PSTAT 100 Homework 1

```
In [1]: import numpy as np import pandas as pd import altair as alt
```

Background

The <u>Behavioral Risk Factor Surveillance System (https://www.cdc.gov/brfss/index.html)</u> (BRFSS) is a long-term effort administered by the CDC to collect data on behaviors affecting physical and mental health, past and present health conditions, and access to healthcare among U.S. residents. The BRFSS comprises telephone surveys of U.S. residents conducted annually since 1984; in the last decade, over half a million interviews have been conducted each year. This is the largest such data collection effort in the world, and many countries have developed similar programs. The objective of the program is to support monitoring and analysis of factors influencing public health in the United States.

Each year, a standard survey questionnaire is developed that includes a core component comprising questions about: demographic and household information; health-related perceptions, conditions, and behaviors; substance use; and diet. Trained

interviewers in each state call randomly selected telephone (landline and cell) numbers and administer the questionnaire; the phone numbers are chosen so as to obtain a representative sample of all households with telephone numbers.

The raw BRFSS survey data is submitted to the CDC for processing and compilation into a single dataset. In the process, a number of 'derived variables' are calculated based on questionnaire responses and appended to the dataset -- a simple example is weight in kg, derived from respondents' weights reported in pounds.

Take a moment to <u>read about the 2019 survey here (https://www.cdc.gov/brfss/annual_data/annual_2019.html)</u> (follow the link!) and familiarize yourself with the information that is publicly available. This includes data and documentation pertaining to sampling methodology, questionnaires, variable coding, derived variables, and response rates.

Assignment objectives

In this assignment you'll import and subsample the BRFSS 2019 data and perform a simple descriptive analysis exploring association between adverse childhood experiences, health perceptions, tobacco use, and depressive disorders. This is an opportunity to practice critical thinking about data collection, computational skills, and communicating results clearly and correctly.

Critical thinking about data collection. You'll examine the BRFSS data documentation and practice:

- identifying sampled units, variables measured, and the sampling frame;
- assessing study design, data integrity, and scope of inference.

Computation. You'll put into practice your data manipulation skills to tidy up the dataset:

- data import:
- slicing (selecting rows and columns);
- index manipulation (renaming and rearranging);
- value substitution for coded categorical variables (e.g., 1 5 -> excellent poor);
- grouping and aggregation; and
- · visualization.

Communication. Finally, you'll practice:

- clear and concise description of data summaries and plots;
- proper interpretation of estimates;
- avoiding causual language when discussing observational data.

0. Data import and assessment

In this part you'll import the 2019 BRFSS data from a compressed CSV file and perform some basic qualitative assessments:

- examine the imported data;
- check your understanding of the data format;
- and investigate the data collection procedure.

Think of these tasks as comprising the 'collect' and 'acquaint' steps of our PSTAT 100 lifecycle: gathering data and getting to know it.

Performing these basic checks and gaining background on how the data were generated are essential steps in any analysis. You should make them standard practice in your work. Investigating the data collection procedure is especially important -- it is professionally irresponsible to analyze data without knowing where they came from, and collection protocols (known as a *sampling design*) can have strong implications for whether findings can be replicated and whether they might be biased.

The cell below imports the select columns from the 2019 dataset as a pandas DataFrame. The file is big, so this may take a few moments. Run the cell, take a break to stretch, and then have a quick look at the first few rows and columns.

	GENHLTH	ADDEPEV3	ACEDEPRS	ACEDRINK	ACEDRUGS	ACEPRISN	_LLCPWT	_SEX	_AGEG5YR	_SMOKER3
_	2.0	2.0	2.0	2.0	2.0	2.0	135.304080	2.0	13.0	3.0
0	3.0	2.0	2.0	2.0	2.0	2.0	135.304080	2.0	13.0	3.0
1	4.0	2.0	2.0	1.0	2.0	2.0	1454.882220	2.0	11.0	4.0
2	3.0	2.0	2.0	2.0	2.0	2.0	215.576852	2.0	10.0	4.0
3	4.0	2.0	NaN	NaN	NaN	NaN	261.282838	2.0	13.0	9.0
4	2.0	2.0	2.0	2.0	2.0	2.0	535.270103	2.0	13.0	3.0

Q0 (a). Dimensions

Check the dimensions of the dataset.

```
In [3]: # solution
brfss.shape

Out[3]: (418268, 10)
```

O0 (b). Row and column information

Now that you've imported the data, you should verify that the dimensions conform to the format you expect based on data documentation and ensure you understand what each row and each column represents. This is an essential step in any analysis -- one can't conduct a useful analysis without properly understanding the entries in a dataset.

Check the number of records (interviews conducted) reported and variables measured for 2019 by reviewing the <u>surveillance summaries by year (https://www.cdc.gov/brfss/annual_data/all_years/states_data.htm)</u> (follow the link!), and then answer the following questions.

