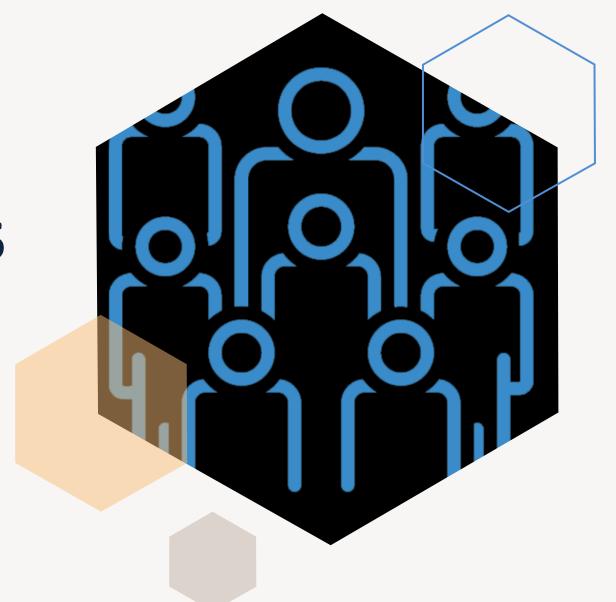
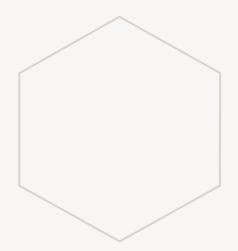
MSDS 6372 Project 1: Group 5

Ivan Chavez

Jessica McPhaul

Rafia Mirza





Agenda

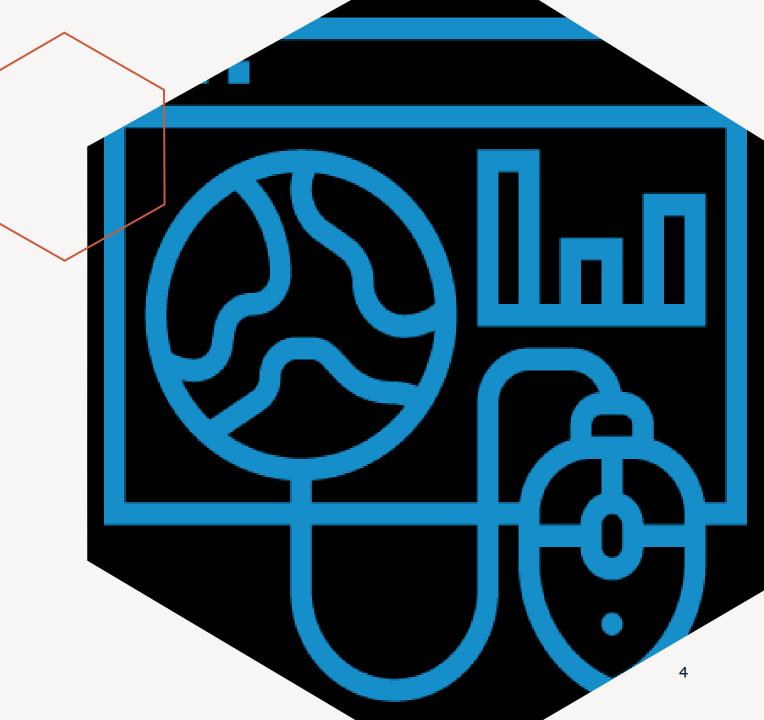




Click here for Final Analysis (Interactive)

