

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## Example: Context-Based Initial Model Formulation

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Based on the previous exploratory analysis, a model that could make sense would be

$$\begin{aligned} E(\text{FEV1} \mid \mathbf{X}) = & \beta_0 + \beta_1 \text{Height} + \beta_2 \text{Height}^2 + \beta_3 \text{Age} + \\ & (\beta_4 + \beta_5 \text{Height} + \beta_6 \text{Height}^2 + \beta_7 \text{Age}) I(\text{Sex}=\text{Female}) + \\ & (\beta_8 + \beta_9 \text{Height} + \beta_{10} \text{Height}^2 + \beta_{11} \text{Age}) I(\text{Smoker}=\text{Yes}) \end{aligned}$$

```
> model3 <- lm(  
+   FEV ~ (HeightC+HeightCSq+AgeC)*(Sex+Smoker),  
+   data=data)
```

If there is no association between FEV and smoking after accounting for other variables, under this model we would have that

$$\beta_8 = \beta_9 = \beta_{10} = \beta_{11} = 0,$$

which gives us a null hypothesis to test

# Example: Context-Based Initial Model Formulation

---

```
> summary(model3)
```

Call:

```
lm(formula = FEV ~ (HeightC + HeightCSq + AgeC) * (Sex + Smoker),  
    data = data)
```

Residuals:

Min	1Q	Median	3Q	Max
-1.32240	-0.23285	0.00171	0.24423	1.72654

Coefficients:

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	2.4580448	0.0326854	75.203	< 2e-16 ***
HeightC	0.0966865	0.0063384	15.254	< 2e-16 ***
HeightCSq	0.0037413	0.0005387	6.945	9.30e-12 ***
AgeC	0.0870387	0.0137570	6.327	4.69e-10 ***
Sex1	-0.0011669	0.0431706	-0.027	0.9784
Smoker1	-0.0487881	0.1459980	-0.334	0.7384
HeightC:Sex1	-0.0141184	0.0098161	-1.438	0.1508
HeightC:Smoker1	0.0270083	0.0491119	0.550	0.5826
HeightCSq:Sex1	-0.0037595	0.0009502	-3.956	8.46e-05 ***
HeightCSq:Smoker1	-0.0013206	0.0040106	-0.329	0.7421
AgeC:Sex1	-0.0192941	0.0177341	-1.088	0.2770
AgeC:Smoker1	-0.0426888	0.0238088	-1.793	0.0734 .

---

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

# Example: Context-Based Initial Model Formulation

---

Residual standard error: 0.3886 on 642 degrees of freedom  
Multiple R-squared: 0.8025, Adjusted R-squared: 0.7991  
F-statistic: 237.1 on 11 and 642 DF, p-value: < 2.2e-16

- Residual standard error:  $\hat{\sigma} = 0.3886$  computed dividing the RSS by 642 (number of observations minus number of beta parameters)
- Multiple R-squared:  $R^2 = 1 - (RSS/TSS)$ , with  $TSS = \sum_{i=1}^n (Y_i - \bar{Y})^2$  is the total sum of squares

```
> 1 - sum(residuals(model3)^2) / sum((data$FEV - mean(data$FEV))^2)
[1] 0.8024861
```

note that  $R^2 = 1 - (RSS/TSS) = 1 - (RSS/n)/(TSS/n)$  which we can see as an estimate of 1-(residual variance/total variance). Unfortunately  $R^2$  has the bad property of always increasing with new variables (HW1).

- Adjusted R-squared: instead of using  $RSS/n$  for the residual variance use  $RSS/(n - k - 1)$ , and instead of  $TSS/n$  use  $TSS/(n - 1)$ . This penalizes for the number of betas in the model
- F-statistic: uses the  $F$  test seen before in this class for  $H_0 : \beta_1 = \dots = \beta_k = 0$

## Example: Context-Based Initial Model Formulation

---

Is there any association between FEV and smoking after controlling for other variables in this model?