- Does the number of rows match the number of reported records?
- · How many columns were imported, and how many columns are reported in the full dataset?
- What does each row in the brfss dataframe represent?
- What does each column in the brfss dataframe represent?

Answer

1. The link shows that in 2019 there are 418,268 records, which is exactly the number of rows of the dataset.

2.10 columns were imported. There are 342 columns reported in the full dataset.

3.Each row in the brfss dataframe represents an US adult resident.

4.Each column in the brfss dataframe represents a variable.

Q0 (c). Sampling design and data collection

It is essential to devote effort to understanding how data were obtained before taking any further steps, no matter how basic those steps might be. Without adequate background, it is easy to miss potential complications affecting how an analyst should engage with a project. To name a few examples:

- convenience or haphazard sampling (e.g., surveying my neighbors) could entail that patterns in the data are non-generalizable, as they may be difficult or impossible to replicate if the data are collected anew;
- there may be sources of bias inherent in measurements (e.g., failing to properly calibrate lab equipment) that could produce misleading results;
- ethical issues (e.g., data from animal experiments, conflicts of interest, sensitive user information, etc.) may require withdrawal from a project for personal reasons or demand extra caution to protect subject privacy.

These matters are never evident from data itself, and require critical qualitative assessment of data collection procedures.

Skim the <u>overview documentation (https://www.cdc.gov/brfss/annual_data/2019/pdf/overview-2019-508.pdf)</u> for the 2019 BRFSS data. Focus specifically the 'Background' and 'Data Collection' sections, and read between the technical information (don't worry if you don't understand everything in the documentation -- you're not expected to!), and answer the following questions.

i. Who does an interviewer speak to in each household?

An interviewer chooses an adult in each household randomly to speak to.

ii. What criteria must a person meet to be interviewed?

An adult residing in USA that has a cellular telephone, regardless of the landline phone use.

iii. Who can't possibly appear in the survey? Give two examples.

1.A person that is under 18.

2.An adult that does not have a cellular telephone nor landline phone.

iv. Who conducts the interviews and how long does the core portion of a typical interview last?

State health departments or their contractors conduct the interviews. The core portion of a typical interview lasts around 17 minutes.

v. How would you describe the study population (i.e., all individuals who could possibly be sampled)?

People aging 18 or older who reside in the United States(not in the hospital).

vi. Does the data contain any identifying information on respondents?

Yes, it contains many identifying information on respondents.

Now that you have a good understanding of how the data are formatted and how they were collected, you can start engaging with the dataset in an informed way.

For this assignment, you'll work with just a few of the 300+ variables: sex, age, general health self-assessment, smoking status, depressive disorder, and adverse childhood experiences (ACEs). The names of these variables as they appear in the raw dataset are stored in the cell in which you imported the data.

Q0 (d) -- variable descriptions

With a narrowed set of variables to focus on, a final step in gathering background understanding is to determine clearly the meaning of each variable and how its measurements are recorded in the dataset (e.g., text, numeric/continuous, numeric/categorical, logical, etc.). This is yet another essential step in any analysis. It is often useful, and therefore good practice, to include a brief description of each variable at the outset of any reported analyses, both for your own clarity and for that of any potential readers.

Open the 2019 BRFSS codebook (https://www.cdc.gov/brfss/annual_data/2019/pdf/codebook19_llcp-v2-508.HTML) in your browser and use text searching to locate each of the variable names of interest. Read the codebook entries and fill in the second column in the table below with a one-sentence description of each variable identified in selected_vars.

Description	name
General Health. The health status of a person. 1-Excellent, 2-Very good, 3-Good, 4-Fair, 5-Poor, 7-Don't know/Not sure, 9-Refused, Blank-Not asked or Missing.	GENHLTH
Calculated sex variable. Calculated Variables. 1-Male, 2-Female.	_SEX
Reported age in five-year age categories calculated variable. Calculated Variables. 1: 18-24, 2: 25-29, 3: 30-34, 4: 35-39, 5: 40-44, 6: 45-49, 7: 50-54, 8: 55-59, 9: 60-64, 10: 65-69, 11: 70-74, 12: 75-79, 13: 80 or older, 14: Don't know/Refused/Missing (Notes: 7 <= AGE <= 9)	_AGEG5YR
Live With Anyone Who Served Time in Prison or Jail? Adverse Childhood Experience. 1-Yes, 2-No, 7-Don't know/Not sure, 9-Refused, Blank-Not asked or Missing.	ACEPRISN
Live With Anyone Who Used Illegal Drugs or Abused Prescriptions? Adverse Childhood Experience. 1-Yes, 2-No, 7-Don't know/Not sure, 9-Refused, Blank-Not asked or Missing.	ACEDRUGS
Live With a Problem Drinker/Alcoholic? Adverse Childhood Experience. 1-Yes, 2-No, 7-Don't know/Not sure, 9-Refused, Blank-Not asked or Missing.	ACEDRINK
Live With Anyone Depressed, Mentally III, Or Suicidal? Adverse Childhood Experience. 1-Yes, 2-No, 7-Don't know/Not sure, 9-Refused, Blank-Not asked or Missing.	ACEDEPRS
(Ever told) you had a depressive disorder. Chronic Health Conditions. 1-Yes, 2-No, 7-Don't know/Not sure, 9-Refused, Blank-Not asked or Missing.	ADDEPEV3
Computed Smoking Status. Calculated Variables. 1-Current smoker that smokes everyday, 2-Current smoker that smokes some days, 3-Former smoker, 4-Never smoked, 9-Don't know/Refused/Missing.	_SMOKER3

