Your project title

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Your written report goes here! Before you submit, make sure your code chunks are turned off with echo = FALSE and there are no warnings or messages with warning = FALSE and message = FALSE

Introduction and Data

By telling us the average age of death in a population, life expectancy is a key metric for understanding a country's health. According to Max Roser, Esteban Ortiz-Ospina and Hannah Ritchie from Our World in Data, "Broader than the narrow metric of the infant and child mortality, which focus solely at mortality at a young age, life expectancy captures the mortality along the entire life course."[1] Over the course of history, life expectancy has risen dramatically. It is estimated that in pre-modern times, life expectancy worldwide was only about 30 years. Since the Industrial Revolution in the 18th and 19th centuries, many countries had huge gains in this number. And since the beginning of the 20th century, global average life expectancy has risen to about 70 years. However, there remain huge inequalities in this number. Currently (as of 2019), the Central African Republic has the lowest life expectancy of 53 years while Japan has the highest with 83.

In addition to the more obvious health-related connections to life expectancy, numerous pieces of academic literature have delved into the non-medical factors behind life expectancy. A major example is a longitudinal study conducted by Charles Lin, Eugene Rogot, Norman Johnson, Paul Sorlie, and Elizabeth Arias, which examined life expectancy by socioeconomic factors.[2] Academic literature such as this provides us with motivations to examine this topic on an international level, looking at various health-related and non-health-related factors that connect to life expectancy.

In terms of initial hypotheses of model selection, we expect that the strongest predictors of life expectancy will be Adult Mortality, infant deaths, and GDP. We also predict that countries that have status equal to "Developed" will have higher life expectancy than those that have status equal to "Developing".

Our primary data set is comprised of information that had been gleaned from the websites of the World Health Organization and the United Nations.[3] Each entry describes the health, social, and economic conditions for one of 193 countries in a given year from 2000 to 2015.[3] Because this data set lacks a variable that specifies the region of each country, we joined it with another data set that pairs country and region.[4]

Exploratory Data Analysis

First, we will look at some summary statistics of our response variable, Life expectancy. Though it is possible to analyze the entire data set over all years, this creates difficulties with creating models. As one might expect, the average global life expectancy increased from 2000 to 2015. This relationship might make it unclear whether a rise in life expectancy is explained by our predictor variables or if it is simply due to human development over time. As a result, we will only use data from one year to perform our analysis.

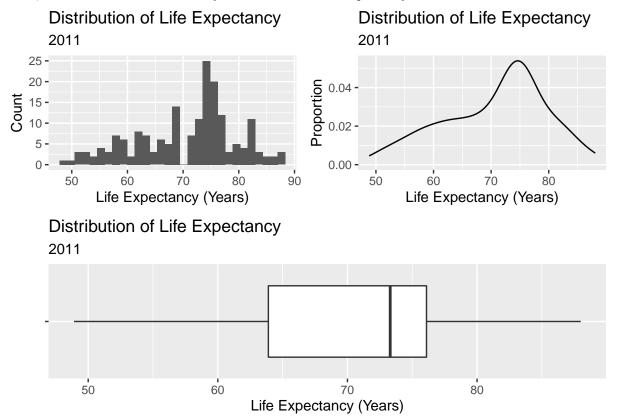
We will only analyze life expectancy for the year 2011, because it is the latest year among those years in which no variable has a missing rate greater than 22%.

Table 1: Summary Statistics of Response Variable, Life Expectancy

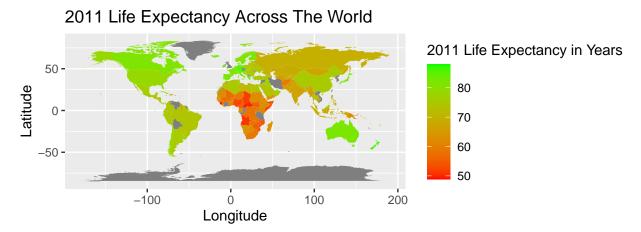
min	max	range	mean	median	Q1	Q3	iqr	$\overline{\mathrm{sd}}$
48.9	88	39.1	70.654	73.3	63.9	76.1	12.2	8.925

These summary statistics give a rough idea of the distribution of the response variable. The median life expectancy (\sim 73.3 yrs) is almost 3 years larger than the mean (\sim 70.7 yrs). Additionally, the median is closer to the third quartile than the first quartile. This suggests that life expectancy may be left-skewed, which we will evaluate further with visualizations.

Now, we will look at some summary visualizations of life expectancy.



Here we see that life expectancy is left skewed with a center just over 70 years. Life expectancy ranges from about 50 years to 90 years.



Here we can see the differences in life expectancy across the world. For example, it is clear that life expectancy is much higher in North and South American countries when compared to African countries.