Let's test the null hypothesis

$$H_0 : \beta_8 = \beta_9 = \beta_{10} = \beta_{11} = 0$$

We can do this by comparing model3 with a model that does not include the Smoker variable, say model4:

```
> model4 <- lm( FEV ~ (HeightC+HeightCSq+AgeC)*Sex, data=data)
```

## Example: Context-Based Initial Model Formulation

---

We saw how to do this comparison based on an  $F$  test:

$$\frac{(RSS_{H_0} - RSS)/q}{RSS/(n - k - 1)} \sim F_{q, n-k-1}$$

where  $q$  is the number of restrictions of the null hypothesis

In R, the function `anova` does it for us

```
> anova(model4, model3)
```

Analysis of Variance Table

Model 1: FEV ~ (HeightC + HeightCSq + AgeC) \* Sex

Model 2: FEV ~ (HeightC + HeightCSq + AgeC) \* (Sex + Smoker)

	Res.Df	RSS	Df	Sum of Sq	F	Pr(>F)
1	646	97.811				
2	642	96.963	4	0.84781	1.4033	0.2313

## Example: Context-Based Initial Model Formulation

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Or we can do the test “by hand”

```
> df_mod4 <- summary(model4)$df[2]
> df_mod3 <- summary(model3)$df[2]
> sd_error_mod4 <- summary(model4)$sigma
> sd_error_mod3 <- summary(model3)$sigma
> RSS_mod4 <- sd_error_mod4^2*df_mod4
> RSS_mod3 <- sd_error_mod3^2*df_mod3
> q <- df_mod4 - df_mod3 # 4, difference in number of params
> ( F_obs <- ((RSS_mod4 - RSS_mod3)/q)/sd_error_mod3^2 )
```

```
[1] 1.403349
```

```
> 1 - pf(F_obs, q, df_mod3)
```

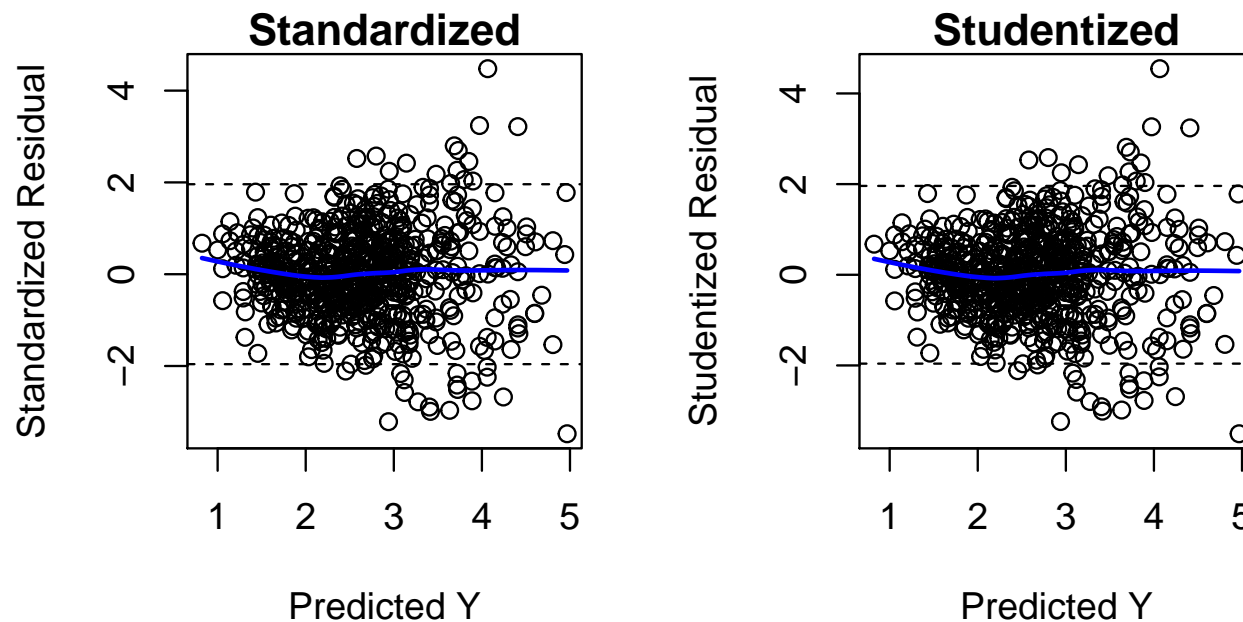
```
[1] 0.231275
```

# Example: Context-Based Initial Model Formulation

---

Does the model have a decent fit?

Unfortunately, we still have heteroscedasticity of the errors, so the reliability of these tests is questionable





# Comments on Model Building

---

What about a *confirmatory analysis*?

- In a serious study there will be a protocol that specifies how the data will be analyzed even *before* the data are collected:
  - Which model will be used, covariates to control for
  - Which hypothesis will be tested
  - How it will be tested
  - What to do with outliers or missing values
  - ...
- After you receive the data:
  - You will report the results obtained from the pre-specified analysis, and this will be the *primary analysis*
  - Even then, you will want to check some diagnostics and might discover that not everything went as planned, or some detail was overlooked in the protocol
  - What do you do?: secondary analyses and sensitivity analyses are often reported
  - What if the primary analysis results are not very robust??