Subsampling

Variable

To simplify life a little, we'll draw a large random sample of the rows and work with that in place of the full dataset. This is known as **subsampling**. The cell below draws a random subsample of 10k records. Because the subsample is randomly drawn, we should not expect it to vary in any systematic way from the overall dataset, and distinct subsamples should have similar properties -- therefore, results downstream should be similar to an analysis of the full dataset, and should also be possible to replicate using distinct subsamples.

Notice that the random number generator seed is set before carrying out this task -- this ensures that every time the cell is run, the same subsample is drawn. As a result, the computations in this notebook are *reproducible*: when I run the notebook on my computer, I get the same results as you get when you run the notebook on your computer.

Aside. Notice also that *sampling weights* provided with the dataset are used to draw a weighted sample. Some respondents are more likely to be selected than others from the general population of U.S. adults with phone numbers, so the BRFSS calculates derived weights that represent the probability that the respondent is included in the survey. This is a somewhat sophisticated calculation, however if you're interested, you can read about how these weights are calculated and why in the overview documentation you used to answer the questions above. We use them in drawing the subsample so that we get a representative sample of U.S. adults with phone numbers.

1. Data tidying -- slicing, recoding, renaming

Here you'll **tidy** up the subsample, performing the following steps:

- · selecting columns of interest;
- replacing coded values of question responses with responses;
- · defining new variables based on existing ones;
- renaming columns.

The objective of this section is to produce a clean version of the dataset that is well-organized, intuitive to navigate, and ready for analysis.

Q1 (a). Column selection

Use selected_vars and slice samp to obtain the variables of interest and exclude the others using the .loc method. (See lab 1.)

```
In [5]: # slice columns of interest
    samp_mod1 = samp.loc[:, ['GENHLTH', '_SEX', '_AGEG5YR', '_SMOKER3', 'ADDEPEV3', 'ACEDRINK', 'ACEDRUGS', 'ACEDRUGS', 'ACEDRUGS']]
# check result with .head()
samp_mod1.head()
Out[5]:
```

	GENHLIH	_SEX	_AGEG5YR	_SMOKER3	ADDEPEV3	ACEDRINK	ACEDRUGS	ACEDEPRS
214514	1.0	2.0	1.0	4.0	1.0	NaN	NaN	NaN
300840	2.0	1.0	3.0	3.0	2.0	NaN	NaN	NaN
128960	3.0	2.0	13.0	4.0	2.0	NaN	NaN	NaN
399136	3.0	2.0	1.0	4.0	2.0	1.0	2.0	1.0
132641	2.0	2.0	1.0	4.0	2.0	NaN	NaN	NaN

Notice the missing values. How many entries are missing in each column? The cell below computes the proportion of missing values for each of the selected variables.

```
In [6]: # proportions of missingness -- uncomment after resolving q1a
        samp_mod1.isna().mean()
Out[6]: GENHLTH
                    0.0000
        _SEX
                    0.0000
        _AGEG5YR
                    0.0000
        _SMOKER3
                    0.0000
        ADDEPEV3
                    0.0001
        ACEDRINK
                    0.7537
        ACEDRUGS
                    0.7538
        ACEDEPRS
                    0.7531
        dtype: float64
```

Recoding categorical variables

Now notice that the variable entries are coded numerically to represent certain responses. These should be replaced by more informative entries. We can use the codebook to determine which number means what, and replace the values accordingly.