Goal

 A regression model that predicts life expectancy based on health indicators

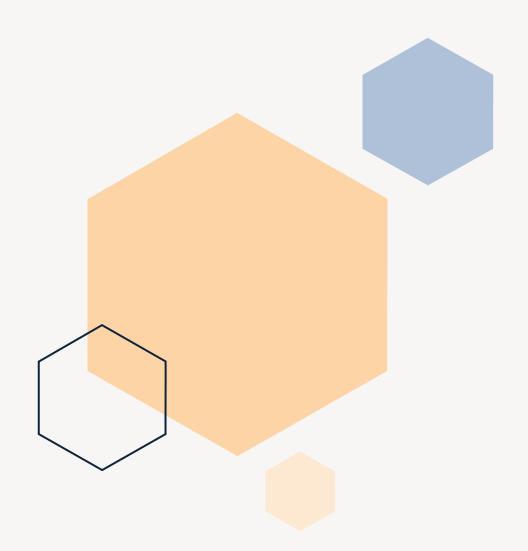


Data Set: Health indicators





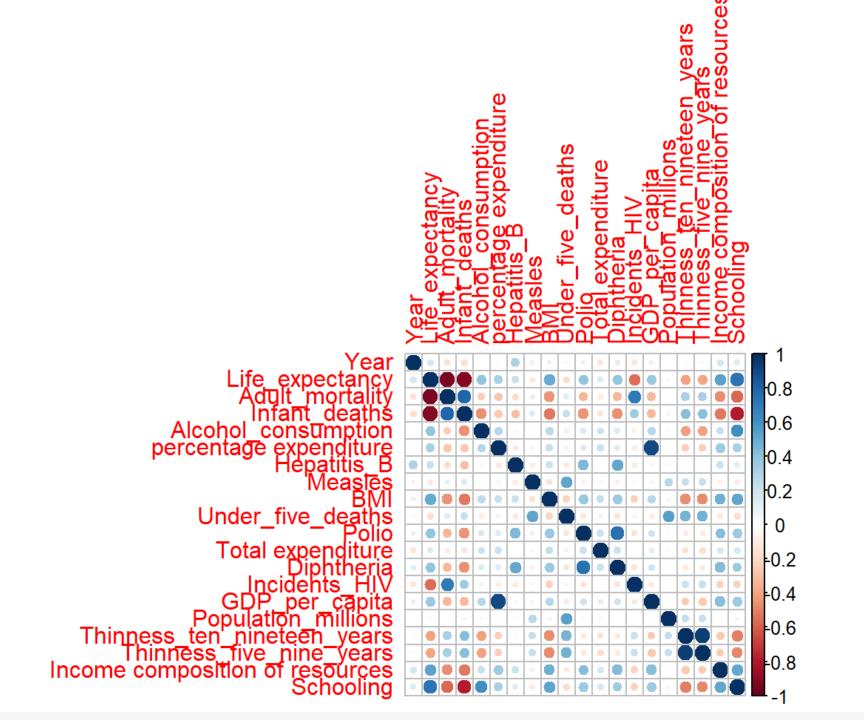
EDA

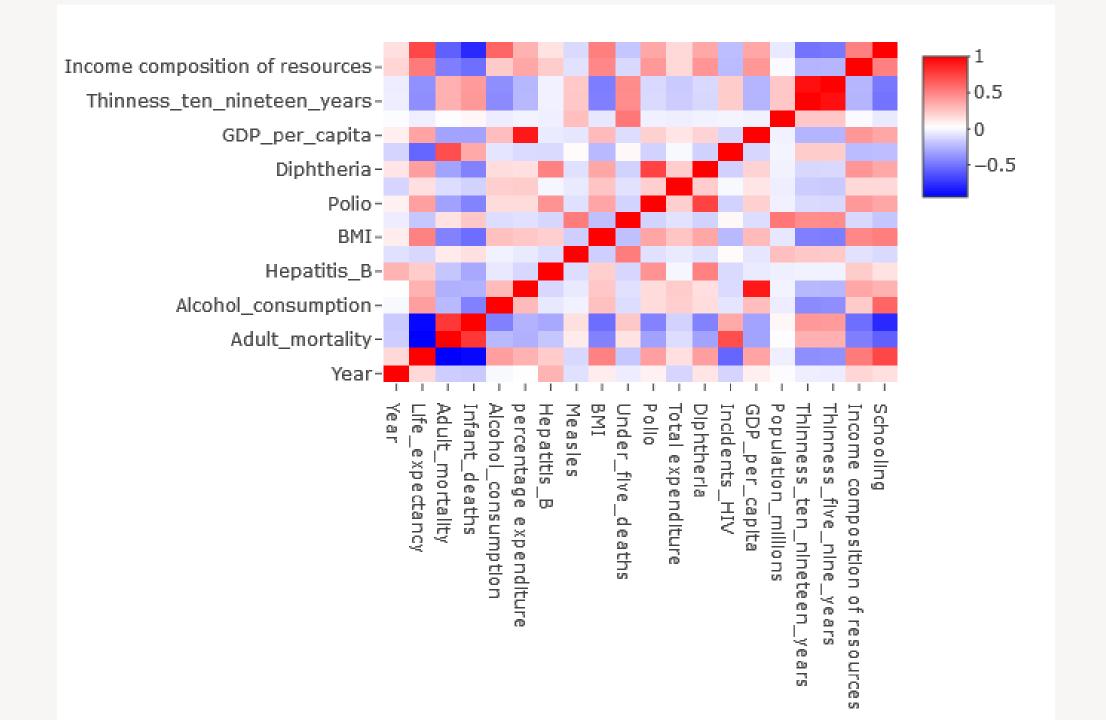


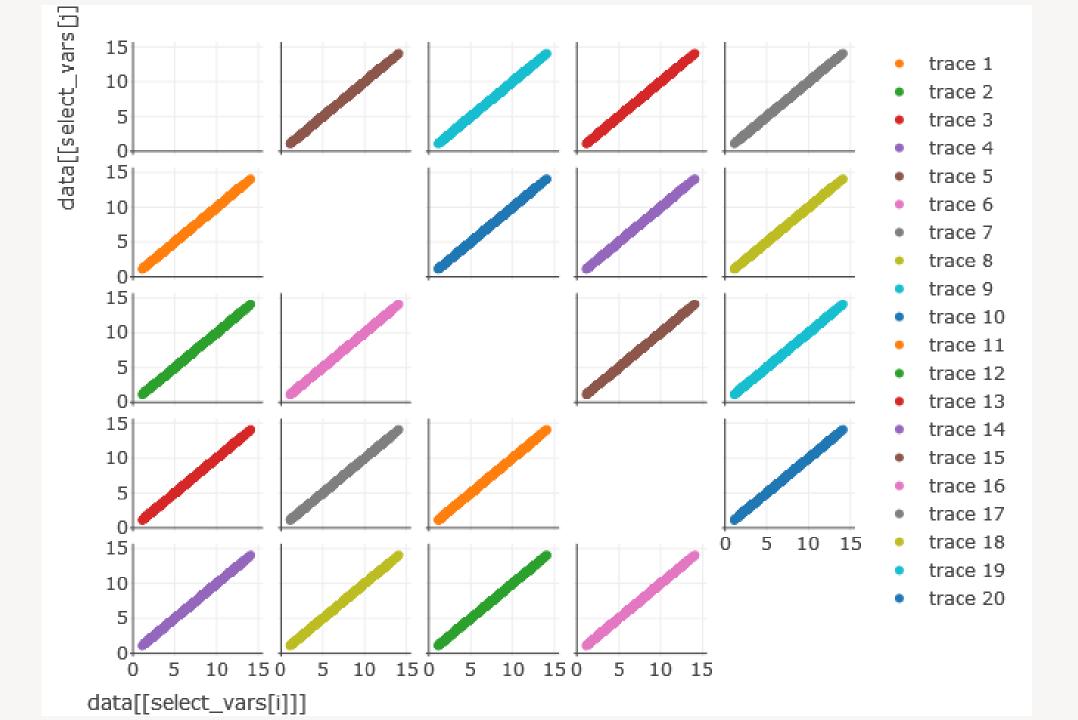
Missing Values

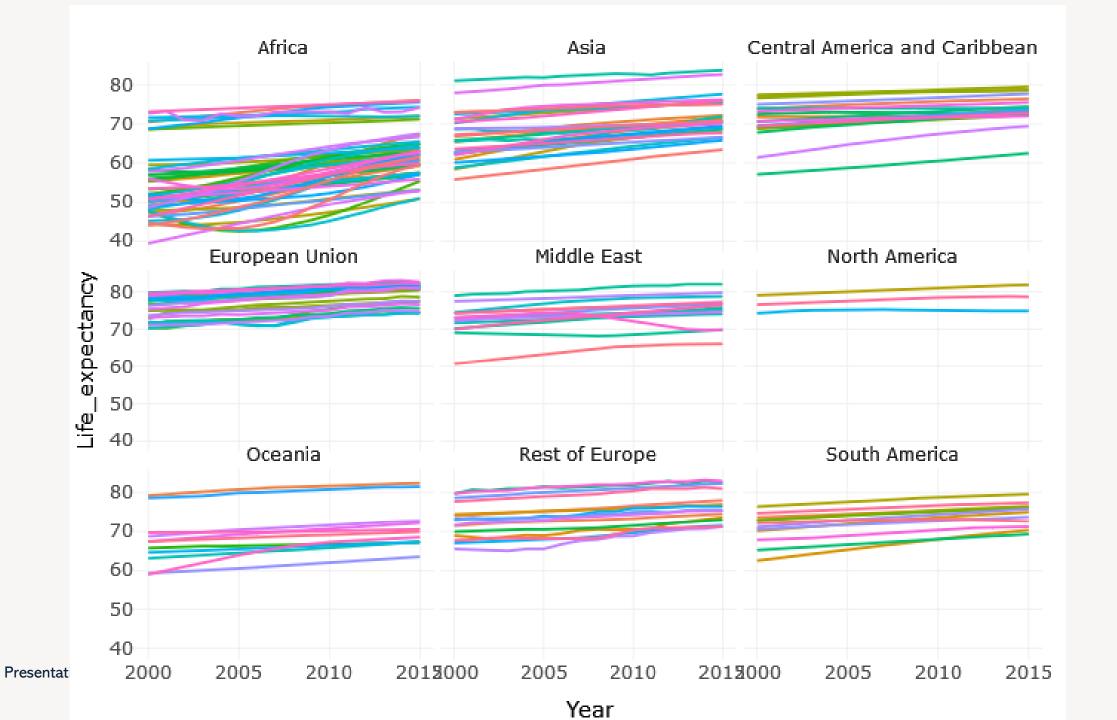
- Imputation
- Removal
- Visualizations













Objective 1: Regression model



Objective 1: Regression model



- We built the initial linear model from the basis of our EDA and running recursive feature elimination to get significant features for predicting life expectancy.
- There were 22 selection variables in the initial model, some of the features included were Alcohol consumption, Incidents of HIV, GDP, BMI, and others.

```
[1] "Adult_mortality"
                                           "Infant deaths"
    [3] "Alcohol_consumption"
                                           "Under_five_deaths"
    [5] "Country"
                                           "Year"
    [7] "Thinness_five_nine_years"
                                           "Incidents HIV"
    [9] "Income composition of resources" "Total expenditure"
   [11] "Thinness_ten_nineteen_years"