Methodology

Model Selection

In this project we plan on using various regression analysis methods including, but not limited to, multiple linear regression, statistical inference, analysis of variance, and model selection in an attempt to understand country and region-level life expectancy, as well as the health, social, and economic relationships behind this number.

The response variable we will be using in this project is **Life expectancy**. This is a measure of the average age of death in a year for the given country during that year. In terms of regression model technique, we will be using multiple linear regression because our response variable is quantitative.

The goal of our analysis is to calculate the most precise prediction of the response variable (life expectancy). To do this we will perform forward and backward selection using AIC and BIC. Forward selection entails adding variables recursively using AIC or BIC as the criteria while backward selection means dropping variables one at a time that are deemed irrelevant based on AIC or BIC.

Table 2: Full Model With All Possible Predictor Variables

term	estimate	$\operatorname{std.error}$	statistic	p.value
(Intercept)	49.126	3.094	15.876	0.000
RegionBALTICS	-1.206	2.052	-0.588	0.558
RegionC.W. OF IND. STATES	-1.763	1.473	-1.197	0.234
RegionEASTERN EUROPE	0.980	1.700	0.577	0.565
RegionLATIN AMER. & CARIB	1.931	1.336	1.445	0.151
RegionNEAR EAST	1.333	1.678	0.795	0.429
RegionNORTHERN AFRICA	1.399	1.855	0.754	0.452
RegionNORTHERN AMERICA	5.640	3.376	1.671	0.098
RegionOCEANIA	0.458	1.641	0.279	0.781
RegionSUB-SAHARAN AFRICA	-1.361	1.225	-1.111	0.269
RegionWESTERN EUROPE	6.388	1.773	3.603	0.000
StatusDeveloping	1.105	1.243	0.888	0.376
Adult Mortality	-0.014	0.003	-4.443	0.000
infant deaths	0.091	0.041	2.249	0.027
Alcohol	0.008	0.106	0.079	0.937
percentage expenditure	0.001	0.001	1.204	0.232
Hepatitis B	0.050	0.019	2.623	0.010
Measles	0.000	0.000	-1.125	0.263
BMI	0.007	0.021	0.324	0.747
under-five deaths	-0.064	0.029	-2.184	0.031
Polio	-0.020	0.014	-1.440	0.153
Total expenditure	0.141	0.117	1.206	0.231
Diphtheria	-0.036	0.024	-1.520	0.132
HIV/AIDS	-0.529	0.121	-4.355	0.000
GDP	0.000	0.000	-1.036	0.303
Population	0.000	0.000	-1.292	0.199
thinness 1-19 years	0.199	0.272	0.731	0.466
thinness 5-9 years	-0.099	0.262	-0.378	0.706
Income composition of resources	43.132	6.029	7.154	0.000
Schooling	-0.548	0.250	-2.192	0.031

Table 3: Backward Model Selection with AIC

term	estimate	$\operatorname{std.error}$	statistic	p.value
(Intercept)	51.884	2.331	22.259	0.000
RegionBALTICS	-2.391	1.787	-1.338	0.184
RegionC.W. OF IND. STATES	-2.564	1.169	-2.192	0.030
RegionEASTERN EUROPE	-0.093	1.304	-0.071	0.943
RegionLATIN AMER. & CARIB	1.148	1.018	1.128	0.262
RegionNEAR EAST	0.814	1.414	0.575	0.566
RegionNORTHERN AFRICA	1.115	1.691	0.659	0.511
RegionNORTHERN AMERICA	4.549	3.107	1.464	0.146
RegionOCEANIA	0.057	1.201	0.047	0.962
RegionSUB-SAHARAN AFRICA	-1.888	1.057	-1.785	0.077
RegionWESTERN EUROPE	5.154	1.306	3.946	0.000
Adult Mortality	-0.014	0.003	-4.517	0.000
infant deaths	0.053	0.031	1.674	0.097
Hepatitis B	0.036	0.018	2.019	0.046
Measles	0.000	0.000	-1.442	0.152
under-five deaths	-0.037	0.023	-1.611	0.110
Total expenditure	0.171	0.106	1.612	0.110
Diphtheria	-0.040	0.022	-1.773	0.079
HIV/AIDS	-0.560	0.118	-4.760	0.000
Income composition of resources	42.054	5.296	7.941	0.000
Schooling	-0.564	0.239	-2.355	0.020

Table 4: Backward Model Selection with BIC

term	estimate	std.error	statistic	p.value
(Intercept)	50.004	1.752	28.533	0.000
Adult Mortality	-0.018	0.003	-5.823	0.000
percentage expenditure	0.000	0.000	2.864	0.005
HIV/AIDS	-0.568	0.123	-4.626	0.000
Income composition of resources	46.054	4.843	9.510	0.000
Schooling	-0.558	0.244	-2.292	0.024