The cell below replaces the numeric values for _AGEG5YR by their meanings, illustrating how to use .replace() with a dictionary to convert the numeric coding to interpretable values. The basic strategy is:

```
1. Store the variable coding for VAR as a dictionary var_codes .
```

2. Use .replace({'VAR': var_codes}) to modify values.

 $If you need additional examples, check the \underline{pandas \ documentation \ (\underline{https://pandas.pydata.org/docs/reference/api/pandas.DataFrame.replace.html)}} \ for \ .replace() \ .$

Out[7]:

	GENHLTH	_SEX	_AGEG5YR	_SMOKER3	ADDEPEV3	ACEDRINK	ACEDRUGS	ACEDEPRS
214514	1.0	2.0	18-24	4.0	1.0	NaN	NaN	NaN
300840	2.0	1.0	30-34	3.0	2.0	NaN	NaN	NaN
128960	3.0	2.0	80+	4.0	2.0	NaN	NaN	NaN
399136	3.0	2.0	18-24	4.0	2.0	1.0	2.0	1.0
132641	2.0	2.0	18-24	4.0	2.0	NaN	NaN	NaN

Q1 (b). Recoding variables

Following the example immediately above and referring to the 2019 BRFSS codebook (https://www.cdc.gov/brfss/annual_data/2019/pdf/codebook19_llcp-v2-508.HTML), replace the numeric codings with response categories for each of the following variables:

- _SEX
- GENHLTH
- _SMOKER3

Notice that above, the first modification (slicing) was stored as samp_mod1, and was a function of samp; the second modification (recoding age) was stored as samp_mod2 and was a function of samp_mod1. You'll follow this pattern so that each step of your data manipulations is stored separately, for easy troubleshooting.

i. Recode _SEX

Define a new dataframe samp_mod3 that is the same as samp_mod2 but with the _SEX variable recoded as M and F. Print the first few rows of the result using .head().

```
In [8]: # define dictionary
        sex_codes = {
            1: 'M', 2: 'F'
        # recode
        samp_mod3 = samp_mod2.replace({'_SEX': sex_codes})
        # check using head()
        samp_mod3.head()
Out[8]:
```

	GENHLTH	_SEX	_AGEG5YR	_SMOKER3	ADDEPEV3	ACEDRINK	ACEDRUGS	ACEDEPRS
214514	1.0	F	18-24	4.0	1.0	NaN	NaN	NaN
300840	2.0	М	30-34	3.0	2.0	NaN	NaN	NaN
128960	3.0	F	80+	4.0	2.0	NaN	NaN	NaN
399136	3.0	F	18-24	4.0	2.0	1.0	2.0	1.0
132641	2.0	F	18-24	4.0	2.0	NaN	NaN	NaN

ii. Recode GENHLTH

Define a new dataframe samp_mod4 that is the same as samp_mod3 but with the GENHLTH variable recoded as Excellent, Very good, Good, Fair, Poor, Unsure, and Refused. Print the first few rows of the result using .head().

```
In [9]: # define dictionary
        health_codes = {
            1: 'Excellent', 2: 'Very good',
            3: 'Good', 4: 'Fair', 5: 'Poor',
            7: 'Unsure', 9: 'Refused'
        # recode
        samp_mod4 = samp_mod3.replace({'GENHLTH': health_codes})
        # check using head()
        samp_mod4.head()
Out[9]:
```

	GENHLTH	_SEX	_AGEG5YR	_SMOKER3	ADDEPEV3	ACEDRINK	ACEDRUGS	ACEDEPRS
214514	Excellent	F	18-24	4.0	1.0	NaN	NaN	NaN
300840	Very good	М	30-34	3.0	2.0	NaN	NaN	NaN
128960	Good	F	+08	4.0	2.0	NaN	NaN	NaN
399136	Good	F	18-24	4.0	2.0	1.0	2.0	1.0
132641	Verv good	F	18-24	4.0	2.0	NaN	NaN	NaN

iii. Recode _SMOKER3

Define a new dataframe samp_mod5 that is the same as samp_mod4 but with _SMOKER3 recoded as Daily, Some days, Former, Never, and Unsure/refused/missing. Print the first few rows of the result using .head().

```
In [10]: # define dictionary
         smoke_codes = {
             1: 'Daily', 2: 'Some days',
             3: 'Former', 4: 'Never',
             9: 'Unsure/refused/missing'
         # recode
         samp_mod5 = samp_mod4.replace({'_SMOKER3': smoke_codes})
         # check using head()
         samp_mod5.head()
```

Out[10]:

	GENHLTH	_SEX	_AGEG5YR	_SMOKER3	ADDEPEV3	ACEDRINK	ACEDRUGS	ACEDEPRS
214514	Excellent	F	18-24	Never	1.0	NaN	NaN	NaN
300840	Very good	М	30-34	Former	2.0	NaN	NaN	NaN
128960	Good	F	+08	Never	2.0	NaN	NaN	NaN
399136	Good	F	18-24	Never	2.0	1.0	2.0	1.0
132641	Verv good	F	18-24	Never	2.0	NaN	NaN	NaN

Q1 (c). Value replacement

Now all the variables except the adverse childhood experience and depressive disorder question responses are non-numeric. Notice in the codebook that the answer key is identical for these remaining variables.