                                           "Region"
   [13] "Measles"
                                           "percentage expenditure"
   [15] "BMI"
                                           "Diphtheria"
   [17] "Schooling"
                                           "GDP_per_capita"
   [19] "Polio"
                                           "Hepatitis_B"
## [21] "Population millions"
                                           "Economy status Developed"
```



- When looking at our regression table of our model we will discuss two variables adult mortality and alcohol consumption their coefficients and how they influence life expectancy.
- The coefficient estimate for adult mortality is -.04070 this indicates that for each unit increase in adult mortality we expect a decrease in life expectancy by approx. .04070 years.
- This along with a statistically significant p-value of 2e-16 suggests that as adult mortality increases life expectancy decreases.
- For alcohol consumption we have a coefficient estimate of -.03304, and this indicates that for each unit increase in alcohol consumption we can expect a decrease in life expectancy by approx. .03304 years.
- Again, we have a statistically significant p-value of .0358 and suggests that there is a relation that when alcohol consumption goes up the life expectancy will fall.

```
## Analysis of Variance Table
## Model 1: Life_expectancy ~ Adult_mortality + Infant_deaths + Alcohol_consumption +
      Under_five_deaths + Country + Year + Thinness_five_nine_years +
      Incidents_HIV + `Income composition of resources` + `Total expenditure` +
      Thinness_ten_nineteen_years + Region + Measles + `percentage expenditure` +
      BMI + Diphtheria + Schooling + GDP_per_capita + Polio + Hepatitis_B +
      Population millions + Economy status Developed
## Model 2: Life_expectancy ~ Adult_mortality + Infant_deaths + Alcohol_consumption +
      Under_five_deaths + Country + Year + Thinness_five_nine_years +
      Incidents HIV + `Income composition of resources` + `Total expenditure` +
      Thinness ten nineteen years + Region + Measles + `percentage expenditure` +
      BMI + Diphtheria + Schooling + GDP per capita + Polio + Hepatitis B +
      Population_millions + Economy_status_Developed + I(Alcohol_consumption^2)
    Res.Df RSS Df Sum of Sq
                                   F Pr(>F)
      1799 503.62
## 2 1798 502.92 1 0.70149 2.5079 0.1135
```