Table 5: Forward Model Selection with AIC

term	estimate	std.error	statistic	p.value
(Intercept)	51.431	2.049	25.101	0.000
Income composition of resources	42.655	5.338	7.991	0.000
Adult Mortality	-0.013	0.003	-4.467	0.000
HIV/AIDS	-0.569	0.119	-4.799	0.000
RegionBALTICS	-2.792	1.782	-1.567	0.120
RegionC.W. OF IND. STATES	-2.826	1.151	-2.455	0.016
RegionEASTERN EUROPE	-0.528	1.280	-0.412	0.681
RegionLATIN AMER. & CARIB	0.709	0.988	0.718	0.474
RegionNEAR EAST	0.479	1.400	0.342	0.733
RegionNORTHERN AFRICA	0.883	1.693	0.521	0.603
RegionNORTHERN AMERICA	1.410	2.833	0.498	0.620
RegionOCEANIA	-0.302	1.184	-0.255	0.799
RegionSUB-SAHARAN AFRICA	-2.288	0.995	-2.299	0.023

term	estimate	std.error	statistic	p.value
RegionWESTERN EUROPE	4.089	1.253	3.262	0.001
Schooling	-0.576	0.241	-2.394	0.018
Measles	0.000	0.000	-1.922	0.057
Total expenditure	0.201	0.105	1.914	0.058

Table 6: Forward Model Selection with BIC

term	estimate	std.error	statistic	p.value
(Intercept)	50.004	1.752	28.533	0.000
Income composition of resources	46.054	4.843	9.510	0.000
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percentage expenditure	0.000	0.000	2.864	0.005
Schooling	-0.558	0.244	-2.292	0.024

Table 7: Potential models

Selection Method	AIC	BIC	Adjusted R-squared
Backward (AIC)	636.282	699.368	0.918
Backward (BIC)	654.341	674.413	0.895
Forward (AIC)	636.413	688.029	0.915
Forward (BIC)	654.341	674.413	0.895

Based on AIC and adjusted R^2 , we prefer the model we found through backward selection using AIC. This model results in the highest adjusted R^2 which means that the model's predictor variables explain the highest proportion of the variation in the response (Life expectancy) out of all four models. Moreover, this model is the only model of the four that is superior to the other models in more than one metric.

A tibble: 1 x 1
r.squared
<dbl>
1 0.930

Table 8: Selected Model

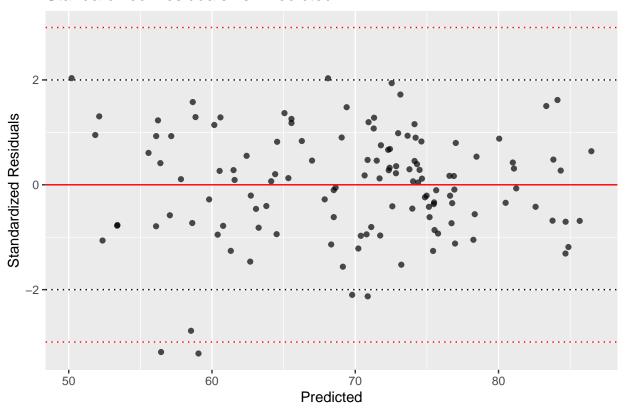
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RegionOCEANIA	0.057	1.201	0.047	0.962
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RegionWESTERN EUROPE	5.154	1.306	3.946	0.000
Adult Mortality	-0.014	0.003	-4.517	0.000
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term	estimate	$\operatorname{std.error}$	statistic	p.value
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Measles	0.000	0.000	-1.442	0.152
under-five deaths	-0.037	0.023	-1.611	0.110
Total expenditure	0.171	0.106	1.612	0.110
Diphtheria	-0.040	0.022	-1.773	0.079
HIV/AIDS	-0.560	0.118	-4.760	0.000
Income composition of resources	42.054	5.296	7.941	0.000
Schooling	-0.564	0.239	-2.355	0.020

93.03% of the variation in the Life expectancy is explained by the regression model above, which contains Region, Adult Mortality, infant deaths, Hepatitis B, Measles, under-five deaths, Total expenditure, Diphtheria, HIV/AIDS, Income composition of resources and Schooling.

Model Diagnostics

Standardized Residuals vs. Predicted



There are a few moderate outliers and two severe outliers. Will look into these later.