The numeric codings can be replaced all at once by applying <code>.replace()</code> to the dataframe with an argument of the form

```
• df.replace({'var1': varcodes1, 'var2': varcodes1, ..., 'varp': varcodesp})
```

Define a new dataframe samp_mod6 that is the same as samp_mod5 but with the remaining variables recoded according to the answer key Yes, No, Unsure, Refused. Print the first few rows of the result using .head().

```
In [11]: # define dictionary
         answer_key = {
             1: 'Yes', 2: 'No',
             7: 'Unsure', 9: 'Refused',
         # recode
         samp_mod6 = samp_mod5.replace({'ADDEPEV3': answer_key,
                                        'ACEDRINK': answer_key,
                                        'ACEDRUGS': answer_key,
                                        'ACEDEPRS': answer_key})
         # check using head()
         samp_mod6.head()
```

Out[11]:

	GENHLTH	_SEX	_AGEG5YR	_SMOKER3	ADDEPEV3	ACEDRINK	ACEDRUGS	ACEDEPRS
214514	Excellent	F	18-24	Never	Yes	NaN	NaN	NaN
300840	Very good	М	30-34	Former	No	NaN	NaN	NaN
128960	Good	F	+08	Never	No	NaN	NaN	NaN
399136	Good	F	18-24	Never	No	Yes	No	Yes
132641	Very good	F	18-24	Never	No	NaN	NaN	NaN

Finally, all the variables in the dataset are categorical. Notice that the current data types do not reflect this.

```
In [12]: | samp_mod6.dtypes
Out[12]: GENHLTH
                      object
                      object
         _SEX
         _AGEG5YR
                      object
         _SMOKER3
                      object
         ADDEPEV3
                      object
         ACEDRINK
                      object
         ACEDRUGS
                      object
         ACEDEPRS
                      object
         dtype: object
```

Let's coerce the variables to category data types using .astype().

```
In [13]: # coerce to categorical
         samp_mod7 = samp_mod6.astype('category')
         # check new data types
         samp_mod7.dtypes
Out[13]: GENHLTH
                     category
         _SEX
                     category
         _AGEG5YR
                     category
         _SMOKER3
                     category
         ADDEPEV3
                     category
         ACEDRINK
                     category
         ACEDRUGS
                     category
         ACEDEPRS
                     category
         dtype: object
```

Q1 (d). Define ACE indicator variable

Your objective will be to look for associations between adverse childhood experiences and the other variables by calculating the proportion of respondents who reported experiencing ACEs. This task will be facilitated by having an indicator variable that is a 1 if the respondent answered 'Yes' to any ACE question, and a 0 otherwise -- that way, you can easily count the number of respondents reporting ACEs by summing up the indicator.

To this end, define a new logical variable:

• adverse_conditions : did the respondent answer yes to any of the adverse childhood condition questions?

You can accomplish this task in several steps:

- 1. Obtain a logical array indicating the positions of the ACE variables (hint: use .columns to obtain the column index and operate on the result with .str.startswith(...).). Store this as ace_positions.
- 2. Use the logical array ace_positions to select the ACE columns via .loc[] . Store this as ace_data .
- 3. Obtain a dataframe that indicates whether each entry is a 'Yes' (hint: use the boolean operator == , which is a vectorized operation). Store this as ace_yes.
- 4. Compute the row sums using .sum(). Store this as ace_numyes .
- 5. Define the new variable as $ace_numyes > 0$.

Store the result as $samp_mod8$, and print the first few rows using .head().

```
In [14]: # copy samp_mod7
         samp_mod8 = samp_mod7.copy()
         # ace column positions
         ace_positions = samp_mod8.columns.str.startswith('ACE')
         # ace data
         ace_data = samp_mod8.loc[:, ace_positions]
         # ace yes indicators
         ace_yes = ace_data.copy()
         ace_yes['ACEDRINK'] = (ace_data['ACEDRINK'] == 'Yes').astype(int)
         ace_yes['ACEDRUGS'] = (ace_data['ACEDRUGS'] == 'Yes').astype(int)
         ace_yes['ACEDEPRS'] = (ace_data['ACEDEPRS'] == 'Yes').astype(int)
         # number of vesses
         ace_numyes = ace_yes.sum(axis = 1)
         ace_numyes = ace_numyes.tolist()
         for i in range(len(ace_numyes)):
             if ace_numyes[i] > 0:
                 ace_numyes[i] = 1
             else:
                 ace_numyes[i] = 0
         # assign new variable
         samp_mod8['adverse_conditions'] = ace_numyes
         # check result using .head()
         samp_mod8.head()
Out[14]:
```

GENHLTH _SEX _AGEG5YR _SMOKER3 ADDEPEV3 ACEDRINK ACEDRUGS ACEDEPRS adverse_conditions 214514 0 Excellent 18-24 NaN NaN NaN Never Yes 300840 Very good M 30-34 Former No NaN NaN NaN 0 0 128960 F Good +08 Never No NaN NaN NaN 399136 Good 18-24 Never No Yes No Yes 0 **132641** Very good 18-24 Never No NaN NaN NaN