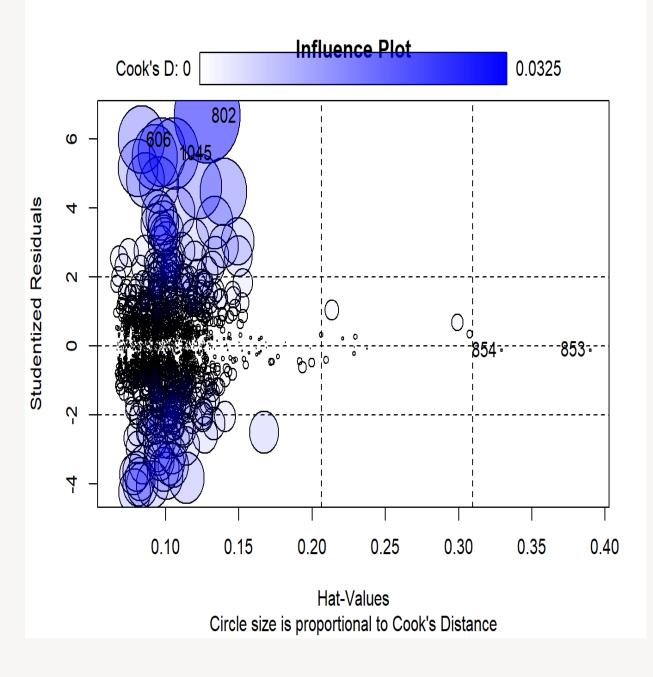
```
## Analysis of Variance Table
## Model 1: Life_expectancy ~ Adult_mortality + Infant_deaths + Alcohol_consumption +
      Under five deaths + Country + Year + Thinness five nine years +
      Incidents_HIV + `Income composition of resources` + `Total expenditure` +
      Thinness_ten_nineteen_years + Region + Measles + `percentage expenditure` +
      BMI + Diphtheria + Schooling + GDP per capita + Polio + Hepatitis B +
      Population_millions + Economy_status_Developed
## Model 2: Life_expectancy ~ Year + Adult_mortality + Alcohol_consumption +
      BMI
               RSS Df Sum of Sq
                                     F Pr(>F)
     Res.Df
      1799
             503.6
      1991 12779.8 -192 -12276 228.4 < 2.2e-16 ***
## ---
## Signif. codes: 0 '*** 0.001 '** 0.01 '* 0.05 '.' 0.1 ' ' 1
```

- The first screenshot is the anova table comparing our simple linear model with the enhanced model.
- In the top anova table we see that model 2 has all of the same predictors as model 1 but with an extra predictor being the quadratic term for Alcohol consumption.
- Our null hypothesis for this anova table is that the two models perform equally well in predicting the life expectancy.
- We see that with a p-value = .1135 that at the .05 significance level that there is no significant difference in the performance of Model 1 compared to Model 2 int terms of predicting the life expectancy.
- In the 2nd table we see that we are comparing the original simple linear model with another model containing only 4 variable predictors.
- Here we see that model 2 outperforms model 1 with the highly significant p-value of 2.2e-16.