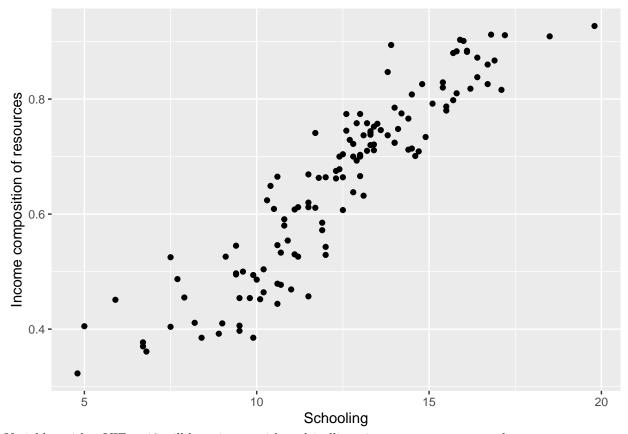
[1] 0.3230769

0.3230769 is the leverage threshold.

```
4
           43 0.328
##
##
    5
           54 0.756
##
    6
           55 0.410
##
    7
           65 0.339
##
    8
           69 0.346
##
   9
           82 0.348
           84 0.339
## 10
           87 0.403
## 11
## 12
           90 0.711
## 13
           91 0.373
## 14
          121 0.340
## 15
          125 0.375
## # A tibble: 0 x 2
## # ... with 2 variables: obs_num <int>, .cooksd <dbl>
```

The points in the first table are points with high leverage (.hat > leverage_threshold = 0.3230769) while the points in the second table are influential points (.cooksd > 0.5). 15 observations have high leverage and 0 observations are influential.

names	X
RegionBALTICS	1.408
RegionC.W. OF IND. STATES	1.899
RegionEASTERN EUROPE	1.920
RegionLATIN AMER. & CARIB	2.742
RegionNEAR EAST	1.721
RegionNORTHERN AFRICA	1.260
RegionNORTHERN AMERICA	1.441
RegionOCEANIA	1.630
RegionSUB-SAHARAN AFRICA	4.657
RegionWESTERN EUROPE	3.002
Adult Mortality	2.254
infant deaths	244.366
Hepatitis B	2.972
Measles	3.156
under-five deaths	244.039
Total expenditure	1.328
Diphtheria	2.777
HIV/AIDS	2.016
Income composition of resources	13.166
Schooling	8.937



Variables with a VIF > 10 will have issues with multicollinearity. infant deaths and under-five deaths are clearly highly correlated (this makes a lot of sense in the context of the data). Income composition of resources appears to be correlated with Schooling.

We should try models without either infant deaths and under-five deaths and then use model comparison techniques to decide on which of these two variables should be removed.

```
##
  # A tibble: 1 x 3
              BIC adj.r.squared
##
       AIC
##
     <dbl> <dbl>
                           <dbl>
## 1
      638.
            698.
                           0.916
## # A tibble: 1 x 3
##
       AIC
              BIC adj.r.squared
     <dbl> <dbl>
##
                           <dbl>
      637.
            698.
                           0.916
##
  # A tibble: 1 x 3
              BIC adj.r.squared
##
       AIC
##
     <dbl> <dbl>
                           <dbl>
      696.
            753.
                           0.868
##
  1
## # A tibble: 1 x 3
##
       AIC
              BIC adj.r.squared
     <dbl> <dbl>
                           <dbl>
             700.
                           0.913
## 1
      642.
```

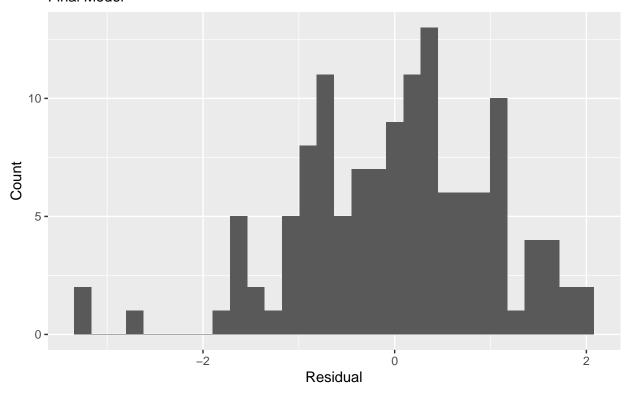
When comparing two models that are identical except that one includes under-five deaths and the other includes infant deaths, the one that includes infant deaths has lower values of AIC and BIC as well as a higher value of adjusted R^2 . Likewise, given two models that have the same predictors except that

one includes Schooling while the other includes Income composition of resources, the one that includes Income composition of resources is superior in terms of AIC, BIC, and adjusted R^2 .

Model Conditions/Assumptions

Distribution of Residuals

Final Model



Results

Sources

- [1] https://ourworldindata.org/life-expectancy
- [2] https://europepmc.org/article/med/12785422/reload=0#impact
- [3] https://www.kaggle.com/kumarajarshi/life-expectancy-who.
- [4] https://www.kaggle.com/fernandol/countries-of-the-world