Q1 (e). Define missingness indicator variable

As you saw earlier, there are some missing values for the ACE questions. These arise whenever a respondent is not asked these questions. In fact, answers are missing for nearly 80% of the respondents in our subsample! We should keep track of this information. Define a missing indicator:

• adverse_missing : is a response missing for at least one of the ACE questions?

```
In [15]: # copy modification 8
    samp_mod9 = samp_mod8.copy()

# define missing indicator using loc
    samp_mod9.loc[(samp_mod9.ACEDRINK == 'Yes')|(samp_mod9.ACEDRINK == 'No'), 'adverse_missing'] = 0
    samp_mod9.loc[(samp_mod9.ACEDRIGS == 'Yes')|(samp_mod9.ACEDRIGS == 'No'), 'adverse_missing'] = 0
    samp_mod9.loc[(samp_mod9.ACEDEPRS == 'Yes')|(samp_mod9.ACEDEPRS == 'No'), 'adverse_missing'] = 0
    samp_mod9.loc[(samp_mod9.adverse_missing != 0, 'adverse_missing'] = 1

# check using head()
samp_mod9.head()
Out[15]:
```

	GENHLTH	_SEX	_AGEG5YR	_SMOKER3	ADDEPEV3	ACEDRINK	ACEDRUGS	ACEDEPRS	adverse_conditions	adverse_missing
214514	Excellent	F	18-24	Never	Yes	NaN	NaN	NaN	0	1.0
300840	Very good	М	30-34	Former	No	NaN	NaN	NaN	0	1.0
128960	Good	F	80+	Never	No	NaN	NaN	NaN	0	1.0
399136	Good	F	18-24	Never	No	Yes	No	Yes	1	0.0
132641	Very good	F	18-24	Never	No	NaN	NaN	NaN	0	1.0

Q1 (f). Filter respondents who did not answer ACE questions

Since values are missing for the ACE question if a respondent was not asked, we can remove these observations and do any analysis conditional on respondents answering the ACE questions. Use your indicator variable adverse_missing to filter out respondents who were not asked the ACE questions.

```
In [16]: # solution
samp_mod10 = samp_mod9.loc[samp_mod9.adverse_missing == 0]
```

Q1 (g). Define depression indicator variable

It will prove similarly helpful to define an indicator for reported depression:

• depression : did the respondent report having been diagnosed with a depressive disorder?

Follow the same strategy as above, and store the result as samp_mod9. See if you can perform the calculation of the new variable in a single line of code. Print the first few rows using . head().

```
In [17]: # copy samp_mod10
    samp_mod11 = samp_mod10.copy()

# define new variable using loc
    samp_mod11.loc[samp_mod10.ADDEPEV3 == 'Yes', 'depression'] = 1
    samp_mod11.loc[samp_mod10.ADDEPEV3 == 'No', 'depression'] = 0

# check using .head()
    samp_mod11.head()
Out[17]:
```

	GENHLTH	_SEX	_AGEG5YR	_SMOKER3	ADDEPEV3	ACEDRINK	ACEDRUGS	ACEDEPRS	adverse_conditions	adverse_missing	depression
399136	Good	F	18-24	Never	No	Yes	No	Yes	1	0.0	0.0
379021	Good	F	45-49	Never	No	No	No	No	0	0.0	0.0
187304	Excellent	F	30-34	Daily	Yes	Yes	Yes	No	1	0.0	1.0
311584	Excellent	F	40-44	Some days	No	Yes	No	No	1	0.0	0.0
403020	Excellent	F	70-74	Never	No	Yes	No	No	1	0.0	0.0

Q1 (h). Final dataset.

For the final dataset, drop the respondent answers to individual questions, the missingness indicator, and select just the derived indicator variables along with state, general health, sex, age, and smoking status. Check the <u>pandas documentation</u> (<a href="https://pandas.pydata.org/pandas-docs/stable/reference/api/pandas-docs/s

- general_health
- sex
- agesmoking
- See if you can perform both operations (slicing and renaming) in a single chain.

```
In [18]: # slice and rename
  data = samp_mod11.drop(columns=['ADDEPEV3', 'ACEDRINK', 'ACEDRUGS', 'ACEDEPRS', 'adverse_missing'])
  data = data.rename(columns={'_SEX': 'sex', '_AGEG5YR': 'age', 'GENHLTH': 'general_health', '_SMOKER3': 'smoking'})

# check using .head()
  data.head()
Out[18]:
```

	general_health	sex	age	smoking	${\bf adverse_conditions}$	depression
399136	Good	F	18-24	Never	1	0.0
379021	Good	F	45-49	Never	0	0.0
187304	Excellent	F	30-34	Daily	1	1.0
311584	Excellent	F	40-44	Some days	1	0.0
403020	Excellent	F	70-74	Never	1	0.0

2. Descriptive analysis

Now that you have a clean dataset, you'll use grouping and aggregation to compute several summary statistics that will help you **explore** and **analyze** whether there is an apparent association between experiencing adverse childhood conditions and self-reported health, smoking status, and depressive disorders.