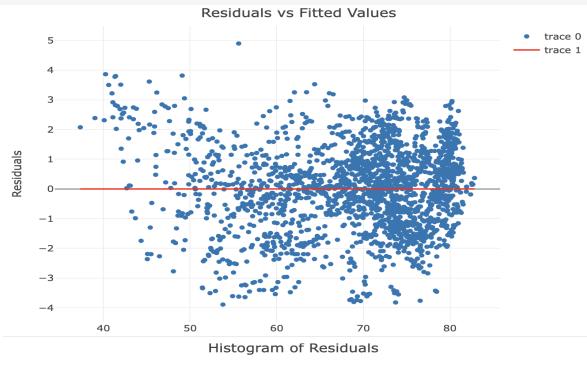
```
## Linear Regression
## 1996 samples
     20 predictor
##
## No pre-processing
## Resampling: Cross-Validated (10 fold)
## Summary of sample sizes: 1798, 1797, 1796, 1796, 1796, 1796, ...
## Resampling results:
##
     RMSE
               Rsquared
##
                          MAE
     1.431348 0.9767833 1.143409
##
## Tuning parameter 'intercept' was held constant at a value of TRUE
```

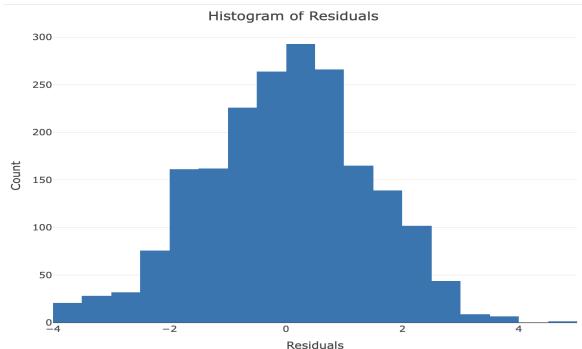
##	Adult_mortality	Infant_deaths
##	7.247209	6.823786
##	Alcohol_consumption	Under_five_deaths
##	2.661002	2.315195
##	Year	Thinness_five_nine_years
##	1.205640	8.755260
##	<pre>Incidents_HIV</pre>	`Income composition of resources`
##	2.767337	1.819810
##	`Total expenditure`	Thinness_ten_nineteen_years
##	1.278385	8.802770
##	Measles	`percentage expenditure`
##	1.414925	5.806101
##	BMI	Diphtheria
##	1.821269	2.709575
##	Schooling	GDP_per_capita
##	3.967074	5.918139
##	Polio	Hepatitis_B
##	2.434013	1.770356
##	Population_millions	<pre>Economy_status_Developed</pre>
##	1.504514	2.705831

- Here we wanted to test how well our model performed by running it through a 10 fold cross validation.
- We performed the cross validation on our numeric values only.
- We can see that the model performed well based on the RMSE, Rsquared, and MAE values.
- Additionally, here we see the VIF values of our selected variables.
- Most of the variables had low levels but there were a few that had higher levels such as Thinness_ten_nineteen_years, Adult_mortality, and Thinness_five_nine_years.
- One step we could make in our future models could be removing one of the thinness variables.

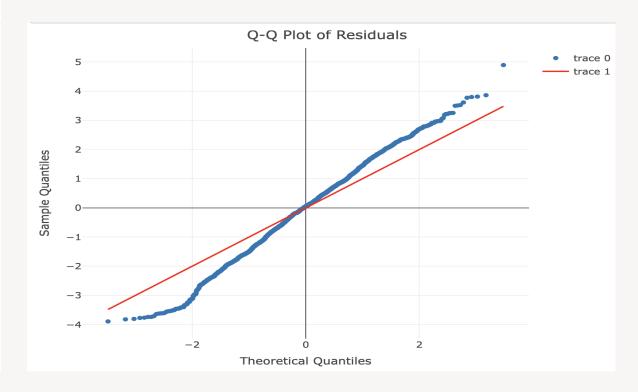


- In the graph to the left we display the points and the Cook's distance along with the influence and leverage of the points.
- We can see we get a good distribution of our points clustered in the area to the left with a few outliers farther out to the right.
- Overall the residuals and distribution of our model looks good and we will continue with our analysis.





- Here we see the various plots of our residual values.
- All of our plots for the model look to confirm the assumptions of normality for our residuals.
- These plots show that there is no evidence of heteroscedasticity since they are normally distributed.





Objective 2: Compare Multiple models



Conclusion