The basic strategy will be to calculate the proportions of respondents who answered yes to one of the adverse experience questions when respondents are grouped by the other variables.

Q2 (a). Proportion of respondents reporting ACEs

Calculate the overall proportion of respondents in the subsample that reported experiencing at least one adverse condition (given that they answered the ACE questions). Use .mean(); store the result as mean_ace and print.

```
In [19]: # proportion of respondents reporting at least one adverse condition
    mean_ace = data.adverse_conditions.mean()
# print
    mean_ace
Out[19]: 0.35274949083503054
```

Does the proportion of respondents who reported experiencing adverse childhood conditions vary by general health?

The cell below computes the porportion separately by general health self-rating. Notice that the depression variable is dropped so that the result doesn't also report the proportion of respondents reporting having been diagnosed with a depressive disorder. Notice also that the proportion of missing values for respondents indicating each general health rating is shown.

```
In [20]: | # proportions grouped by general health
          data.drop(
              columns = 'depression'
          ).groupby(
              'general_health'
          ).mean()
Out[20]:
                       adverse_conditions
```

general_health 0.307692 Excellent Fair 0.409375 Good 0.348522 0.413043 Poor Refused NaN 0.166667 Unsure Very good 0.346012

Notice that the row index lists the general health rating out of order. This can be fixed using a .loc[] call and the dictionary that was defined for the variable coding.

```
In [21]: |# same as above, rearranging index
         ace_health = data.drop(
             columns = 'depression'
         ).groupby(
              'general_health'
         ).mean().loc[list(health_codes.values()), :]
         # print
         ace_health
Out[21]:
```

adverse_conditions

general_nealth	
Excellent	0.307692
Very good	0.346012
Good	0.348522
Fair	0.409375
Poor	0.413043
Unsure	0.166667
Refused	NaN

Q2 (b). Association between smoking status and ACEs

Does the proportion of respondents who reported experiencing adverse childhood conditions vary by smoking status?

Following the example above for computing the proportion of respondents reporting ACEs by general health rating, calculate the proportion of respondents reporting ACEs by smoking status (be sure to arrange the rows in appropriate order of smoking status).

```
In [22]: | # proportions grouped by smoking status
         ace_smoking = data.drop(
             columns = 'depression'
         ).groupby(
             'smoking'
         ).mean().loc[list(smoke_codes.values()), :]
         # print
         ace_smoking
```

Out[22]:

 $adverse_conditions$

oking	smokin
Daily 0.564286	Dai
days 0.436975	Some day
ormer 0.396579	Forme
lever 0.284075	Neve
ssing 0.263158	Unsure/refused/missin

Q2 (c). Association between depression and ACEs

Does the proportion of respondents who reported experiencing adverse childhood conditions vary by smoking status?

Calculate the proportion of respondents reporting ACEs by whether respondents had been diagnosed with a depressive disorder.

```
In [23]: # proportions grouped by having experienced depression
         ace_depr = data.groupby(
             'depression'
         ).mean()
         # print
         ace_depr
```

Out[23]:

adverse_conditions

depression	
0.0	0.300051
1.0	0.562753

Q2 (d). Exploring subgroupings

Does the apparent association between general health and ACEs persist after accounting for sex?

Repeat the calculation of the proportion of respondents reporting ACEs by general health rating, but also group by sex.

```
In [24]: # group by general health and sex
         ace_health_sex = data.drop(
              columns = 'depression'
         ).groupby(
             ['general_health',
              'sex']
         ).mean().loc[list(health_codes.values()), :]
         # pivot table for better display
         ace_health_sex.reset_index(
                     ).pivot(
                         index = 'general_health',
                         columns = 'sex',
                         values = 'adverse_conditions'
                     ).loc[list(health_codes.values()), :]
Out[24]:
                  sex
```

 general_health

 Excellent
 0.317647
 0.298969

 Very good
 0.346698
 0.345269

 Good
 0.401442
 0.292929

 Fair
 0.471591
 0.333333

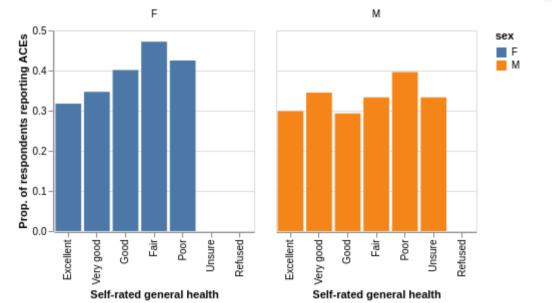
 Poor
 0.425000
 0.396552

 Unsure
 0.000000
 0.333333

 Refused
 NaN
 NaN

The table in the last question is a little tricky to read. This information would be better displayed in a plot. The example below generates a bar chart showing the summaries you calculated in Q2(d), with the proportion on the y axis, the health rating on the x axis, and separate bars for the two sexes.

```
In [25]: # coerce indices to columns for plotting
         plot_df = ace_health_sex.reset_index()
         # specify order of general health categories
         genhealth_order = pd.CategoricalDtype(list(health_codes.values()), ordered = True)
         plot_df['general_health'] = plot_df.general_health.astype(genhealth_order)
         # plot
         alt.Chart(plot_df).mark_bar().encode(
             x = alt.X('general_health',
                       sort = ['general_health'],
                       title = 'Self-rated general health'),
             y = alt.Y('adverse_conditions',
                       title = 'Prop. of respondents reporting ACEs'),
             color = 'sex',
             column = 'sex'
         ).properties(
             width = 200,
             height = 200
Out[25]:
                                      sex
                                                                         . . .
                                                    М
```



Q2 (e). Visualization

Use the example above to plot the proportion of respondents reporting ACEs against smoking status for men and women.

Hint: you only need to modify the example by substituting smoking status for general health.

```
In [26]: # plot codes go here
         ace_smoke_sex = data.drop(
              columns = 'depression'
         ).groupby(
              ['smoking',
              'sex']
         ).mean().loc[list(smoke_codes.values()), :]
         # coerce indices to columns for plotting
         plot_df_1 = ace_smoke_sex.reset_index()
         # specify order of general health categories
         smoking_order = pd.CategoricalDtype(list(smoke_codes.values()), ordered = True)
         plot_df_1['smoking'] = plot_df_1.smoking.astype(smoking_order)
         # plot
         alt.Chart(plot_df_1).mark_bar().encode(
             x = alt.X('smoking',
                        sort = ['smoking'],
                       title = 'smoking status'),
             y = alt.Y('adverse_conditions',
                        title = 'Prop. of respondents reporting ACEs'),
             color = 'sex',
             column = 'sex'
         ).properties(
             width = 200,
             height = 200
Out[26]:
                                       sex
                                                                         ...
```

Some days

Some days

Never

Former

Nous days

Some days

Never

Former

Nous days

Some days

Som

3. Communicating results

Here you'll be asked to reflect briefly on your findings.

Q3 (a). Summary

Is there an observed association between reporting ACEs and general health, smoking status, and depression among survey respondents who answered the ACE questions?

Write a two to three sentence answer to the above question summarizing your findings. State an answer to the question in your first sentence, and then in your second/third sentences describe exactly what you observed in the foregoing descriptive analysis of the BRFSS data. Be precise, but also concise. There is no need to describe any of the data manipulations, survey design, or the like.

Answer

Yes there is an association between reporting ACEs and general health, smoking status, and depression.

For general health, the portion of ACEs rises when the general health status gets worse. For smoking status, the portion of ACEs rises as the frequence of smoking rises. For depression, people that reported ACEs are more likely to be depressed.

Q3 (b). Generalization

Recall from the overview documentation all the care that the BRFSS dedicates to collecting a representative sample of the U.S. adult population with phone numbers. Do you think that your findings provide evidence of an association among the general public (not just the individuals survey)? Why or why not? Answer in two sentences.

Answer

I think the findings can be used to general public. Nowadays most of the adults in USA have phone numbers, and adults occupy the biggest population, so the findings can be used to general public.

Q3 (c). Bias

What is a potential source of bias in the survey results, and how might this affect the proportions you've calculated?

Answer

Many persons who are male that have been reported ACEs will smoke not because of ACEs and there are many men smoke daily even though they are not reported ACEs. As you can see in the bar, the proportion of male who smoke daily that has been reported ACEs is lower than 0.5, this will lower the proportion of ACEs varying by smoking status.

Comment

Notice that the language 'association' is non-causual: we don't say that ACEs cause (or don't cause) poorer health outcomes. This is intentional, because the BRFSS data are what are known as 'observational' data, i.e. not originating from a controlled experiment. There could be unobserved factors that explain the association.

To take a simple example, dog owners live longer, but the reason is simply that dog owners walk more -- so it's the exercise, not the dogs, that cause an increase in longevity. An observational study that doesn't measure exercise would show a positive association between dog ownership and lifespan, but it's a non-causal relationship.

So there could easily be unobserved factors that account for the observed association in the BRFSS data. We guard against over-interpreting the results by using causally-neutral language.

Submission

- 1. Save file to confirm all changes are on disk
- 2. Run *Kernel > Restart & Run All* to execute all code from top to bottom
- 3. Save file again to write any new output to disk
- 4. Generate PDF copy (suggestion: open your notebook in Chrome, and print to PDF on A2/portrait paper)
- Submit to Gradescope